

August 1975

Life Be Not Proud

Harmon L. Smith

Follow this and additional works at: <http://epublications.marquette.edu/lnq>

Recommended Citation

Smith, Harmon L. (1975) "Life Be Not Proud," *The Linacre Quarterly*: Vol. 42: No. 3, Article 3.
Available at: <http://epublications.marquette.edu/lnq/vol42/iss3/3>

Life Be Not Proud

Harmon L. Smith, Ph.D.

"Death, be not proud, though some have called thee
Mighty and dreadful, for thou art not so;
For those whom thou think'st thou dost overthrow
Die not, poor Death, nor yet canst thou kill me.
From rest and sleep, which but thy pictures be,
Much pleasure; then from thee much more must flow,
And soonest our best men with thee do go,
Rest of their bones, and souls' delivery.
Thou art slave to fate, chance, kings, and desperate men,
And dost with poison, war, and sickness dwell,
And poppy or charms can make us sleep as well
And better than thy stroke; why swell'st thou, then?
One short sleep past, we wake eternally,
And Death shall be no more; Death, thou shalt die."

John Donne, *Holy Sonnets*, X

He was a helpless and pain-wracked spectre of the man he had been—gaunt, emaciated, defenseless, utterly dependent. After months of surgery and chemotherapy and radiotherapy and everything else known to us to combat the cancer which was indubitably killing him, he lay these last few days unable to receive nourishment, wanting to speak but denied the capacity, with labored breathing, and sedated as best he could be against the torture his disease inflicted upon him. He died 20 minutes after I left him. In the preceding two hours—when I had stood by his bedside and tried vainly to understand what he so desperately wanted to say, helpless to be anything but present, and watched his wife attend him as only a spouse and trained nurse of al-

most three decades could—the thought occurred to me: she has morphine for his pain and is preparing a syringe; why not a dose large enough to surmount his eventual as well as proximate agony?

This was not the first time that this thought had come to me; nor, I suspect, will it be the last. My friends who are physicians and nurses tell me that such a notion is also not unknown among them. Indeed, the surfeit of literature on dying and death reflects similarly agonizing questions which, by experience, I know to be common among all sorts and conditions of men and women. They are especially poignant questions for those of us who understand and intend ourselves as Christians, because they are questions which challenge in the most fundamental

ways our belief that God's sovereign love is present in the tragedy and carnage and suffering and indignity of our own existence. They are, in our own finite and creaturely history, confrontation with the apparently irrefutable logic of John Stuart Mill's propositions: if God is able to prevent evil and does not, he is not good; if God would prevent evil but cannot, he is not sovereign.

I find it unremarkable that some of our contemporaries would choose, in the face of such conflict, to abandon the moral struggle, to make instant happiness the *summum bonum* of human life, and to dismiss theodicy as obsolete. Indeed, we have been moving in that direction lately—from W. H. Auden's celebration of anxiety to Albert Camus' devotion to absurdity to Dylan Thomas' rage against our going "gentle into that goodnight." But I wonder whether the new paganism has really found either the courage or despair to affirm that suffering, pain and evil are literally the *absurdum*. What rather seems the case is that we have developed a

special mentality, as part-and-parcel of our extraordinary achievements in science and technology, that does not tolerate very well any form of human misery, and especially those forms which appear as an expression of the tyranny of nature.

Since at least the time of the Renaissance we have thought ourselves to be achieving progressively more and more control over our existence and destiny. Rudimentary scientific discoveries have become more and more refined; and technological development and application of these discoveries has led to greater and larger control over ourselves and our environment. We have therefore (quite "naturally"?) tended to suppose that there is no question or problem in either man or nature which will not yield, soon or late, to persistent inquiry, correct analysis, and eventual human mastery. We are confident that all we have ever needed is a little more time, or refinement of formulae, or sophistication of machines, or whatever; but given that, we shall overcome!

Dr. Smith is Professor of Moral Theology in the Divinity School of Duke University. His teaching and research are principally in the fields of Christian ethics and medical ethics. Among his publications are Decision-Making in Personal Life, The Christian and His Decisions, Ethics and the New Medicine, and The Promiscuous Teenager.



