



Intolerable Life: Assisting to Live or to Die?

A sermon by Revd Dr Sam Wells

Readings: 1 Samuel 31.1-6; 2 Corinthians 11.22-27

The most awe-inspiring aspects of life are how we come to be born and how we come to die. The most distressing aspect of life is that for a very few people, the approach to death comes in circumstances of terrible pain, acute distress, and seemingly endless delay, such that the experience feels unendurable for the person suffering, and unbearable to the loved one keeping vigil and waiting for an inevitable but desperately slow outcome.

In most circumstances life is bounded by, on the one hand, awe and gratitude for the mystery and gift of sheer existence, and, on the other hand, fear and a healthy respect for the unknown prospect of what may lie beyond death. Due either to mental illness or to a sober estimation of what they perceive as the low value, honour or quality of their life, some are moved to commit suicide. In earlier generations such a course of action was generally viewed with censure, as showing insufficient awe and gratitude, not to mention more often than not bringing considerable distress to those left behind. But in more recent times the tendency of both culture and law has been to be more understanding and forgiving, and to see suicide as a tragic act of despair and last resort rather than a selfish act of miscalculation or folly. Along with this has come a greater respect for the integrity and validity of judgements people make for themselves. Not only does it feel wrong to judge how others choose to live out, and particularly end, their days, but the perceived ownership of life has transferred from God to ourselves. Whereas once we took for granted our lives belonged to God, and were thus for God to give and to take away, now we largely assume without debate that we are our own possession – and thus at our own disposal.

This greater assertion of the rights and judgement of the individual subject come with a decline in the credibility of paternalism. By paternalism I refer to the notion that there are people who know what's best for us better than we know ourselves, because of their greater age, wisdom, authority, insight, reasoning or holiness. It's hard to think of a mindset that's more out of fashion. But it's important to realise that mercy killing is a form of paternalism. When we take an animal to the vet to be put down, there may be reasons of expense or inconvenience lurking behind the decision, but we invariably say we're doing what's best for the animal, that there's no use in needless suffering, that its best years are gone. What we don't do is believe we can make similar judgements on behalf of a human being. We take for granted that, when it comes to human beings, one can only make such a decision for oneself. When we kill someone because we think it's for the best but they've had no say in the matter we don't call it paternalism; we call it murder.

But what of those who are fully minded to commit suicide, yet are physically incapable of doing so? This is where our notion of self-determination, or autonomy, comes into conflict with our opposition to anyone else being a party to a person's death. If a person in full possession of their rational faculties has concluded that physical pain and acute discomfort has rendered life intolerable, that such existence has no prospect of becoming bearable, and that they cannot endure to exist any longer, but that person is physically incapable of carrying out their desire to end their life, is it morally or legally permissible to assist that person in an act of suicide without such assistance being regarded as murder or manslaughter?

In practice almost everyone accepts that there are circumstances where such assistance is morally permissible and should be legally permissible. So for example if a doctor is aware that a dose of a painkiller sufficient to alleviate distress will have the secondary effect of so damaging the liver as to

foreshorten life, almost no one opposes using the painkiller. Such treatments don't grab headlines or contravene any conventional medical ethic. So the lively debate about assisted dying isn't entirely what it seems to be. It seems to be about whether the state is so hidebound by precedent or so blinded by dogma that it can't have mercy on the desperate plight of those who've suffered long and are pleading to be let out of their misery. But in most tragic and heart-breaking cases of this kind there is a way for the life to end outside the public gaze and without adding legal censure to personal grief. The debate is thus less about practice than about principle.

It's an unusual debate because it's set up differently from the way the public have become used to witnessing in the last couple of generations. The conventional moral debate is one in which communities of faith have strong, principled convictions and those convictions, while they may seem harsh, prevent them from going along with a generally more permissive cultural trend which is much more focused on concrete outcomes than hard-and-fast principle. But the assisted dying debate is configured the other way around. In this case it's the secular arguments that are full of principle, and the religious arguments that are fretting over consequences. Let me explain.

