Five "Tricks of the Heart" regarding Physician Assisted Suicide

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ABSTRACT: This paper focuses on my experience of teaching physician-assisted suicide (PAS) as an issue for theological anthropology for over 10 years. It also addresses the shift in the perspective of students (and of the American population), not just on the morality of this practice but also on our understanding of what it means to be human. The challenge is experienced by the general population more as a spiritual issue more than a moral one. It reveals itself to be so in light of what I will call "five tricks of the heart" (a phrase based on Jeremiah 17:9). These are temptations to the idols of absolute autonomy, pleasure, an achieved sense of dignity, independence, and control. The presentation closes with a call for the Church to teach people how to die well, a modern *ars moriendi*.

I TEACH THEOLOGY at a small Catholic liberal arts university at which I have taught a general education course titled "The Christian View of the Human Person" for ten years. It is a theological anthropology course. Two of the themes covered in that course are human dignity and the person as a moral agent. For those ten years I have chosen to focus on physician-assisted suicide (PAS) as a case study in regard to both these themes by looking at the principles at stake and how they are debated in our culture. That segment of the course ends in a critical discussion in which students who are comfortable with naming their own positions on the issue do so. Ten years ago it was a rare class that had more than one or two students who thought PAS was a good and right option for the dying. Now it is closer to 50%. My teaching has not changed, but something certainly happened. What? And how does discerning that change help us understand why people choose to support PAS or even request it?

The answers are, no doubt, complex. But I have the advantage of having heard the reasons given by my undergraduate students for supporting PAS for a decade. I also have done research and writing on what I consider to be a resource for a contemporary *ars moriendi* – John Paul II's theology of the body

– and on the implied theological anthropology of PAS.[1] To that end I propose that those of us who argue against the practice and legalization of PAS should consider that most supporters do not even see PAS as a *moral* issue. Instead, they see it – often without realizing it – as an issue in *theological anthropology*. For this point of view the process of dying is an evil and meaningless reality. It is a uniquely God-absent hole in their life's universe. Therefore, they believe that they will "go to God" in their own way. It is, in fact, a modern form of Gnosticism: a belief that the spiritual and physical aspects of the human being inherently work against each other rather than as an integrated whole. In order to make cultural headway against PAS, we must meet those considering assisted suicide (as an object for legislation or as a reality in their lives) by understanding what the prime assumptions are and by exposing the problematic Gnosticism within. To do so we will consider what I call "five tricks of the heart" – they express the assumptions that contribute to a false understanding of the human being that ultimately encourages support of PAS.

These "tricks of the heart" are found in statements that speak to what it means to be human in false and deceptive ways. In this case, they are declarations made by those who support PAS. They can also be found in the reasons given by those who undergo PAS. We will look at data from Oregon, which has collated such reasons since 1998 through its Public Health Division.[2] I will expose these deceptions in light of the theological anthropology of the Catholic tradition, which has a great deal of wisdom to offer to this topic.

1. "I never wanted to live this way, in this state. I would never want to live this way." Most statements of this sort have a kernel of truth, and this one is no exception. The physical process of dying involves a certain amount of "things falling apart" – that is, the finely tuned integration of the human body suffers as the deterioration of one system or organ affects another, until eventually things *do* fall apart.[3] Now, the natural reaction to disintegration is dismay and

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[1] See Chapter 4 in my *Theology of the Body, Extended: The Spiritual Signs of Birth, Impairment, and Dying* (Hobe Sound FL: Lectio Publishing, 2014). This paper is written from the research done for a forthcoming book, *Why You Shouldn't Kill Yourself: Five Tricks of the Heart on Assisted Suicide* (Cascade Books, forthcoming).

[2] See "Oregon's Death with Dignity Act—2014," *Oregon Public Health Division*, accessed May 2016, https://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Documents/year17.pdf.