I reckon that it is little wonder, then, that ours is a time of especially biting irony: our creature comforts far exceed anything heretofore known in human history, yet we are more discontented with our lot than any generation which has gone before us. Indeed, in all our getting of longer lifespan and postponed death and eased pain, we have managed to master nature better than history, and our technics better than ourselves. And why we suppose that subduing nature is possible, in ways that governing ourselves is not, may be the clue to our most insidious deception and malaise. Why is it, I wonder in sober moments not confused by tenderness and condolence for a dying friend, that in our society a cure for cancer is more devoutly sought than a remedy for the lust for power which engorges increasing numbers of the dispossessed; or that we should generate such enthusiasm for cardiovascular therapy when hardness-of-heart is a universal condition; or that we should spend billions for interplanetary space exploration and futile wars which ravage and maim while thousands of children grow up permanently brain-damaged because of malnutrition and old, worn-out, useless "senior citizens" are condemned to be the derelicts of an acquisitive society; or that our country annually spends twice as much for military aid as for economic assistance? The answer, I think, is deceptively simple: it is a matter of priorities, and that is where our

heart is. But it is an answer which is at once diagnosis and judgment.

That Western medicine is *de facto* Judeo-Christian in its orientation, irrespective of the particular ways in which individuals and groups formulate their beliefs and values, means that we cannot divorce a particular religious and philosophical tradition from the ways in which we undertake to resolve (or at least deal with) the special problems associated with dying and death. But somewhere, somehow—maybe deriving from something akin to adolescent rebellion against parental domination—we have forgotten or repressed that heritage in favor of a common natural denominator as definitive of life and interpretive of death. Now, in the wake of scientific and technical advance that bids fair to outstrip our moral imagination and confuse all the old assurances, we are increasingly hard-pressed to say with any clarity of purpose who we are, where we are going, and how we can coordinate the means for extending vital function with the ends of human well-being.

Re-examining Some Assumptions

To be sure, bodily health and vitality are *preconditional* to being a human person in any meaningful sense, and we are therefore appropriately concerned to develop and extend all those ways in which somatic health is served. But the difference between our time and former times may well be that life-vitality and human well-being can no longer be ac-

cepted as coterminous or synonymous categories. Persons need healthy bodies, and nobody seriously challenges that proposition; but I want to suggest that we require more than healthy bodies if we are to be persons in any authentic and currently meaningful sense of that word. To appreciate the force of that claim, some of our cherished presuppositions need to be re-examined and some of our uncritically accepted assumptions tested with reference to the current "successes" in biomedical technology.

Among these is the notion that the physician's primary mission is to prolong life. If it is true, as I think it is, that life (in the sense of functioning organ systems and metabolizing processes) is preconditional to human health and well-being, the converse of that proposition is equally true: health and well-being (or at least the promise of them) are preconditional to life in any humanly meaningful sense. But this is not a novelty; the Hippocratic Oath itself emphasizes that the *summum bonum* is not merely biological vitality but the patient's well-being, and practical circumstance makes us increasingly aware that vitality and well-being are not always neatly complementary—that sometimes vital life can be extended only by the accompaniment of great pain and sacrifice and, conversely, that sometimes personal distress and agony can be relieved only at the eventual expense of life itself. On that point, my friends who are physi-

cians tell me that where to draw the line between prolonging life and relieving pain is increasingly uncertain.

The tendency to regard death as a wholly negative value—"the enemy," as I recently heard it named in a pre-med honorary initiation—a bad thing to be avoided at all costs, is of course an aberrant attitude when viewed within the context of Judeo-Christian faith. That theologians and pastors, together with physicians and lawyers, share large responsibility for such a misanthropic notion is self-evident; but how we have come to it, and how tenaciously we hold to it while simultaneously observing the violence it does to our dignity as persons, is a complex matter beyond the scope of this brief essay. Still there are some clues and two of them—one general, the other more specific—can be cited here.

There was a time when the scientific and medical criteria for pronouncing death were relatively simple, and the technical means for interfering with death relatively limited. But that time is no more. Formerly it could be agreed that death occurred when vital life processes, especially circulatory and respiratory, stopped spontaneous function; now, however, we possess the means to maintain or prolong those spontaneously stopped processes indefinitely. Beyond this, however, we now know that it is difficult (if not impossible, except in the case of disintegrating explosion) to pronounce death on the basis of

any single criterion. And that, in turn, reminds us that death is customarily a process and not an episode or event. In addition, we are learning that this process motif is as relevant for morality and personality as it is for biology and physiology. Altogether I suspect that it is more difficult for us to cope with dying and death, now that we can manipulate the manner and time of it and otherwise so extensively interfere with it, than it was for our less knowledgeable and poorer equipped forebears. Our time fears and abhors death because it is the ultimate frustration of the progressive control we think we are otherwise achieving over our existence and destiny.

