


Love Never Abandons the Suffering

By Drs. Angela and David Franks

A frail old man lies in bed, with a nasal-gastric tube giving him liquid nourishment. He is surrounded by loved ones. He is dying.

It's a scene that repeats itself every day. In this case, the whole world is paying attention, because the dying man is Pope John Paul II.

We grew accustomed to seeing the Pope old and sick, because the symptoms of his illness—trembling, frailty, loss of speech—were not hidden from the world. The man who opened his pontificate with "Be not afraid!" bravely underwent what we fear the most: weakness.

Discussions of end-of-life issues often fixate on curtailing suffering or "dying with dignity," but deeper issues go unspoken: how do we accept weakness, both in ourselves and in others? *Where do we place our hope*—in our accomplishments or in God and love?

"Autonomy"? Or Fear?

Pain is a terrifying thing. That's why those who advocate for doctor-prescribed suicide dwell on it. Look at "Jane Smith," they might say: a woman with late-stage bone cancer in untreatable pain, who rationally asks her doctor to prescribe a drug that will end her misery.

But Jane Smith doesn't exist: it is never rational to choose suicide, and all pain can be treated.[1] On the one hand, the fear that we might get trapped by life-saving technology fuels the notion that suicide could sometimes be a rational choice. But neither the Church nor the medical profession nor the law requires patients to submit to, or persist in, treatments that are ineffective or unduly burdensome.

On the other hand, pain management, palliative care, and hospice care are fully capable of responding to the needs of the dying.[2] In fact, data from the first state to legalize doctor-prescribed suicide show that pain is not usually decisive. In 2010, the Oregon Public Health Division found that the leading reasons people gave for asking for death were loss of autonomy (94%), decreasing ability to participate in activities that make life enjoyable (94%), and loss of dignity (79%). It is not pain but fear that drives people to suicide. Fear of dependence. Fear of "being a burden."

Eliminate Suffering or Eliminate the Sufferer?

Few would say that a depressed adolescent should be helped to kill himself. When it comes to the young and the physically healthy, we have no trouble recognizing that choosing suicide is not a "rational" decision, but rather the result of mental-health problems that cry out for treatment.

As Blessed John Paul II wrote in *The Gospel of Life*: "Death is considered 'senseless' if it suddenly interrupts a life still open to a future of new and interesting experiences. But it becomes a 'rightful liberation' once life is held to be no longer meaningful…"

What is the proper medical response to suffering, in every case? To attempt to alleviate it. Authentic medicine does not eliminate suffering by eliminating the person who suffers. Death is not health. Then how can death be a medical treatment, Blessed John Paul writes, "True 'compassion' leads to sharing another's pain; it does not kill the person whose suffering we cannot bear."

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If all treatment fails, love remains. In Christ, we can suffer with others to the end. He is the Victim Who suffers in every victim. When a person we love is in the darkness of suffering,

we must sit with that person in the darkness, communicating love by our very presence. Every person lives only on the food of love. Giving poison is not an act of love.

As the bishops of the United States say in their statement, *To Live Each Day with Dignity*, laws legalizing doctor-prescribed suicide make a value judgment, establishing a group of people—the elderly, disabled, and sick—whose suicide would be "objectively good or acceptable, unlike the suicide of anyone else." Through such laws, society sends the message that there are people who "may be better off dead. Thus the bias of too many able-bodied people against the value of life for someone with an illness or disability is embodied in official policy."

A Human Doing? Or a Human Being?

As the U.S. bishops note, this bias has its roots in our society's consumerist emphasis on "productivity and autonomy": what we *do*, rather than who we *are*. What we do is surely important. God the Father gives each person a mission in life that only he or she can accomplish. The fulfillment of that mission, though, is not measurable by worldly standards—only by eternal ones. Every human individual has an ineradicable dignity as being made in the image of God, loved by Christ even unto death, and desired by the Father for intimate union with Him through Christ in the Holy Spirit. The worth of a human does not lie in economic productivity, but in who we are to God.

Even what we do is dependent on others. It is an individualistic myth that we are self-creators. That forgets childhood. And it forgets the fact that every single "self-made" man occupies a place in the world built on the numberless sacrifices of others. Above all, it forgets that whatever true good a human does is God's doing first. Individualism flees the dying process because dying makes our dependence on others an unavoidable fact. But we should recognize that, as social animals, it's okay to be a "burden" on others: that's what we are all here for—to support each other, *especially* in our vulnerability.

Hope in Dying

Accepting one's utter dependence on the love of others, especially at the end of life, is necessary for full human development. Suicide prematurely cuts short this process of receiving and giving love. Our lives are embraced within a context that transcends death: the Father's plan for bringing about the eternal happiness of each person, within the infinite intimacy of the communion of saints.

Nurse Kathy Kalina has been with many dying patients, and she observes, "For the terminally ill, the absence of hope leads to the 'death row' mentality, a place where suicide seems to make perfect sense." [3]
History contains chapter upon chapter of human misery. Yet, love is stronger than death. Love conquers all.

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That victory is won by Christ on the Cross. And the privilege of the Christian is to be baptized into Christ's great sacrifice—so that we can be real participants in Christ's radiant descent into the darkest depths of human pain. Christ's death makes it possible for every death to be a dying out of love, for the victory of love. Christ enables a self-surrender that furthers the Father's loving will: to save every human who has ever suffered on this good earth, under the bright vault of heaven.

Blessed John Paul II had hope because he knew that his life, as all suffering human life, was greater than it seemed. Where some see only meaningless suffering, the pope saw the eternal meaning of weakness. He saw it through the Father's eyes. He saw his total surrender of self in dying as yet another luminous in-breaking, through Christ, of the Kingdom of God's love—into the heart of this suffering world.

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[1] See, for example, Michael Levy, M.D., Pharmacologic Treatment of Cancer Pain, *The New England Journal of Medicine*, 335 1996: 1124-32. [2]The health care community is working to render more widely available an integrated approach to making the dying person as comfortable as possible, but the resources do already exist. [3] "Hope for the Journey: Meaningful Support for the Terminally Ill," by Kathy Kalina, RN, CRNH, (Washington, D.C.: United States Conference of Catholic Bishops, 2001).