

Discussed: Oregon's Death with Dignity Act, controlled substances, clichés, pastor, culture, Tolstoy, pharmacopoeial minds, final definitive lessons, Morrie Schwartz

# Adventist Eschatology and Assisted Suicide for the Dying

By Scott A. LeMert

One of the most debated ethical issues of our time has been the topic of end-of-life health care and when to allow death to take place without the intervention of artificial life support. The debate is now beyond the realm of living wills; it has moved into the discussion of legal assisted suicide for the terminally ill. This article will briefly examine the history of this subject in the state of Oregon and then reflect on the response of the Seventh-day Adventist Church to the sociological and theological debate.

Fifty-one percent of Oregon's voters originally voted for the state's Death with Dignity Act in 1994. This citizen's initiative was the first of its kind in the United States. Three years of legal wrangling followed, during which the Oregon Legislature forced another vote and the ordinance passed again with 60 percent of the state's voters approving. The measure outlines a legal process whereby a terminally ill person with full cognitive abilities can petition his or her physician to prescribe a lethal dose of barbiturates, which allows the patient to terminate his or her own life at the

time and place of the patient's choosing.

During Oregon's public debate, three books on this subject reached national best seller status: *Final Exit* (1991), by Derek Humphrey; *How We Die* (1993), by Sherwin B. Nuland; and *Tuesdays with Morrie* (1997), by Mitch Albom. *Dying Well* (1997), by Ira Byock, has also been widely read. Barbara Coombs Lee's work, *Compassion in Dying: Stories of Dignity and Choice* (2003), also warrants serious study.

Public debate continues, and the varied voices are just as passionate as in con-





tention over abortion. The judiciary has added complexity to the issue because physicians can be sued for “unnecessary pain and suffering” if they fail to act out of fear that additional pain medication might cause death, but also for “injudicious prescribing” in cases where intensive palliative care can be determined to have hastened death.

On February 22, 2005, the U.S. Supreme Court accepted an appeal by the federal government to hear the case of *Gonzales v. Oregon*. The question before the Court is “does the Controlled Substances Act give the [federal] D[rug] E[nforcement] A[gency] authority over the use of prescription drugs, regardless of Oregon law.”<sup>1</sup> In 1988, U.S. attorney general Janet Reno determined that the federal government had no jurisdiction over such state law. In 2001, her successor, John Ashcroft, reversed the government’s

ees’ responses to those wishing to use the provisions of the Death with Dignity law. The Oregon Conference policy reads as follows:

Seventh-day Adventists believe that all human life is a gift from God and therefore sacred. Those who face the end of life deserve to be respected and comforted. One of the primary goals of Seventh-day Adventist ministers is to provide pastoral care at every stage of life, including death. While they are not to support or participate in the legal act of assisted suicide, every reasonable effort to offer compassion and preserve trust should be pursued.<sup>6</sup>

Pastors and members have been invited to the bed-sides of terminally ill persons who have decided to cut

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position, which the current attorney general, Alberto R. Gonzales, has carried forward.

In 2003, forty-one Oregonians availed themselves of the legal provision to hasten their own deaths, up from thirty-eight in 2002. Since 1997, a total of 171 people have used the Death with Dignity law. Out of one thousand dying patients in Oregon, about ten activate legal provisions for the necessary barbiturate prescription, with only one actually following through.<sup>2</sup> Of this final group, 90 percent also received hospice care.<sup>3</sup>

Why would public opinion favor a law that only one in one thousand will use? “Being in control and not dependent on other people is the most important thing,” states Linda Ganzini, a psychiatrist at Oregon Health and Science University, in Portland.<sup>4</sup> Author Barbara Coombs Lee believes that the law restores hope and increases endurance; “I can tolerate this [dying] if I know I don’t have to.”<sup>5</sup>

Ironically, although 68 percent of the state’s population is unchurched, Oregon has one of the highest per capita concentrations of Seventh-day Adventists in the United States. Passage of this law has stirred passions on both sides of the issue among church members. Portland’s Adventist Medical Center and the Oregon Conference of Seventh-day Adventists have written statements into their policy manuals that guide employ-

short the duration of their suffering and are treating these suicides as eventful public good-byes. When faced with the prospects of an agonizing death, local church members question the morality of the choices before them. They ask, “Is it really God’s will that I suffer like this?” “If I shorten my final moments how will God judge me?” “Will my last unpardoned sin be my own death?” With intensive palliative care easily crossing into terminal sedation, members ask, “Where is the moral line?” “If I refuse treatment that could have given me a few more days, have I, in essence, committed my own suicide?”