[3] There is an excellent chapter on this phenomenon in Atul Gawande's *Being Mortal*

grief. If possible, we try to "put it together again." It is, however, important to remember that, according to the Christian tradition, God created humanity for life, not for death. The inevitability of death is considered to be a consequence of original sin. Those who die in friendship with God will find their souls in heaven (perhaps after a time of purgation), awaiting the resurrection of the body and thus the re-integration or re-union of soul with a transformed body. Among other things, this teaching about the resurrection of the body is a profound sign of the unity of body and soul that God deliberately intends. So, when we see disintegration, it is not *wrong* to say that we do not desire to live in that way. We desire to live as an integrated whole. We desire to live in the way in which God originally created us to live.

But when a statement like "I never wanted to live this way" or "in this state" is understood as an either/or statement that requires that we be in good health or else not live at all, for "disintegrating life" is regarded as intolerable, this reflects an anthropology that bends toward Gnosticism. It suggests that the compromised body is being experienced as an evil that must be eliminated. Taking this view can involve a considerable shift in point of view. But is it really so different? Or is there some sort of hint that we tend to think this way, even before a medical crisis?

There is evidence that human beings make poor predictions about the level of disability in which they can still be content, or even happy. One fascinating study compared the reactions of emergency medical providers and those suffering spinal injuries. Only 18% of emergency medical providers say that they would want to continue living with a disabling spinal injury. This is a dire assessment, and one that is no doubt rooted in their experience with severely injured patients. But when the same question was asked of people living with severe spinal injuries, some 92% responded they were "happy to be alive."[4] We may conclude that one's satisfaction (or lack thereof) with life should be based on an assessment made in psychological health, and not while in psychological trauma. One must realize that recovery may take months or years. But the

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(New York NY: Metropolitan Books, 2014), ch 2.

[4] C.J. Gill, "Health Professionals, Disability, and Assisted Suicide: An Examination of Relevant Empirical Evidence and Reply to Batavia,*" Psychology, Public Policy, and Law* 6 (2000): 526-45. Cited in the Anscombe Bioethics Centre's *Assisted Suicide and Euthanasia: A Guide to the Evidence* (August 2015), pg. 15. http://www.bioethics.org.uk/evidenceguide.pdf

human beings *usually* finds a way to re-integrate the injured body. Many healthy people assume that someone with an injured body would be inclined to an instant and everlasting rejection of the body, that is, death.

How that trick of the heart is understood depends entirely on which word or words get the emphasis. What happens when we put the emphasis on "*this way*"? The "trick" in this statement is that "this way" – that is, living with disabilities – is incompatible with any meaningful life. It is no accident that many advocacy organizations for people with disabilities are actively organizing against PAS. The disability rights group "Not Dead Yet" (notdeadyet.org) is one of the most "in your face" groups on this point. They make it clear that PAS is really about making it more acceptable to devalue and eliminate a certain kind of life, whereas the aim of most disability rights organizations is to remove false barriers to participation within society.

This trick wrongly defines the human being as fundamentally disintegrated, an accidental unity of body and soul. When the body functions as expected, it is a tolerable association. But when bodily functionality fails to measure up in terms of abilities, the spirit should be released, and as efficiently as possible.

2. "I can't face the pain." This statement echoes the political drumbeat of the pro-PAS organization Compassion and Choices: that it makes no sense to force people who are already dying to live through substantial pain against their will. There is, no doubt, a real fear of pain that motivates people to support PAS, at least in principle as a last resort. The mentally healthy do not look forward to pain in and of itself. Some fear is understandable.

Most palliative care professionals argue that pain is a sign of mismanaged care, for serious pain can be addressed through palliative care in ways that make a significant difference to the comfort of the patient.[5] The hospice movement has been a great witness to the effectiveness of pain management. Modern techniques hold great promise to help people be as comfortable as possible in the process of dying, and it is clear that appropriate care helps

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[5] See, for example, *NHPCO Facts and Figures Report: Hospice Care in America, 2012*. Among its salient statistics: Patients still uncomfortable due to pain 48 hours after initial assessment: 11.9% (p. 13). While the number is not zero, being able to medically control the pain of nearly nine out of ten dying people is significant. http://www.nhpco.org/sites/default/files/public/Statistics_Research/2012_Facts_Figures.pdf.

people to be focused on relationships more than pain.

