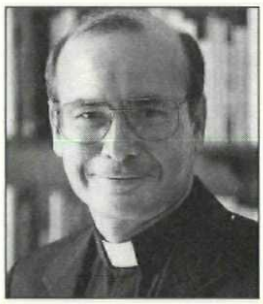
CHARACTER WITNESS

Walking the Talk on Euthanasia

BY REV. RICHARD M. GULA, SS



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Summary Our response to the euthanasia movement brings us to the depths of moral character and spirituality. Character bears witness to the true significance of our Catholic convictions about the dignity of persons, the value of life, our dependence on God, and our interdependence on one another. To be credible players in public debates on euthanasia and assisted suicide, we have to bear convincing witness, personally and corporately, to the ways we care first for ourselves and for those who are not as fortunate as we—the sick, the elderly, the indigent, and the dying.

Who we will be in the face of death will have a lot to do with what we have come to believe about life, with the values we have upheld, with the attitudes we have taken, and with the habits of thought and behavior we have formed. So we need not be victims of what dying has in store for us. Rather, we can engage our dying by developing those habits of the heart which will make a difference in the way we adapt to unwanted circumstances and endure what we cannot change.

We cannot develop strength of character if we are not nurtured by a community of character. In addition to personal character, we also need to be a community that gives witness to those fundamental religious and moral convictions which shape our living and dying in ways that would make euthanasia unthinkable.

After lecturing on a serious issue in American life, T. S. Eliot was asked, "What are we going to do about the problem you have discussed?" He replied, in effect, "You have asked the wrong question. You must understand that we face two types of problems in life. One kind of problem provokes the question, 'What are we going to do about it?' The other kind poses a subtler question, 'How do we behave towards it?'"[1]

In healthcare, the first type of problem demands a response of the sort developed by medical ethics during the past 25 years. It calls on principles to shape our arguments and on moral and political strategies to direct our actions. The second type of problem, on the other hand, moves from arguments and strategies to the depths of moral character and spirituality. Its challenge is not to find something to do, but to find someone to be.

The movement to legalize euthanasia and assisted suicide represents both types of problems. The Catholic healthcare community has already drawn on long-standing principles of its medicomoral tradition to tell us what we ought to *do* to stand on the side of life and against euthanasia. But principles and arguments are not enough. They do not offer enough insight into the kind of persons we must *be*, individually and as a community, so that we behave correctly when we confront the limits of our mortality. In short, the challenge before us, if it is not too late, is to "walk the talk" that has filled our conferences, committees, policies, and press releases.

How we face this challenge is, at root, a profoundly religious issue. It is a matter of our outlook on life and our habits of being, all rolled into one. Our response to the euthanasia movement brings us to the depths of moral character and spirituality. It is to this level that we need to give witness through the remainder of this decade and beyond.

Character Witnesses

The euthanasia movement challenges the depth of our moral character as much as it challenges

the meaning and limits of our moral principles. But matters of character have not been given the attention that principles have. Yet, cutting across the debates over ways to change the law or to revise medical practice by offering better pain management in the face of dying are fundamental issues of character:

- What constitutes meaningful life?
- How should I want to live in order to die well?
- What kind of person do I want to be in the face of suffering?
- How much suffering am I willing to bear and for what reason?
- Do I have to be the kind of person who insists on controlling everything as the only way to find meaning and fulfillment?
- What do I owe others in my dying?

These kinds of questions reach into the spiritual depths and strength of moral character. How we position ourselves to answer these questions will make a difference in how we witness publicly to what we think about life and in the way we care for the suffering and dying so that euthanasia is not even considered.

In moral matters, witness is more compelling than arguments. Principles may satisfy the mind's need for clarity, but shining examples move the heart and influence public opinion. Why? Because we learn best through experience. The example of real people, whose stories appeal to the moral imagination, does more in shaping our moral behavior than arguments do.

The principle "No direct killing of the innocent" may work as a starting point for angels. But for us, who are corporeal persons and for whom morality begins in the heart, watching Uncle Charlie care for Nanna who has Alzheimer's disease is more convincing. Wiping a brow, emptying a bedpan, or fluffing a pillow speaks volumes about the ties of love that bind us—more than thousands of Sunday homilies or reams of hospital policies. Uncle Charlie is teaching ethics—not how to use principles to resolve conflict, but how to be a person of character.

Character bears witness to the true significance of our Catholic convictions about the dignity of persons, the value of life, our ultimate dependence on God, and our necessary interdependence on one another. If we are to be credible players in public debates on euthanasia and assisted suicide, then we have to bear convincing witness, personally and corporately, to the ways we care first for ourselves (i.e., keep healthy) and then for those who are not as fortunate as we—the sick, the elderly, the indigent, and the dying.

The demands of sickness, debilitation, and death require more than skilled techniques of medicine. They also require a character that can rise to the occasion to face these unwanted circumstances. A crisis, such as a life-threatening illness, certainly confronts us with things to do. But far more profoundly, it forces us to *be* in a certain way.