A more particular clue as to how it is that we have come to regard dying and death as wholly negative value, an enemy to be avoided or conquered, may be indicated by the professionalization and socialization of medical education. More systematic study of the processes by which values are instilled in the medical novitiate needs to be done, but one or two tentative hypotheses can already be advanced. One of these is that post-graduate clinical training, together with the early years of beginning practice, is a critical time for the physician's value adaptation. In the teaching hospital and medical center, training is almost entirely pathologically-oriented; and in consequence of this, the physician's role in giving comfort and company to the dying—when

he can offer no cure—appears to have little place. The priorities, in this matter, seem to be fairly clear: diagnosis and remedy; and if these fail, abandonment. The other hypothesis is that when physicians engage in sustained practice in other settings, their response to dying and death is altered to the extent that giving primarily comfort and company to the dying often becomes a principal function in the care of patients.

Human Life: A Gift from God, Subject to Him

It might serve us well, in the first as well as the last of it, to remember that in both Jewish and Christian traditions it is a mistake to suppose that the value of human life lies in an attribution of absolute value to mere life as such. Both Jews and Christians have typically taught that human life is a gift from God, and therefore ultimately subject to him. Whatever regard and respect we have for human life derives from that fundamental belief about it. It was in this awareness that Karl Barth ventured to ask whether the artificial prolongation of vital processes might amount to human arrogance, whether the fulfillment of medical duty may not threaten to become fanaticism, whether reason strained by technical possibility might not become folly, and whether the required caring for human life might become a forbidden torturing of it. We cannot, except at the risk of eroding our

last residual moral sensibility, be reluctant to entertain these questions; and that is why we continue to call into question the morality of relentless and unqualified efforts to prolong some lives and the supposition that everything that can be done ought to be done in every case to extend vital processes. It is similarly why we are yet dis-eased by the rhetoric of "quality of life" advocates who argue that mercy-killing is not only permissible but obligatory when it is done on a patient's behalf in order to serve personal integrity and human well-being and that since human happiness and well-being are the highest goods any ends or purposes which that ideal validates are right and good.

I have sometimes heard it said that the dying enjoy some special relationship to God, that they are "broken people" in a "favored place"—an argument which is similar, in many ways, to much of the current rhetoric of liberation theology which asserts that God's "chosen people" just now are the oppressed and disadvantaged Blacks, Chicanos, women, and other conspicuous minorities without power. But this is a serious, however sentimental, tendency inasmuch as it denies the universality of the human condition and (at least as St. Paul and St. Augustine perceived it) that *all of us together* are equally heirs to finitude and thereby subject to the tragic dimension. Most of us, I suspect, do have special feelings

of tenderness and compassion and generosity toward a dying man or woman or child—as we ought also to have toward our brothers and sisters who are dispossessed and tyrannized—but we should likewise understand the roots of these feelings and how it is that they emerge precisely from the awareness of dependence and desperation, that is, from the death of pride and the extermination of artificial self-sufficiency which is the precursory condition for despair and anxiety and fear.

Surely there are patients whose discomfort and pain and distress are fittingly subject to the physician's belief that such a one is not dying until he is dead. And there are others whose condition calls only for caring and comfort and company. To discriminate between them is not always an unambiguous choice, but it is a choice which requires that we understand as clearly as we can whom we serve when we serve the dying.

Evil, both natural and moral, is real—I know that, while simultaneously I try to deny it or reinterpret it or overlook it. For years now, my understanding of the Christian doctrine of man has been conflicted on that very point. I have wanted desperately to believe Romans 5, that God has revolutionized the human situation by the radical reconciling of ourselves—estranged, sinful, enemies—to himself; that we are no longer the bastard offspring of a faithless Adam, but the sons and

daughters of the New Adam; that God has really transformed the most fundamental fact about us by his entirely gracious gift in Jesus Christ. And I have looked, not always in vain, for evidence of these things in myself and my fellows. But the greater weight of historical evidence seems usually to be on the other side; and an ultimate optimism about our common humanity is chastened by the penultimate pessimism generated in day-in-and-day-out confrontation with avarice, lust, envy, and the other "capital vices" which manage somehow to suck out from life its last residual joy and hope.

