"EUTHANASIA AND THE CHRISTIAN UNDERSTANDING OF SUFFERING."

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Introduction.

It is a privilege to give this memorial Craigmyle lecture. Lord Craigmyle is rightly and affectionately remembered for his extensive involvement in charitable activities. However, he was also spectacularly generous in a rather more private capacity to the poor, destitute and homeless. He had a remarkable rapport with such men and women on a personal level. He was a tireless defender of innocent human life. In 1971 with Dr Jonathan Gould he edited an influential book Your Death Warrant? The Implications of Euthanasia. [1] Shortly before he died he was co-signatory to a JMEC submission on cloning and reproductive technology. The previous year, responding to the Royal College of Paediatrics consultation on withholding and withdrawing life sustaining treatment from children, the JMEC reminded us that:

> "The value of continuing life is a moral question and human dignity, properly understood, is not lost by dependence, disability, deformity or degenerative disease. All human life retains moral worth and is of inestimable value"... We hold that to nourish a fellow human being in a manner appropriate to their condition is a human duty."

This lecture is divided into two parts. First, a consideration of the current euthanasia debate and second an exploration of our Christian understanding of suffering.

It would be invidious of me before a Christian audience to explain why Euthanasia is wrong. However, it is necessary to explain the state of the current debate on euthanasia and how it is rapidly changing. The End of Life Assistance Bill currently before the Scottish Parliament is modelled on the Oregon Death with Dignity Act 1997. The Bill exemplifies many of the attitudes and approaches of the pro-euthanasia movement which is pushing for euthanasia.

PART I. EUTHANASIA.

The current state of the Euthanasia debate

Definiton of Euthanasia.

John Paul II describes it as "an act or omission which of itself or by intention causes death, with the purpose of eliminating all suffering" [2].

The position of the Church is clear. The moral prohibition relates to both acts and omissions which by their nature and intention cause the death of the patient. The consent of the patient is irrelevant[3]. However the legal and legislative perspective is becoming increasingly obscure.

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[1] Your Death Warrant? The Implications of Euthanasia. Edited by Gould Jonathan and Craigmyle Lord. [London: Geoffrey Chapman. 1971]

[2] John Paul II. Evangelium vitae [Ev], 1995, n. 65

[3] "It has been established for centuries that consent to the deliberate infliction of death is no defence to a charge of murder." Airedale NHS Trust v Bland [1993] 1 All ER 821 HL, note 5 at 892

The Bland judgment

The common law makes a distinction between deaths that arise from 'acts' as opposed to 'omissions." The situation is best described in the landmark case of Bland in the House of Lords which has had lasting effects on the euthanasia debate and subsequent legislation[4].

Tony Bland was a victim of the Hillsborough Stadium disaster in 1989. He received multiple crush injuries and profound anoxic brain damage, which led to the PVS state persistent vegetative state (PVS). It was held that he had no prospect of recovery. His physician sought a declaration from the Coroner that he would not face prosecution if he withdrew tube feeding (so-called artificial nutrition and hydration or ANH) in order to bring his life to an end.

For the crime of murder there must be two elements – the *mens rea* ('guilty mind') and the *actus reus* ('guilty act'). It was recognised that there was no other intention in withdrawing ANH than to bring about the death of Tony Bland[5].

The question of whether the withdrawal of ANH was unlawful rested upon the legal distinction between 'acts' and 'omissions.'

> "The law draws a crucial distinction between cases in which a doctor decides not to provide, or to continue to provide, for his patient treatment or care which could or might prolong his life, and those in which he decides, for example by administering a lethal drug, actively to bring his patient's life to an end".[6] Lord Goff

Nevertheless, an omission to provide hydration was not unlawful if there was no duty of care to provide it. Hence, Lord Goff recognised that to actively bring about a patient's death is "to cross the Rubicon which runs between on the one hand the care of the living patient and on the other hand euthanasia - actively causing his death to avoid or to end his suffering. Euthanasia is not lawful at common law"[7].

Lord Mustill stated that because of his PVS state Tony Bland had no 'best interests' in being kept alive, indeed that he had "no best interests of any kind".[8]

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[4] Airedale NHS Trust v Bland [1993] 1 All ER 821 HL

[5] "As to the element of intention or mens rea, in my judgment there can be no real doubt that it is present in this case: the whole purpose of stopping artificial feeding is to bring about the death of Anthony Bland." Airedale NHS Trust v Bland N.H.S.Trust Respondents v Bland Appellant [1993] A.C. 789 per Lord Browne-Wilkinson at 880

[6] Airedale NHS Trust v Bland [1993] 1 All ER 821 per Lord Goff at 869

[7] Airedale NHS Trust v Bland [1993] 1 All ER 821 per Lord Goff at 865.

[8] Airedale NHS Trust v Bland [1993] AC789 per Lord Mustill at 897 and 898

Lord Mustill went on to acknowledge the distinction between acts and omissions "carries with it inescapably a distinction between, on the one hand what is often called "mercy-killing", where active steps are taken in a medical context to terminate the life of a suffering patient, and a situation such as the present where the proposed conduct has the aim for equally humane reasons of terminating the life of Anthony Bland by withholding from him the basic necessities of life".

Lord Mustill then admitted that "the acute unease which I feel about adopting this way through the legal and ethical maze is I believe due in an important part to the sensation that however much the terminologies may differ the ethical status of the two courses of action is for all relevant purposes indistinguishable." He then (in)famously recognised that the distinction between 'acts' and 'omissions' was intellectually and morally dubious and the law in this area was "both morally and intellectually misshapen".[9] Nevertheless, it was on the basis of this morally and intellectually misshapen legal structure that Tony Bland died.

