

Remembering What Death is about: Reflections on End-of-Life Care

H. Tristram Engelhardt Jr^{*}

Abstract:

The secular culture has radically deflated the significance of living and dying. It has evacuated end-of-life care of any ultimate meaning. Once dying is no longer understood as a door to judgment before God, its seriousness is radically discounted. Within the constraints of secular culture, one can no longer appreciate the approach of death as the last opportunity to orient oneself wholeheartedly in repentance and right worship to the God with Whom one should want to spend eternity. The secular culture attempts to place all of the energies directed to the care of the dying solidly within the horizon of the finite and the immanent. Moral concerns are reduced to issues of free and informed consent, maintenance of the autonomy of the dying person, the pursuit of the patient's understanding of death with dignity, and the provision of those medical interventions that can control pain and suppress self-consciousness (thus making repentance impossible) and even shorten and take life. Religious concerns are reduced either to matters of morality or to a cultural, not transcendent, force. Once one loses sight of the transcendent significance of death, the significance of death is immanentized, and dying is trivialized. This state of affairs is the result of a foundational shift in the roots and commitments of Western culture.

Keywords:

end-of-life health care, secularism, bioethics, Christian-orthodox

^{*} The late H. Tristram Engelhardt, Jr. (1941-2018) was professor in the department of philosophy, Rice University, and department of medicine, Baylor College of Medicine, Houston, Texas..

I. Lost in the cosmos¹: Trying to make sense of life and death while acting as if nothing made ultimate sense

This paper is written against the general trivialization of dying in our secular cultures. The secular culture has radically deflated the significance of living and dying. It has evacuated end-of-life care of any ultimate meaning. Once dying is no longer understood as a door to judgment before God, its seriousness is radically discounted. Within the constraints of secular culture, one can no longer appreciate the approach of death as the last opportunity to orient oneself wholeheartedly in repentance and right worship to the God with Whom one should want to spend eternity. Indeed, the secular culture attempts to place all of the energies directed to the care of the dying solidly within the horizon of the finite and the immanent. Moral concerns are reduced to issues of free and informed consent, maintenance of the autonomy of the dying person, the pursuit of the patient's understanding of death with dignity, and the provision of those medical interventions that can control pain and suppress self-consciousness (thus making repentance impossible) and even shorten and take life. Religious concerns are reduced either to matters of morality or to a cultural, not transcendent, force. Once one loses sight of the transcendent significance of death, the significance of death is immanentized, and dying is trivialized. This state of affairs is the result of a foundational shift in the roots and commitments of Western culture.

The choice is not always one between pursuing a right orientation to living and dying versus pursuing a commitment to the denial of all meaning. The various paganisms and Christian heresies involve diverse appreciations of the significance of life and death that in various degrees invoke a recognition of ultimate meaning, although these religions to different extents misunderstand the nature of this ultimate meaning (i.e., they are mistaken as to Who God is) and how one should approach Him. In the latter instance, wrong worship, false ecclesiology, and false belief of whatever sort (e.g., the heresy of the immaculate conception) involve to some degree of disorientation (e.g., it will lack of proper orientation to redemption and the pursuit of salvation) and therefore involve a misunderstanding of the appropriate goals and character of end-of-life care. Last but not least, separation from Orthodox Christianity involves a separation from the life shaped by the Mysteries through which we can rightly approach judgment after death.

¹ The phrase "lost in the cosmos" is taken from the title of a novel by the Southern author Walker Percy, who in this work explores the disorientation of culture absent a Christian recognition of God. Walker Percy, *Lost in the Cosmos* (New York: Farrar, Straus and Giroux, 1983).