Suffering Is Essential for Authentic Living

Maybe that is why St. Paul also wrote Romans 8: to acknowledge the reality of suffering and pain and futility in the creation, to emphasize that this condition is not of the creation's own will but "by the will of him who subjected it in hope" of its freedom from bondage to decay, to remind us that "in all these things we are more than conquerors through him who loved us," and to affirm that neither death nor life nor anything else in all of creation will be able finally to separate us from the love of God. The sufferings of life in the world are not illusory; but neither are they worthy to be compared with the glory that is to be revealed to us. In all of this, St. Paul is faithful to the Biblical insight that suffering is essential for authentic living. Indeed, already in Romans

5:3-4, he has described the paradigm: "we rejoice in our sufferings, knowing that suffering produces endurance, and endurance produces character, and character produces hope." The implication is that through this process we participate in the redemptive death-to-life of Jesus, and are con-crucified with him; that we suffer not so much with Christ as in him.

Now that is, as one of the television headache commercials puts it, "strong medicine" for modern men and women; even for those of us who understand and intend ourselves as disciples of Jesus Christ. I have known, of course, since reading Kierkegaard's *Sickness unto Death*, that the opposite of sin is not virtue but faith; and that it is the absence of faith which constitutes our original sin and (somewhat, if not total!) depravity. Perhaps that is why "pride" customarily heads the list of what are misleadingly called the seven deadly sins: of all capacities, pride is the denial of God's graciousness, it is our non-faith which attempts to find security in the limited ego, it is a bogus sovereignty which is predicated upon what I can grasp and organize and manipulate to my own ends. Pride is our capacity for the inordinate love of our artificial selves; and when I know—as I do know in times of great stress, and especially in the face of death—its unreality, I also know that I have nothing left, that I am a broken reed. And that is why, in my own experience and

that of others, despair is pride's inevitable companion.

The scandal of our human condition, of our utter and complete dependence, is that faith can only be the gift of God. So a man's life does not consist in the abundance of his possessions, those are blessed who know they are poor, and whoever will not forsake all that he has cannot be a disciple. That is the radical circumstance

of the authentic self, in both life and death. And it is also the good news of the Gospel—that our life and our world, just as they are, warts and all, is the crucible within which God forges his righteousness and reconciliation. In that acknowledgement we are liberated from the bondage of our own artificial sufficiency, and from the hopelessness which ineluctably attends our confrontations with evil and death.

REPRINTS

Reprints of any article which has appeared in the LINACRE QUARTERLY, beginning with the 1966 issues (Vol. 33) are now available in either (a) full-sized copy, or (b) microfilm, through XEROX UNIVERSITY MICROFILMS, 300 N. Zeeb Rd., Ann Arbor, Michigan, 48106.

Full sized reprints of articles are available at \$3.00 for the first copy, plus 50¢ for each additional copy ordered. This includes first class postage and handling charges. Quantity discounts are also available. For information on the cost of **microfilm** copies, please contact XEROX UNIVERSITY MICROFILMS.

TO ORDER **FULL-SIZED REPRINTS** PLEASE RETURN THIS ORDER DIRECTLY TO: XEROX UNIVERSITY MICROFILMS, 300 N. Zeeb Rd., Ann Arbor, Michigan 48106:

TITLE OF PUBLICATION: Linacre Quarterly

TITLE OF ARTICLE: _____

DATE OF ISSUE _____ VOL. NUMBER _____

INCLUSIVE PAGES TO BE COPIED _____ THROUGH _____

NUMBER OF COPIES OF THE ARTICLE NEEDED _____

(Cost is \$3.00, minimum fee, for one copy of a complete article, or portion of the article. Additional copies of the same article are 50¢ each. **Full remittance must accompany this order.** Please write for further information on deposit accounts and quantity discounts. Allow two weeks for delivery.)

YOUR NAME _____

ADDRESS _____

ZIP _____