

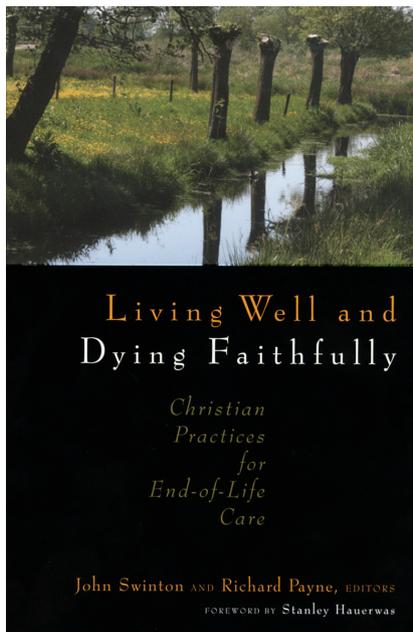
REMEMBERING THE ART OF DEATH

REVIEW BY SARAH E. HETUE HILL, M.A.

The technological imperative, discussed at length in Daniel Callahan's *The Troubled Dream of Life: In Search of a Peaceful Death* (Georgetown University Press, 2000), remains ubiquitous, perhaps even amplified, as advancements in medicine continue with increasing speed and breadth. Since its publication, many have asked about the role of faith and theology for people who are dying and those who care for them.

Living Well and Dying Faithfully attempts to answer that question. In 2006, John Swinton, director of the Center for Spirituality, Health, and Disability at the University of Aberdeen, and Richard Payne, director of Duke Divinity School's Institute on Care at the End of Life, convened a group of scholars to work through these seminal issues. This present work provides the fruits of that conference. It is an anthology of essays written by a diverse group of scholarly theologians, some of whom are also practitioners. Payne and Swinton expertly combine these essays into a coherent collection that seeks to provide "a different way to approach death and dying," one that is "rooted in the Christian tradition and that offers transformed understandings and practices that can work alongside current knowledge to bring healing and hope even in the midst of dying" (p. xvi).

As Stanley Hauerwas suggests in the foreword, we have forgotten the art of dying, the Christian tradition of *ars moriendi*. An often-repeated theme in the collection is that, in order to die well, we must learn to live well. The same Christian practices that are learned and lived throughout our lives, including prayer, love, compassion and lament, are vital companions at the end of life and enable us to die well.



**LIVING WELL AND DYING
FAITHFULLY: CHRISTIAN PRACTICES
FOR END-OF-LIFE CARE**

EDITED BY JOHN SWINTON AND RICHARD PAYNE
Wm. B. Eerdmans Publishing Company, 2009
320 pages, \$25

The various authors seek to answer the question, "How can the faithful who are dying (and those who care for them) be enabled to love God and hold on to the reality that God is love even in the midst of suffering?" (p. xviii).

In response to this question, the editors propose a new way of examining the interplay between theology and medicine. Rather than seeing them as adversaries, the editors wish to see how these can work together to promote healing, even when cure is no longer possible. As the editors suggest in the introduction, medicine and theology are both necessary for good end-of-life care. Medicine is required to relieve

physical suffering. However, the significance of medicine when reframed in light of theology is more than simply relief. It is often easing physical suffering that enables the dying to experience love of God, self and others. As we or as loved ones we care for experience pain and suffering, it can become difficult to sense the love God has for us. Relieving this suffering can allow us to love and find connectedness with God and others as we approach death.

In addition to what can be offered medically, Christian practices such as lament, prayer and formation can be used throughout life to find connectedness with God and others as we approach death. Two examples of this are found in "Why Me, Lord?": *Practicing Lament at the Foot of the Cross* by John Swinton and in *Suffering in Communion with Christ: Sacraments, Dying Faithfully, and End-of-Life Care*, by M. Therese Lysaught.

Swinton examines the benefit of lament in a theological framework in his chapter. The psalms of lament themselves are an example of "a language that allows us to tell it like it is but still continue to worship God in ways that make even our experience of suffering faithful ... they enable faithful sadness and a healing catharsis that need not slip into selfish moaning. By giving voice to the terrible reality of the situation of suffering and the fear of dying, the psalms of lament make the experience real, but within a context where God is also real, present, and assumed to be active" (p. 133).

Lysaught examines Cardinal Joseph Bernardin's autobiography for insight into how, for even the most faithful Christian, practices like prayer can become difficult in the midst of suffering. She expresses how important it is "to

immerse ourselves daily in the sacramental life of the church” (p. 82). By becoming formed in such a manner, we have a better ability to see through pain and suffering when death approaches.