Perhaps the success of hospice, which is not widely known to the general population, accounts for this surprising statistic: among those in Oregon who actually do choose PAS, "avoidance of present or future pain" is not the first concern; in fact, it almost comes in last place, sixth out of the seven reasons people request PAS. People who choose PAS overwhelmingly choose it not for reasons having to do with avoidance of pain, but because they resist the loss of autonomy (over 90%). Apparently one cannot "die with dignity" without being fully independent, capable of making and acting on choices.[6]

So, the statement "I can't face the pain" (presuming that the person is acting on good information) logically does not bear out. Yet the "I can't face the pain" language has two a-logical engines, I think: the silent assumption of Gnosticism, and the silent assumption that emotional pain cannot be borne.

There is a natural and healthy concern regarding pain. But when people argue that pain should not be relieved through palliative care, even when available, and instead promote ending life to avoid pain, we have entered the realm of gnosticism. The move can only be explained by a sense that the human person is ultimate constituted by one's spirit, to the exclusion of the body. When the body comes to seem like a prison (through no fault of the person's spirit), the sensible thing, the merciful thing, is to release the prisoner. The only way to do this, however, is to end the life of the body. Most supporters of PAS will then say, so be it. This is gnostic language through and through, for it takes the spirit to be good and the body a source of evils. We see this most commonly in remarks that people make about men and women with Alzheimer's.[7] It is not uncommon to hear things like "he really isn't himself anymore" or "she's been gone for years." While pain should be addressed, and we could theologically argue that pain is a natural evil, to treat the body itself as an evil container moves into dangerous territory within theological anthropology.

The other silent assumption behind a statement like "I can't face the pain" is that we are not talking about physical pain. Pain is not just physical, although Compassion and Choices usually promotes it as such. The pain that comes with

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[6] "Oregon's Death with Dignity Act–2014," pg. 5.

[7] For instance, "My mother died last week, 17 years too late...." Roger Rosenblatt, "The Disease That Takes Your Breath Away," *Time Magazine*, Apr. 30, 2001, http://content.time.com/time/magazine/article/0,9171,999776,00.html.

dying is also emotional and spiritual. Indeed, Elisabeth Kübler-Ross's famous five stages of death and dying assume that the difficulty of dying is emotional.[8]

Denial (Kübler-Ross's first stage) could be the simple explanation of the phrase "I can't face the pain." One form of denial is avoidance. Arthur McGill, a Princeton theologian who died in 1980, foresaw the possibility of euthanasia and PAS in his book *Death and Life: An American Theology*.[9] The problem, he claimed, is that we avoid dying in small and large ways all our lives. We do so as a culture by venerating youth and treating signs of aging as indicators of "failure." This has been true even in Christianity; consider the popularity of the theology of glory over the theology of the cross. PAS could be seen as the logical pinnacle of avoidance. But it is avoidance of dying only by the reconfiguring of death as something more benign, such as intentional soul-release. Anne Lamott, a popular Christian writer, uses soul-release language:

> "What did I think death was like, he asked? ... I'd heard an Eastern mystic say that it was like slipping out of a pair of shoes that had never fit very well."
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> "Life was a kind of Earth school, so even though assisted suicide meant you were getting out early, before the term ended, you were going to be leaving anyway, so who said it wasn't OK to take an incomplete in the course?"[10]

This trick of the heart is about associating pain (physical or emotional) with the body itself. If pain is evil, then the body is evil, and it can and should be destroyed.

3. "My mind is going, and I won't be me anymore." This statement is a variation on the first, "I never wanted to live this way, in this state." It clarifies that the person believes that the human being is identified by physical functionality: in this case, the brain. To be sure, any disease or injury that harms the function of the brain is very difficult to undergo. But the problem in this statement is the absolute nature of the last phrase, "I won't be me

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[8] Elisabeth Kübler-Ross, *On Death and Dying*, reprint edition (New York NY: Scribner, 2014).

[9] Arthur McGill, *Death and Life: An American Theology* (Eugene OR: Wipf and Stock, 2003).

