THE QUALITY OF DEATH

By JOHN MAHONEY

THE LAST FEW years have seen a widespread growth in sensitivity to the idea of the quality of life, and to the conviction that human living has inherent claims beyond sheer existence to conditions and circumstances in which such existence may develop and flourish as characteristically and fully human. And the urge to enhance the quality of human living for all men – to humanize life – is rightly seen by many christians as not only in accord with the natural law tradition developed over centuries in the Church on the intrinsic dignity of life, but also as a fulfilment of the New Testament teaching on practical love which goes out to meet and remedy the genuine human needs of others. Of course, at the same time, such concern for the quality of life raises tensions and difficulties within a christian world-view which is nothing if not other-worldly. And the development of christian concern for the quality of human living in this world is sometimes seen as a danger to the perspective of faith, in which it is the next world which is viewed as ultimate goal, ultimate reality and, perhaps above all, as ultimate vindication of life in this vale of tears. Such tension is simply stated in the *Roman Missal*'s prayer that 'in our passage through the good things of time we may not lose the good things of eternity'.

The tension between worldly and other-worldly is real enough for the christian. But it can too easily be confused with another difference which is often in fact less than christian, the difference between worldly and next-worldly. To view life exclusively in terms of this latter difference is unconsciously to reduce eternity to a time-span which has a fixed beginning at the moment when 'this' world ceases to exist for us. But eternity is not a stretch of time starting at death and open at the other end. Nor, more importantly, is eternal life as promised us by Christ simply a new and much enhanced existence succeeding to 'this' life. 'This is eternal life, that they know thee the only true God, and Jesus Christ whom thou hast sent' (Jn 17, 3). And such eternal life is now as well as in the future, not primarily a matter of duration but of quality, applying to this life as

much as to the next. Eternal life, the Christian hopes, will blossom after death in its fulness of union with God and the whole communion of the saints in the 'next' world and the 'next' life. But it is also a life which begins and burgeons in 'this' world and 'this' life, giving the capacity in faith not just of gazing into the future, but of seeing into the present, and of glimpsing from time to time the presence of a loving, if mysterious, God.

It is this faith which constitutes the other-worldly aspect of the christian view of 'this' life, as well as of the problems of this life, and which makes reality and its problems both richer and more complex than would appear to one not possessed of the eye of faith. For it adds a dimension to all 'human' problems, seeing them in the christian round which they truly are, and not as the flat two-dimensional problems they appear to the non-believer. To use a different metaphor, discussion about human problems between a non-theistic humanist and a christian can be compared to the difference between one viewing black and white and the other viewing colour television. They see the same programmes, and can compare plots, scripts, events and characters. But they also see the programmes in two different ways, and cannot compare, nor adequately discuss, settings and scenic views, costumes and complexions, the splendour and the squalor of sunset and blood-letting, and so much else. In a similar way, it might be argued, while the christian addressing himself to human problems has much in common with the humanist in terms of such this-worldly values as the dignity of man, the common good and the pursuit of truth and integrity, he has much more besides in terms of man as both fellow-creature of God and 'the brother for whom Christ died' (1 Cor 8, 11): considerations which he cannot communicate, and yet considerations which may be even more compelling for him than the human considerations which he shares with others, and to which alone he can appeal in discussion with others. And possibly nowhere is this dilemma more exemplified than in matters concerned with death and dying, for here we are concerned, not only with the nature and destiny of man, but also with the nature of the christian God.

If God does not exist, there seems little compelling quality to arguments against euthanasia, other than from the apparently insuperable difficulties involved in carefully defining the circumstances in which it might be resorted to. Of course, many argue, and rightly, that euthanasia is a defeatist solution for society, and that, given adequate medical and nursing resources, it is rarely, if ever,

necessary as a solution to the problem of intolerable suffering.[1] But it is difficult to see why, if such resources are not available *and* in a black and white godless world, an intolerable life must be prolonged. The commonest argument used by christians against euthanasia is that the world is not black and white, but that life is a gift from God, to be held in trust until God calls for its surrender. In other words, man does not 'possess' his own life to dispose of it as he will. He is steward of life, and he will be called to account for his stewardship at God's good pleasure and not his own.

