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Suffering in the Context of Euthanasia and Assisted Suicide: Transcending Job through Wojtyla's Anthropology

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The debate over euthanasia and physician-assisted suicide (EPAS) continues to ignore the philosophical anthropology on which certain critical claims rest. In this paper, I offer several anthropologically based arguments against one prominent justification for EPAS: the Argument from the Evil of Suffering. I demonstrate that the argument is, at its core, a utilitarian one, and that a sound rebuttal can be found by examining Karol Wojtyla/Pope John Paul II's view of suffering as a transformative experience for the human person. Wojtyla both rejects the secular bioethics vision of meaningless, quantifiable suffering, but also offers to take Christian bioethics far beyond the story of Job and into the realm of phenomenological change. By focusing on participation of the suffering sick in community with others, and rejecting alienation, Christians can arrive at a more complete conception of suffering that embraces the complementarities of philosophy and theology.

Keywords: *assisted suicide, euthanasia, suffering, Wojtyla*

I. INTRODUCTION

The perpetual firestorm surrounding euthanasia and physician-assisted suicide (EPAS) was further stoked by the recent legalization of physician-assisted suicide (PAS) in Washington state, and the legalization of euthanasia in Luxembourg in 2008.[1] Some years ago, I argued that the stalemate over EPAS was due, in large part, to a failure to critically examine the philosophical underpinnings that define the concept of the person involved in the act. I then used the late philosopher and pope Karol Wojtyla's (John Paul II's)

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philosophical anthropology to rebut four arguments in favor of assisted suicide and euthanasia: the Argument from Autonomy, the Argument from Compassion, the Argument from the Loss of Dignity, and the Argument from the Evil of Suffering (Fernandes, 2001). In this article, I wish to focus and expand on my response to this last argument. I will claim that the Argument from the Evil of Suffering is, at its heart, a utilitarian argument, and that the best Christian argument against it rests in a simultaneous, complimentary, philosophical, and theological approach that adopts Karol Wojtyla's personalist approach to anthropology.

The embrace of philosophical approaches to ethics by Catholic and Orthodox thinkers (in general contrast to Protestant scholars) has historically allowed Roman Catholic bioethicists to explore in greater depth not only the person's value solely as a creature in God's image (theological, Scriptural) but also his value as revealed through his action and relationship to others (metaphysical, anthropological). Karol Wojtyla's approach as Pope John Paul II was to argue that philosophy and theology were complimentary, not contradictory, and that the two informed one another; a complete picture of the fulfillment of the nature of man could not be revealed unless both disciplines were methodologically independent but united in their object: the search for truth (Pope John Paul II, 1998).[2]

II. THE ARGUMENT FROM THE EVIL OF SUFFERING AS A UTILITARIAN ARGUMENT

The key claim of the Argument from the Evil of Suffering is the following: since one of the crucial goals of medicine is to relieve suffering of the competent patient who requests it, pain or *suffering that does not lead to a greater good in the eyes of the patient*, serves no point, and therefore must be eliminated (see e.g., Dan W. Brock, 130–49 in Quill and Battin [ed.] , 2004)[3] I have thus phrased this argument as a consequentialist or utilitarian one. The idea is that, on balance, the negative consequences of continued living with severe pain or suffering in the last stages of one's life outweigh any alternative or benefit. Proponents of EPAS will often frame the Argument from the Evil of Suffering in terms of the suffering of the patient alone (see Anonymous, 1988; Quill, 1991, 1994). This preserves the illusion of consistency with the patient-centered approach to the practice of medicine. I believe, however, that other factors apart from the patient's suffering alone play a role. The perception, for example, of the terminally ill that their suffering is a burden to family or health care staff—empirically well demonstrated—indicates that negative consequences of continued care are felt by others as well (Wilson, Curran, and McPherson, 2005). These "negative consequences" are then transmitted back to the patient herself to be utilized in the decision-making process.

The question arises, then, whether the "power" of the Argument from the Evil of Suffering is wholly contained in, and limited to, the terminally ill

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person alone. For the dying person at the bedside, the suffering is obvious. But is it also not true that the family watching the person also suffers, as do the health care providers? At least one recent study has shown that both physicians in the United States and the Netherlands would provide euthanasia (7% and 14%, respectively) or PAS (22% and 18%, respectively) for patients who saw their lives as "meaningless"; for patients who saw their lives as a "burden," the response of physicians in the United States and the Netherlands was 7% and 4%, respectively, for euthanasia, and 24% and 9%, respectively, for PAS. Responses were lower for "pain" and "debility" (Wilems et al., 2000). A more recent, rather startling study indicated that in cases of *involuntary* euthanasia in Europe, the act was performed by physicians and not discussed with the patient because the "act was clearly in the best interest of the patient" in 10%, 26%, and 36% of cases in Belgium, Denmark, and Switzerland, respectively. Euthanasia was not discussed at all with the patient because the "discussion would have done more harm than good" in 5% of Belgian cases and 23% of Danish cases of involuntary euthanasia. Thus, utilitarian calculations are being made by others besides the patient alone (Reitjens et al., 2007).