Lord Lowry, who went even further to opine that a failure to withdraw treatment might even be unlawful:

> "Even though the intention to bring about the patient's death is there, there is no proposed guilty act because; it is not in the interests of an insentient patient to continue life-supporting care and treatment. The doctor would be acting unlawfully if he continued the care and treatment and would perform no guilty act by discontinuing".

Implications and repercussions of the Bland Judgment.

The Bland judgment has had \a number of important implications and repercussions.

1. For the first time in English law it was recognised that there can be patients who are unquestionably alive, who have no 'best interests' at all and for whom there is consequently no duty of care.
2. ANH has since been described as medical treatment for which consent may be required, rather than basic care.
3. That 'passive non-voluntary euthanasia' is permitted for PVS patients at common law.
4. That, in the face of a refusal of 'treatment' by a mentally competent patient, the principle of the sanctity of life' may have to give way to the principle of 'self-determination'.[10]

[9] "My Lords, I must recognise at once that this chain of reasoning makes an unpromising start by transferring the morally and intellectually dubious distinction between acts and omissions into a context where the ethical foundations of the law are already open to question..... By dismissing this appeal I fear that your Lordships' House may only emphasis the distortions of a legal structure which is already both morally and intellectually misshapen."

[10] "First, it is established that the principle of self-determination requires that respect must be given to the wishes of the patient, so that if an adult patient of sound mind refuses, however unreasonably, to consent to treatment or care by which his life would or might be prolonged, the doctors responsible for his care must give effect to his wishes, even though they do not consider it to be in his best interests to do so…To this extent, the principle of the sanctity of human life must yield to the principle of self-determination…"

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5. It introduced the notion that life may be terminated, not because of suffering but because the life of the patient is considered futile, or indeed even that the patient is not considered worthwhile.

   As Dr. Keith Andrews of the Royal Hospital for Neurodisability and an expert witness the case noted:

   "Instead of considering the futility of the treatment, the burden of the treatment ... the decision for the first time considered the worthwhileness of the patient, and the burdensomeness of the patient himself."[11]

The Bland judgment has had profound effects on the practice of euthanasia.

Arguments used in favour of euthanasia

The core reasons for euthanasia have traditionally included:

1. Personal autonomy and the right of individuals to determine the manner of their living and dying

2. The humanitarian desire to avoid unbearable suffering

3. The desire to avoid unnecessary suffering at the end of life in those who are terminally ill

4. Medical futility when life is no longer considered worthwhile

5. Human dignity which is diminished by suffering

The arguments based on unbearable suffering and terminal illness are inadequate and at times contradictory. Unbearable suffering is not necessarily confined to those who are dying and many patients who are terminal ill are not suffering unbearably. Indeed, if unbearable suffering is the reasons for euthanasia it is difficult to understand why it should be confined to those who are terminally ill – especially when the 'solution' is a premature death. If there is a percieved need to prevent suffering, especially in those whose lives are considered futile because of terminal illness, it is difficult to see why death should be voluntary. Conversely, if autonomy is the key, why should the patient be either terminally ill or suffering unbearably?

Lord Goff Airedale NHS Trust v Bland supra, note 5 at 864

[11] Andrews, K et al Misdiagnosis of PVS BMJ [1996:313] letters.

However, it is important to realise that arguments put forward by proponents of euthanasia may differ from those of patients and healthcare professionals.

For example, in Oregon, the main reasons why patients choose an assisted death were loss of autonomy (97%), being less able to engage in enjoyable activities (86%) and loss of dignity (92%). Inadequate pain control (10.2%), burden (25%) and financial implications of the treatment (2%) are less frequently given as reasons. [12]

Dr Admiraal, a foremost proponent of euthanasia in Holland has stated that "There are many good reasons for euthanasia, put pain control is not one of them."[13] "In fact, for most patients "cancer pain" means real physical pain combined with fear, sorrow, depression, and exhaustion. This kind of "pain" is an alarm signal indicating shortcomings in inter-human contact and misunderstandings of the patient's situation. One can treat this "pain" with good terminal care based on warm human contact." [14]Dr Admiraal does not endorse euthanasia for pain, only for a "diminished quality of life."

On the other hand, viewed from a legislator's perspective, Baroness Warnock has voiced the opinion that it may even be a duty for some to die for the benefit of others.[15]

> "If you're demented, you're wasting people's lives – your family's lives – and you're wasting the resources of the National Health Service.....I'm absolutely, fully in agreement with the argument that if pain is insufferable, then someone should be given help to die, but I feel there's a wider argument that if somebody absolutely, desperately wants to die because they're a burden to their family, or the state, then I think they too should be allowed to die....."I think that's the way the future will go, putting it rather brutally, you'd be licensing people to put others down."

There is no doubt that the main reasons for euthanasia are increasingly seen in terms of personal autonomy and human dignity which is affronted or even destroyed by human suffering. This was forcibly expressed by Justice James C Nelson in the Montana Supreme Court (December 2009) in defence of the State's new law on Physician Assisted Suicide.

> "Usurping a mentally competent, incurably ill individual's ability to make end-of-life decisions and forcing that person against his will to suffer a prolonged and excruciating deterioration is, at its core, a blatant and untenable violation of the person's fundamental right of human dignity".
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> "Society does not have the right to strip a mentally competent, incurably ill individual of her inviolable human dignity when she seeks aid in dying from her physician. Dignity is a fundamental component of humanness; it is intrinsic to our species; it

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12 Summary of Oregon's Death with Dignity Act (2010)

13 Dr Pieter Admiraal, speech before the Biennial Conference of the Right to Die Societies, Maastricht, Holland, 1990

14 Free Inquiry 9 [1989], No.1.

15 Daily Telegraph 18.09.08. http://www.telegraph.co.uk/news/uknews/2983652/Baroness-Warnock-Dementia-sufferers-may-have-a-duty-to-die.html

must be respected throughout life; and it must be honored when one's inevitable destiny is death from an incurable illness".

