



TO WHOM DO WE BELONG?

A study guide on Question 2 (Physician Assisted Suicide)

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A STUDY GUIDE ON THE PROPOSED PHYSICIAN-ASSISTED SUICIDE BILL - QUESTION 2 IN MASSACHUSETTS 2012

‘Then Jesus told them plainly, “Lazarus is dead (...) But let us go to him.” Thomas, who was called the Twin, said to his fellow disciples, “Let us go, so we may die with him”’

(John 11:14,16)

I. THE BALLOT MEASURE

On November 6th, 2012 Massachusetts voters will be asked to vote either “yes” or “no” on Ballot Question 2. Called the “Death With Dignity” by the proponents of the initiative, the ballot question proposes a change in existing law to allow for terminally ill people to request a physician’s assistance with dying through the prescription of lethal doses of medication.

Those in favor of this initiative state that this measure would give people control over their deaths and would alleviate suffering. According to Steve Crawford, spokesman for The Massachusetts Death with Dignity Coalition: "The act gives patients dignity, control, and peace of mind during their final days with their families and loved ones. These are very intimate personal choices that should remain in the hands of the individual not the government."

Those who oppose this initiative state that hastening one’s death is morally wrong and leaves much room for potential abuses. For this reason, the disabled community opposes this measure. Many who oppose this measure state that death is not ours to control.

The criteria of the proposed measure for Assisted Suicide are: 1) A person must be determined to be terminally ill (six months or less to live) by two different doctors, 2) The person making the request must be mentally capable of making such a request, 3) People making this request would have to make this request twice orally and witnessed once in writing, with a 15-day period between the first verbal request and the second verbal request and written request, 4) A blood relative may participate with the patient in assisting to sign up for the lethal medication,

providing that one witness on the lethal request form is not a relative by blood, marriage or adoption.

Currently two states in the country legalize physician assisted deaths: Oregon (1997) and Washington State (2008). Outside of the United States, three countries legalize assisted suicide:

Switzerland (1941, physician and non-physician assisted suicide only);

Belgium (2002, permits 'euthanasia' but does not define the method;

Netherlands (voluntary euthanasia and physician-assisted suicide lawful since April 2002 but permitted by the courts since 1984).

In reviewing the ten years of Oregon's legalization of assisted suicide, the reports indicate that most people requested such prescriptions for lethal doses because of the social and emotional issues of becoming disabled, like depending on others and feeling like a burden rather than issues of pain or physical suffering. Overwhelmingly, people who sought such prescriptions were white, well educated and financially comfortable, people described as being used to having a lot of control over most aspects of their lives.

II. SOCIAL AND MORAL IMPLICATIONS

The Roman Catholic philosopher Ivan Illich pointed out that "When people start to believe that all diseases should be eradicated, their ability to deal with sickness and their independence in the face of disease diminishes." Ultimately death is the only experience all humans share.

Our Western culture has a deep aversion to anything having to do with dying. We pride ourselves on being independent, free and individualistic. For certain classes of people, we have the ability to control most aspects of our life. To be vulnerable, weak or dependent on someone else is our greatest fear. We feel like failures when we become ill or are dying. Our discomfort with death is seen in the language we use to discuss it: We say we are "battling" illness. We say "won the victory" over whatever illness we were threatened by. We say he "lost his fight" with cancer.

The Reformed theologian Shirley Guthrie called death “the destroyer of life that cuts off all hope for future.” But there is more than we can say about death. When describing a certain situation, we might remark, “that was a horrible/bed death”, or the reverse “that was a beautiful way to go.” Notice the ambiguity of the phrase “to go” as if it were an oxymoron to say someone had a “good death.” Finally, on many occasions, we will say, “I would like to go that way” or more often “I would never want to die that way.”

There is large discrepancy between what people say that want at the time of the dying and death (to be at home, not in a hospital; do not wish for a lot of life-saving procedures, etc.) and what most often happens at the time of one’s dying. Hospice services are readily available, are inexpensive, and have as their goal making terminally ill people’s last months or weeks as pain-free and comfortable as possible through medication and a team of people who address the social, emotional and spiritual aspects of dying, yet many doctors and patients are reluctant to utilize hospice services. Additionally, it is estimated that only about 30% of Americans have a Living Will that states their medical wishes should they become terminally ill and unable to speak for themselves.

We see our bodies and dying and death through the singular lense of the physical and medical world, and yet dying and death are much more than a physical event. There are spiritual, psychological, emotional and social aspects equally at work in this process for the one who is dying, for those who are close to the person who is dying and for society at large. Any consideration of Question 2 should include discussion about all of these aspects.

III. THEOLOGICAL REFLECTION

What might be a Christian response to the issue of physician-assisted suicide? Consider these basic premises of our Christian faith.

First, **we do not belong to ourselves, but to Jesus Christ.** This is affirmed explicitly in the UCC symbols of faith, especially by Question 1 of the Heidelberg Catechism.