Overall, readers will find this book scholarly yet accessible. The intend-

ed audience is both academic and lay, although some prior familiarity with theological themes may be needed for full understanding of the profound and often nuanced insights.

I personally found the book immensely helpful both personally and

professionally. It is a welcome addition to the body of literature on dying well.

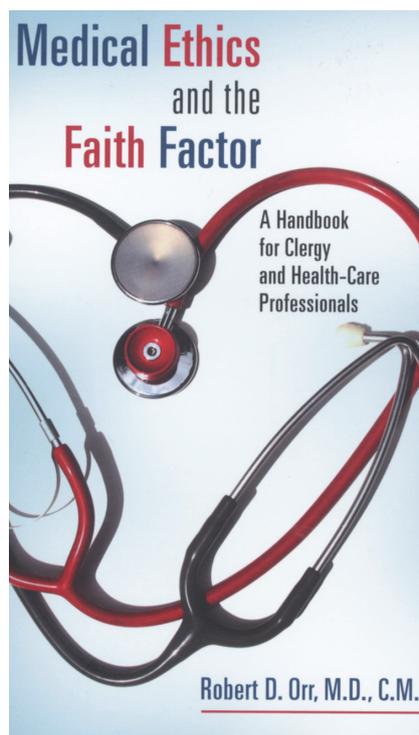
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CASE STUDIES FOR DECISION-MAKERS

REVIEW BY FR. PHILIP S. KEANE, SS

Drawing on his many years of experience as a physician and as an ethicist, Dr. Robert Orr has written a useful book on covering many of the key issues in clinical ethics today. The book makes extensive use of fairly short and succinct case studies, an approach many clergy and health providers will find very useful. The cases are divided into several categories including typical system failures in adults (heart, lungs, kidneys, brain, mind, etc.), issues involving children, newborns and pregnant women and issues involving health care as it relates to religious or cultural beliefs.

In general, Orr presents his selected cases with compassion and understanding. In many instances, I found myself agreeing with his conclusions and recommendations. His approaches to abortion and related matters (touched on in a number of the cases) were the most significant areas where I, as a Catholic, could not agree with his judgments. I liked the way in which he dealt with pediatric consent, especially as children get older and more aware of the health issues they are facing. In a review of one case, for instance, he speaks about the “developing adulthood” of adolescents. Overall, he concludes that, in numbers of situations, this developing adulthood makes it ethical to accept an



**MEDICAL ETHICS AND THE FAITH FACTOR:
A HANDBOOK FOR CLERGY AND
HEALTH CARE PROFESSIONALS**

BY ROBERT D. ORR, MD
Wm. B. Eerdmans Publishing, 2009
483 pages, \$30 (paperback)

adolescent’s decision, either on a purely medical issue, or on issues where faith and medicine intersect, e.g., asking that the dying process not be prolonged any further.

A short section at the beginning of the book deals with religious issues such as suffering, death, the sanctity of life and the providence of God. These issues come up in various ways in the subsequent case discussions, and the book’s conclusion on the priesthood of all believers returns again to the religious grounds for medical ethics. As a whole, the book makes it clear that Orr is a man of faith.

However, an even longer part of the book’s introduction is devoted to the philosophical principles that ground modern medical ethics, and on the whole, the case discussions appear to be more dependent on these philosophical norms than they are on the theological context. It is clear that all medical ethics needs to be grounded in philosophical norms. Still, I would have preferred to see the author give the faith factor (from the book’s title) a more extensive development. As an example, Orr asserts that the Christian approach to suffering is markedly different from the secular worldview, and he acknowledges a value in relieving suffering. But Christians can sometimes have con-