Increasingly personal autonomy is seen as sacrosanct and inviolable. It exists over and above the duty of Society to protect innocent lives and the responsibilities of the medical profession to the vulnerable and those who are dying. Indeed, personal autonomy is seen to override the duties and obligations of healthcare professionals and questions their rights in conscience to act in good faith and conscientious objection to safeguard, not destroy, life. In some cases, it is even seen as immoral to 'allow' a distressing terminal illness to take its natural course thereby causing the patient to suffer a life that has become burdensome and futile.

Sarah Wotton's submission to the Scottish Parliament in April 2010 in response to Margot McDonalds Assisted Dying Bill that "Dignity in Dying does not endorse voluntary euthanasia." (Sarah Wootton).

Theoretically, with physician assisted suicide, the final act is done by the patient. The physician does not act directly or immediately however much he is necessary to apply safeguards and ensure that the patient is fully aware of their decision, is mentally capable and free from coercion and has been informed of alternatives, including palliative care. Since, the act of suicide is, theoretically, performed by the patient; the involvement of the physician is seen to be indirect. Viewed in this way it is at least intelligible for Dignity in Dying to be against voluntary euthanasia.

End of Life Assistance (Scotland) Bill

This Bill currently before the Scottish Parliament would decriminalise assisted dying[16] for two categories of patients.

First, patients who are regarded as terminally ill and with a prognosis of less than 6 months and

Second, those who are not dying but are living with an incurable disability which they regard as intolerable[17].

The patient must make two formal requests. The first formal request in writing and have two independent witnesses. The witnesses must testify that the patient understands the nature of the request, which is made voluntarily and without undue influence. The designated doctor must meet with the patient and discuss the patient's medical condition, all feasible alternatives to end of life assistance, including hospice care and palliative care, the nature and consequences of the request, including its revocability and the forms of end of life assistance which may be provided.

[16] S. 1(2)In this Act "end of life assistance" means assistance, including the provision or administration of appropriate means, to enable a person to die with dignity and a minimum of distress".

[17] S. 2 2). "(2) The requirements of this subsection are that the requesting person− (a) has been diagnosed as terminally ill and finds life intolerable; or 10 (b) is permanently physically incapacitated to such an extent as not to be able to live independently and finds life intolerable".

A second formal request in writing with two witnesses must be made between 15 and 30 days of the first request to the designated doctor. A psychiatrist must be involved after both requests to assess the patient's capacity and ensure that they are making a voluntary request without undue influence. The psychiatrist must also to confirm the matters that have been addressed by the designated practitioner.

When the second request is approved the patient must agree, in writing, with the designated practitioner, in writing and in the presence of where when and how the end of life assistance is to be provided. The second request is valid for a period of 28 days. The designated practitioner must be present at the end of the requesting person's life.

The Bill has been widely discussed in the Committee Stage and the Committee's report is awaited.

The issues raised by the Bill illustrate virtually all the problems raised by assisted suicide and euthanasia.

According to Margo MacDonald the Bill has autonomy at its centre.

> "A patient's right to end of life choices is based on the principle of autonomy, that a person has the right to determine the quality of his or her own life and its value, unrestricted by the moral, cultural, religious, or personal beliefs of others."[18]

This concept of autonomy, in the sense of personal sovereignty, becomes the ultimate principle for personal morality. Autonomy is also taken as a measure of human dignity and the quality of life. Human dignity is seen in relation to making decisions for oneself, being aware of one's personal identity, one's personal 'biography' in the sense of one's past and future life and relationships with others.

Quality of life may also be viewed in relation to autonomy and a loss of dignity is seen in relation to failing powers of self-determination and loss of control. The value of the individual is seen the extent to which they are capable of making decisions for themselves. Personal autonomy and self determination is taken to be the measure of determining what an acceptable or unacceptable quality of life is.

The intolerability of suffering is to be gauged by subjective criteria and determined by the individual for that individual. Personal autonomy limits the extent to which society may determine what is 'best' for the individual.

Some objections to the End of Life Assistance (Scotland) Bill.

The essential legal problem with euthanasia is how to permit one group of individuals within society e.g. doctors, nurses, or perhaps paramedics to be responsible for killing individuals within another group e.g. the terminally ill, chronically disabled, or terminally ill whilst

[18] The proposed End of Life Choices (Scotland) Bill. Consultation Document. Margo MacDonald. December 2008.

providing adequate safeguards. It is the moral equivalent of trying to contain a nuclear fusion reaction without blowing everyone up.

I would like now to explore some of the issues that are not generally considered, or only rarely considered, with Euthanasia legislation

First, in deciding whether patients were suitable for an assisted death, the designated doctor would assume rights and responsibilities of a quasi-judicial nature for which (s)he is wholly unqualified y virtue of possessing a medical degree and training. The role of designated practitioner would be onerous and probably unwelcome as it would be very divisive. Some doctors would be responsible for bringing about the death of the patients, others, such as myself would always refuse.