Some advocates of euthanasia have explicitly advocated taking into account other considerations apart from the patient's own wishes. George Robertson, for example, has argued that in considering euthanasia for the senile elderly, one should consider (1) the patient's own wishes, (2) the distress caused to the family (and other patients) by the patient's senile behavior, (3) financial considerations for the family and society at large, and (4) a desire to promote the patient's dignity. Therefore, when EPAS is performed, we must ask critically *whose* suffering is intended to be relieved.

Peter Singer describes a Dutch case of euthanasia in which Dr. Boudewijn Chabot euthanized a 50-year-old woman suffering from depression that was purportedly "unresponsive to treatment." He was ultimately convicted, but not because he euthanized a patient with no terminal illness; rather, he had failed to follow Dutch guidelines in having a second physician examine the patient. Singer argues:

> The Supreme Court of the Netherlands accepted the more important claim that unbearable metal suffering could, if it was impossible to relieve by any other means, constitute a ground for acceptable voluntary euthanasia . . . From a utilitarian perspective, Chabot and the Dutch courts were correct. For the hedonistic utilitarian, what matters is not whether the suffering is physical or psychological, but how bad it is, whether it can be relieved and –so that others will not be fearful of being killed when they want to love—whether the patient has clearly expressed a desire to die. Whether preference utilitarians would reach the same conclusion would depend on whether they are concerned with satisfaction of actual preferences, or with the satisfaction of those preferences that people would have if they were thinking rationally and in a psychologically normal state of mind (Singer, 2003, 534).[4]

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Dan W. Brock makes a similar appeal in his classic defense of voluntary euthanasia:

> A [third] good consequence of the legalization of euthanasia concerns patients whose dying is filled with severe and unrelievable pain and suffering . . . euthanasia may be the only release from their otherwise prolonged suffering and agony. The argument from mercy has always been the strongest argument for euthanasia in those cases to which it applies (Brock, 1992, 15).[5]

These arguments set everyone's "suffering" as a quantifiable entity, which is weighed negatively against the "positives" of the person living—a sharp contrast to Christian philosophy, which views suffering in a non-additive, personal context (Colosi, 2004, 3–6).

III. THE TRANSFORMATIVE NATURE OF THE HUMAN ACT

In a prior essay, I briefly explicated Wojtyla's philosophical anthropology as it relates to EPAS. Karol Wojtyla's philosophical background is rooted in traditional natural law theory (St. Thomas Aquinas), phenomenology (Max Scheler), and Christian personalism (Jacques Maritain and Gabriel Marcel):

> For Karol Wojtyla, philosopher and Pope, ethical action finds meaning only in an *authentic* understanding of the person; but it is through acting (*actus humanus*) alone that the human person reveals himself, in living experience. With this fusion of Aristotelian-Thomistic metaphysics and Schelerian phenomenology, Wojtyla . . . has given us a way of fundamentally incorporating a normative element into our understanding of the person in act. Knowing what the person is, and what he ought to be, cannot be divorced from what he ought to do (Fernandes, 2001, 381).

Thus, Wojtyla believes that the nature of a person actually changes as he acts—he becomes, if he does good, the person he ought to be (moves from potentiality to actuality), and he moves away from fulfillment when he does evil. This complicated anthropology is elucidated comprehensively in Wojtyla's *Acting Person* (1969), and in a later collection of essays that elaborated on these seminal concepts (Wojtyla, 1979, 1993). The human act is therefore transformative of the person. This point is crucial to any discussion of suffering in the Christian context. There is no action that can be called meaningless (either in the sufferer or the reliever of suffering), because each decision we make related to ourselves and others literally changes us. Although in *The Acting Person*, Wojtyla does not directly address the concept of human suffering, as pope, in the encyclical *Salvifici Doloris* (1984), Pope John Paul II would directly confront the Argument from the Evil of Suffering, subtly answering utilitarian objections, and moving the Christian discussion beyond Job and into the realm of philosophical anthropology. I will therefore examine the philosophical underpinnings of this document in some detail.

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IV. WOJTYLA ON THE VALUE AND MEANING OF PERSONAL SUFFERING

From the very beginning of *Salvifici Doloris*, Wojtyla strikes a philosophical note, preparing the reader for his bold claim that *suffering is an encounter with truth*. For those not familiar with Wojtyla's philosophy of action, the quotation below may seem merely a part of a poetic introduction; however, within the context of a rich philosophical anthropology, suffering is identified as a transformative event: "Suffering seems to belong to man's transcendence: it is one of those points in which man is in a certain sense 'destined' to go beyond himself, and he is called to this in a mysterious way" (Pope John Paul II, 1984, ¶2).

He continues a few paragraphs later:

> Even though in its subjective dimension, as a personal fact contained within man's concrete and unrepeatable interior, suffering seems almost inexpressible and not transferable, perhaps at the same time nothing else requires as much as does suffering, in its '*objective reality*,' to be dealt with, meditated upon, and conceived as an explicit problem; and that therefore basic questions must be asked about it and the answers sought (Pope John Paul II, 1984, ¶5).

The philosophical discussion begins both with a reference to Wojtyla's anthropology (the "transformative" nature of suffering), and his personalism (a person has both an incommunicable interior and an external objective reality that can be probed).