The two key words that are heard most clearly in the principled argument for assisted dying are choice and dignity. For advocates of assisted dying, the ghastly pain and distress that beset a person too encumbered even to take their own life constitutes an intolerable loss of dignity. That loss of dignity is a burden even greater than the physical discomfort. This is because, by this argument, dignity derives from being a person in the fullest sense; and a person in the fullest sense is one who makes choices, is able to execute those choices, and enjoys the spectacle of seeing the positive results of those choices come to fruition. This is a particular view of personhood as rational, choosing, and powerful: a summary definition of assertive freedom. The predicament of extreme pain and constrained movement seems a flat contradiction of such freedom. The logic goes that the only way to assert freedom amid such diminished circumstances is to commit suicide – or at least to have the opportunity of doing so. It's taken for granted that death is less negative than continued, constrained life. Death is instrumentalised as a means of guaranteeing the sovereignty of choice. It's sometimes said that to the one with a hammer in their pocket, everything looks like a nail. In this case medical or quasi-medical intervention is the hammer. And an outcome of death is just another nail. What's preserved is the vital conviction that by our choices we can assert our power to make significant change in the world, or at least our world. That constitutes dignity, and that must on no account whatsoever be jeopardised.

Against such arguments one might imagine there would be a lucid portrayal of a rather richer notion of what it means to be a person – one less captivated by choice, and rational decision-making, and realising potential in acts of reality-changing power, and one with a fuller and more purposeful perspective on freedom. Instead, perhaps for fear of seeming heartless in the face of human tragedy and agonising pain, religious commentators have tended to highlight the dangerous consequences of changing the law for such principled, rather than pragmatic, reasons. The dangers they have highlighted are broadly twofold.

The first dangerous consequence of permitting assisted suicide is a subtle but highly significant change in the relation between doctor and patient. Currently the doctor is asked to cure when cure is possible; and, regardless of whether cure is possible, to continue to care. Thus no cure should displace the duty to care; and no lack of cure should discourage or diminish that fundamental commitment to care. But assisted dying changes this relationship. Now the doctor's duty is to assist the patient in realising their desire to effect tangible change in their circumstances – and if change can't come about by cure, then change must be brought about by death. Rather than being defined by willingness to wait, to attend, to respond, to discern, the doctor is now primarily a source of drugs and treatments – if not to cure, then to kill. Medicine gradually ceases to be the practice of caring even when one can't cure, and becomes the business of effecting change and executing the patient's wishes.

The second dangerous consequence of assisted dying is that a number of people who may have feared becoming a burden will almost certainly find that their path to an earlier-than-natural death

becomes hastened and difficult to inhibit. What started as the desire to assert the decision-making power of the suffering patient almost inevitably leads to creating convenience for the not-so-long-suffering relative. It's one thing to say, 'I can't stand living any longer.' It's another thing entirely to say, 'I can't stand you living any longer.' Who will stand up for the multiply-disabled new-born baby, or the profoundly-distressed Alzheimer's sufferer, if a close relative decides that rationality dictates an early death for them? And if a person has signed an advance directive to suggest that they should be given a lethal dose should their health decline to a certain point, who is to intervene when their behaviour suggests that they may have changed their mind? The pressure on aging relatives from their impatient and inhospitable children could quickly become too great to bear; to go on living beyond the point of energetic and productive interaction may rapidly come to seem selfish and unacceptable.