Second, the Bill, like all such legislation does not take into account 'doctor shopping'. The Bill requires a designated practitioner and a psychiatrist to decide on an assisted death. There could be any number of doctors who would think it unsuitable but their voice would be unheard. In an important article by Hedin and Foley in the Michigan Law Review[19] a case of assisted suicide was described in Oregon where the patient's regular physician felt it was wholly inappropriate despite doctors who knew her less authorising PAS. In Oregon it is recognised that only a relatively few doctors prescribe lethal medication and that some individuals are responsible for a considerable number of deaths. The Scottish Bill would allow two doctors to agree on assisted dying despite any number of disagreements. Dissenting doctors would not be heard.

Third, whilst the designated doctor and psychiatrist must establish that the patient is mentally competent and free from coercion at the first and second visits, there is no requirement that the patient is mentally competent at the time of the assisted death. It would be relatively easy in the case of frail elderly patients and those with 'fluctuating' competence to 'agree' on an assisted death. Moreover, the administration of sedatives, particularly those with an amnesic effect, could easily render such patients acquiescent. It has been argued that having the doctor present might even constitute a form of coercion. After all, it is likely that the planned demise of a loved one could be a very momentous occasion for the family and friends to say nothing of the emotional difficulties that doctors may face in being present at the death. Peter Admiraal, one of the founding fathers of Euthanasia in Holland, once remarked in an article how difficult it was to practise euthanasia. In the early days he would have to be driven to and from the patient and would not be emotionally fit enough to attend any other patients that day. Studies in the Netherlands demonstrate the psychological difficulties of doctors engaged in euthanasia.

Fourth, in the Scottish Bill, the designated doctor would have to agree, in writing and with witnesses, the means of an appropriate way of assisting the patient's death. The exact means are unspecified. What would happen if the patient was unsuccessful, and, instead of dying the patient suffered irreparable brain damage as a result of the attempt. For example the

[19] Physician-assisted suicide in Oregon: A medical perspective. Hendin H, Foley K. Michigan Law Review . 2008; Vol 106:1613

patient may suffer anoxic brain damage though asphyxia or hypotension but nevertheless survive. Would the doctor be held to the agreement and be convicted of negligence? If so, this would be the first case in statute law where a doctor might be charged with negligence for not killing the patient? Similarly, if there was such a failed attempt at assisted dying, would the court then have to 'execute' the patient to provide a remedy?

Fifth, following an assisted death, what would be the certified cause of death? Would it be regarded as being due to the underlying illness, or would it be due to assisted dying, physician assisted suicide or active euthanasia?

Sixth, hat is the attitude of the GMC to assisted dying. Would it maintain that it was unethical even if it became lawful? The answer appears to be that the GMC would take a neutral stance. In their evidence to the Committee, the GMC stated that it had a free standing policy on this issue. Whilst it would always uphold the law, it feared stating that assisted suicide was unethical, even if unlawful, in case the law was changed in which case it would loose its moral authority.[20] The stance of the GMC contrasts with that of the American Medical Association regarding physician assistance in capital punishment which it has always regarded as unethical, even though it is lawful.

Terminal sedation.

Notwithstanding The Assisted Dying Bill, the practice of terminal sedation is rapidly gaining ground across national boundaries and may even supersede the euthanasia debate.

Terminal sedation has various definitions. In Holland it is taken to mean the provision of continuous deep sedation up to the point of death in a patient were hydration has been withdrawn.

The incidence of terminal sedation in Holland has increased from 5.6% of death in 2001 to 7.2% in 2005. Other estimates have suggested a figure of up to 10%.

In a study by Rietjens et al[21] there was an intention to shorten life in 47% of cases and to bring about death in 17%. In 8% of cases terminal sedation was undertaken when euthanasia had been refused. Rietjens et al concluded that

> "The increased use of continuous deep sedation for patients nearing death in the Netherlands and the limited use of palliative consultation suggests that this practice is increasingly considered as part of regular medical practice".

[20] "We have not developed policy or issued guidance on assisted suicide, since to have a 'freestanding' policy position on an issue which is currently illegal would undermine both the guidance and our authority to provide it. To hold a policy position distinct from the legal position on an issue would also compromise our position in considering complaints and make our judicial process untenable. For example, if a doctor were convicted for assisting a suicide, it would be difficult for a panel to consider the doctor's breach of the law if we, as the regulator had expressed a view that we believed such an act was ethical or acceptable. Conversely, if the law were to change to allow assisted dying and we had previously expressed the view that it was morally or ethically unacceptable, we would either be unable to discipline such a doctor, or we would have to set ourselves above the will of Parliament". Jane Malcolm Head of Scottish Affairs. GMC. Submission to the Scottish Parliament 12.05.2010.

[21] Continuous deep sedation for patients nearing death in the Netherlands: descriptive study. Rietjens j: van Delden J; Onwuteaka-Philipsen B; Hilde BuitingH; van der Maas P; van der Heide A., BMJ 2008; 336 : 810 doi: 10.1136/bmj.39504.531505.25 (Published 14 March 2008)

Whilst sedation at the end of life may very rarely be justified to manage otherwise intractable symptoms which cannot be treated in any other way, it can be used with an explicit intention to cause the death of the patient. It therefore includes the spectrum of justifiable palliative care in rare instances to active euthanasia with or without the consent of the patient.

There are various reasons for choosing terminal sedation over euthanasia. These include the avoidance of the bureaucracy involved with euthanasia including the need for consent and a cooling off period of 15 days. Terminal sedation can be administered without the consent of the patient. Death with terminal sedation appears like a natural death and the cause of death can be certified as the underlying disease.