Wojtyla's view of the "world of suffering," (see Figure 1) as he calls it, can be summarized in this way: First, there is a personal, subjective element to suffering, a world known to the subject alone. Wojtyla describes what I will call *suffering in man*—the existential experience of suffering of the person

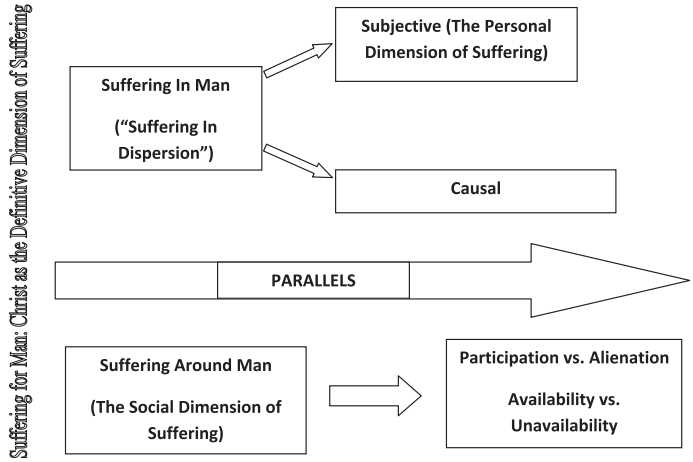

FIG. 1. Karol Wojtyla's "World of Suffering."

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that "consolidates itself and becomes deeply rooted in him" (Pope John Paul II, 1984, ¶8). But there is also another part to human suffering, and that is the awareness of *suffering brought to man by another person*—where man himself is the cause of suffering. Thus, a person may suffer, but a person may also cause suffering.[6] Both experiences will transform, and both help to articulate the "context" of a person's suffering. We all suffer, and the world of suffering is thus a world that exists "in dispersion"—a realm of unrepeatable experiences in every subject (Pope John Paul II, 1984, ¶8).

In the ancient biblical story of Job, the pope thus saw a personal dimension to suffering that is transformative. Suffering as punishment for sin, for example, while a reality, is viewed as an inadequate explanation for its meaning. Job, after all, was a just man who suffered. The story points then, to a meaning beyond punishment—suffering allows for the possibility for the act of repentance and the building of virtue:

> Thus the personal nature of suffering is affirmed . . . This is an extremely important aspect of suffering. It is profoundly rooted in the entire Revelation of the Old and above all the New Covenant. Suffering must serve for *conversion*, that is, *for the rebuilding of goodness in the subject*, who can recognize the divine mercy in this call to repentance (Pope John Paul II, 1984, ¶12).

Again, we realize Wojtyla is not speaking metaphorically when he says "the rebuilding of goodness in the subject"; rather, he is speaking *metaphysically*. A person's authentically virtuous response to suffering—as Job's response in the famous story demonstrates—is an act that changes a person. Such suffering can show us that when "the person is almost incapable of living and acting, all the more do *interior maturity and spiritual greatness* become evident, constituting a touching lesson to those who are healthy and normal" (Pope John Paul II, 1984, ¶26). Wojtyla elaborates on the impact of building virtue through suffering:

> Suffering as it were contains a special *call to virtue* which man must exercise on his own part. And this is the virtue of perseverance in bearing whatever disturbs and causes him harm. In doing this, the individual unleashes hope, which maintains in him the conviction that suffering will not get the better of him, that it will not deprive him of his dignity as a human being, a dignity linked to awareness of the meaning of life (Pope John Paul II, 1984, ¶23).

Later, he will also argue that suffering is a call to the virtues of courage and fortitude. Such a revealing of the person is consistent with at least one sociologist's examination of the nature of suffering across disciplines:

> Yet in suffering we come across one of the greatest enigmas in human existence. This wholly violating and destructive experience has repeatedly been looked upon as that which may reveal the most basic truths about our humanity (Bowker 1970). The phenomenon which seems most fundamentally opposed to us is also conceived to disclose an essential part of the truth about what we are fundamentally for. Whilst

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with one voice we emphatically denounce this experience as a desecration of our humanity, with another we declare it to have the potential to reveal us in our most sanctified form (Wilkinson, 2005, 2).

And, as I will elaborate on below, suffering is "a vocation" to Christ himself. Wojtyla is realistic about the process involved in turning the sufferer from despair to hope. He sees this as a difficult, but not intractable, problem. Still, he acknowledges that even the starting point for the transformation of the person is elusive (Pope John Paul II, 1984, ¶26). We must, however, go beyond the subjective element alone to understand suffering's true meaning.

V. WOJTYLA ON THE VALUE AND MEANING OF SOCIAL SUFFERING: PARTICIPATION VERSUS ALIENATION

A. Participation: Transcending Job

"Suffering," Wojtyla argues, ". . . is also present *to unleash love in the human person*, that unselfish gift of one's 'I' on behalf of other people, especially those who suffer" (Pope John Paul II, 1984, ¶29). Beyond the subjective element, Wojtyla describes a parallel "collective" dimension to human suffering. While each person suffers in a way no one else can experience, what binds us together is our understanding that others suffer with us—this is the *social* dimension to human suffering. If we recognize that human beings are sufferers by (our fallen) nature, we find that the experience of suffering (however unique from the point of view of the subject) contains a certain solidarity for all persons—a solidarity that calls us to act out of love for the sake of another (See Figure 1).