Thus the Christian doctrine of resurrection and everlasting life, that precious benefit of Christ's passion that relativises our anxiety about clinging to this present life and places our trust in Christ's promise of eternal life with God, curiously plays almost no role in the religious contribution to the public debate. Instead the debate on assisted dying has become a paradoxical battleground of principled humanists versus sceptical religious. As I've said, it's unusual to find the secular arguments occupying the ground of high moral principle. This creates the ironic situation of humanists lamenting that religious voices and considerations are being given too much weight in the debate – when in fact most of those religious voices are not speaking in dogmatic terms, but are simply Cassandras warning that inside the Trojan horse of choice lies the catastrophe of abandoning society's fundamental commitment to care for the weak, while meanwhile the dogmatic stance is being taken on the secular grounds of dignity. Religious leaders are held to have no right to impose their convictions on others, but the deeply-held principled secular stand for dignity is somehow not subject to the same critique. The truth is all legislation involves imposing one's convictions on others. To be a good legislator is not to be free of conviction, but to have wise convictions, to be adept at holding one's convictions to public account, to be able to translate convictions into legislation that can be implemented, and to be willing to recognise when one has been wrong.

You'll have guessed by now that, while the prophecies of doom, that suspect the deleterious consequences of permitting assisted dying would far outweigh the benefits, may well be correct, I'm uncomfortable with the argument being settled on such territory. The most persuasive, most emotive, and most troubling word among the arguments of those who advocate assisted dying is not choice, or dignity: it's compassion. Anyone would hate to be in the unspeakable predicament of a person with an agonising and almost unendurable condition that's hard to look at, let alone bear in one's own body. Anyone with a heart would be moved by such a predicament and anyone with an imagination would be fearful of finding themselves in such circumstances one day. But here's the centre of the issue: is it appropriate to call assisted dying an act of compassion?

Compassion is a beautiful word. It means to suffer with. It's what the Good Samaritan felt for the man who'd been left half-dead by robbers on the road to Jericho. The Samaritan was moved by pity, and didn't walk by on the other side; he made the wounded man's suffering his own, and took active steps to involve himself in the plight of a stranger, to insert himself into the man's story in constructive and sensitive ways. Compassion is precisely what Jesus shows us, when, like the Samaritan, he comes upon us in our troubled circumstances, makes our burden his own, and through the Holy Spirit is present to us in our trials. But the point of compassion is that it says, 'There's nothing you can go through that I will not face with you, there's no suffering you can reach that will scare me away, there's no pain you can have to bear that will stop me walking beside you every step of the way.' Compassion doesn't say, 'Of course there's no answer to this. Of course you can't go on. Of course you want to die.' Compassion persuades, encourages, reassures and supports and says, 'Together we can get through even this.'

Of course compassion sets aside its own comfort and idle contentment. But a more subtle thing compassion sets aside is the impulse to bring a solution. Bringing a solution isn't compassion (suffering with); it's fixing, which is creating circumstances in which it isn't necessary to suffer with,

because there's no more suffering to endure. Compassion is precisely being willing to accompany a person when there's no solution to their predicament. Assisted dying is the attempt, in a desperate situation where there's no solution, to invoke death as a solution. The notion of dignity is tied to rational choice; and rational choice is tied to the ability to effect positive change. When rational choice can't effect the eradication or significant alleviation of suffering, the impulse to effect tangible change is so great that even suicide is regarded as positive change. Therefore assisting suicide is described as an act of compassion – rather than its opposite.

The problem with assisted suicide is not, fundamentally, the potentially dangerous wider social consequences, serious as they may be. The problem is that it colludes with a distorted notion of compassion that, in order to preserve our idea of freedom as the ability to fix things, resorts to suicide as a way to fix suffering. What we need instead is a practice of compassion that kicks in precisely at the moment we can't fix things, and resists the impulse to translate the call to care into the call to find solutions. I hope to die with dignity. But that doesn't mean I assume I'll be free from pain. It doesn't mean I define myself by my ability to I can make choices. It doesn't mean living requires indefinitely finding solutions. It means I hope to have people beside me who I can trust will never abandon me, however miserable I am or however much I suffer, people who, should I despair and wish to take my own life, will show by their love that there's something truer and deeper than suffering. That's what compassion is. It's the most important thing in the world. It's the most significant way in which human beings, intentionally or unselfconsciously, can imitate and witness to the love of God. I fear that arguments that advocate assisted dying assume such compassion doesn't exist.