Royal College of Physicians Audit on the Liverpool Care Pathway (LCP)

The results of an audit of the LCP was published by the Royal College of Physicians in 2009. The time spent on the LCP is on average less than 2 days (median 33 hours: 30 hours for cancer and 35 hours for non-cancer deaths). Only 50% of patients were aware of their diagnosis and 40% knew that they were actually dying. The care plan was discussed with the patient in only 30% of cases who were not comatose at the time the LCP was commenced and with 72% of carers. The lack of awareness of their diagnosis and prognosis and any discussion of their treatment plan with the patients themselves raises the question of consent and the extent to which patients are placed on the LCP without their knowledge and agreement. This is particularly important in relation to the discontinuation of medication and hydration and the use of sedatives.

PART II CHRISTIAN MEANING OF SUFFERING.

Introduction

> "Our culture is fast devolving into one in which killing is beneficent, suicide is rational, natural death is undignified, and caring properly and compassionately for people who are elderly, prematurely born, disabled, despairing, or dying is a burden that wastes emotional and financial resources." (Wesley J Smith)[22]

The Hippocratic tradition

The purpose of medicine and the Hippocratic tradition[23] is to benefit the sick and clinical practice is predicated on equality.

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[22] *Culture of Death. The Assault on Medical Ethics in America.* Wesley J Smith. Encounter Books. 2000. P.xiii

[23] 'According to my ability and judgement I will in every particular keep this oath and covenant. To regard he who teaches this art equally with my parents. To share my substance, and, if need be, to relieve his necessities and to regard his offspring equally with my brethren and to teach his art, if they should wish to learn it, without fee or stipulation. To impart knowledge by precept and by lecture and by every other mode of instruction to my sons, to the sons of my teacher and to pupils who are bound by stipulation and by oath according to the law of medicine but to no other. I will use that regimen which according to my ability and judgement shall be for the welfare of the sick and I will refrain from that which may be baneful or injurious. If any should ask of me a drug to produce death, I will not give it. Nor will I suggest or counsel such. In like manner I will not give a woman a pessary to procure an abortion. With purity and holiness will I watch closely my life and my art. I will not cut for stone but give way to those who are practitioners in this work. Into whatever house I shall enter there I shall go for the benefit of the sick, abstaining from every voluntary act of injustice and corruption and from any act of seduction of man or woman, slave or free.Whatever in the life of men I shall see or hear in my practice, or without my practice, which should not be made public, I will hold silence thereon, believing such things should not be spoken. While I keep this oath inviolate and unbroken may it be

“Wheresoever I go and whosoever’s house I enter there will I go for the benefit of the sick, refraining from any act of wrongdoing or any act of seduction of male or female, bond or free.”

There is a prohibition of direct deliberate killing, both by euthanasia and assisted suicide

“I will give no deadly drug to anyone, nor will I counsel such.”

Witness to heroic sanctity

One of the particular rewards and privileges of clinical practice is to bear witness to what theologians call heroic sanctity where individuals engage in the most extraordinary acts of charity towards others. There are times in the lives of experienced clinicians when the full impact of the selfless charity of ‘ordinary’ individuals strikes like a whirlwind. It is all the more powerful when it is met suddenly and unexpectedly as part of one’s everyday professional life. There is a unique insight into the profound love that one individual has shown towards another- sometimes for many years, without thought of reward and hidden from the gaze of others. It comes as a silent and unheralded revelation of one person’s profound and selfless love for another. I have seen it in the devoted care of a mother for over fifty years for her profoundly disabled daughter with spina bifida and hydrocephalus, in a single mother heroically caring for her son with a rare, progressive and ultimately fatal neurodegenerative disorder despite the often callous disregard and even harassment of others and in the devoted nursing care given by a wife over eight years to her husband with a terminal neurological condition. Such insights which are only experienced briefly yet profoundly, lift the veil on the profound love that one human being can show for another. Yet like a whirlwind the experience is momentary, the memory permanent.

In his book Man’s Search for Meaning, Victor Frankl makes the point that in the face of profound suffering, individuals can nevertheless show the most profound courage in the face of their difficulties and discover meaning in their lives. It is not surprising that most do not, but what is remarkable is that some do. For a heroic few, this manifests as profound love and concern for other prisoners.

> “"We who lived in concentration camps can remember the men who walked through the huts comforting others, giving away their last piece of bread. They may have been few in number, but they offer sufficient proof that everything can be taken from a man but one thing: the last of the human freedoms--to choose one's attitude in any given set of circumstances, to choose one's own way”.
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> “Fundamentally, therefore, any man can, even under such circumstances, decide what shall become of him--mentally and spiritually. He may retain his human dignity even in a concentration camp. Dostoevski said once, 'There is only one thing that I dread: not to be worthy of my sufferings.' These words frequently came to my mind after I became acquainted with those martyrs whose behaviour in camp, whose suffering and death, bore witness to the fact that the last inner freedom cannot be lost. It can be said that they were worthy of their sufferings; the way they bore their suffering was a genuine inner achievement. It is this spiritual freedom--which cannot be taken away--that makes life meaningful and purposeful”.