Wojtyla's final call is to participate in the suffering of Christ himself. Yet, not only are we called to "offer up" our suffering to God, but we are also called as persons to *participate* in all human action—including (or perhaps especially) suffering—with others in community. To understand this, we should pause at this juncture to analyze the meaning of "participation" in the context of a person.

Wojtyla has two very specific meanings of participation, outlined in *Person and Community*. "The first, as a property of the person, is 'the ability of human beings to endow their existence and activity with a personal (personalistic) dimension when they exist and act together with others' (Wojtyla, 1993, 237). In this sense of participation, we have a notion of an *elevated* person, a subject who is not obscured by the community but, along with other unique wholes, comprises it" (Fernandes, 2001).[7] A person acts, and when he does, he *ought* to act with others by his very nature. One may feel alone, and even physically or psychologically isolate oneself, but ontologically the actor is never truly alone. Hence, EPAS—that argues for a radically autonomous death in the face of increasing personal and social isolation—represents the deliberate *alienation* of the person from the community, and therefore from his very nature. Thus,

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participation in the act of EPAS is one, from a personalistic point of view, which affects both the patient and the caregiver (family member, physician, etc.).

In a second, critical sense, Wojtyla also views participation as *relational*:

> . . . as a positive relation to the humanity of others, understanding humanity here not as the abstract idea of the human being, but . . . as the personal self, in each instance unique and unrepeatable. Humanity is not an abstraction or a generality, but has in each human being the particular 'specific gravity' of a personal being. . .To participate in the humanity of another human being means to be vitally related to the other as a particular human being, and not just related to what makes the other (*in abstracto*) a human being. This is ultimately the whole distinctive character of the evangelical concept of *neighbo*r (Wojtyla, 1993, 237).

As Peter Colosi has pointed out, the utilitarian argument for the negativity of suffering (and the logical extension to euthanasia) is based in large part on the assumption that there is a philosophical mutual exclusivity between acting out of love based on individual suffering (e.g., the love Mother Theresa has for persons), and acting out of love based on non-individual suffering (e.g., Peter Singer's view).[8] Acting upon the suffering of humanity taken as a whole is considered by Singer and other utilitarians to be the only rational way to act morally. Thus, although in theory one could say that a utilitarian should support acting out of love for an individual would be right if it improved the well-being of the most number of people, the utilitarian argument for euthanasia claims the opposite is true (Colosi, 2004, 5). Against this, however, is Christian anthropology, arguing that participating with another involves a love that is tied to the particular person as an absolutely unrepeatable entity (Crosby, 2001). A person suffers in a way only she can experience, but that suffering, when absorbed by the love of another, brings to the forefront her dignity and invaluable worth.

The relief of suffering, which medicine has been historically committed to, is certainly not alien to love—quite the contrary. The relief of suffering, provided it respects the person as unique and incommunicable, can demonstrate the depths of love, by encouraging participation in both its personalistic and relational senses. Thus, participation means replacing self (interest) with the neighbor's true good, an *interior* transformation through action.

I have briefly described Wojtyla's two meanings of participation above. The first implies that the person as a human subject has an "irrevocable primacy," both metaphysically and "methodically," in relation to the community. Participation is also relational—in the sense that each person's fulfillment is dependent on their relationship in community to another irreplaceable person—not a thing to be abstracted or weighed in utilitarian calculi. How one relates to another (in suffering or otherwise) affects both parties.

Here we see a radical departure between both secular and Protestant notions of suffering and that of modern Roman Catholic thought, heavily influenced by the late pope. Secular bioethics would see very little meaning in

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suffering, and would argue that, like Peter Singer, once an individual had decided (calculated) for herself that suffering was "too much to bear," that she should be allowed to end their life in the manner she chooses. Alternatively, traditional or evangelical Protestant bioethics, rooted in Scripture alone, might see meaning in suffering, but concentrate principally on the story of Job—suffering as a test of one's faith. Wojtyla acknowledges this truth, but takes the meaning of suffering in a new direction, one which transcends Job. The idea of suffering as instrumental in "building good in the subject" relates only to a metaphysical conception of the value of suffering, one which is both refreshing and radical. Acting—choosing the good—especially when suffering (or, in the case of the physician, acting *for* the sufferer) affects both parties in the dyad, and through participation in communion with another, leads to the greater fulfillment of their being.

B. Alienation

In a commentary on *The Acting Person*, Wojtyla's explains his views on the concept of *alienation* in relation to the human subject. He notes:

> Alienation has relevance not for the human as an individual of the human species but for the human being as a personal subject. The human being as an individual of the species is a human, being and remains a human being regardless of the system of interpersonal or social relations. The human being as a personal subject, on the other hand, can experience alienation, or a kind of 'dehumanization' in these relations . . . [P]eople tend toward participation, whereas they defend themselves against alienation, and. . .*the basis for both participation and alienation is not people's essence as members of the human species but their personal subjectivity* [my emphasis] (Wojtyla, 1993, 237–8).[9]

Alienation is a concept rooted in phenomenology: a person *experiences* (because of the personal subjectivity of consciousness) alienation or "dehumanization." But even such an unreachable human experience does not remove the person's dignity or value. It is not belittling of the claim of the suffering person to suggest that his metaphysical value as a subject in the community remains intact, even if he *feels* alienation. For the proper response to alienation—participation—that is rooted in love will bring him back to the realization of his value.