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Personal Character

Who we will be when we face a life-threatening illness will reflect who we have become up to that point. Daniel Callahan has it exactly right when he asserts that we cannot guarantee how we will react to the prospect of suffering and dying, but we can begin to shape the self we will bring to that experience. He says, "How we die will be an expression of how we have wanted to live, and the meaning we have found in our dying will be at one with the meaning we have found in our living."[2]

Who we will be in the face of death will have a lot to do with what we have come to believe about life, with the values we have upheld, with the attitudes we have taken, and with the habits of thought and behavior we have formed. So we need not be victims of what dying has in store for us. Rather, we can engage our dying by developing those habits of the heart which will make a difference in the way we adapt to unwanted circumstances and endure what we cannot change.

Community of Character

We cannot develop strength of character if we are not nurtured by a community of character. In addition to personal character, we also need to be a community that gives witness to those fundamental religious and moral convictions which shape our living and dying in ways that would make euthanasia unthinkable.

Stanley Hauerwas gets right to the point when he says that Christians have no "solution" to the evil of suffering. "Rather, they have had a community of care that has made it possible for them to absorb the destructive terror of evil that constantly threatens to destroy all human relations."[3] Our parishes, schools, and healthcare facilities can be these communities of care surrounding the sick and dying with support.

But in this high-tech, low-touch world of modern medicine, skilled technical interventions have turned compassionate company into the consolation prize when science and technology do not win. The public interest in euthanasia has drawn attention to the limits of modern medicine to cure and to ensure a peaceful death. These limits pose a challenge to our corporate character to witness to the kind of caring that includes curing when possible, but which also

accepts decline and death as part of being human. A caring community's strength of character shows itself when it enters deeply into Aunt Marilyn's, roommate Sue's, or even stranger Dan's suffering.

The Catholic moral tradition offers some guidance when burdens become overwhelming. According to the tradition, no one is morally obliged to bear burdens beyond their capacity. Our tradition values life as a basic condition necessary to achieve all other values, but it does not demand an idolatrous reverence that makes physical life an absolute value to be sustained at all costs. When burdens become overwhelming, we can withhold or withdraw further treatment and allow the natural progression of the disease to run its course. A caring community helps Aunt Grace accept the limits of being human and say, "Stop! Enough is enough."

When we stop our medical interventions because they no longer bring reasonable relief of suffering, the moral obligation turns to intensified efforts to ease the burden of dying. This caring is the responsible way to face the limits of mortality and of medical power with an attitude that does not despair. Then caring is not the consolation prize for an unattainable cure, but it is integral to the style and plan of treating the patient as a whole person, not as a body with a disease.

Partners in Healthcare

To make our caring more efficient, and to make the Catholic moral vision more credible, we need to share life interdependently. The Church's challenge in a culture infected with individualism is to help convert society from a collection of individuals pursuing their own self-interests to an interdependent community where all give and all receive.

To this end, more collaboration needs to take place between the various communities that make up the Church. For example, parishes, schools, healthcare facilities, and religious organizations often operate independently of one another to protect their own self-interests. Today's challenge is for all these communities to collaborate as partners in the larger ministry of serving the healthcare needs of all its members.

I can see our community of character witnessing in at least two ways. One way is through collaborative efforts to provide services to help people stay well, to cope with stress, and to learn to face death. More people are beginning to realize that life is holistic, and they want to include their faith and spirituality in that outlook. Communities that make up the Church are the places where we would expect to bring faith and health together. The time is right to capitalize on the growing interest in fitness, good health habits, and creative ways to manage stress. Parishes, schools, and healthcare facilities can work together, for example, to provide periodic "health fairs" that offer various programs which focus on managing health in morally responsible ways.

Another form of witness is through the collaboration of healthcare facilities and parishes to institute a health ministries program, or what some call a "parish nurse program,"[4] to coordinate healthcare services within the parish community. Such ministries are most compatible with the mission of Catholic healthcare organizations and a creative way to ensure responsible stewardship of resources. At this critical time in healthcare, the parish nurse program can offer both the parish and the healthcare facility an opportunity to witness to the power of communal interdependence that serves the good of all.

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Character and Spirituality Issues

People are responding differently to the euthanasia movement because they have different ideas about who we ought to be, where to find meaning in life, how much control we ought to have, what to make of suffering, and what we owe one another. These are more issues of character and spirituality than of principle and argument. Only if we can rise to the occasion to care for the suffering and dying, with the compelling clarity of public witness to our convictions about the value of life, the dignity of persons and the interdependence of the human community, will we ever be able to shape the public attitude toward death as an experience we need not hasten through lethal intervention. □

NOTES

1. Cited in William F. May, *The Patient's Ordeal*, Indiana University Press, Bloomington, 1991, p. 3.
2. Daniel Callahan, *The Troubled Dream of Life*, Simon & Schuster, New York City, 1993, p. 149.
3. Stanley Hauerwas, *Naming the Silences: God, Medicine, and the Problem of Suffering*, Wm. B. Eerdmans, Grand Rapids, MI, 1990, p. 53.
4. For an overview of how such a ministry might be structured in collaboration with a hospital, see Ann Solari-Twadell and Granger Westberg, "Body, Mind, and Soul: The Parish Nurse Offers Physical, Emotional, and Spiritual Care," *Health Progress*, September 1991, pp. 24-28. For more information on parish nurse programs, consult the Parish Nurse Resource Center, Lutheran General Health Care System, 1775 Dempster St., Park Ridge, IL 60068-9708; also, the Health Ministries Partnership, St. Joseph Health System, PO Box 14132, Orange, CA 92613-1532.