[10] Anne Lamott, "At Death's Window," *Los Angeles Times*, June 25, 2006. Accessed May 15, 2016. http://www.latimes.com/la-op-lamott25jun25-story.html.

anymore." If you are not you when seriously sick or injured, what exactly do you become? You are, of course, still you, but an arguably weakened and more dependent you than you had been. That does not change who you are. But it does change what you need to cope with, and your role in many relationships.

Lamott showed her hand in the PAS debate with an essay entitled "At Death's Window." The opening lines are telling:

> The man I killed did not want to die, but he no longer felt he had much of a choice. He had gone from being tall and strapping, full of appetites and a brilliant manner of speech, to a skeleton, weak and full of messy needs. He and his wife still loved each other very much, but he'd lost the ability to do the things he had most loved to share during their 30 years together: to cook and overeat, hike and travel. He had always been passionately literary, but he was losing the ability to read and write, which had defined his life. Both elegant and down-to-earth, with lifelong depression and a rich, crabby sense of humor, he was 60 when he was diagnosed with cancer....
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> Everyone recommended that he contact a hospice provider to help with pain management, but this was not his way. He said that if it was just his body deserting him, maybe. But his mind? His ideas? His self?

It is that last line that becomes the heart of Lamott's essay. It ends with Lamott watching her friend die after feeding him lethal drugs mixed in pudding (assisted suicide was not legal in California at that time). His mind – his ideas, *his self* – was deserting him. He had no real choice but to speed along the process because the idea of existing in a different manner – even for a fairly short time – was, for him, "incompatible with life." At least, it was incompatible with selfhood, ergo, life.

This is the most disturbing element of this "trick of the heart": it says that living in a compromised mental state is incompatible with selfhood. While the grief of losing mental abilities can be intense, the reality is that millions of human beings live with intellectual disabilities as a matter of course, and they are, indeed, selves. Your intellectual abilities do not mark your selfhood.

A person's existence is the marker of selfhood, which cannot be achieved or lost. It is also the root of the most commonly used word in this debate: dignity. Human dignity is not rooted in either happiness, nor is it rooted in achievement. Human dignity is intrinsic to the human person, and our behavior toward that person (even when those people are ourselves) should honor and respect that dignity. The dignity cannot be lost. It is such dignity that calls us to act in ways that honor the full existence of the person: the body and the soul, a unity that is the whole person.

4. "I don't want to be a burden." This trick of the heart implies that to be human and live with dignity requires perfect independence. Co-existence and interdependence hurts others, you assume, and you want to avoid that. While it is understandable at some level to say "I don't want to hurt my family and friends by my decline into death," there are many ways it is still a "trick statement."

The partial truth is that we want to protect our loved ones from the suffering that comes with watching someone die. But this involves a false understanding of protection. We are called to protect each other from direct threats. But our natural death is not a direct threat to others. You cannot protect your loved ones from your death, nor should you. There is a delightfully-titled essay on this by Gilbert Meilaender, "I Want to Be a Burden to My Loved Ones."[11] He mentions that in Scripture we are called to bear each other's burdens. But the problem with the title is that human beings are not burdens in themselves. Instead, we bear hardships together. This is an important part of what it means to be a Christian community, and the family is the "domestic church," the founding social cell of society.

John Paul II's theology of the body articulates a basic truth that cuts at the idol of independence: "The fundamental dimension of man's existence is always a co-existence."[12] Independence is a worthy goal in many ways, for it allows the fullest expression of autonomy, creativity, and self-initiative. But independent living is always a relative goal, and is best recognized as existing in tandem with that person embedded in community: family, friends, church, workplace. Burden language devalues the truth that every person is, inextricably, a person for others. It also allows a kind of thinking that is (again) gnostic-influenced: that problematic bodies are burdens to be sloughed off, the language of "shuffling off this mortal coil" that Shakespeare made famous in Hamlet's "to be or not to be" speech.

This trick assumes that co-existence hurts others because persons who struggle – or their compromised bodies – are burdens.