II. Western European culture and the loss of orientation in the cosmos

In the dialectic to the Second *Critique* (1788), as well as in numerous passages in “The Canon of Pure Reason” at the end of the First *Critique* (1781-1787), Immanuel Kant (1724-1804) argues that it is impossible to articulate a rationally coherent account of morality in the absence of acting at least *as if* God existed, and *as if* humans were immortal. Kant advances these considerations in the recognition that, without a God materially equivalent to the Christian God, namely, a God Who is omniscient and just and Who will judge all, it will be irrational always to give precedence to moral rationality over prudential rationality.² Kant understands that the morality of modern Europe, which traditionally gave a priority to the right (often recognized backhandedly in terms of a recognition of intrinsic evils that must always be avoided) over the good, and to moral rationality over prudential rationality, is grounded historically in a Christian moral and metaphysical viewpoint that recognizes God as the genesis, justification, and motivation of morality. Absent a recognition of God, the meaning of morality is radically changed. This point has been made by many, including Elisabeth Anscombe, as when she famously observed that, without God Who commands, the very sense of moral obligation is radically recast. As she put the matter, in the absence of such a God “it is as if the notion ‘criminal’ were to remain when criminal law and criminal courts had been abolished and forgotten.”³ The importance of always acting morally is substantively deflated, if one fails to recognize God.

The point is that, in the absence of God, the personal rationality of always acting in accord with morality collapses. When the benefits to the individual of acting prudently rather than morally are very high and the costs for acting morally are very high, in secular terms it becomes irrational not to act prudently rather than morally.⁴ In

² Immanuel Kant develops arguments regarding the tie among God, immortality, and the rationality of morality, despite the circumstance that Kant was very likely an atheist, or at least an agnostic. His arguments in *The Critique of Practical Reason* regarding the existence of God are best interpreted as grounded in a recognition that it is impossible to have a morality such as many in America and Western Europe affirm (e.g., with a priority of morality over prudence) without a recognition of God’s existence. For reflections concerning Kant’s atheism, see Manfred Kuehn, *Kant: A Biography* (New York: Cambridge University Press, 2001), especially pp. 391-392.

³ G. E. M. Anscombe, “Modern Moral Philosophy,” *Philosophy* 33.124 (1958), p. 6.

⁴ To envisage circumstances in which it would be irrational to fail to act prudently rather than morally, one need only imagine a state of affairs in which acting prudently would lead to immense benefits to oneself, one’s family, all one’s friends, and all for whom one had close personal concern, while acting morally would lead to immense costs to oneself, one’s family, one’s friends, and all for whom one had close personal concern, while in addition acting immorally would only minimally decrease the amount of good and/or involve the infraction of a minor right-making condition.

the absence of grounding morality in God, not only will it in certain circumstances be rational to act prudently rather than morally, but there will not always be grounds to give moral priority to the right over the good. This state of affairs lies at the root of the difference between Orthodox Christian (as well as for certain others who recognize the existence of such a God) and secular appreciations of the appropriate character of end-of-life decision-making. For Orthodox Christians, some forms of “care” will always be recognized as forbidden. For example, voluntary active euthanasia will always be wrong, but it will not always be so recognized within a fully secular culture. The very opposite is the case. Within a fully secularized culture, physician-assisted suicide and voluntary active euthanasia will be construed as appropriate choices, given the centrality of the autonomy of the patient for secular morality and its bioethics. The centrality of the autonomy of the patient, rather than a focus on the pursuit of salvation, leads to the distortion of all understandings of appropriate health care.

Beyond the question of the subordination of morality to powerful prudential concerns, there is a further and equally important issue that Kant did not appreciate. In the absence of an ultimate point of orientation, there is no final point of rationality in terms of which one can definitively order the various right-making conditions and cardinal human goods that give content to moralities. As a consequence, morality as well as accounts of the good and the right fragment into numerous and incompatible views. Without a point of ultimate orientation, morality becomes plural. The universality of secular norms is undercut. This circumstance obtains because any attempt to establish a particular, content-full, secular morality as canonical will rest on particular foundational premises regarding the nature of the good and the right, as well as on foundational moral epistemological understandings regarding the nature of moral evidence. Each account of morality presupposes its own particular basic premises and epistemic commitments. The result is that, because of the diversity of possible foundations for the content of secular morality, any attempt to establish a particular secular morality as canonical inevitably begs the question, argues in a circle, or engages an infinite regress. If one cannot encounter the Truth immediately and noetically, moral truth appears intractably plural.⁵ Absent this perspective, one enters into the cacophony of post-modernity, not because of any metaphysical moral skepticism (i.e., not due to any necessary denial of the existence of ultimate meaning),