But even this argument from stewardship, which implies a belief in a creator God – though not necessarily the christian God, labours under certain difficulties. In the first place, the idea of 'stewardship' of the gifts of God implies an intelligent and resourceful attitude on the part of man, who is both creature and co-creator with God of the life entrusted to him.[2] At the lower limit of such creaturely stewardship is total passivity and fatalism before life and death, which cannot in any reasonable sense be considered responsible stewardship. And the way in which man has consistently and increasingly sought to control and adapt his environment and to extend his capacities in society is much more illustrative of the true meaning of human stewardship. But by that token, the question inevitably arises of whether upper limits can be set to such stewardship, and whether or not (in the present context) man may decide for himself that his stewardship of his life is now complete and that, life having no more to offer or no further positive potential, he may close the books and humbly render his account to his Lord and Master.

To the suggestion of a voluntary relinquishing of one's stewardship, some would reply with the charge of *hubris* rather than humility: that is, of sinful and radical human pride in considering that further life is but a waking shadow, and particularly in considering oneself even remotely worthy to appear before God unbidden. Certainly the transcendent majesty of God is, as Tillich noted, an important element in christian theology, necessary to counter 'the sentimental picture of a God who saves as the fulfilment of human desires'.[3] Moreover, it does appear that the very concept of steward-

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1 Cf G. R. Dunstan, *The Artifice of Ethics* (London, 1974), pp 88–93.

2 Cf the nuanced approach to responsibility to God in the most useful *On Dying Well, An Anglican Contribution to the Debate on Euthanasia* (Church Information Office, London, 1975), pp 16–21.

3 Paul Tillich, *Systematic Theology* I (London, 1968), p 302.

ship, at least as an allegorization of the parables of Jesus, is one which necessarily entails subordination and lack of ultimate initiative, not just in the initial commissioning of human life to the individual by the Creator, but equally in the final termination of such a commission. Such a view has been enshrined for centuries in the lapidary phrase of Job: 'the Lord gave, and the Lord has taken away; blessed be the name of the Lord' (Job 1, 21). Yet these very considerations concerning the parameters of stewardship, valid though they may be, serve to bring out the central weakness for the christian of the argument from stewardship: its contractual and impersonal character, which concentrates on God's rights almost to the exclusion of his love. The term evokes a whole juridical context of dispassionate even-handed justice; and inevitably the idea of being 'called to account for one's stewardship' carries with it an element of divine remoteness, and even aloofness, which bears little, if any, relation to the divine transcendence and indeed may make a caricature of the divine majesty. For the transcendence of God's supreme majesty, as Calvin failed to note sufficiently, has to be balanced by the equally characteristic immanence of his tender love for the things he has made, and redeemed.[4] And arguably, the strongest christian objection to euthanasia does not arise from considerations of divine lordship and human stewardship, but from consideration of human sonship and the fatherhood of God. For the call of God is not primarily one to account, nor is death a final transaction with an absent Caesar. It is a vocation, a call within the heart from a loving Father to surrender in faith into the 'everlasting arms' (Dt 33, 27) which are ever present, though unseen, to his children. It is this ultimately, for the christian, which makes some sense of the mystery of human suffering, particularly in the light of the redemptive dying of Jesus his brother. Waiting upon the Lord is not waiting for the coming of an absent God, but a joint enterprise, in which man and God are linked, and in which the shadow of the valley of death betrays another dimension to life and conceals the quiet presence of God and his reconciling love.[5] It is this ultimately which makes nonsense of euthanasia.

What proponents of euthanasia, however, rightly take exception

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[4] A balance which is more discernible in the writings of Calvin's contemporary, Ignatius of Loyola, as illustrated in the contrast between the Principle and Foundation which prefaces his *Spiritual Exercises*, and the Contemplation for evoking love of God with which they conclude.

