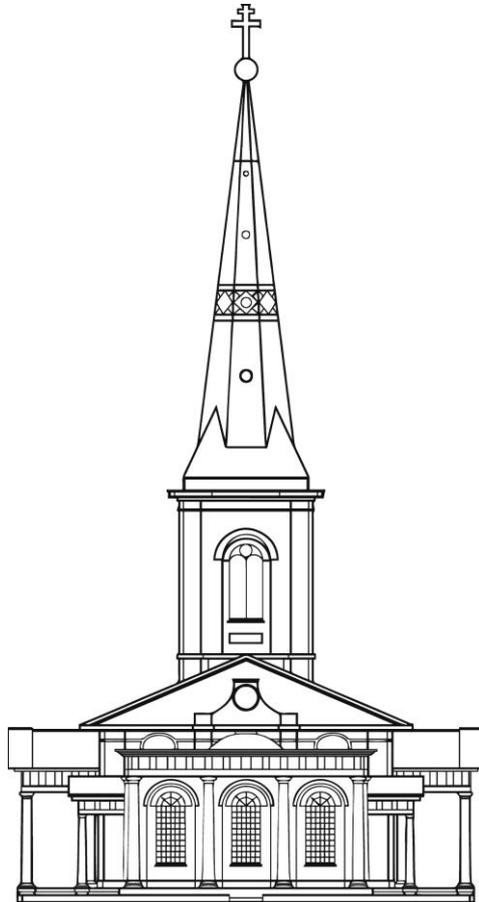


ST JAMES' CHURCH, KING STREET, SYDNEY



A PASTORAL VIEW OF VOLUNTARY ASSISTED DYING

The Reverend Andrew Sempell
Rector of St James

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Background

In 2013, I was asked to address a Dying with Dignity forum held at the NSW Parliament House. It provided an opportunity to consider both the proposal for legislation on the matter and how a Christian might respond to it. The following paper is drawn from the address that I gave at that time, but also includes some of my later ideas on the matter.

Death comes to all of us, and while we in the affluent western nations are tending to live longer than preceding generations, we are also experiencing more debilitating diseases that come with old age. Some of these diseases rob a person of their dignity through the decay of both the body and the mind. Still others can create great suffering and pain as the ailment finally destroys the body.

Because medical science has provided a capacity to maintain life longer than was previously possible we are facing new ethical dilemmas. How long should we maintain life, especially when there is much suffering and little likelihood for recovery? Moreover, who should make decisions about life and death? Finally, what is it that we are trying to achieve in maintaining life when it has lost its capacity to thrive or even survive?

Confessions of a Parish Priest

As an Anglican priest for well over 30 years, I must confess that I have assisted many people to die, probably hundreds in fact (including my own parents), and I do this as part of my Christian ministry.

To be with someone as they die is a great privilege. It is an intimate experience, and a time for compassion and pastoral support so that the dying person may do so with dignity and minimal pain. However, it is also confronting – for to hear a person take their last breath and see the life-force (or soul) depart from them is a stark reminder of our own mortality – for death is a human reality.

As a priest, I give people the opportunity to be assured that their lives are right with God and as far as possible, and with those around them also. Popular parlance calls it the 'last rites' and it principally involves prayer, the unburdening of anything that may be unresolved in a person's life, reassurance and an acknowledgement of God's love, and a blessing. Through these actions a person may gain spiritual peace, and their will to remain in the physical world diminishes.

There have been many times when nursing staff or families have called on me to conduct such ministry and people have usually died peaceably soon after. However, there have been several exceptions to this.

On one occasion I arrived in the middle of the night to a man who had experienced a massive heart attack. He lay unconscious on a bed in ICU, with the gadgetry of life-support all about him. His wife and daughter stood by and asked me to conduct 'the prayers', after which the life-support equipment was to be switched off. As I leaned over the man to recite the prayer of confession his eyes opened, and I noticed that his pupils were not dilated – we had eye to eye contact. It was a bit of a shock, and I informed the nursing staff and they decided to keep the life-support going a bit longer. I expected him to die overnight but was further surprised when I arrived at the hospital the next day to find him sitting up in bed. He thanked me for the visit the night before.

Another occasion concerned a woman who had had a stroke. She had lost her ability to speak and spent much of the time unconscious. After she had lain unconscious for a couple of weeks and had become very weak, the family had gathered for what they termed 'the inevitable' and I was asked to conduct the 'last rites'. At the words of forgiveness her eyes opened, and she looked at me and her family; and then she began to speak to them. It was the start of a recovery.

