

End of Life Issues

“A Christian ending to our life: painless, blameless, and peaceful, and a good defense before the dread judgment seat of Christ, let us ask of the Lord.”

QUESTIONS & ANSWERS WITH FATHER THOMAS HOPKO (†2016)

Q: Living wills and health-care proxies raise a host of religious issues. What are some concerns that attorneys helping Orthodox Christians should address?

A: The church’s view of life-and-death issues should ideally be reflected in the living will and health-care proxy. A major tenet of the faith is that it is unethical to take a life. It is not the highest of all values to stay alive, but you cannot affirmatively take steps to kill someone. The church is strongly against euthanasia and suicide. But often if the patient and medical care providers permit nature to take its course without heroic intervention, the person’s life may be taken by God.

So it is a narrow path. Taking a life is inappropriate; on the other hand, using heroic medical measures to keep a body biologically functioning would not be appropriate either. Mere biological existence is not considered a value. It is not a sin to allow someone to die peacefully and with dignity. We see death as an evil to be transformed into a victory by faith in God. The difficulty is discussing these issues in abstraction; they must be addressed on a case-by-case basis.

Q: What about provisions concerning administration of pain relief?

A: We affirm meaning to the act of suffering. It can be an experience providing purification, redemption and salvation. However, we do not encourage suffering - steps can and should be taken to alleviate suffering. Our religion teaches us to alleviate suffering, but one cannot alleviate suffering by taking a life.

Q: What about consciousness? What about traditions near death?

A: Much of the decision has to do with lucidity. Orthodox Christians should make

provisions in advance by specifying their wishes in a living will and telling their family. A living will should state your client’s wish to have a priest present before death since there are many profound and moving prayers and observances for such a time. These traditions can bring great comfort to the patient and loved ones.

The entire process of dying is sanctified by a series of prayer services and sacraments. It is important that the patient be lucid and free to confess his sins and to receive Holy Communion. The need for consciousness to participate in these sacraments should be considered when administering pain medication. There also is the rite of anointing a person with holy oil for healing of soul and body. Selected prayers are read throughout the process; as suffering increases, as the patient nears death and immediately upon death.

For example, when the patient is in great pain and approaching death, the priest may also say the Prayer of Separation of Soul and Body, asking God to take the life of the person and help him die in peace. Faithful members of the family are encouraged to be present during these prayers. The desire to have a priest present to say these prayers and administer the sacraments should be communicated in your client’s living will. If the family is not present and the living will does not inform the medical care providers, the spiritual needs and wishes of the patient could be overlooked without this provision. And if the children or other family members do not have the same religious beliefs, they may not know of these rites and traditions, or that the patient was faithful.

Q: It seems essential that a priest be called to administer these rites and address the decisions.

A: It’s quite essential since many of the issues to be decided are gray. Also, the traditions are rich and require time.

Q: What about informing the patient [about his medical condition]?

A: It is critical that the patient have complete information as to his or her condition, otherwise the patient will never be able to know when to begin the many important religious observances that are to accompany the process of dying.

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PATRIARCHATE OF MOSCOW, DEPARTMENT FOR EXTERNAL CHURCH RELATIONS

The biblical attitude to medicine is expressed most fully in the Book of Jesus the Son of Sirach: “Honour a physician with the honour due unto him for the uses which ye may have of him: for the Lord hath created him... For of the most High cometh healing The Lord hath created medicines out of the earth; and he that is wise will not abhor them. And he hath given men skill, that he might be honoured in his marvellous works. With such doth he heal [men,] and taketh away their pains. Of such doth the apothecary make a confection; and of his works there is no end; and from him is peace over all the earth, My son, in thy sickness be not negligent: but pray unto the Lord, and he will make thee whole. Leave off from sin, and order thine hands aright, and cleanse thy heart from all wickedness... Then give place to the physician, for the Lord hath created him: let him not go from thee, for thou hast need of him. There is a time when in their hands there is good success. For they shall also pray unto the Lord, that he would prosper that, which they give for ease and remedy to prolong life.” (Sir. 38:1-2, 4, 6-10, 12-14). The best representatives of the ancient medicine, included in the community of saints, gave a special example of holiness — the holiness of disinterested and miracle-working people. They were glorified not only because they often suffered martyrdom, but also because they accepted the medical calling as Christian duty of mercy.