[5] Cf my article, 'Pain in the Christian Life', in *New Blackfriars* 52 (1971), p 363.

to is an equally unchristian view that the last vestiges of human life must be clung to at whatever cost, and an attitude in these days of intensive care procedure and sophisticated support systems of keeping the dying interminably hovering on the brink of easeful death. Such an attitude of vitalism confuses care for life while hope of recovery exists with prolonging the process of dying, to which no one is obliged.[6] If, for the christian, dying is a final response to the call of a loving God which cannot be anticipated, no more may it be deferred once it has been clearly discerned. Indeed, when the point of no return or the process of dying has been identified, it is possible to move from seeking measures to restore health to ensuring an alleviation of dying by concentrating on symptomatic relief and good nursing. But however simple and helpful in principle it may be to reject vitalism in this manner, the supervening stage of what Paul Ramsey has called only caring for the dying brings with it other problems and dilemmas.[7] And of these the two most urgent today, it may be suggested, relate to the problem of defining death and to the moral dilemma of discontinuing active treatment of the dying, involving respectively the danger and the fear of foreshortening the process of human dying.

The emerging concept of brain death, which is being increasingly also termed clinical death,[8] has provided a valuable criterion with respect to the quality of human life as an aid to deciding whether or not to prolong life-sustaining procedures. Where irreversible and massive brain damage has been sustained, or where there is no evidence of cerebral activity, it can be regarded in principle as adequate indication either to desist from attempts at resuscitation or to discontinue intensive care treatment. In simpler terms, if the brain is diagnosed as irretrievably damaged or inactive, the patient may, and should, be returned to his own failing resources and allowed to die with as little pain and distress as possible. But the development of the idea of brain death, and of the technique for its diagnosis, has been accompanied by increasing expertise in *post mortem* organ transplantation procedure. And it is to be feared that the interests of the latter, and the great good which it can confer, are being allowed to justify undue significance being attached to the idea of

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[6] Cf John Hinton's reference to the 'burden of suspended dying', in his excellent study, *Dying* (London, 1967), p 140.

[7] Paul Ramsey, *The Patient as Person* (Yale U.P., 1970), pp 113ff.

[8] Cf the remarks of Mr Tam Dalyell, M.P., introducing his Transplant of Human Organs Bill (*Hansard*, 11 December, 1974), p 514.

brain death. It is clearly advantageous to transplantation that the organ of the potential donor be in as good condition as possible. And if brain death can be accepted as equivalent to death of the human being, then the 'cadaver' can be kept attached to a machine which will keep the blood oxygenated and circulating in a state of artificial 'life', thus preventing tissue deterioration in the kidney, heart, liver, etc., desired for eventual transplantation when other conditions are right. To switch off the machine will damage the transplant material. And yet, if the machine is switched off, it may happen that, as acknowledged in the recent report of the British Transplantation Society, 'the heart may continue beating for more than an hour'.[9] For centuries spontaneous heart-beat has been considered a sign of the presence of life; but now, with the possibility of identifying brain death and particularly with the need for cadaveric organs for transplantation, it is proposed that spontaneous heart-beat be discounted. The tendency is growing to regard brain death as inadequate indication for allowing the person to die, but as adequate evidence that he or she is already dead.[10]

But on what criteria, other than advantage to a transplant recipient, is spontaneous heart-beat now considered insignificant and negligible? And apart from disquiet that the definition of death in terms of brain death is a definition with a vested interest, there arises also the serious consequence that if the presence of human life is to be identified solely, or primarily, in terms of cerebral activity, this must have application also in the abortion controversy in determining the status of the foetus prior to the development of the cerebral cortex.[11] It would appear, then, that the desire to revolutionize the definition of death carries with it the risk, not only of prematurely foreshortening the process of human dying, but also of untimely terminating the process of human living.