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granted me to enjoy life and art, forever honoured by men. But should I by transgression violate it, let the reverse be the case “.
Hippocrates 460-377 BC

Meaning in life can be found even in the face of incurable illness and death:

> "We must never forget that we may also find meaning in life even when confronted with a hopeless situation, when facing a fate that cannot be changed. For what then matters is to bear witness to the uniquely human potential at its best, which is to transform a personal tragedy into a triumph, to turn one's predicament into a human achievement. When we are no longer able to change a situation--just think of an incurable disease such as inoperable cancer--we are challenged to change ourselves." (The Search for Meaning p. 135)

Vickor Frankl goes on to emphasise the need for self-transcendence in the search for meaning which finds particular expression in the love for others:

> "I have termed this constitutive characteristic "the self-transcendence of human existence." It denotes the fact that being human always points, and is directed, to something, or someone, other than oneself--be it a meaning to fulfil or another human being to encounter. The more one forgets himself - by giving himself to a cause to serve or another person to love--the more human he is and the more he actualizes himself. What is called self-actualization is not an attainable aim at all, for the simple reason that the more one would strive for it, the more he would miss it. In other words, self-actualization is possible only as a side-effect of self-transcendence". (The Search for Meaning p. 133)

Cardinal Wojtyla (the future Pope John Paul II) wrote in Love and Responsibility that the only proper and adequate response to another human being is love.[24]

Edith Stein (St Benedicta of the Cross) in her powerful reflection on the work of St John of the Cross "The Science of the Cross" points out that the soul ultimately wishes to love God with God's own love and strength.

"Above all, the soul desires a love equal to God's. She desires to love God as she is loved by Him. But in this life she cannot attain this even on the highest level. It requires the transformation in glory. There she will love God with the will and strength of God Himself, united with the very strength of love with which God loves her. This strength lies in the Holy Spirit in whom the soul is there transformed. The Holy Spirit is given to the soul so that she may come into possession of the strength of this love, and he supplies and creates all that is lacking in her for this powerful transformation in eternal glory."[25] P. 268.

"There is a freedom that no one can ever take from you: The freedom to choose the person you are going to be in any set of circumstances.

[24] "The person is a good towards which the only proper and adequate attitude is love" Love and Responsibility. Karol Woytyla. Ignatius Press. 1993. p 41.

[25] The Science of the Cross. Edith Stein. (St Teresa Benedicta of the Cross, Discalced Carmelite) ICS Studies. Institute of Carmelite Studies. 2002.

The basis of human dignity and personhood in Evangelium Vitae.

It is against the increasingly secular materialistic view of human dignity that *Evangelium Vitae – the Gospel of Life* - proposes a vision of mankind based upon the unique ontological relationship between Man and his Creator that begins on Earth and continues into Eternity.

Human dignity arises from being a person made by God and not from other characteristics such as usefulness, strength, intelligence, beauty or health[26].

Death like birth, are primary experiences demanding to be "lived" and should not become things to be merely "possessed" or "rejected"".[27] This view is, of course, antithetical to the secular view that equates human dignity with health and regards sickness as an affront to human dignity.

Human dignity is an inherent and inviolable characteristic possessed by all human beings and cannot be determined by the criteria of efficiency and usefulness. Human beings must be valued for who they are and not for what they can do or produce.[28] Human dignity cannot be conferred by the will of society without democracy contradicting its own principles and risking a form of totalitarianism.[29]

It is an ontological reality intrinsic to the very existence of the individual and applies at all stages of human development.[30] It does not depend upon the circumstances of the individual nor is it lost with disease. Human dignity does not depend upon ability to communicate. [31]

Dignity must be distinguished from moral worth and is not diminished by sin as "Not even a murderer loses his personal dignity, and God himself pledges to guarantee this."[32]

Human dignity: an ontological reality

[26] *Evangelium Vitae. Para 99. "*Women first learn and then teach others that human relations are authentic if they are open to accepting the other person: a person who is recognized and loved because of the dignity which comes from being a person and not from other considerations, such as usefulness, strength, intelligence, beauty or health".

[27] *Evangelium Vitae.* Para 22.

[28] *Evangelium Vitae*. Para 23. "The criterion of personal dignity-which demands respect, generosity and service-is replaced by the criterion of efficiency, functionality and usefulness: others are considered not for what they "are", but for what they "have, do and produce".

[29] *Evangelium Vitae.* Para 20. In relation to the right to life: 'the "right" ceases to be such, because it is no longer firmly founded on the inviolable dignity of the person, but is made subject to the will of the stronger part. In this way democracy, contradicting its own principles, effectively moves towards a form of totalitarianism".

[30] *Evangelium Vitae.* Para. 63. "It must nonetheless be stated that the use of human embryos or fetuses as an object of experimentation constitutes a crime against their dignity as human beings who have a right to the same respect owed to a child once born, just as to every person."

[31] *Evangelium Vitae* Para 63. "We must also mention the mentality which tends to equate personal dignity with the capacity for verbal and explicit, or at least perceptible, communication. It is clear that on the basis of these presuppositions there is no place in the world for anyone who, like the unborn or the dying, is a weak element in the social structure, or for anyone who appears completely at the mercy of others and radically dependent on them, and can only communicate through the silent language of a profound sharing of affection".

[32] *Evangelium Vitae*. Para 9

Human dignity cannot be separated from God's love for men and is therefore inseparable from life itself.

Man is created in the image and likeness of God (in *imago Dei*), in whom we live and move and have our being (Acts 12:18) and with whom we share an eternal relationship and destiny.

> "The dignity of this life is linked not only to its beginning, to the fact that it comes from God, but also to its final end, to its destiny of fellowship with God in knowledge and love of him."[33]

Central to the concept of human dignity is the ontological reality of creation of each individual by God, which establishes a personal relationship with the Divine and an Eternal destiny.

Human nature is created good and made in *imago Dei*. Man is the glory of God.[34]

> "Let us make man in our image, after our likeness" (Gen 1:26).

Life is a God given gift in which God shares something of Himself with man.[35].

The Second Vatican council asserts that each individual is worth more than the rest of the whole material Universe.

