

EASTER 4 – YEAR B (2021)

A few weeks ago I read a moving and challenging article by a journalist who, during the pandemic, had sought to ensure that her parents' wishes for there to be no heroic medical interventions in the event of their sudden illness should be respected. Put simply, this meant that they didn't want to be resuscitated if they stopped breathing – they wanted to be allowed to die. Kate Clanchy's article charts the last illnesses of both her mother and father: both elderly and having lived full lives; both already suffering from conditions that were debilitating and diminishing their quality of life; both equally adamant that they did not want to undergo invasive or traumatic medical treatment that might sort out the presenting problem, but would leave them even further debilitated and with an even poorer quality of life. Both parents died, in fact: her mother in hospital, after her wishes were either ignored or lost in the system and mayhem of hospital administration; her father at home, after suffering a stroke, and their refusal to call an ambulance, which meant that he was treated by his GP, and died peacefully at home.

The article is about many things: the journey of human persons through their last illnesses to death; the right of individuals to make their own choices about medical care, and their battle to have those wishes respected and honoured; the appropriate and compassionate use of medical interventions in the face of death; the moral and ethical

questions posed by end of life care, and the very thin line between alleviating a person's suffering and using medical means to hasten or deliberately cause their death.

In the article, Clanchy reveals, perhaps inevitably, that she is, and her parents were, devout atheists: the philosophy that guided their lives was that they should live happily and purposefully. I think that people of all faiths and none would agree that that is a sound philosophy for life; though attitudes around the matter and manner of dying amongst people of all faiths and none are increasingly diverging; as calls for the legalization of assisted suicide are on the rise, and the current pandemic has forced most of us to confront the hitherto relatively taboo, though unavoidable, subjects of death and dying head on.

Over the past year we have all heard more than enough about deaths – the statistics, rather than the process of dying and the medical and theological ethics surrounding it: so, this morning, I'd like to offer a brief Christian response to these issues, which I hope will help to inform your own understanding of what is a deeply personal and emotive topic; and one that, especially when it comes to such matters as the ethics of assisted suicide, is not without the potential for causing considerable internal conflict, even in the hearts and minds of devout Christians, and other people of faith.

I want to offer here a personal reflection: I do this rarely in my sermons, because preaching is, or should be, about Jesus, and not about the preacher! As you know, my father suffered a brain haemorrhage and stroke at the beginning of this year: this has left him severely debilitated; and, though thankfully, and by God's grace and our prayers, he is making progress, it is clear that his life, and that of my mother, are going to be irrevocably changed. I won't pretend that there haven't been times when I wished he had died when the stroke first hit; and this was for no other reason than that I didn't want him or my mother and family to suffer any more than they absolutely had to. In many ways, for my father at least, death would have been the kindest release: but life isn't so simple, and such easy solutions to human problems and suffering rarely come. And I suspect that many of you have felt the same for those you love whom you have watched suffering and dying: that death can't come soon enough to bring an end to a person's pain, suffering and lack of dignity; and after that, for them, and for yourself, peace.

So the first thing I want to say is that there is nothing wrong with thinking such thoughts, nor of praying for a person's good and timely death in accordance with God's will. Such thoughts and prayers are motivated by love, and are not in any way to be confused with the guilt and sin of 'wishing a person dead'. Death can be a blessed release, a healing in itself, and even a gift from God; and I believe, as do the vast

majority of medical professionals, that a person's wish not to be resuscitated or subjected to aggressive treatment when death is the most likely consequence of their illness or trauma should be respected. Though this is undeniably devastating for those loved ones who remain, it is ethically sound medical practice, and in no way contrary to a Christian understanding of, and respect for, the dignity of human life and death. Where the lines become blurred, and the subject more emotionally charged, is when we turn to assisted suicide – and by that I mean the deliberate hastening of a person's death, either according to their own wishes or decisions made contrary to them, by means of medical omission or intervention; the procedure otherwise known as euthanasia.

The Christian faith, the majority of world religions and philosophies, and the legal systems of most countries, have as the basis of all moral and natural law the sixth commandment 'Thou shalt not kill': to seek deliberately to end the life of another human person created in the image and likeness of God is the most grave of all sins, and one at which all of us rightly recoil in horror. Murder is, plainly and simply, wrong; but it is when we turn to the more nuanced subject of the use of medical interventions in end of life care that the waters become muddied, at least emotionally, if not morally, speaking.

You may be familiar with the maxim ‘Thou shalt not kill, but should not strive to keep officiously alive’ – neither medical jargon nor official policy, though a principle by which much end of life care operates. This applies to discontinuing treatments and procedures that are burdensome, harmful or disproportionate in the face of an inevitable death. This is not to will or to cause a person’s death; but rather, to accept that death is inevitable. And this is where palliative care and the hospice movement have proved so transformational in the care of the dying: in accordance with a person’s wishes, medical evidence and the acceptance of the inevitability of death, the alleviation of pain – even though a consequence of it may hasten a person’s death – is both proportionate, compassionate and in conformity with human dignity, so long as death is neither intended as its end or its means. Christians can, and should, support all forms of care that respect the dignity of the human person, and seek to ensure as good and pain-free a death as possible, according to these principles.

But this is an incredibly emotive issue, and one about which even many Christian people are conflicted. People often say that the most compassionate and dignified thing to do in the face of terminal illness, chronic suffering or massive trauma is deliberately to hasten the end of a person’s life – to engage in assisted suicide or euthanasia. And, whilst I would agree that this might seem to be an act of compassion in

emotional and humanitarian terms, our Christian faith teaches us otherwise. And this is categorically not because we believe God wants people to suffer needlessly; but because we believe, firstly, in the sanctity of human life – it is not ours deliberately to take, whatever the circumstances; and to do so would be to break the sixth commandment. And, secondly – and just as importantly – it’s because of what we believe about God’s grace: even in a state of unconsciousness, God can be at work in a person’s heart and mind, though that is unknown and imperceptible to those who look on; just as, throughout a long illness, God’s grace and healing can be at work in and through both the person who is suffering, and those who care for them. Likewise, it’s not just in films and novels that a person might make a death-bed confession, come to faith, or be reconciled to their loved ones and to God. A deliberately hastened death is thus not an act of compassion either to another or to oneself, because it denies both God’s grace and the power of his Holy Spirit to be at work; just as it also denies a dying person the opportunity and time for repentance, conversion, reconciliation, and the mental and emotional healing that, in the face of death, is to be sought and hoped for above all else.

As I said, these are deeply personal and emotional issues that touch us all; but they are issues about which it is important to know what the Church teaches, and why. It is because of what we celebrate at Easter

that we hope for what God has promised us in Jesus Christ: the forgiveness of sins, the resurrection of the body, and eternal life with him. It was for this that the Good Shepherd laid down his life, and took it up again: so that we might rise again with him and never be separated from his love, either in life, in death or for eternity. Amen.