Second, **every human life is a gift from God**. Whether we have high IQs or are developmentally challenged, whether we are athletes and beauties, or plain folk with body scars – we are all loved by our Creator, and none are more or less precious in God’s eyes. We are loved by God the same when we were born as when we die. In fact, we are loved by God even *after* we die.

Third, Our Christian faith has as its central story a God who creates life, gives life, sustains life and **resurrects from death into new life**. But this happens only through the gruesome dying and undignified death of Jesus. Christians therefore, live in the tension of death and life. Death is a fundamental part of our identity as Christians, not as something to be feared, but as the way God chooses to work. Furthermore, we proclaim a belief in the eternal life Jesus says is ours.

Fourth, the very symbol of our faith – Jesus Christ on the Cross – reminds us that **our lives are and will be touched by pain and suffering**, as such is the human condition. While we should never idealize or romanticize pain or suffering – we should not ignore it either. For some who suffer physical or emotional pain, the image of a suffering God might be of great comfort. For others, the news of a Risen God & Savior will give them the needed comfort. It is also a strong reminder that, just like Christ, we are not “worth” less when seriously or even terminally ill.

Fifth, we should remember that, by **virtue of our baptism, we were grafted into Christ’s life, death, and resurrection**. Thus, we are a people of hope proclaiming a hope for “life everlasting” and God’s kingdom which will know “no end.” This hope, which sustains us in better moments of our lives, should also sustain us in illness, distress, and ultimately in death.

Finally, we are reminded by the “Westminster Shorter Catechism” that **the chief aim of humankind is to “Glorify God and enjoy God forever”** – and not to seek the maximum pleasure and minimal pain, whether physical, emotional or spiritual. Glorifying God means witnessing God’s gift of love throughout our lives: in our good moments and in our bad ones.

To summarize, as Christians we are called to profess the hope, and to proclaim to this broken and dying world that we belong “body and soul, in life and death – not to myself but to my faithful Savior, Jesus Christ.” (“Heidelberg Catechism”, Question 1) Thus, we witness to God in the midst of sin; to hope, even against hope; to life amidst death, even our own death.

IV. QUESTIONS FOR DISCUSSION AND REFLECTION

1. What experiences have you had that shape your understanding of dying and of death? What role has your faith had in any of these experiences?
2. Why do you think dying and death are a taboo subject to talk about in our culture?
3. As you ponder your own dying and death, what surfaces for you? What are the questions that arise? Around what are your fears?
4. As you ponder the dying and death of those you love most intimately, what surfaces for you?
5. How much does loss of control or concern about being vulnerable or dependent influence your thoughts on your dying?
6. The biblical story tells us that God created us. What does this mean to you in relationship to death? What is God's role in death?
7. Is life really a gift? Why or why not?
8. The Bible, particularly the New Testament miracle stories, are confusing on the subject of death. People who are dying or dead are brought back to life, as if by magic, making death appear to be not normal. Do you consider death as a "normal" part of being human?
9. Is dying a "right"? How so? Does that mean we can control the time and way we die?
10. The sponsors of the ballot measure call it "Death with Dignity" Initiative. We know that Jesus was known for his compassion and for treating those who were outcasts with great dignity. The biblical telling of his many healings of people with both physical and mental ailments bring a restoration of dignity to the one who is healed.
 - a. What defines "dignity" for you?
 - b. How do you believe God defines "dignity"?

c. How does assisted suicide afford dignity to someone?

11. How do you deal with suffering? Do you think there is an explanation to it? What would it be?

12. We speak of our God as a “merciful” God. How do you understand “mercy” and its relationship to God? Its relationship to dying?

13. Is death a personal/individual experience and responsibility or a communal one?

14. Do you have a Living Will? Why or why not?

15. What constitutes a “good death” to you? Consequently, what would be a “bad death” to you?

16. Do Christians have an obligation to shape public policy? Why not or in what way?

ABOUT THE AUTHORS

Rev. Susannah Crolius currently serves as Interim Minister at South Congregational Church in Springfield. She is also developing a ministry of storytelling and healing that integrates the arts and social justice. Rev. Crolius first became aware of issues of end-of-life care when she became a hospice volunteer back in the early 1980's when hospice was a new grassroots movement in the United States. She has served as a hospice chaplain, volunteer coordinator, bereavement coordinator and community educator. She sees End-of-life care as a significant social justice issue.

Rev. Kazimierz Bem currently serves as the minister of First Church of Christ (Congregational) UCC in Marlborough. After obtaining a law degree and defending his Ph.D. in international refugee law, he decided to pursue his called to ministry of Word and Sacrament. Rev. Bem's interests include Reformed theology and liturgy. He is a member of the Committee on Ministry of the Central Association of the Massachusetts Conference of the UCC. He sees Question 2 as a profound and serious theological and ethical question facing the church today.