It is here, I believe, that the Church’s eschatology has played an unintentional role. It has been common for members to expect Christ’s soon return to rescue them from experiencing the saga of the first death. Deathbed rhetoric echoes clichés such as, “they were ready,” or “their time was up,” “they were laid to rest early,” or “God knew that it was best to take them now.” A “good death” has been deemed one in which the dying person had an opportunity to make things right and not be caught with one last, unpardoned sin. The focus of the Church’s attention at the deathbed has largely been on making things right, the promise of the Second Coming, and the nature of man’s unconsciousness immediately after death.



When a death within our community is imminent, the elders are called. We conduct an anointing and talk about the expected miracle. It is neat, well rehearsed, and theologically crisp. We want a quick death or a wondrous miracle. We speak very little about how the family, the dying person, or even the clergy will handle our frequent failure to stay the Angel of Death. We perform our ecclesiastical rituals and we leave. The dying person utters his or her last confession and then waits the final countdown. For most people, dying involves entering into a dark, emotional unknown. The tragedy is that most of our members die alone with people standing all around!

Although we have a well-developed eschatology concerning the Investigative Judgment, the return of Christ, the two resurrections, and the final annihilation of the wicked, the Church has no defined theology on the pilgrimage of dying. As a community, we have only a small vocabulary for giving intrinsic and substantive definition to the physical and spiritual experience of final passage.

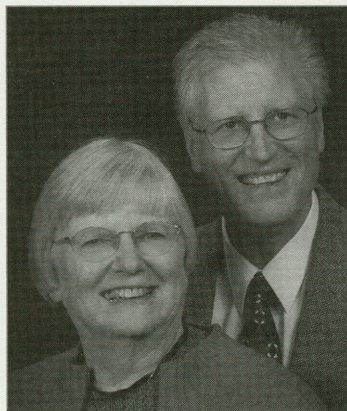
A pastor in Portland can advertise a seminar on the subject of the biblical truth about life after death, and

scarcely a person will come. Yet a Tibetan Buddhist monk can advertise "Embracing the Final Journey," and the house will be packed. Is the world asking questions we are failing to answer?

The truth is that our final personal terminus may be one of the most important passages of our entire life's sojourn. We have explored conception, birth, infancy, adolescence, adulthood, and aging. But we usually stop short of discussing "the final journey." Although death is a natural part of the human experience, dying is the silent door, the hidden secret. However, life is not about theology; it is about living and dying. Death has many scenarios and we die as individually as we lived.

Our culture has removed dying from the community. In 1949, 51 percent of all deaths took place at home. Now, only 20 percent do.<sup>7</sup> "Modern dying takes place in the hospital, where it can be hidden, cleansed of its organic blight, and finally packaged for modern burial."<sup>8</sup> Death with dignity is largely a myth. We tend to wish to die in the style we lived—self-reliant, sophisticated, well groomed, and vibrant. But dying is seldom that accommodating.

Dying is dirty, smelly, unsophisticated, gaunt, and



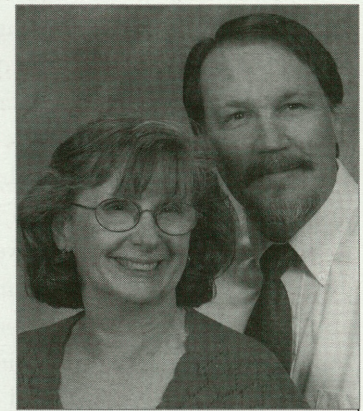
Pastor Roy & Bennie Gee

AU '66

Auburn Gospel Fellowship

"A SAFE PLACE FOR GOD'S GRACE"  
10:45 A.M. Sabbath

## TWO CONGREGATIONS ONE HOLY CHURCH



Pastor Rick & Nancy Kuykendall

AU '80

First Congregational Church of Auburn

"STRIVING TO BE AN ENLIGHTENED CHRISTIAN COMMUNITY"  
10:00 A.M. Sunday

710 AUBURN RAVINE ROAD, AUBURN, CA 95603 • 530.885.9087

"How good and how pleasant it is to live together in unity!"



painful. But more than anything, many times it is lonely. It is lonely because of our inability to acknowledge our own mortality and the paralyzed ability of others to respond to our needs. Our conversation is often, "so, how are you doing," followed by, "oh, not so bad." In essence, we are enablers faking the final exit. We remain incognizant that dying is not a problem to be solved; it is a mystery to be lived.