There are other stories I could tell where life has returned from the brink; however, the point is that while we may think a person has come to the end of their life it may yet not be true. This is one reason that I am ambivalent about the practice of euthanasia.

I have witnessed many 'good deaths' where the person has died peacefully in their sleep, or with a quick heart-attack while having a morning coffee, or quietly breathing their last in the company of members of their family. On the other hand, I have also witnessed the death struggle that can come in many different forms including being unable to communicate, the body shaking in pain, the eyes rolled back, and gasping for breath. It is a confronting experience.

Here we face a paradox. The Christian faith reassures people not to fear death, for it is understood to be part of the process we call life. The situation is mitigated by a belief in the enduring nature of the soul that goes to be with God. Theologically, this position is achieved by considering the person of Jesus, who was a human being like us, yet filled with God's Spirit such we can only understand him to be God present in humanity. The Gospel narrative teaches that Jesus died but rose to new life. This sign of resurrection therefore stands as a promise of the hope of a new life that comes to each person who receives God's Spirit into their own lives.

While what happened at the crucifixion had a particular theological purpose, there seems to be little redeeming value in the unresolved and futile suffering of people who have come to the end of their lives. My dilemma, therefore, is that if I can relieve suffering through my ministry of prayer and thereby help people to die with dignity, why should we not use medical means to assist in this process as well?

What has the Enlightenment Ever Done for Us?

As I have contemplated the question of euthanasia, I have also considered the processes that help us make moral judgements. For most Australians (and in most western societies) the understanding of the nature of the world in which we live is a product of the Enlightenment. However, it is not the only path to illumination.

Classical Christianity has understood moral truth as something revealed by God to humanity and a reflection of the nature of God in the world. To understand morality in this way, a person needs to look to the Scriptures, the intellectual traditions (or theologies) of the church, and subsequently apply human reason to gain contemporary understanding. This approach tends to create a *top-down* morality, with authority emanating from God through the hierarchy of the church. It was the main approach used in mediaeval Europe and is still applied in many churches. It upholds the corporate power of the institution over the freedom of the individual.

The philosophical and scientific developments of the Enlightenment, however, inverted the medieval process and created a *bottom-up* one. Post-enlightenment knowledge and moral truth have come to be understood as growing out of the mind and experience of humanity. In the socio-political context, this idea came to be expressed through democracy and the view that authority emanates from the people of God rather than from the church institution. In science, it came to be expressed through the scientific method.

The temptation, however, is to have moral truth be whatever humanity decides it to be at the time. In our pluralistic world this has given rise to the idea of relative truth and situational ethics – a moral system without absolutes, based on the best critically derived explanation, provisionally held at a particular time. I suspect its nadir is a bold individualism that proclaims, “No one tells me what to think, I will decide what is moral for myself as and when it suits me!”

The public discussion around Voluntary Assisted Dying (VAD) seems to sit within a bottom-up, humanistic view of moral truth. Perhaps there is a need for a dialogue between these two approaches? It begs several questions: why should moral truth be determined by a vote of parliament or a popularity poll? Is truth simply an expression of the desires of a community?

As history has demonstrated, what is legal or even desirable is not always moral. For example, genocide can be both legal and desired by a particular group of people, but it is not moral. For moral truth to have authority it needs to be enduring over time and across cultures and communities. Some might call this ‘self-evident’ truth.

Activities such as murder, theft, incest, paedophilia, violence, and dishonesty, (to name but a few), can only be properly condemned because of enduring moral truth, rather than a mutual social contract that applies only to those who choose to participate in it. Moreover, we cannot hope to correct the mistakes in thought or the errors of society unless we accept that some things are 'right' and others 'wrong'.

The ongoing developments of the Enlightenment have continued, and in our own times created a more individualistic approach to morality. The expression 'it is my life, and I can do what I like with it', while seeming to be true at a basic level, is also self-referential. It does not admit that a community, or family, or friends have any part to play in moral reasoning and choice. Nevertheless, I have heard this proposition presented as a basis to a range of issues including euthanasia.

Life as a Gift from God

As a Christian, my point is that we do have accountabilities beyond ourselves. First, to those who are closest to us such as our families and friends; secondly to the wider community and world generally expressed through the law; and finally, to God, who I see as the source of moral truth. I accept that some will want to dispense with the final accountability, yet such an external moral reference is important when it comes to establishing morality. Perhaps the concept of 'natural law' may be sufficient for many in this regard?