Examining the attitudes toward death and the end of life among the homeless population is instructive in the context of alienation and participation. Perhaps, no group in the United States is more acutely aware of the phenomenon of absolute alienation than the homeless person, particularly when contemplating the end of life. The homeless person has already experienced a kind of physical isolation from the community. Although research is scarce, empirical studies suggest that the homeless—who have dramatically higher mortality rates than domiciled people—experience fear and uncertainty about the disposition of their body after death, a desire to be with *any* compassionate

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person when they die (not necessarily family), a general wish to be "treated with respect," and a desire to have health care providers and other strangers take their concerns seriously (Song, Bartels, Ratner, et al., 2007a, 2007b). Many feel they are a burden to others:

> Relationships were described as complex, fractured, or nonexistent. Many were estranged from their family of origin. Some homeless persons viewed dying as an opportunity for reconciliation, though they where uncertain whether this would happen . . . A majority of participants did not want contact with their families while dying or after their deaths, There were several reasons for this preference, including the assertion that their families, 'abandoning' them in life, had no right to claim a relationship or authority in death . . . (Song et al, 2007b, 439).

All of these concerns are telling, and cry out for a community response. They demonstrate that what the human heart desires when alienated is another human heart. The alienated person looks beyond herself toward another for help. The example of the homeless person dying challenges us to ponder the experience of a person who suffers alone. In some ways, to suffer alone is worse than to die alone. Why is solitary suffering such a terrible (and terrifying) thought? Although many people indeed "suffer alone" every day, what strikes us as wrong, even "unnatural," about this situation is not the "suffering" part, so much as the "alone" part. We instinctively perceive in the solitary sufferer a "loose end," so to speak, a hand held out without a person to grasp it. The incompleteness directs us to the meaning found in suffering through participation in a loving relationship with others.

Alienation, like participation, can take both social (*we*) and personal (*I-thou*) forms within a community. In the former, "the multiplicity of human subjects, each of whom is a particular *I*, is unable to develop appropriately in the direction of an authentic *we*" (Wojtyla, 1993, 256). Participation is denied when a society adopts what Wojtyla calls *totalism*: "The dominant trait of totalism may be characterized as the need to find protection *from* the individual, who is seen as the enemy of society and of the common good" (Wojtyla, 1979, 274).

A society that condones EPAS is headed toward just this type of alienation. Herbert Hendin provides a fascinating, yet disturbing analysis of several individual "high-profile" cases (in television and print media) meant to "make the case" for EPAS. A detailed analysis reveals how much of the physician's and family's *own interests* are weighed in the final decision—to the point of masking the patient's own autonomy (Hendin, 1995). A utilitarian-centered Argument from the Evil of Suffering thus allows the suffering person to view herself, and to be viewed by others, as a negative burden, a thing to be weighed. Maritain's notion of community—a people brought together for a common good out of love—is shattered; in its place is a society in which a sick person's value is diminished by a perception of fading desirability or "wantedness."

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An analogy may be made here to the treatment of a stray dog (in Western culture). Suppose a stray dog is placed in the pound. In captivity, he plays happily, and is well fed; his quality of life is likely better than that on the street. But, if the dog is not claimed within a certain period of time, he is euthanized. It is argued that this is the most compassionate course of action. Why? First, because he ceases to have *value* to society—his value is dependent upon his "*wantedness*." And second, we worry (since dogs themselves cannot worry) about *future* suffering—for he is clearly not suffering in the pound. The case for EPAS alienates the sufferer from the community of persons in just the same way, tying his value to his wantedness and to concerns about future anguish.

Participation is also hindered on a personal basis when one adopts the attitude of (radical) *individualism*, which "isolates the person from others by conceiving him solely as an individual who concentrates on himself and his own good; this later is also regarded in isolation from the good of others and the community" (Wojtyla, 1979, 273–4). This describes the Argument from Autonomy, also used to justify assisted suicide and euthanasia. The radicalization of autonomy has created and justified "acting alone," a deliberate separation of the person from others. EPAS, then, should be looked at comprehensively from the viewpoint of the person's place in community. What ought to be our response to a person's suffering? A move toward participation with another, and a move away from isolation, is contained in the act of love[10] and rooted in the nature of the person herself.

Now, suppose one offers the following challenge[11]:"The physician who assists in the patient's suicide is participating in the patient's suffering. The burden of suicide is a heavy one to bear alone. The physician not only gives technical help, but ensures the action is not one in which the patient is alone, and allows the patient to be a participating part of the community that supports his decision to die." Such a challenge bears a striking resonance with Timothy Quill's proposal of the "principle of nonabandonment":

> A commitment not to abandon supplements a caring relationship because it requires that the clinician and patient work together over time, even when the path is unclear. Clinical and moral challenges must be met and engaged with the patients, not shied away from by recourse to falsely bright lines or unbending rules. There is a world of difference between facing an uncertain future alone and having a medically skilled, caring partner who will be present no matter what happens (Quill and Cassel, 1995, 373).

