Alleviating Suffering

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Advocates of physician-assisted suicide (PAS) and euthanasia express a strong desire to relieve suffering, even if doing so means to diminish or eliminate it. No one should doubt that Christians have an equally strong desire to relieve suffering, despite their general historical and current opposition to PAS and euthanasia. In The Center for Bioethics and Human Dignity’s book The Changing Face of Health Care (Bettmann, 1990), Nigel Cameron points out that “the single most significant beneficial development in medicine in our generation has been hospice care, and the rise of palliative medicine as a central specialty. It is no coincidence that this was from the start a Christian project, devised by the very able Dr. Cicely Saunders back in the 1960s.”

There are considerable evidence that hospice care does so effectively with pain and suffering that few hospice patients ask for PAS and euthanasia, and those who have previously expressed a desire to die generally do not continue to seek to end their lives. Beyond the immediate effectiveness pain relief that hospice care has pioneered, there is an important further dimension to hospice care that makes it so valuable to Christians. The alleviation of the kind of suffering that leads dying patients to desire that their deaths be deliberately hastened requires a good deal more than simply relief of physical pain. William Beutler et al. recently studied terminally ill cancer patients all of whom were receiving what the authors describes as “aggressive, inpatient palliative care” – and reported that a change in the kind of prescription patients demonstrated clinical depression and desired that death be hastened. However, as Beutler and his colleagues indicate in the December 13, 2000 issue of JAMA, there was no significant correlation between the desire for hastened death and the presence or intensity of physical pain. Although the authors recognized that this finding might reflect the quality of the pain management practiced in the inpatient institution, they also view this result as a confirmation of “previous research that found little or no relationship between death preference and death or interest in assisted suicide.” However, if patients were depressed, they were four times as likely to wish for hastened death as patients who were not depressed. The authors reported another significant finding for seeking a hastened death, namely, hopelessness, that would characterize acelerated hopelessness as “a pessimistic cognitive style rather than an assessment of one’s poor progress”.

Given the above data and given that hospice care does so by assisting a desire to hasten death or in requests for PAS or euthanasia, one can confidently assert that hospice caregivers manage pain very well, but also greatly alleviate suffering due to depression and hopelessness. The desire to hasten suffering is very much an explicit concern for Christian caregivers, and hospice is an important part of the solution. The suffering that results from compassionately respecting the boundaries of others. One of the most dramatic instances in which followers of Jesus were called upon to suffer in this way occurred in the garden of Gethsemane just prior to Jesus’ arrest and crucifixion. Jesus had his disciples with him in the garden; and, as recorded in the Gospel of Mark, he told Peter, James, and John: “My soul is overwhelmed with sorrow to the point of death. Stay here and keep watch” (14:34, NIV). Jesus asked these three disciples to “watch and pray,” but they failed miserably to do so (Mark 14:37-41).

The description of the enormous suffering Jesus experienced in anticipation of the torturous death to come contains a moral imperative. Jesus expected his followers to be in prayer with Him and to be a companion to Him while He suffers. Dr. E. O. Hargrove, a follower of Jesus who saw compassion to those who suffer. What happened in the garden of Gethsemane was a very urgent message for all of those who have been suffering their suffering and in distress about being present to those who are physically suffering. However, the potential for such identification should not translate into a moral imperative to forego pain relief. Pope John Paul II, well aware that identification with Christ’s suffering on the cross was a condition of Christian commitment, addressed this matter directly in the May 5, 1980 document, “Euthanasia: The Disturbing Congregation for the Doctrine of the Faith.” Having affirmed the notion that meaning is to be found in acceptance of one’s inevitable death and the dying process, he takes note of the teaching that suffering should be endured as a part of life, shares in “the passion of Christ” and Christ’s “redemptive sacrifice.” Having identified the important nature of suffering, Paul urges patients to discern patients who are willing to suffer who are facing death, it will be extremely difficult for the individual alone to sustain a quest for meaning that will divert depression, hopelessness, and the sense of being a burden to others. Without others as companions in suffer-
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Given the above data and given that hospice care is so effective a desire to hasten death or in requests for PAS or euthanasia, one can confidently assert that hospice care manages pain very well, but also greatly alleviates suffering due to depression and hopelessness. Hospice/sustaining care is suffering is very much an explicit concern for Christian caregivers, and hospice has become an important model for such suffering is emerging. Without others as companions in suffering, it is likely that any such effort would fizzle out. The suf- fering of many will be so great that it will be extremely difficult for the individual alone to sustain a quest for meaning that will divert depression, hopelessness, and the sense of being a burden to others. Without others as companions in suffer-