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[11] Gilbert Meilaender, "I Want to Be a Burden to My Loved Ones," *First Things*, March 2010. Accessed May 2016. http://www.firstthings.com/article/2010/03/i-want-to-burden-my-loved-ones

[12] John Paul II, *Crossing the Threshold of Hope* (London UK: J. Cape, 1994), pp. 35-36.

5. "I'm dying and I have no interest in going on. I want to end this now, on my terms." Usually we try to prevent suicide, at great lengths, when a person is depressed. Why is this different? This trick of the heart is based in two fallacies: that you clearly know what you want when you are depressed, and that God is done with your life.

Silent depression is a serious problem, even outside considerations of PAS. Despite increasing awareness and acceptance that depression can named and treated, the problem is that depression by its nature as an illness dampens initiative to get treatment. When depression is combined with the dying process (according to Kübler-Ross, something that is very typical), a person's attention is more likely on the dying rather than on the depression. But there needs to be attention to the depression: in part, because it is treatable and deserve mental health treatment at every stage of life, and in part because depression cloaks our understanding of who we are and what we want.[13]

But the other fallacy is the suggestion that God is ever done with a person's life. It is an example of the "God-absent physical reality" narrative. The disappearance of health, physical and/or mental, could never "usher God out." The idea that God cannot or will not work through your life in a difficult and compromised condition is not one that says much about God, the omnipotent, omniscient, and omnipresent, that he can be kept out or even repulsed by the dying process. Statements like "I'm ending this on my terms" effectively block God out. God will not enter if we have closed and locked the door. Simply inviting a person to reword these phrases can make a significant difference: for example, "I'm dying, and it's hard to muster interest in living longer. I want this to end. God, help." This phrasing contains most of the emotional place setting of the person, without becoming a cry for absolute autonomy. It recognizes the power of God, but it also implicitly names this present physical reality as meaningful and a place the spiritual world touches,

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[13] The PAS law in Oregon requires that the assisting doctor refer a patient requesting PAS to a psychological health professional if he or she deems the patient as a potential depression risk. While that does sometimes happen, it does not happen often: last year, the number of PAS patients referred for a psychological evaluation was only 3.5%. The CDC argues that in a given year, 10% of the American population suffers from depression. The numbers simply do not add up. And perhaps they never will, given that depression is largely self-reported. But is a problem, in that you want people to fully understand and see clearly what they are choosing. Mental clarity is essential to not being party to unintended death. See "Oregon's Death with Dignity Act–2014."

a place that God shapes and works.

This trick assumes that when dying occurs, God leaves, and we should "close up shop."

Conclusion

All these tricks of the heart assume a flawed, gnostic anthropology and require a contemporary Christian *ars moriendi*, an art of dying that used to be the bread-and-butter pastoral care of the medieval period that has since been moved to the province of medical professionals.

Dying looks different in our own time – longer, drawn out, more dementia and disability, and with possibly more pain – than it did even a hundred years ago. People don't "know how to die."[14] There used to be an art of dying, supported by family and church, but it is not discussed any more. People are engaging in "do-it-yourself dying." This is one reason that people are considering PAS, as a painless, autonomous version of "the art of dying."

Although physician-assisted suicide should be resisted on every level (legislative, medical, philosophical, theological), we cannot forget the role of communities of worship. For centuries, dying was an act that held great importance and meaning. It was understood as "part of life," something that a person learned to do by helping others die well, and deliberately embraced through sacrament, ritual, and prayer. It was recognized as a time circled by hope, love, and the concrete presence of God. We need to recover that sense of dying as a difficult but good place. Ministers of many communities tend to be trained in bereavement ministry and perhaps crisis counseling, both important works. But it is not clear that ministers are trained in how to help people die well. This needs to change.

I strongly expect that we will not convince anyone to avoid assisted suicide by saying "it's wrong." It *is* wrong, but a person considering suicide needs God and meaning more than a moral statement. We can do this by helping them encounter God in their present, broken reality, who helps them understand who they are and gives them reason to live. Any contemporary *ars moriendi* should and must deliberately do that.

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[14] See *Theology of the Body, Extended*, Ch. 4.