The other urgent moral dilemma involving the fear of fore-shortening the process of human dying arises from the apprehension that allowing a person to die is equivalent to killing the person. This particular debate is being conducted in a New York court at the time of writing; and it has also been the subject of a recent article in England which we propose to consider, although necessarily briefly,

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[9] *The British Medical Journal*, 1975, I, p 253.

[10] This whole topic is dealt with in fuller detail in my article, 'Ethical aspects of donor consent in transplantation', in *Journal of Medical Ethics*, 1975, I, pp 67–70.

[11] Cf Bernard Häring's remarks on 'The cerebral cortex and hominization', in his *Medical Ethics* (London, 1972), pp 81–84.

as an important attempt to clarify the subject.[12] Entitled 'Killing and Letting Die', the article first clears the ground by insisting on the sometimes neglected point that letting a person die may be morally wrong or morally right, depending on circumstances, just as killing a person may be morally wrong or morally right, depending on circumstances. And it goes on usefully to clarify the frequently alleged difference between, on the one hand, foreseeing and permitting a particular result of one's action and, on the other hand, intending or wishing that result. Proceeding further, it compares the case of one doctor determining whether to switch off a life-sustaining machine, and of another determining whether to administer a lethal injection. The comparison continues step by step to the point where both doctors decide 'that there is no point in doing anything more', and to the surprising statement that the doctor who then administered a lethal injection did not want the patient dead but only 'knowingly and deliberately did an action which had the death of his patient as an inevitable and immediate consequence'.[13] The article concludes that 'the distinction between killing and allowing someone to die, as it is usually interpreted, will not bear the weight which has often been put upon it'.[14]

For all its logical acuity, the article does not appear to come to grips with the substance of what is at issue. For one thing, it does not distinguish sufficiently between what is inevitable and what is essential: that is, the notorious problem of ends, means and consequences. Again, much weight is attached in the article to linguistic usage, or rather to tendencies in the popular application of such terms as 'killing', 'suicide' and 'letting die'. But no consideration is given to how widespread such tendencies are, or indeed how accurate such applications are; and why, in any case, they should be considered normative for action, as distinct from indicative of popular approval or disapproval. Moreover, if language, whether (as in the article) popular or legal, is to be regarded as in some way determinative, or at least truly descriptive, of what may be done, or has been done, then a singular omission is any consideration of medical language, and in particular of the practice of writing on death certificates what is considered the 'cause of death'. And it is surely here that language and terminology are to be found at their most

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[12] Gerard J. Hughes, S.J., 'Killing and Letting Die', in *The Month* (February, 1975), pp 42–45.
[13] *Ibid*, p 44.
[14] *Ibid.*

punctilious and most significant. In such a context, death is 'caused' either by a lethal injection or by the terminal illness; it cannot in any proper sense be described as caused by a doctor's decision not to resuscitate after cardiac arrest or to abandon life-sustaining procedures as hopeless. And such consideration, which views language as having some significant descriptive function, also sees it founded in facts which cannot be dissolved into previous subjective intention or subsequent approbation or opprobrium. The article concentrates on analysing the latter, and to that extent reminds the writer (although memory may be fallible) of Roy Campbell's line, 'You've got the snaffle and the bit. But where's the bloody horse?' Apart from all establishment that neither action nor inaction is as such invariably right or invariably wrong, and from all analysis of intention and common usage, the article stops short of examining what it *is* that one does or does not do. And that is a fatal omission, since there is a major and crucial difference between deciding to discontinue treatment (which is equivalent to not starting treatment in a hopeless situation) and deciding to terminate another's life.