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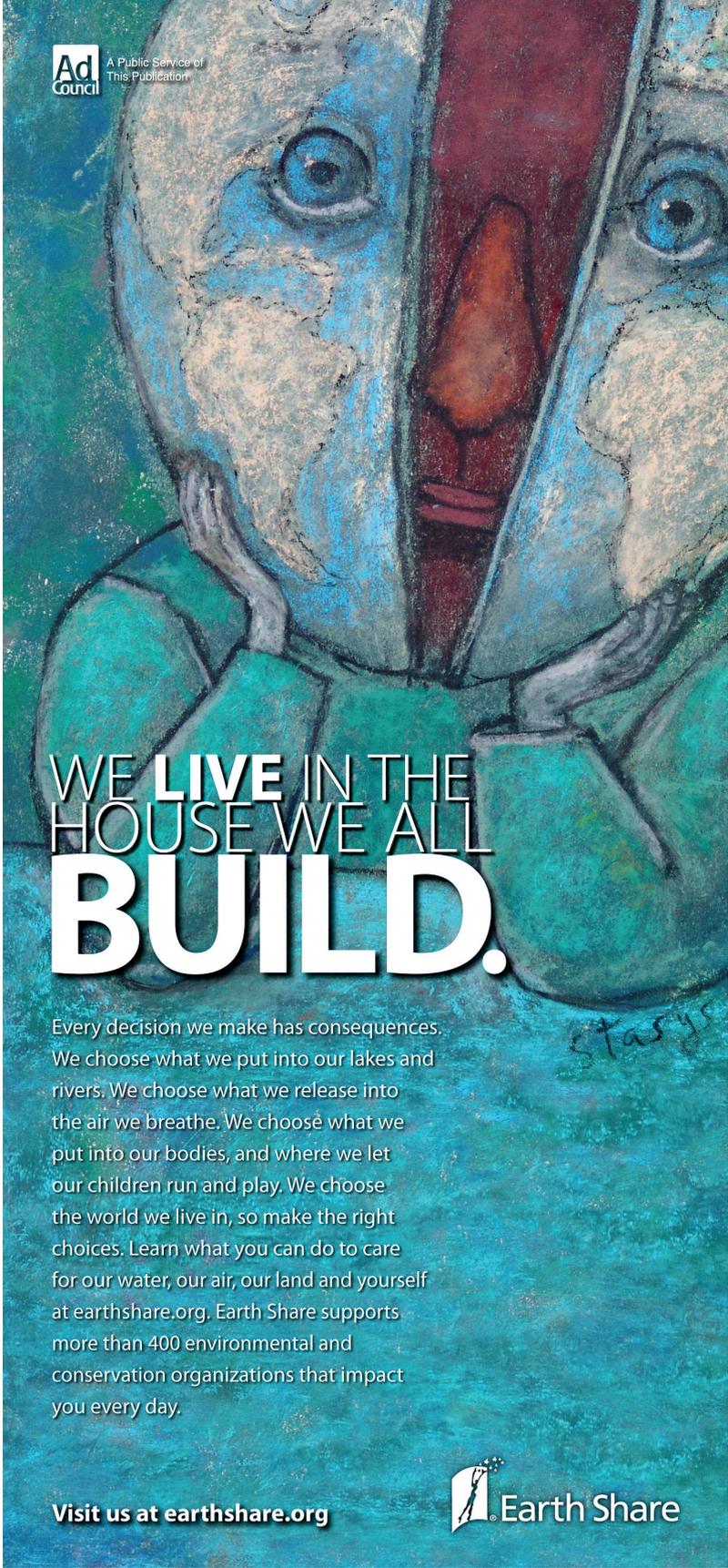
fused views of suffering, including a tendency to seek it for its own sake. I felt the book could have benefitted from a deeper reflection on the meaning of suffering from a faith perspective.

From my perspective as a Roman Catholic, I was reminded that the Protestant concern for medical ethics comes mostly from the middle years of the 20th century and the decades since. Catholicism, with its 500-year history of writing about medical ethics, has many more theological and ethical precedents to which it can refer in discussing the sorts of issues Orr reviews. I mention this not as a criticism per se, but simply to note that Catholic readers will be aware of the absence of the strong historical tradition that marks Roman Catholic medical ethics.

Orr wrote his comments on Catholicism and artificial nutrition/hydration before the Catholic bishops of the U.S. adopted their helpful revision of the *Ethical and Religious Directives for Catholic Health Care Services* on this subject last November. His comments will need to be interpreted in the context of that revision.

The book contains two helpful appendices. The first explains some key medical terms. The second is a cross-reference guide, showing how the same ethical issues are treated in a number of different cases throughout the book.

FR. PHILIP S. KEANE, SS, recently retired after 35 years as Professor of Moral Theology at Saint Mary's Seminary and University, Baltimore. His numerous publications include articles in theological journals and four books: *Sexual Morality: A Catholic Perspective*, *Christian Ethics and Imagination*, *Health Care Reform: A Catholic View* and *Catholicism and Health Care Justice*. He currently serves as an ethics consultant to Catholic Charities of the Archdiocese of Baltimore, to the Bon Secours Health System and to several Catholic hospitals in the Baltimore-Washington area.



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JOURNAL OF THE CATHOLIC HEALTH ASSOCIATION OF THE UNITED STATES

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Reprinted from *Health Progress*, July-August 2010
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