There are several responses. First, *true* caring, love, and non-abandonment, I would argue, must hold that there are qualifications attached to such non-abandonment, that (first and foremost) involve not allowing the person you love to denigrate (let alone, destroy) herself. This is the reason behind, for example, the notion of "tough love" for a person who is a drug addict. We do not, in this instance, continue to care for her by allowing her (much less

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aiding her) to acquire drugs. Rather, love may involve not cooperating with what the person desires and encouraging the opposite.

Second, a physician who assists in EPAS allows the person to continue to make an irrevocable mistake about the value of suffering and her *own value*—namely, that suffering (at this particular stage) serves no purpose, and, critically, that a person's value is lost or degraded with suffering. If instead, what I have argued is correct, then one's suffering has meaning because the person herself has meaning, then no torment or anguish removes this fact. Instead, the suffering person reveals her true self and allows us to grasp her uniqueness when she is most vulnerable. The response of the compassionate physician ought to be to assure the patient that he will do all he can to keep her in a close community *with us*, rather than to send the signal that she is ever more permanently alienated from it because of illness.

Third, we must remember the distinction between personalistic and relational participation discussed above. EPAS thwarts the personal dimension of participation by validating the notion that the suffering sick is permitted to believe (falsely) that her worth (and her actions) are to be estimated and evaluated in isolation from others. One never truly acts alone, and hence, a person should know that even her suffering is valued by "another I." The person has (metaphysical and methodical) primacy. But there is more. The relational aspect of participation is neither merely that other people in society can "relate" to what a suffering person goes through nor that they happen to agree with a person's choice for EPAS. Relational participation means realizing that a person is related to another as unique and unrepeatable (incommunicable), discovered only in affective contact: "To participate in the humanity of another human being means to be vitally related to the other as a particular human being, and not just related to what makes the other (*in abstracto*) a human being. This is ultimately the whole distinctive character of the evangelical concept of *neighbor*" (Wojtyla, 1993, 237).[12]

Participation with another in community therefore involves the realization that this person has a value "all their own," and that value is the same as mine. Utilitarian calculations about the preferences or pleasures to be fulfilled for oneself and others, when weighed against life's sufferings, are incompatible with true participation. A society that condones EPAS and claims as some have, to "treat the patient as person," does so with autonomy as the dominant factor for consideration (Delden, Visser, Borst-Eilers, 2004 in Quill and Battin, 202–16). However, the Argument from Autonomy is anthropologically flawed, as Wojtyla makes plain in his papal encyclical *Evangelium Vitae* (1995), arguing that autonomy divorced from truth is a false freedom:

> . . . but when freedom is made absolute in an individualistic way, it is emptied of its original content, and its very meaning and dignity are contradicted. There is an even more profound aspect which needs to be emphasized: freedom negates and destroys itself, and becomes a factor leading to the destruction of others, when it

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no longer recognizes and respects its *essential link with the truth* (Pope John Paul II, 1995, ¶19).

Furthermore, the idea of such a radical individualism (to the point of death) pulls the person ever more away from the understanding of her (central) valued place in community.

C. Availability: Unleashing Love within the Human Person

It is at the end of *The Acting Person*, in response to the problem of alienation, Wojtyla offers perhaps his most poignant reflection: that the commandment "Thou shalt love" is the key to the fullness of participation. In obeying this commandment, one juxtaposes neighbor with self, and the "relation to the neighbor is then the ultimate point of reference resulting from the membership in a community," a community that is "truly human" (Wojtyla, 1979, 295–9).

Years later in *Salvifici Doloris*, Wojtyla returns to this theme again, as he asks the reader to reflect on the parable of the Good Samaritan, a story told in response to the question "Who is my neighbor?" (Luke 10: 25–37). The philosopher pope argues that, like the Good Samaritan, the nature of the suffering person demands that we neither pass by nor merely stop out of curiosity; rather, suffering requires another to fully engage the person suffering from the inside—to make oneself *available* to another:

> [Availability] is like the opening of a certain interior disposition of the heart, which also has an emotional expression of its own . . . Therefore one must cultivate a sensitivity of heart, which bears witness to *compassion* towards a suffering person. Sometimes this compassion remains the only or principal expression of our love for and solidarity with the sufferer (Pope John Paul II, 1984, ¶8).

Through the call to "cultivate a sensitivity of the heart," Wojtyla is directing the reader toward a process of change through action; the language is again revealing of a metaphysical reality that accompanies all who come into contact with the suffering, terminally ill patient.

My remarks regarding availability seek to drive home a fundamental message: suffering does have a purpose and meaning, namely, "to unleash love in the human person" (Pope John Paul II, 1984, ¶29). Realization of that meaning is entirely dependent on the actions of the caregivers (including health care providers) in loving another as they love themselves; it is also dependent on the actions of the sufferer, who opens her heart to receive the love of others and build virtue in herself. With this anthropological background as a philosophical foundation, we can look to practical applications to combat EPAS, such as Lynne Jansen's and Daniel Sulmasy's "principle of therapeutic restoration," where the physician and patient work together in a relationship of trust that seeks to restore the patient to his (biopsychosocial-spiritual) health (Jansen and Sulmasy, 2002).