⁵ For an account of traditional Orthodox Christian moral epistemology and its way around the post-modern impasse, see Engelhardt, *The Foundations of Christian Bioethics*, Lisse: Swets & Zeitlinger, 2000 especially chapter 4. The theological knowledge on which Orthodox Christianity rests is grounded in a noetic, empirical experience. As Metropolitan Hierotheos puts it, “talking about God without error is not something intellectual: it comes from the revelation of God the pure human heart. God is revealed to man, and he in turn speaks unerringly about God.” *Hesychia and Theology*, trans. Sister Pelagia Selfe (Levadia, Greece: Birth of the Theotokos Monastery, 2007), p. 21.

but because of the unavailability of a secular moral epistemological skepticism (i.e., because secular moral knowledge cannot disclose ultimate meaning). One is faced with a plurality of moralities, a plurality of bioethics, and a plurality of accounts of the good life and of the good death.⁶

The last point is of cardinal importance for determining what care in general, and what spiritual care in particular, should be given to patients in terminal conditions. If one cannot recognize the canonical ultimate significance of life and death, then the morality and the bioethics of end-of-life care fragment into the various particular views of particular patients with each possessing equal authority. This state of affairs favors a bioethics that accents procedural concerns regarding free and informed consent, thus affirming patient choices primarily because they flow from the patient's autonomy. Secular bioethics endorses the value of preserving the autonomy of the patient so that content for proper norms of care can be derived choosing what is "true for the patient". Without a recognition of the existence of ultimate truth, each person is free to pick or craft his own truth. A culture that does not take seriously a point of ultimate orientation cannot recognize life or death as having a canonical significance. Therefore, such a culture cannot recognize as canonical a particular view of the good death.

The result is a trivialized, post-modern approach to end-of-life care. Without a final point of reference, a secular culture cannot identify any particular, morally content-full account of proper care at the end of life as necessarily normative. Once a point of ultimate orientation is lost, particular accounts of life and death are recast as a plurality of myths and cultural creations that possess no ultimate truth and that therefore are always to be regarded as historically and culturally contingent. Another way to understand this state of affairs is through recognizing that the core of a secular culture is its commitment to approaching all elements of life and the meaning of death, as if reality came from nowhere, is going nowhere, and for no ultimate purpose. Against the loss of ultimate meaning, individual persons by default become the source of meaning. This state of affairs has crucial implications for life in a secular culture, including care for the dying. Cut off from ultimate meaning, each is free to choose the meaning of his own death and pursue his own "death-style".

Secular culture is secular precisely because it eschews all ultimate and transcendental claims. Because secular public discourse regarding the meaning of human life is set within the horizon of the finite and the immanent, secular culture seeks to remove from the public forum, public institutions, and public discourse all

⁶ For a more detailed presentation of my arguments concerning the plurality of moralities and their implications for bioethics, see H. T. Engelhardt, Jr., *The Foundations of Bioethics*, 2nd ed. (New York: Oxford University Press, 1996, especially chapters 1-4), and Engelhardt, ed., *Global Bioethics: The Collapse of Consensus* (Salem, MA: M&M Scrivener Press, 2006).

