

## MAiD in Theological Perspective

Brian Cooper – November 24, 2020

Navigate: Faith and Life with MB Seminary

Medical assistance in dying is a topic that, like politics, seems to offer only marginal conversational potential when we are talking in abstract terms, and no apparent constructive potential when we are talking in personal terms. Frankly, it seems to be more of a conversation stopper than a conversation starter for many of us. But as difficult as the topic is, it is important to have this discussion. Waiting until a crisis before talking about medical assistance in dying is like not deciding whether or not to wear a seatbelt until after we lose control of our vehicle on a busy street. Once the chain of events begins, deciding that we need to do something – much less what to do -- is difficult or impossible.

I want us to think about this issue in terms of three main questions, three polarities to manage, and four exhortations. These three questions, to start, will help us focus our thinking on the most important considerations related to who we are, what our lives are about, and why we are here. They also help us to avoid becoming distracted by pressing issues that seek to gain our attention.

The first question to ask is why we are here in the first place – why we exist. For Christians, the why question naturally leads us to reflect on the implications of

being called to live in light of the example of Jesus. As believers, we are called to be agents of God's reconciling work in the world, witnesses to the good news of Jesus Christ in word and deed. As we reflect on Christ's example for us, we see the reality that Jesus embraced a life lived for others in pursuit of the will of the Father.

What is more, Jesus modelled an unswerving commitment to living a life of integrity in the face of seemingly overwhelming temptations and distractions. His mission did not change when it became difficult or painful. To follow the example of Jesus is not an impossible ideal to which we can aspire in theory but which we can relinquish in practice. It is the incarnational reality that is the template for our lives. Our frailty and sinfulness in falling short of it – as we do -- does not make it any less important for us. Paul understood this. To rejoice in suffering and to be content in any circumstance were elements of the life he lived faithfully despite severe trials.

Simply put, we are here to live for others.

Question number two is "Who am I?" I am God's creation, made in His Image. As a follower of Jesus Christ, I recognize that I am not my own. I am bought with a price. I do not define my own reality. Rather, I am called to live faithfully within

the reality I face. My faithfulness encompasses entrusting the entirety of my being to the God who made me, and who loves me more than I can know. This means that it is God who defines my life and all that is in it, and it is God who numbers my days.

Question 3 is “Where am I?” In other words, what is the context of my life?

Contrary to popular opinion, human beings are not simply individuals who happen to live in proximity to one another. Humans are social animals who, when empowered by the Holy Spirit, have the wonderful opportunity to live in communities of fellowship -- mutual interdependence. By God's grace, we are able to give and receive support that enables us to live the fullness of the life that God intended for us. We do this only together, never alone.

Christians ask and answer these questions by faith, but these are universal questions. Human beings need a sense of purpose in order to thrive, and even survive. The question of human identity is frequently debated, which highlights its importance. Developments in medical and palliative care over the past few decades show how the communal dimension of human being is redefining care at not only the physical but also emotional, mental, and spiritual levels. The human need for community is evident in the innumerable ways humans interact.

These questions are important, and it is also important to remember that we are answering them in the context of not only our Christian faith, but also some polarities that are part of life. I want to mention three.

A quick side note: When I talk about polarities, I am talking about tensions between two competing priorities that are both true, but which are at odds with one another.

First, there is the polarity between human personal freedom on the one hand, and submission and obedience on the other. No one wants to give up control of themselves, but there are some things that we cannot control. Accepting one's circumstances is a sign of health and maturity, and trying to retain control in defiance of reality is not a sign of health or wisdom – witness the political events in our neighboring country to the south as evidence of the trouble that such denial can cause.

I recall the famous prayer originally written by theologian Reinhold Niebuhr. The popular version says “God, grant me the serenity to accept the things I cannot change, courage to change the things I can, and wisdom to know the difference.”

It is no coincidence that this has become known as the serenity prayer, and it is serenity that the Spirit can provide in times of extreme travail.

The second tension is between quality of life and quantity of life. We have only limited control over the quality and quantity of our lives. And sometimes, we find ourselves faced with a terrible choice. Do we choose quantity of life or quality of life? Do we choose a debilitating cancer treatment to try to live a bit longer than we otherwise might, or do we reject it to try to live out our lives with less trauma to our bodies from the treatment?

And while we're at it, we need to think about how we define quality of life. It is easy to reduce quality of life to cognition or self-determination, or bodily function, or even economic productivity. But our definition of quality of life needs to be connected to our definition of human being -- created in the image of God, made for community. This has profound implications for both those suffering and those caring for them.

Aside from medical interventions, there are amazing things that can be done to enhance quality of life – physical touch, conversation, and music are powerful tools in palliative care -- among many others -- and they connect with sufferers at levels beyond the mere relief of pain. They also convey the reality that the sufferer is more than a burden. He or she is loved, cared for, and important to the

caregiver. This points to how God sees that person, and it is a vital component that ought not to be overlooked.

The third tension is closely related to the first. It is the tension between personal rights and the duty to others. Human rights derive from a recognition of the worth of human beings, and nowhere is this articulated more eloquently than in the Christian tradition. But human rights must be understood in light of the call to live for others, and here again, Christian teaching makes it clear that our lives are to be lived not for ourselves alone. In Scripture, living for others is associated with the law of Christ.

Finally, in light of all we have considered so far, here are four exhortations.

1. Self-interest may affect one's approach to reality, but it does not change the reality itself. Pain is inevitable. We are all going to die. But God is good. We need to live with this in mind.
2. Surrender to Christ allows one to have joy, purpose, and hope in the context of even a painful reality we cannot change. Christ's joy is available, but we find it only when we let go of our self-interest.
3. MAiD represents an attempt to avoid or forestall an inevitable reality, to take control of what is not ultimately ours to control. Only God is sovereign.

4. We are called to live as a community of support that helps ameliorate the pain of others and demonstrate the love of Christ to them. The plight of the sufferer will still be messy and painful, but our support will help.

If our theological position is only spoken and not also lived, we have failed to live our mission and have already lost the struggle. Article 14 of our confession says that we “celebrate” and “nurture” life, and “offer hope and healing, support and counsel in the context of the Christian community.” These are not ideas to which we give assent. They are elements of the faith that we live.

The literature on MAiD indicates that the primary reason people consider it is not for pain relief, but so as not be a burden to others. The intent is arguably noble, but how many sufferers take the time to ask their family and friends their perspective in such a matter? More often, MAiD enhances the trauma of others more than it relieves their burden. Palliative care needs to involve an ongoing conversation so that care is given for one another, and is based on actual needs and not on what is assumed. Living our humanity before God in community is a powerful antidote to the temptations of autonomy.