> "Man judges rightly that by his intellect he surpasses the material universe, for he shares in the light of the divine mind…. For his intelligence is not confined to observable data alone, but can with genuine certainty attain to reality itself as knowable *(Gaudium et Spes)* .[36]

Through grace man participates in the very life of God which is the Trinity.

> "The dignity of this life is linked not only to its beginning, to the fact that it comes from God, but also to its final end, to its destiny of fellowship with God in knowledge and love of him. In the light of this truth Saint Irenaeus qualifies and completes his praise of man: "the glory of God" is indeed, "man, living man", but "the life of man consists in the vision of God."[37]

Since man carries the *imago Dei* and has an intimate bond with his Creator, he is different from all other living things and bears a sublime dignity.[38]

Man as a relational being

[33] *Evangelium Vitae.* Para 38.

[34] *Evangelium Vitae*. Para 34. "Man, living man, is the glory of God". Man has been given a sublime dignity, based on the intimate bond which unites him to his Creator: in man there shines forth a reflection of God himself".

[35] *Evangelium Vitae*. Para 34. "The life which God offers to man is a gift by which God shares something of himself with his creature."

[36] *Gaudium et Spes*. 1965. Chapter 1. Paragraph 15.

[37] *Evangelium Vitae* para 38.

[38] *Evangelium Vitae Para 34. "*The life which God gives man is quite different from the life of all other living creatures, inasmuch as man, although formed from the dust of the earth (cf. Gen 2:7, 3:19; Job 34:15; Ps 103:14; 104:29), is a manifestation of God in the world, a sign of his presence, a trace of his glory (cf. Gen 1:26-27; Ps 8:6). This is what Saint Irenaeus of Lyons wanted to emphasize in his celebrated definition: "Man, living man, is the glory of God". Man has been given a sublime dignity, based on the intimate bond which unites him to his Creator: in man there shines forth a reflection of God himself".

But, humans are not only rational but also relational beings.

However, whilst a relationship with others is important the relationship with God is paramount.

The relationship between man and the Creator derives from the ontological relationship arising from creation by God, the imprint of the Divine image on the creature and the Incarnation. (*Gaudium et Spes*):

> "The root reason for human dignity lies in man's call to communion with God. From the very circumstances of his origin man is already invited to converse with God. For man would not exist were he not created by God's love and constantly preserved by it."[39]

Christ who came "not to be served but to serve"[40] showed the depth of his love on the Cross[41] at a time when we were still sinners.[42]

Through the Incarnation, Christ became identified in His Own Person with human beings, both individually and collectively.

> "By his incarnation the Son of God has united himself in some fashion with every human being".[43]

Dignity and autonomy

Autonomy in *Evangelium Vitae* is seen as the expression of free will in relation to an objective moral order based upon the ontological truth of man's existence in relation to his Creator.

Moral action requires the freedom to develop towards that person 'we ought to be and become' and is a means of spiritual growth in the love of God and neighbour.

In contrast, secular autonomy "carries the concept of subjectivity to an extreme and even distorts it" and leaves "no place in the world for anyone who, like the unborn or the dying, is a weak element in the social structure."[44]

According to *Evangelium Vitae* "The theory of human rights is based precisely on the affirmation that the human person, unlike animals and things, cannot be subjected to domination by others". [45]

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[39] *Gaudium et Spes*. 1965. Chapter 1. Paragraph 19.

[40] Mk 10:45

[41] "Greater love has no man than this, that a man lay down his life for his friends" (Jn 15:13).

[42] Rom 5:8

[43] *Gaudium et Spes*. 1965. Chapter 1. Paragraph 22.

[44] Evangelium Vitae. Para 19.

[45] Evangelium Vitae. Para 19.

This is antithetical to the modern view that only self-conscious individuals who can determine the course of their own existence can be the subject of human rights, according to which view, rights are assigned only to those who are capable of conscious relationships and communication with others.

Human rights are denied to those who remain or become dependent on others.

Evangelium vitae replaces the subjectivism of a bioethical system based largely on 'autonomy' with a system of medical ethics based upon the sacredness and inviolability of all human life from the moment of conception to the point of natural death.

By providing a rational framework based upon Natural Law, upon which medical practice has been founded since the time of Hippocrates it seeks also to open a dialogue between believers in the Abrahamic Faiths (Christianity, Judaism and Islam) and non-believers.

The Gospel of Life provides us with a practical meditation on the most profound ethical issues affecting mankind.

It gives a new understanding of how Christ is "the way, the truth and the life" (John 14:6) and offers the promise to all mankind that was first made to Martha, the sister of Lazarus:

I am the "resurrection and the life; he who believes in me, though he die, yet shall he live, and whoever lives and believes in me shall never die" (John 11:25-26).

Meaning of suffering from a Christian perspective.

Quanto plus afflictionis pro Christo in hoc saeculo, tanto plus gloriae cum Christo in futuro"

> "The more affliction we endure for Christ in this world, the more glory we shall obtain with Christ in the next".

(Inscribed on the wall of his cell in the Beachamp Tower in the Tower of London by St Philip Howard English Saint and Martyr dated 22nd June 1587).

The first and universal requirement anyone who suffers is reassurance and confirmation of their value as a person and that their suffering is not in vain. This bold affirmation that suffering is of value is, of course, antithetical to the secular view which sees suffering as essentially meaningless harm, insult and injury to the individual.

Nevertheless, suffering is both a physical evil and the result of moral evil. Indeed, St Philip talks not of *afflicitonis* per se but *afflicitonis pro Christo* which brings us immediately into the great mystery of suffering.

If Christ suffered and died on the Cross once and for all in a perfect sacrifice, how can we add to this redemptive act?