that points to ultimate meaningfulness. Secular culture as secular disconnects human life and death from the transcendent. The result is an approach to reality, morality, and the meaning of life and death that is even more detached from ultimate meaning than the recast and domesticated acknowledgement of transcendence affirmed by Kant. Kant is a Janus-figure who at the end of the European Enlightenment looks back to a time when the unity of reality and morality was appreciated as grounded in God, while at the same time looking to the period after the French Revolution, especially in his *Religion innerhalb der Grenzen der blossen Vernunft* (1793), where he points to what he holds will be an enlightened future. In this future, Kant expects that particular religious faiths will in their particularity be transcended by being reduced to what Kant holds to be their true meaning, namely, rational moral commitments. Particular religions become myths to be tolerated and engaged only insofar as they support Kant's morality. Nevertheless, Kant recognizes, however dimly, that the rationality of morality cannot be sustained without an at least as-if point of ultimate orientation.

Traditional Christians have always recognized the necessity of right orientation in the cosmos. The cardinal sin to which St Paul speaks in the first chapter of Romans is the failure rightly to look through reality as an icon so as to encounter and acknowledge the God in terms of Whom alone right orientation can be achieved. Immanuel Kant acknowledges a small sliver of this truth when he recognizes the need for minimal orientation in terms of an as-if recognition of God and immortality. Traditional Christians have understood this necessity of orientation in much more substantive and far-reaching terms than did Kant. The importance of right orientation grounds the Orthodox insistence on right worship and right belief. It is not just disbelief that harms, but all forms of wrong belief. For example, it is the disorientation that results from heresy, false beliefs about how to be rightly oriented in the cosmos, that constitutes the evil of heresy. Heresy always to some extent involves a failure to achieve a proper orientation and direction in living and dying. Somewhat like false views of anatomy will lead surgeons to operate wrongly, false religious views will lead care-givers to care wrongly for those who are dying. One can thus better appreciate the importance of never falling short of right worship and right belief by recognizing that heresy leads to misunderstanding the true significance of life and death. Wrong worship and wrong belief, as well as all forms of sin, including wrongly-directed spiritual care of the dying, will always to some extent distort one's understanding of and relation to reality, as well as one's appreciation of the character of the good life and good death.

Because of the harms associated with wrongly appreciating the nature of the good life and the good death, those who care for individuals approaching death have a serious obligation in love to provide spiritual assistance that goes beyond a vague and generic spirituality. Those who care for the dying should help the dying to free themselves from wrong worship and wrong belief so that they can appropriately

prepare for judgment before God. It is for this reason that proper care for the dying must be guided by Orthodox norms of right worship, right belief, and right conduct. Appropriate care for the dying should aim at assisting the dying to focus rightly in repentance and confession through rightly-directed orientation to God. Spiritual care for the dying will only be helpful and not harmful if it is grounded in right worship and right belief. All of this a secular culture seeks to obscure.

III. Spiritual care at the end of life: regaining and sustaining a rightly-directed approach to God

Providing appropriate spiritual care to the dying is no simple task in the best of circumstances, but it is particularly difficult in a secular culture. The secular culture, along with its morality and bioethics, accents that which can be appreciated in the absence of recognizing the transcendent. Having no point of ultimate orientation, secular bioethics give precedence to issues as the consent of the patient, as well as the patient's control of the circumstances of his death, thus often supporting practices such as physician-assisted suicide and voluntary active euthanasia, and even more often, voluntary passive euthanasia (i.e., the withholding or withdrawing of medical treatment with the intent to hasten death). Secular culture places centrally a sense of the dignity of persons in general and of dying patients in particular that understands dignity within a view of human flourishing that accents autonomy and self-control, rather than submission to God's will. Once one loses a point of ultimate orientation, each person by default becomes his own point of ultimate orientation. The differences among diverse secular approaches to human dignity and death with dignity are thus importantly a function of the extent to which autonomy and self-realization depend on the actual choices of actual patients, or the extent to which the secular culture claims to have discovered a particular authentic and normative view of moral rationality and therefore of "true" liberty and autonomous decision-making. In either case, dignity is associated with conformity to norms set by the patient's desires, real or hypothetical, not the need of the patient to turn with repentance to God.