Another, less esoteric, dilemma surrounding dying and death concerns communication to the dying person what the true state of affairs is about his or her condition. One principle seems clear, and that is that the individual has a right to know. And to deprive him of that right is to call in question the value of his life and the desirability of allowing him to 'pack his bags', as Pope John XXIII described it while the world attended at his deathbed. In this context the primary question is, as David Jenkins has observed, not good news or bad news, but truth. For 'God is in reality. He is nowhere else'.[15] And it is in reality that the believer has to be in order to find God, and to come to terms with his life and his death. Those who have the knowledge to impart are, of course, frequently in a very difficult predicament. Not unnaturally, they will want to be as certain as circumstances permit, and some will not wish to discount the possibility of a miracle or of one last attempt. Moreover, there is a danger of discreet paternalism and of an unconsciously patronizing judgement that the patient, or the family, will be unable to cope with the news. And there is also a natural shrinking from being the source of increased suffering to those concerned and of dashing all hope. And so, while the delay continues, a charade may well be being conducted on all sides, including the patient's.[16] But even

[15] In M. A. H. Melinsky (ed.), *Religion and Medicine* (London, 1970), p 103.
[16] Cf Hinton, pp 127ff.

when all these factors are absent, one of the most pressing difficulties in communicating is time; time to prepare the patient or relatives to receive the news, and time to help them accept it and come to live with it. For news of this nature is not a commodity to be handed over in an impersonal transaction.[17] It is a crucial stage in a relationship, requiring time and involvement, neither of which, unhappily, is in good supply in hospitals. And it would appear that seeing the problem of communication in this light provides an answer to two practical questions which can frequently arise, whether a lie is ever justified, and who should inform the patient.

Moralists have argued for centuries on whether it is ever permissible to tell an untruth; not, of course, for selfish motives, but out of concern for others who may suffer from the truth or who may have confided in one and would not wish their confidence betrayed. Those who would maintain that a lie is never justifiable appeal in the main either to the inherent purpose of the faculty of speech to communicate truth, or to the mutual trust which is an essential basis for all human association. Partly as a result of these principles, a casuistry was developed by some theologians which qualified the principles by proposing that one had a duty to tell the truth only to one who had a right to it, or that various widely held social conventions, such as 'not at home' or 'not guilty', were recognized as not meaning what they appeared to mean, or that to protect a third party one might reply to questions with an ambiguous or evasive statement. Whatever, however, may be the merits of such procedures, none of them appears relevant in the context under discussion. And what appears to be lacking in traditional treatments of the whole question of truth and falsehood is the element of timing. If, as Swift opined, style is to be defined as 'proper words in proper places', then perhaps truth should be defined as proper words at proper times; and not to tell the truth when the time is improper is not to tell a lie. But this would only be the case if at the same time the proper time were being prepared, and one were in fact temporizing rather than lying. What one is attempting to do is to help the dying to enter into the truth, to find God in their own reality and to be possessed by Christ who is the living Truth, and whose Spirit leads men gently into truth (cf Jn 14, 6.17). And in this con-

[17] 'All the thinking about truth, and especially the casuistic style of thinking, treats truth as a thing, as a block of information which is passed from A to B in the same way as a pound of butter': Fr Pius, O.F.M. Cap., 'On Telling the Truth', in *Theology*, 77 (1974), p 566.

text, while it remains important to ask what is truth, it is at least equally crucial to ask, when is truth.