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VI. WOJTYLA ON THE DEFINITIVE VALUE AND MEANING OF SUFFERING

Finally, human suffering has its "fundamental and definitive meaning" through participation in the suffering of Christ (Pope John Paul II, 1984, ¶14). The theological conception, for Wojtyla, is the universal context for all suffering. The example of Jesus, Wojtyla argues, shows a man that knew suffering as something profound and *progressively* isolating and hostile; yet, His response was one that clung to the love of the Father, and the experience of that love (Pope John Paul II, 1984, ¶16, 20). The internalization of the reality of this love is where the ultimate meaning of suffering lies and the primacy of the human person is made even greater by this participation:

> The Redeemer suffered in place of man and for man. . .Each one is *called to share in that suffering* through which the Redemption was accomplished. . .In bringing about the Redemption through suffering, Christ has also raised human suffering to the level of the Redemption (Pope John Paul II, 1984, ¶19).

Christ, as man, in turn "opened his suffering to man, because he himself in his redemptive suffering has become, in a certain sense, a sharer on all human sufferings" (Pope John Paul II, 1984, ¶20).

Wojtyla notes in *Salvifici Doloris* that the saints and other Christians down through the ages have found an interior closeness to Christ through their suffering. It is not simply a unidirectional stream of grace, but rather a "wonderful interchange" between God and man, the ultimate fulfillment of being. Therefore, we might argue that since suffering itself can be perfective through man's appropriate response to it, suffering has meaning; it derives a greater meaning still when united to the suffering of Christ. Wojtyla argues that the sufferings of Jesus have a "creative character," in that they "created the good of the world's redemption" (Pope John Paul II, 1984, ¶24). In doing so, the meaning of suffering is both profound and eternal.

Of course, those that believe the Argument from the Evil of Suffering, or reject the Christian foundational view will not be convinced by this latter point; nevertheless, such skepticism would not be enough to justify EPAS on this reason alone. However, one may argue that it is not right to impose "the definitive" (Catholic philosophical anthropological) view upon another. Suppose the patient thinks her suffering is meaningless, no matter what one might say? The response is straightforward: the religious meaning, while connected to the philosophical, is independently justified. One may not have access (through faith) to the religious meaning, but one has reason and experience, which grant access to the philosophical value of suffering. Furthermore, the medical professional himself exercises independent judgment about the good of the patient; simply because the patient thinks A is good for her does not require the physician to provide the patient with A. Finally, we cannot say that because we have no consensus over suffering's meaning,

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that it follows that there is no meaning at all. We might recall that if we do not know precisely *why* people suffer, this fact makes suffering a *mystery*, not meaningless.

Arguments that seek to justify EPAS continue to neglect the nature of the person who acts. Karol Wojtyla's philosophical anthropology points us in the right direction by rebuffing the utilitarian idea that suffering is a meaningless negative; furthermore, it moves Christian views of suffering beyond Job and into the realm of metaphysics, where the complementarities of faith and reason can be fully appreciated. While suffering in terminal illness may an unavoidable tragedy begotten of a fallen nature, loving the sufferer—rather than eliminating her—is a choice we must make together as a community of persons.

NOTES

1. The bill in Washington was known as the "Washington Death with Dignity Act," or Initiative 1000. Luxembourg became the third nation in the European Union to legalize euthanasia, after the Netherlands and Belgium.

2. This encyclical is devoted entirely to explicating the intellectual areas of exclusivity and complementarities between philosophy and theology. For example, Wojtyla notes, almost poetically, in describing the mystery of the Resurrection: "[The Resurrection] is the reef upon which the link between faith and philosophy can break up, but it is also the reef beyond which the two can set forth upon the boundless ocean of truth. Here we see not only the border between reason and faith, but also the space where the two may meet" (Pope John Paul II, 1998, ¶21).

3. From my review of the literature, there is no precise definition of the Argument from the Evil of Suffering. Here I am narrowing the key argument to include cases of voluntary, active euthanasia, or PAS in adults. Of course, a "stronger version" might argue for some instances of non-voluntary euthanasia, or cases of pediatric euthanasia. My counterarguments below would apply in these cases also.

4. Hedonistic, or classical utilitarians count only pleasure or pain in the consequentialist calculation; preference utilitarianism says that "the right act is one that will, in the long run, satisfy more preferences than it will thwart, when we weigh the preferences according to their importance for the person holding them." Singer describes himself as a preference utilitarian (Singer, 2003, 527).

5. Brock, like many proponents of EPAS, links the Argument from Compassion, or mercy, with suffering.

6. Of course, Wojtyla does not claim that man is the cause of all suffering (e.g., natural disasters, disease, etc.), only that where he is the cause he recognize it as such.

7. The influence of Jacques Maritain is clear here. Maritain sees the "community" as a group of persons bound by love and infinite dignity, and a desire for the common good; a "society" is a random collection of individuals who live together out of convenience or self-interest. See Maritain (1985).

8. John Stuart Mill made this argument in *Utilitarianism*. See Ryan (1987) esp. 288: ". . . the happiness which forms the utilitarian standard of what is right in conduct, is not the agent's own happiness, but that of all concerned. . . utilitarianism requires him to be. . . a benevolent spectator." Singer, a preference utilitarian, argues that preferences should "count anything people desire as in their interests," but that preferences which do not increase the overall welfare of the greatest number of people should not be adopted, in favor of those that do: "This requires me to weigh up all these interests and adopt the course of action most likely to maximize the interests of *all those affected* . . . [my emphasis]" (Singer, 1993, 13).