In contrast, Orthodox Christianity forwards no such autonomy- and/or desire-based account of human dignity. In fact, the Orthodox appreciation of appropriate end-of-life care is not directed by a set of impersonal moral truths. This is the case, in that Orthodox Christianity appreciates that the ultimate truth is not a set of propositions, but the Trinity, and is thus ultimately personal. Truth is not at its ground rational and discursive, but personal. Moreover, the Persons of the Trinity are uncreated and thus transcend all discursive categories. It is for this reason that, as David Bradshaw observes, Orthodox Christianity "has no concept of God. It views God not as an essence to be grasped intellectually, but as a personal reality known through His acts,

and above all by oneself sharing in those acts.”⁷ In response to an inquiry about the ultimate nature of the truth, the Christian answer must always be that Christ is “the way, and the truth, and the life [and that] no one comes to the Father except through [Jesus Christ]” (John 14:6). Moreover, true freedom and autonomy are realized only in submitting to Christ and His demands, in that it is only Christ Who can set humans free (John 8:32). It is for this reason that the Orthodox Christian focus is first and foremost on approaching God rightly. Hence the oft-repeated Orthodox petition for “a Christian ending to our life, painless, blameless, peaceful; and a good defense before the dread Judgment Seat of Christ”. Our efforts must be rightly embraced repentance so as to approach Christ rightly.

The proper focus of Orthodox Christian spirituality at the end of life is thus a function of Orthodox Christianity’s appreciation of its commitment to bringing the world to right belief, repentance, and forgiveness. As the Gospel of St. Mark puts it, “Go into all the world and proclaim the good news to the whole creation. The one who believes and is baptized will be saved; but the one who does not believe will be condemned” (Mark 16:15-16). The focus of Orthodox Christian spiritual care at the end of life is an instance of this general charge to Christians: the focus is on providing accompaniment to God through repentance and rightly-directed participation in the Mysteries of the Church. Therefore, Orthodox Christian spiritual care should aim at helping those who are dying to recognize their sins honestly, to repent for them fully, to confess those sins, to receive absolution, the Eucharist, and Final Anointing. The highest truth of Orthodox spiritual care found through the Mysteries of the Church, which can transform us so that we can die to ourselves and take on Christ. The importance of taking dying seriously is the importance of taking seriously the last chance for full and complete repentance.

In all of this, it must not be forgotten that Orthodox spiritual care is fully compatible with the appropriate control of pain. As St. Basil the Great notes, “...with mandrake doctors give us sleep; with opium they lull violent pain.”⁸ St. Basil emphasizes the Orthodox Christian affirmation of the goodness of health care and our obligation generally to employ medicine in maintaining our health.

Each of the arts is God’s gift to us, remedying the deficiencies of nature.... And, when we were commanded to return to the earth whence we had been taken and were united with the pain-ridden flesh doomed to destruction because of sin and, for the

⁷ David Bradshaw, *Aristotle East and West* (New York: Cambridge University Press, 2004), p. 275.

⁸ St. Basil the Great, “The Hexameron,” Homily 5, §4, in *Nicene and Post-Nicene Fathers*, Second Series, eds. Philip Schaff and Henry Wace (Peabody, MA: Hendrickson Publishers, 1994), vol. 8, p. 78.

same reason, also subject to disease, the medical art was given to us to relieve the sick, in some degree at least.⁹

Although St. Basil affirms the goodness of medicine and our general obligation to avail ourselves of medical and surgical interventions, St. Basil is also clear that we are only permitted to employ medicine insofar as we do not turn this life into an idol and through our pursuit of health and the prolongation of this life become distracted from the pursuit of salvation. This concern sets important constraints on medical care in general and with regard to the character of appropriate end-of-life care in particular.

