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Moral Questions in Connection With Death

Fr. Ladislav Orsy, S. J.

As illness is defined as lack of good health so death has to be defined as lack of life. Both illness and death receive their meaning when they are illumined by health and life. It follows that the conception that a person has of death inevitably mirrors his ideas about life. This truth applies also to questions of morality about death; they are really questions of morality about life.

To speak about death we have to speak about life. But it is precisely in the interpretation of the meaning of life that philosophical opinions and religious beliefs more than once contradict each other. Admittedly sometimes the various opinions can be reconciled in harmony. Sometimes they cannot be. How, then, can we speak about death when there are so many schools of thought about life?

I think two principles will help us to achieve some understanding in this important field:

- a) Everyone has to be faithful to his own light.
- b) Everyone has to respect the light of others.

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It may well be that we shall not be able to achieve a harmony in theory. But by regulating our attitude in the right way we can achieve harmony among living persons in a given community.

I shall use the same two principles in my own talk. I shall speak about the Christian conception of life that throws light on death. At the same time I shall speak about a humanitarian approach that may help us all to achieve not theoretical but experiential harmony.

Christians look at life as God's gift that they received in a sacred trusteeship. They cannot destroy it, neither themselves, be it in others. They are stewards who will have to give an account of the use of the gift they received. Death for them is a transition into a more abundant life; essentially a gift from God. Hope is what transforms the agony of death into a meaningful journey. There are even some excellent theologians today who suggest that the supreme act of human life is the act of dying. They assume that as this world fades away a new light and capacity emerges in the human person to accept freely the gift of God that is eternal life. Obviously, this is a theological hypothesis, not verifiable by empirical science.

But there is no need to believe in Christianity to accept the dignity of a

human person. In this we all can concur. The moral conclusion I propose will be based precisely on preserving the dignity of man all through the process when his life is seemingly coming to an end. Tentatively, I would suggest the following moral rules that may govern our approach to the bitter fact of death.

1) A human person owes it to himself and to his own community (to his family, to the society in which he lives) to keep his life intact and not to destroy the value that it represents. Human life lived in a personal way is the best that we can find in this world. Nothing else comes anywhere near it in the hierarchy of values. It follows that both the individual and the community has a duty to do what can be reasonably done to preserve human life. This duty exists in the patient, in the doctor, in the lawyer, in the priest, in all who share a responsibility for life.

2) Man has a right to his own dignity as a person even in approaching death. Therefore, once the reasonable means to keep him in life have been exhausted he is not bound to destroy his dignity by expecting to be kept alive without being able to live, to think, and to feel as a person. No one is bound to ask for medication that would prolong the agony of death. The same principle is valid for the community: its members are not bound to prolong the agony of death for a human being.

3) There will be always complex situations and borderline cases where a clear moral judgment cannot be formed within the short time available. In this case we have to respect those who, animated by the first two principles, make a genuine effort to

bring about the best decision even though they may fail to find it then and there. Yet, the effort itself was good and the resulting situation should be accepted as the only reasonable one in the circumstances.

In the past it was usual to speak in ethical studies about the duty to use ordinary means of medication to preserve life but not extraordinary ones. Ordinary meant what was easily available to the common man. Extraordinary was what required great expense on the part of the patient and perhaps great effort on the part of the physician. With the advance of research the distinction between ordinary and extraordinary means is blurred today. I think it should not be used any more. It may become quite an ordinary medical achievement to keep a man artificially alive as a vegetable can be kept alive without any sign of personality. No one, patient or physician, would be bound to use such ordinary means. In some other cases when a human life is particularly precious, both the patient and the community in which he lives have a genuine obligation to protect and to preserve that life as far as possible even through expensive means and great effort.

In ethical questions we can never expect to find full agreement. They are too closely interwoven with personal, philosophical and religious loyalties. However, we can certainly expect persons of good will to come together and to achieve a harmonious balance in their community where all beliefs are respected. In this way a common ethical understanding can be worked out by doctors, lawyers, and the representatives of various faiths. The common will to search for solutions is already a sign of agreement.