9. See also Wojtyla (1979), Chapter 7.

10. I want to be very clear: in arguing as I have that true participation is an act of love, I am not implying that those who desire EPAS (and here I am speaking of patients, families and caring physicians) do not love themselves or those involved. In fact, I believe that they are almost always motivated by profound caring for the terminally ill person. What I am arguing is that love which values the person as person (a unique unrepeatable person) would elevate the person in community with others, rather than validate a desire to die in alienation.

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11. I thank Dr. Alexander Pruss of Baylor University for bringing this objection to my attention.
12. See also Crosby (2001), cited above.

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REFERENCES

Anonymous. 1988. It's over Debbie. *Journal of the American Medical Association* 259:272.

Brock, D. W. 1992. Voluntary active euthanasia. *The Hastings Center Report* 22:10–22.

———. 2004. Physician-Assisted Suicide as a Last-Resort Option at the End of Life. In *Physician-assisted dying: The case for palliative care and patient choice*, ed. T. Quill, and M. Battin, 130–149. Baltimore: Johns Hopkins University Press.

Colosi, P. 2008. John Paul II and Christian personalism vs. Peter Singer and utilitarianism: Two radically opposed conceptions of the nature and meaning of suffering. Published online in 2004 from an address at St. Catherine's College, Oxford, UK. Available: http://www.inter-disciplinary.net/mso/hid3/Colosi%20paper.pdf (Accessed August 5, 2009).

———. 2008. John Paul II and Max Scheler on the meaning of suffering. *Logos* 12:143–58.

Crosby, J. F. 2001. The two-fold source of the dignity of persons. *Faith and Philosophy* 18:293–306.

Delden, J. J. M., J. J. F. Visser, and E. Borst-Eilers. 2004. Thirty years experience with euthanasia in the Netherlands: Focusing on the patient as person. In *Physician-assisted dying: The case for palliative care and patient choice*, ed. T. Quill, and M. Battin, 202–16. Baltimore: Johns Hopkins University Press.

Fernandes, A. 2001. Euthanasia, assisted suicide, and the philosophical anthropology of Karol Wojtyla. *Christian Bioethics* 7:379–402.

Hendin, H. 1995. Selling death and dignity. *Hastings Center Report* 25:19–23.

Jansen, L. A., and D. P. Sulmasy. 2002. Proportionality, terminal suffering, and the restorative goals of medicine. *Theoretical Medicine* 23:321–37.

Pope John Paul, II. 1984. *Salvifici doloris (On the Christian meaning of human suffering)*. Bombay: St. Paul Books.

———. 1995. *Evangelium vitae (The gospel of life)*. Boston: Pauline Books.

———. 1998. *Fides et ratio (Faith and reason)*. Boston: Pauline Books.

Quill, T. 1991. Death and dignity. A case of individualized decision making. *New England Journal of Medicine* 324:691–4.

———. 1994. Exploring human suffering: why the reluctance? *Bioethics Forum* Spring:3–6.

Quill, T., and M. Battin. 2004. *Physician-assisted dying: The case for palliative care and patient choice*. Baltimore: Johns Hopkins University Press.

Quill, T., and C. Cassel. 1995. Nonabandonment: A central obligation of physicians. *Annals of Internal Medicine* 122:368–74.

Reitjens, J., J. Bilsen, S. Fischer, A. Van Der Heide, P.J. Van Der Maas, G. Miccinessi, M. Norup, B. D. Onwuteaka-Phillipsen, A. M. Vrakking, G. Van Der Wal. 2007. Using drugs to end life without an explicit request of the patient. *Death Studies* 31:205–21.

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Ryan, A. (Ed.) 1987. *John Stuart Mill and Jeremy Bentham: Utilitarianism and other essays*. London: Penguin Books.

Singer, P. 1993. *Practical ethics*. Cambridge: Cambridge University Press.

———. 2003. Voluntary euthanasia: A utilitarian perspective. *Bioethics* 17:526–41.

Song, J., D. M. Bartels, E. R. Ratner, L. Alderton, B. Hudson, J. S. Ahluwalia. 2007a. Experiences with and attitudes toward death and dying among homeless persons. *Society of General Internal Medicine* 22:427–34.

———. 2007b. Dying on the streets: Homeless persons' concerns and desires about end of life care. *Society of General Internal Medicine* 22:435–41.

Wilems, D. L., E. R. Daniels, G. van der Wal, P. J. van der Maas, E. J. Emanuel. 2000. Attitudes and practices concerning the end of life: A comparison between physicians from the United States and from the Netherlands. *Archives of Internal Medicine* 160:63–8.

Wilkinson, I. 2005. *Suffering: A sociological introduction*. Cambridge: Polity Press.

Wilson, K. G., D. Curran, C. J. McPherson. 2005. A burden to others: A common source of distress among the terminally ill. *Cognitive Behaviour Therapy* 34:115–23.

Wojtyla, K. 1979. *Osoba i czyn (1969) (The acting person)*, trans. Anna-Teresa Tymieniecka. Dordrecht, The Netherlands: D. Reidel Publishing.

———. 1993. *Person and community: Selected essays*, trans. Theresa Sandok. New York: Peter Lang.

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