In *Salvifici Doloris* John Paul II explains[46]:

> "Does this mean that the Redemption achieved by Christ is not complete? No. It only means that the Redemption, accomplished through satisfactory love, remains always open to all love expressed in human suffering. ...Christ achieved the Redemption completely and to the very limits but at the same time he did not bring it to a close. In this redemptive suffering, through which the Redemption of the world was accomplished, Christ opened himself from the beginning to every human suffering and constantly does so.....The Redeemer suffered in place of man and for man. Every man has his own share in the Redemption. Each one is also called to share in that suffering through which the Redemption was accomplished. He is called to share in that suffering through which all human suffering has also been redeemed. In bringing about the Redemption through suffering, Christ has also raised human suffering to the level of the Redemption. Thus each man, in his suffering, can also become a sharer in the redemptive suffering of Christ.
>
> This good in itself is inexhaustible and infinite. No man can add anything to it. But at the same time, in the mystery of the Church as his Body, Christ has in a sense opened his own redemptive suffering to all human suffering. .... redemptive suffering that is suffering to be unceasingly completed.

St Philip's inscription is a masterful precise of the Pauline and Petrine teachings on suffering.

"Quanto plus afflictionis pro Christo in hoc saeculo, tanto plus gloriae cum Christo in futuro"

This is mirrored in the words of St Paul:

"In my flesh I complete what is lacking in Christ's afflictions for the sake of his body, that is, the Church" (Col. 1, 24).

"For while we live we are always being given up to death for Jesus' sake, so that the life of Jesus may be manifested in our mortal flesh .... knowing that he who raised the Lord Jesus will raise us also with Jesus"(2 Col 4,8-11.14).

"I have been crucified with Christ, it is no longer I who live, but Christ who lives in me: and the life I now live in the flesh I live by faith in the Son of God, who loved me and gave himself for me"(Cal 2, 19-20)62).

Quanto plus afflicitonis... **(***The more affliction....)***.**

[46] Salvifici Doloris - On the Christian meaning of human suffering
February 11, 1984 - By Pope John Paul II

"For as we share abundantly in Christ's sufferings, so through Christ we share abundantly in comfort too"(2 Cor 1,5).

"That I may know him (Christ) and the power of his Resurrection, and may share his sufferings, becoming like him in his death, that if possible I may attain the resurrection from the dead"(Phil 3, 110-11).

Afflicionis in hoc saeculo.... *(Affliction in this world)*

"For this slight momentary affliction is preparing for us an eternal weight of glory beyond all comparison, because we look not to the things that are seen but to things that are unseen"(2 Cor 17-18).

"More than that, we rejoice in our sufferings, knowing that suffering produces endurance, and endurance produces character, and character produces hope, and hope does not disappoint us, because God's love has been poured into our hearts through the Holy Spirit which has been given to us"(Rom 5,3-5).

Afflicitonis pro Christo... *(Affliction for, with, or on behalf of Christ)*

"But far be it from me to glory except in the Cross of our Lord Jesus Christ, by which the world has been crucified to me, and I to the world"(Gal 6,14).

"Do you not know that your bodies are members of Christ?"(1 Cor 6,15).

"I will all the more gladly boast of my weaknesses, that the power of Christ may rest upon me"(2 Cor 712,9).

"I can do all things in him who strengthens me"(Phil 4,13).

"Yet if one suffers as a Christian, let him not be ashamed, but under that name let him glorify God"(1 Peter 4,16).

"And therefore I suffer as I do. But I am not ashamed, for I know whom I have believed"(2 Tim 1,12).

Tanto plus gloriae cum Christo in futuro....*(The greater the glory with Christ in Eternity)*

"Through many tribulations we must enter the Kingdom of God"(Act 14,22).

"We ourselves boast of you... for your steadfastness and faith in all your persecutions and in the afflictions which you are enduring. This is evidence of the righteous judgment of God,

that you may be made worthy of the Kingdom of God, for which you are suffering"(2 Thess 1, 4-5).

" We are ... fellow heirs with Christ, provided we suffer with him in order that we may also be glorified with him. I consider that the sufferings of this present time are not worth comparing with the glory that is to be revealed in us"(Rom 8, 17-18).

"But rejoice in so far as you share Christ's sufferings, that you may also rejoice and be glad when his glory is revealed "(1 Peter 4,13).

Conclusion.

I would like to conclude with reference to the final verses of Chapter 25 of St Mathew's Gospel.

> "Come you blessed of my Father for I was hungry and you gave me food , thirsty and you gave me drink, was a stranger and you brought me home, naked, and you clothed me, sick and you cared for me, a prisoner and you came to me." (Mathew 25:35)

.Like Mother Teresa of Calcutta, we must see others in Christ and Christ in others. We know that when we die we will be judged by how we cared for the sick, the lonely and the destitute. I have no doubt that the profoundly disabled daughter with spina bifida will welcome her father and mother into Heaven since they had cared for her for well over fifty years. Their gentle love for her on Earth will be rewarded by unimaginable love in Eternity. Our Final Judgment at the point of our death will be final, irrevocable and come like a whirlwind. In so far as we are aware of how we have treated the "least" of Christ's brethren, we are already aware of how we shall be judged. Would we rather be judged as we truly deserve or by the measure in which we have served Christ in the form of those we meet in our daily lives and in the course of our professional duties? They will be our judge.

> **"Quanto plus afflictionis pro Christo in hoc saeculo, tanto plus gloriae cum Christo in futuro"**

This maxim has become for me both a personal and professional motto. I recommend it to you also on this the 25th of October and Feast of the Martyrs of England and Wales.