Many illnesses are still incurable and cause suffering and death. In the face of such illnesses, the Orthodox Christian is called to rely on the all-good will of God, remembering that the meaning of life is not limited to earthly life which is essentially the preparation for eternity. Suffering is a consequence of not only personal sins, but also the general distortion and limitation of the human nature and as such should be endured with patience and hope. The Lord voluntarily accepts suffering so that the human race may be saved: “with his stripes we are healed” (Is. 53:5). This means that God was pleased to make suffering a means of salvation and purification, possible for everyone who endures it with humbleness and trust in the all-good will of God. According to St. John Chrysostom, “whoever has learnt to thank God for his illnesses is not far from being holy”. This does not mean that a doctor or a patient should not struggle with illness. However, when human resources are exhausted, the Christian should remember that God’s strength is made perfect in weakness and that in the depths of suffering he can meet Christ Who took upon Himself our infirmities and afflictions (Is. 53:4).

The Orthodox understanding of an honourable death includes preparation for the mortal end, which is considered to be a spiritually significant stage in the life of a person. A patient surrounded with Christian care can experience in the last days of his life on earth a

grace-giving change brought about by a new reflection on his journey and penitent anticipation of eternity. For the relatives of a dying man and for medical workers, an opportunity to nurse him becomes an opportunity to serve the Lord Himself. For according to the Saviour’s word, “inasmuch as ye have done it unto one of the least of these my brethren, ye have done it to me” (Mt. 25:40). The attempt to conceal from a patient the information about the gravity of his condition under the pretext of preserving his spiritual comfort often deprives a dying person of an opportunity to be consciously prepared for death and to find spiritual consolation in participation in the Sacraments of the Church. It also darkens his relations with relatives and doctors with distrust.

Death throes cannot be always effectively alleviated with anesthetics. Aware of this, the Church in these cases turns to God with the prayer: “Give Thy servant dispensation from this unendurable suffering and its bitter infirmities and give him consolation, O Soul of the righteous” (Service Book. Prayer for the Long Suffering). The Lord alone is the Master of life and death (1 Sam. 2:6). “In his hand is the soul of every living thing, and the breath of all mankind” (Job 12:10). Therefore, the Church, while remaining faithful to God’s commandment “thou shalt not kill” (Ex. 20:13), cannot recognise as morally acceptable the widely-spread attempt to legalise the so-called euthanasia, that is, the purposeful destruction of hopelessly ill patients (also by their own will). The request of a patient to speed up his death is sometimes conditioned by depression preventing him from assessing his condition correctly. Legalised euthanasia would lead to the devaluation of the dignity and the corruption of the professional duty of the doctor called to preserve rather than end life. “The right to death” can easily become a threat to the life of patients whose treatment is hampered by lack of funds.

Therefore, euthanasia is a form of homicide or suicide, depending on whether a patient participates in it or not. If he does, euthanasia comes under the canons whereby both the purposeful suicide and assistance in it are viewed as a grave sin. A perpetrator of calculated suicide, who “did it out of human resentment or other incident of faintheartedness” shall not be granted Christian burial or liturgical commemoration (Timothy of Alexandria, Canon 14). If a suicide is committed “out of mind”, that is, in a fit of a mental disease, the church prayer for the perpetrator is allowed after the case is investigated by the ruling bishop. At the same time, it should be remembered that more often than not the blame for a suicide lies also with the people around the perpetrator who proved incapable of effective compassion and mercy. Together with St. Paul the Church calls us: “Bear one another’s burdens, and so fulfil the law of Christ” (Gal. 6:2).