We know little of *ars moriendi*—the art of dying. A good death is not painless, but meaningful. Perhaps Leo Tolstoy's work, *The Death of Ivan Ilyitch*, still describes our plight. Ivan lay dying on the couch amidst all of the pleasant niceties, which included the usual ecclesiastical "hope" talk. It was a psychological torture of much dignified formality. Ultimately, Ivan wanted to cry out, "Stop your foolish lies." Those gathered around were experts on death and impressive funerals, but they knew little about dying.

Victor Frankl in *Man's Search for Meaning*, maintains that "physical discomfort and deprivation, no matter how extreme or brutal, do not cause suffering. The true root of all suffering is loss of meaning and purpose of life." Friedrich Nietzsche wrote, "He who has a *why* to live, can bear almost any *how*."

Our modern pharmacopoeial minds tend to think only of improved dying through chemistry. But *ars moriendi* is *ars viviendi*; the art of dying is the art of living.<sup>9</sup> Dying disorders our aseptic fantasies. We will not define death; dying will define us. In dying we face our limits, and the final good night is seldom gentle. Dying gives us the ultimate sense of time.

There is a difference between death with dignity and dying with purposeful equanimity. Dying strips us of our outer dignity while it assays our true veritable inner personage. We need neither sentimentalism nor romantic fantasy. Mortality is ours, and the brevity of beauty will give way to the patient pertinacity of death.<sup>10</sup> It is here where we must humbly meet ourselves. We rob ourselves when we fast-forward through this final legacy.

All dying people go through their own investigative judgment of regret/fulfillment, angst/peace, abandonment/community, embitterment/release, and narcissism/maturity, but the task is most often tra-vailed behind the private door of silence. Is it moral for us to let anyone journey this experience alone? To "die well" one needs to be surrounded by comforters who will journey through the final definitive lessons on meaning and spirituality.

However, we tend not to be a listening community.

Hospice caregivers frequently notice that once a terminal prognosis has been given, family and friends gradually move away from the patient. Our culture does little to prepare us with the skills or compassion to truly coalesce with the dying. The actual death event is more rehearsed; it is more defined. Assisting the physical and emotional needs of the dying demands resources that we may have never developed. We, too, often simply let them go alone. We send flowers, wish pleasantries, and dutifully attend their funeral. But when they really needed us, were we there?

Should we be surprised to find, or justified to judge, those who find no more meaning in life and request modern hemlock pills for "self-deliverance," as Derek Humphry calls them? Are we Kavorkians by default? In retrospect, Oregon's Death with Dignity vote appears to have been more a cry for help than a threat of mass communal suicide. The Master once said, "When I was sick you visited me"; might he have really meant, "and when I was dying you bravely took time to journey with me."

Perhaps it was said best by the dying Morrie Schwartz when on that last Tuesday his shallow voice requested of Mitch one last petition: "hold [me]." And then he added, "[you] touched me, [pause]...here [pointing to his heart]...this is how we say goodbye."<sup>11</sup>

## Notes and References

1. *Portland Oregonian*, Feb. 23, 2005, A1.
2. *Ibid.*, A11.
3. *Ibid.*, June 12, 2003, A1.
4. *Ibid.*, A1.
5. *Ibid.*, Nov. 8, 2003, E1.
6. Policy Book of the Oregon Conference of Seventh-day Adventists, entry 1970, revised June 20, 2002.
7. Sherwin B. Nuland, *How We Die* (New York: Vintage Books, 1995), 255.
8. *Ibid.*, xv.
9. *Ibid.*, 268.
10. Will Durant, *Heroes of History* (New York: Simon and Schuster, 2001), 82.
11. Mitch Albom, *Tuesdays With Morrie* (New York: Broadway Books, 1997), 184-85.

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