These constraints help set the context for end-of-life care. St. Basil enjoins us to avoid “Whatever requires an undue amount of thought or trouble or involves a large expenditure of effort and causes our whole life to revolve, as it were, around solicitude for the flesh...”¹⁰ This primary commitment to rightly-directed orientation to God relativizes the importance of medicine. It requires us to avoid or withdraw therapeutic interventions that bring us to idolatry of the flesh or constitute a distraction from salvation. What treatment one should provide will depend on the extent to which a patient has already repented and received the Mysteries of the Church. It may be obligatory in some circumstances aggressively to engage medical interventions in order to allow a patient an opportunity consciously to repent, while one may be obliged to avoid engaging the same interventions for a patient who has repented and for whom such treatment would be spiritually distracting. This Orthodox basis for limiting medical interventions is foundationally different from what is at stake in the Roman Catholic doctrine of ordinary and extraordinary care. The Roman Catholic moral-theological distinction between ordinary versus extraordinary, proportionate versus disproportionate care concerns the circumstances under which one’s duty in natural law to preserve life is defeated.¹¹ Quite differently, the Orthodox Christian concern is with avoiding circumstances, including medical and surgical interventions, that distract us from rightly-directed orientation to God.

IV. Recalling what death is all about

Death is the door to judgment. Each of us shall walk through this door. The task of the Orthodox is to assist each other and all to prepare for judgment throughout our lives by means of prayer, fasting, almsgiving, repentance, and confession of our sins,

⁹ St. Basil the Great, *The Long Rules*, trans. Sister Monica Wagner (Washington, DC: Catholic University of America Press, 1962), Question 55, pp. 330-31.

¹⁰ *Ibidem*, p. 331.

¹¹ For an overview of the development and significance of the Roman Catholic doctrine of ordinary versus extraordinary care, see Daniel A. Cronin, “The Moral Law in Regard to the Ordinary and Extraordinary Means of Conserving Life,” Dissertation for Pontifical Gregorian University, Rome, 1958. This dissertation has been reprinted in *Conserving Human Life* (Braintree, MA: Pope John XXIII Medical-Moral Research and Educational Center, 1989).

so that we may enter through the door of death to salvation. Orthodox Christian care at the end of life is both simple, and yet difficult. It is simple in that no great learning is required, only humility and full, rightly-directed repentance. It is difficult in that such humility and repentance require us no longer to love ourselves more than God and our neighbor. Orthodox care for the dying should both accompany the dying and teach us all how to die. This task is politically incorrect, for to speak of this openly and honestly is to confess the uniqueness of Orthodox Christianity as the one Church that is the Body of Christ in the Holy Spirit. In a secular culture committed to placing all meaning within the horizon of the finite and the immanent, the proclamation of the unique truth of a particular Church, the Orthodox Church, is unacceptable. On this secularly unacceptable truth, all eternity hinges.

The emerging global secular culture seeks to undermine Orthodox Christian commitments to rightly-ordered spiritual care for the dying. The secular culture acts in numerous ways to misguide through its emphasis on privatizing, indeed through marginalizing religious commitment. It imposes constraints on rightly-ordered public Christian discourse. Among other things, it seeks to forbid physicians, nurses, and even hospital chaplains from openly and honestly confessing the non-negotiable and unique truth that Orthodox Christianity offers or to bring that truth to their patients. False accounts of health care professionalism are invoked to declare as unprofessional any physician or nurse who prepares patients for a good death. Health professionals are required to act within secular constraints imposed on their professions, and never to act as did the great unmercenary physicians who brought their patients through conversion to salvation. These difficulties imposed by the secular culture are compounded by the numerous ways in which the mainline Christianities of the West have accommodated to and internalized the demands of secularity. What presents itself under the rubric of Christian care for the dying is often a highly secularized “spiritual” care that has been reduced to concerns with psychological well-being and a vague ecumenical affirmation of the “spirit”. The secular culture demands nothing less than the trivialization of death, the affirmation of the individual in place of God, and the banishment of right worship and right belief from the public forum. Against all of this, Orthodox Christians must struggle.