A Christian perspective about life is that it is a gift from God. In understanding God as the creator of the world we accept that we do not create ourselves. Indeed, even a non-religious understanding will accept this, for it is our parents who physically create us, followed by a family and community that shape us as psycho-social beings.

Francis of Assisi argued that we own nothing in this world but rather receive life, community, and the natural world as a gift from God. In this way we are encouraged to accept our responsibilities to nurture and care for all aspects of life – both the human and wider natural world. Christians understand that we care about ourselves, others, and nature because each one carries the image and presence of God, and it is for this reason we hold that all life is sacred.

This is why the church holds that suicide is a bad thing. Suicide is an ultimate personal negation of life, and it usually has a huge impact on those around the person who has died. I have conducted many funerals for people who have suicided; and consolation has usually centred on a belief that the person who died was not in their right mind at the time. Despite difficulties, most people wish to acknowledge that life is good and worthwhile.

In the light of all that has gone before, I am somewhat ambivalent about the practice of euthanasia. My concern is about what it says about the value of life on the one hand, but also about the process and practices attached to it on the other. As is the case with many other people, I need to be satisfied about the following matters:

1. By what authority does a person die, especially when there is any assistance provided in that process by another person,
2. At whose instigation does this action take place and by whom is it to be performed,
3. When might it happen in the process of dying – at the acknowledgement of terminal illness, at the onset of depression, when a person is in a coma, or in the final stages of palliative care, and
4. How is the practice to be governed in society?

One Christian Perspective

So, I arrive at the place where I started. If, through my prayers, I can assist people to die with dignity, why should we not use medical intervention? Moreover, is there a sufficient argument to allow for the practice of euthanasia as part of Christian morality? An argument for euthanasia could go like this:

- We are created in the image of God and therefore human life is sacred and deserving of respect,
- Yet, we are also mortal and physical death is part of the human condition,
- As Christians we hold the view that physical death is not the end of the human soul, which goes to God at the time of death,
- Assisting people through the process of death is a recognition of an individual's importance to God and is therefore desirable,
- While the suffering of Christ on the cross had a point to it, (in that it provided the sign of God's ultimate power over death), yet such suffering is not a good thing in itself but rather is an expression of the imperfection present in the human condition,
- We are right in seeking to relieve pain and suffering as a sign of God's love in the world and because of our respect for the dignity of human life, and
- Therefore euthanasia, as a limited and final part of the dying process, may be appropriate as a means to relieve suffering and provide respect for a person at the hour of their death.

To be sure, having sat beside so many deathbeds in my ministry, I could imagine the circumstances in which I might desire an assisted death for myself; but why should this not be part of good palliative care?

The *Voluntary Assisted Dying Bill 2021* seeks to address the matters of regulation, process, and oversight of the practice of assisted death as a medical procedure. It is based on a set of principles that uphold personal autonomy and choice, education, a right to informed decision making, mutual support, and respect for differing views.

Intrinsic to the Bill is personal and informed choice without compulsion to either accept or reject VAD, and to treat the process through a set of medical protocols. There is also the provision for medical professionals to have a conscientious objection to participation in VAD. In other words, the Bill allows for a plurality of moral positions to stand without the compulsion for one view to prevail. In this respect it reflects the current mores of society.

The VAD Bill is not a theological document and was never meant to be. It does, however, address matters of governance, authority, process, and autonomous decision-making. So, the question then turns to morality, which is not a uniquely Christian discipline. Is leaving a person to live a life of suffering and pain morally defensible or should actions be taken to relieve it? If the pain is part of a process that is leading to the end of life, is it moral to hasten the process toward death to end the suffering, especially when the patient requests it, or right to be non-interventionist?

Compassion is a relational action and not merely a philosophical idea. People act with compassion for the good of others, not for their own good nor for the sake of an ideology. Jesus showed compassion to those in need, often relieving pain and suffering. Should we not do likewise for those who are terminally ill by assisting the process of death rather than either resisting it with medical intervention or refusing to act?

When someone is dying the result is death, the variables are in the process of time and the physical experiences of the patient. In this respect VAD is addressing the variables of time and pain with a view to showing compassion. When I pray with someone who is dying I am doing something similar by facilitating the spiritual process from life to death, rather than the physical. Moreover, I pray with the view that death should not be feared, knowing that the final source of compassion is God.