To the allied question, who should tell the dying person, the above reflections provide the answer: not the doctor, nurse, chaplain, relative or medical social worker, but the person who can do it best. The person, that is, capable of entering into and sustaining a relationship of mutual trust and respect (strong enough to bear on both sides the stage of temporizing when necessary), and the person who has the resources really to share the truth in love (cf Eph 4, 15), as distinct from merely passing on information. And this answer raises in its turn a further and much wider issue concerning the quality of death. 'Dying with dignity' has become almost a catchphrase as a counter to the mental picture of the patient festooned with tubes and surrounded by an entourage of sterile apparatus. But it can also too easily conjure up an equally misleading picture of an elderly patriarch or matriarch, gently expiring in a room facing the setting sun surrounded by a loving family. Perhaps, indeed, in the minds of those who use the phrase, it unconsciously means dying in dignified surroundings without any modern paraphernalia, and is aroused by indignation at what appears irrelevant and irreverent medical intrusion at such a moment. But there appears nothing inherently dignified about dying. As Sir Thomas Browne wrote in the seventeenth century (although perhaps because he was a doctor), 'I am not so much afraid of death, as ashamed thereof; 'tis the very disgrace and ignominy of our natures'.[18] And to speak of 'dying with dignity' appears to romanticize a stage of life which can at least in some cases be nasty and brutish but hopefully short.[19] It may be, in fact, that such romanticizing is part of the prevalent attitude of western society in this century, which is afraid to face death in all its reality, and which will either render it less unpalatable by making it as sweet as possible, or scale it down from a human mystery to a practical problem of manageable proportions. And, of course, if it is merely a problem, then all man need do is increase his problem-solving skills, and quietly ostracize his failures in clinical surroundings until they go away, or are dispatched. But while sickness and disease can be increasingly tackled as problems, and rightly so, the same cannot be said of the sick and the diseased

[18] *Religio Medici*, I, 39.

[19] On the literature, by Paul Ramsey and others, on the dignity or indignity of death, cf the useful comments of R. McCormick, S.J., 'Notes on Moral Theology', in *Theological Studies* (March, 1975), pp 117–9.

who are dying, and who also suffer, perhaps even more, from loneliness, isolation, abandonment and guilt. It is here that the quality of death and the humanizing of death raise immensely difficult anxieties. To advocate returning death to the home and family is too glib in cases where skilled nursing facilities are required or where domestic conditions do not allow it. And yet, if the choice has to be made between efficient symptomatic relief and a loving environment where support and time, even intermixed with irritation and impatience, are much more available to minister to the heart and the mind, it is not self-evident that the former is always to be preferred.

In this essay which has attempted to survey from a christian as well as a human standpoint some of the delicate issues currently connected with death and dying, it may be thought matter for surprise that no reference has been made to the commandment of the Decalogue which states, 'Thou shalt not kill'. If this commandment, however, is to be understood as a conclusion of human reason and a rule of natural law, as it was by Aquinas and subsequent moral theologians, then it is itself subject to such enquiries, observations and refinements as we have been considering. And if it is to be understood in its original context in the history and culture of Israel, which practised capital punishment and vaunted a holy War, then its primary reference is to the malevolent (or even inculpable) killing of a personal enemy, as appears confirmed by Jesus's intensifying the commandment to forbid personal anger and contempt of another (Mt 5, 2ff).[20] And to that extent this commandment is quite irrelevant to the questions here at issue. But there is another commandment with which it is more apposite to conclude: 'Honour thy father and thy mother'. For it is clear from the context of Exod 20, 12 and Dt 5, 16, that this commandment has nothing to do with enjoining children to do what their mummy or their teacher tells them to do. It is a charge to the adult Israelite to look after his aged parents in their need and in their weakness, and may be seen as an application of the golden rule, 'that *your* days may be prolonged' (Dt 5, 16). It has been well said that a society is to be judged, in human and in christian as distinct from purely economic and political terms, by the degree to which it is prepared to allocate its time, its energies and its resources to the 'unrewarding' care of the elderly,

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[20] Cf J. J. Stamm and M. E. Andrews, *The Ten Commandments in Recent Research* (London, 1967), pp 98–99.

the sick and the handicapped. Dying can be, and is, increasingly capable of being eased by modern technology; and christians should be ungrudgingly grateful for this effect of the cosmic power of Christ's victory over death.[21] But to be truly humanized, as an integral part of the mystery of life, dying must be both respected and shared. For ours is no absent God, least of all in death, in which we are definitively caught up into the other-worldly diamension of life in Christ. And it is perhaps above all in our concern for the quality of death that we show ourselves sons of our heavenly Father, and truly fraternal to the brother and sister for whom Christ himself died.

[21] Cf 'Pain in the Christian Life', p 359.