

On the Need for a Theological Conversation about the Future of Death: A Response to Markus Zimmermann-Acklin

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Abstract

A response is presented to Markus Zimmermann-Acklin's paper 'The quest for a perfect death. Thoughts on death and dying in the future'. Some critical questions are raised about his analysis of present trends and the dystopic future scenarios that he envisages; in particular, it is suggested that the 'palliative care' scenario represents a distortion of the ethos and practice of palliative care, which – rightly understood and practised – can be part of the solution rather than part of the problem. The 'realistic or desirable future scenario' advocated by Dr Zimmermann-Acklin in preference to his dystopic scenarios is supported, but it is argued that the *ars moriendi* and *ars vivendi*, which are central to that scenario, are only intelligible against a transcendent horizon that has to a greater or lesser extent disappeared from view in many Western societies. This suggests that if our societies are to have a serious conversation about the goods at stake in our practices of death and dying, that conversation will need to be a theological one.

Keywords: Death; dying; *ars moriendi*; *ars vivendi*; theological ethics.

I want to begin by expressing my thanks to Dr Zimmermann-Acklin for his wonderfully rich and interesting paper. I found much of his analysis of present trends and future scenarios very persuasive, and found myself very much in sympathy with a good deal of what he advocates in his final section. While I agree with much of what he has argued, however, I hope to be able to raise enough questions to prompt some fruitful further reflections.

Let me begin with a few detailed questions about Dr Zimmermann-Acklin's analysis of present trends and the two 'extreme' future scenarios he maps out.

1. He claims that 'the modern idea of understanding death as "enemy of life" is disappearing', to be replaced by the project of *controlling* death as fully as possible. I wonder whether this over-states the case: certainly the theme of control has become more prominent, but how strong are the reasons for thinking that it is *displacing* the idea of death as an enemy? Is it possible to read this change as not so much a switch of attitudes as an *intensification* of the modern attitude: we still regard death as an enemy, to be hidden away in institutions and avoided as long as possible; but when we have to face it, we make sure we do so on our own terms?
2. In current public debates about assisted dying, certainly in a British context, much of the rhetoric focuses on the unbearable pain, suffering or indignity of terminally or chronically ill patients, and that is where a good deal of the force of compassion-based arguments in favour of assisted dying seems to come from.¹ I wonder how much evidence there is that this desire to gain control over death in these extreme and apparently unbearable circumstances is part of a more general trend to want to choose death as an escape from 'boredom, indifference and coldness'?
3. I am not sure that the dystopic palliative care scenario is properly considered as a development or extrapolation from the current practice of palliative care: it might be better understood as a parody or distortion of that practice. The practice of palliative care, properly understood, might be quite hospitable to Dr Zimmermann-Acklin's argument. Certainly, the way in which some palliative care professionals understand their work seems to me to embody some of the insights about the *ars moriendi* (and perhaps even the *ars vivendi*) that he advocates in the final section of his paper. This wisdom is discernible, I think, in part of the evidence given by the Association of Palliative Medicine in the UK to the House of Lords Select Committee on Lord Joffe's Assisted Dying Bill in 2005. Responding to compassion-based arguments in favour of assisted dying as a way to end unbearable suffering, they said:

Relief of suffering is an important goal of medical care. However, palliative care cannot, and does not claim to be able to relieve all suffering. There is no sort of care that could ever alleviate all suffering (especially some expressions of social, psychological and spiritual distress), but the first step to addressing the majority of this suffering is to ensure effective support and skilled interventions are available to those who require them, rather

¹ As, for example, in many of the personal stories featured on the website of the campaigning organisation Dignity in Dying: <http://www.dignityindying.org.uk/personal-stories.html> (accessed 03 July 2012).

than introduce a way to end these individual's lives. The inability to relieve all suffering is inevitable and is part of the human condition.²

In short, it seems to me that palliative care, rightly understood and practiced, could be part of the solution rather than part of the problem. And this leads me on to some more wide-ranging issues that I think Dr Zimmermann-Acklin's paper very helpfully and interestingly raises.

He presents the assisted-dying and palliative-care scenarios as dystopias, and certainly I am quite ready to agree that they are dystopic. But how do we *recognise* them as dystopias? I can imagine that some of the participants in assisted dying debates in the UK, for example, might find both of them quite attractive.

I think part of the answer comes right at the end of his section 3: we recognise it by paying attention to those who do not fit these scenarios and never will. If (for example) infants and little children, older people with dementia and the world's poor have to be written out of the script in order to make the narrative of autonomous control over one's dying work, that could be a sign that something has gone badly wrong: that a project motivated by the most humane of impulses turns out to entail commitments a good deal less humane than the best motivations of its advocates.

If I am right about that, perhaps it signals that acceptance of the 'realistic and desirable' future scenario which Dr Zimmermann-Acklin advocates in his final section would require some fairly large shifts in the moral 'landscape' of our societies and cultures. To mention a couple of examples, again from a British context: I have argued elsewhere that the notions of 'autonomy' and 'compassion' that dominate current public debates about assisted dying have some highly problematic features, and require – at the least – some fairly radical re-framing if our shared deliberation about assisted dying is not to be seriously distorted.³ So it may be that the 'realistic and desirable' scenario (which I for one would endorse wholeheartedly) will require some quite radical re-thinking of some of our cultures' basic assumptions, if it is to seem either realistic or desirable to our societies.

And that brings me to the *ars moriendi* and the *ars vivendi*. Again, I am very much in agreement with Dr Zimmermann-Acklin's argument, but it raises an interesting question: when we talk about the *ars moriendi* and the *ars vivendi*, we are referring to a tradition that presupposed a transcendent horizon; what it said about both living and dying was shaped by its convictions about the ultimate, supernatural end of human life. This is elegantly expressed in some lines from a famous evening hymn by the seventeenth century English bishop Thomas Ken (1637—1711):

Teach me to live that I may dread
The grave as little as my bed;

² Select Committee on the Assisted Dying for the Terminally Ill Bill, Report on the Assisted Dying for the Terminally Ill Bill, 2005—06, HL Paper 86-I—III, vol. II: Evidence, p. 141, online at www.publications.parliament.uk/pa/ld/lidasdy.htm (accessed 27 July 2012).

³ Messer, Neil, *Respecting Life: Theology and Bioethics*, London: SCM Press, 2011, pp. 212—27.

To die, that this vile body may
Rise glorious at the awful day.⁴

So the question is whether our societies and cultures can re-learn what they need to of the *ars moriendi* and the *ars vivendi*, if they have largely lost sight of the transcendent horizon that made sense of those arts. And if our societies are to re-learn these things, how are they to do so?

Some Christian theologians and ethicists suggest that religiously plural liberal societies *cannot* learn these things. The Orthodox Christian bioethicist H. Tristram Engelhardt, for instance, holds that ‘Orthodox Christian bioethical insights be adequately shared with others outside of the common life sustained by a pursuit of salvation in right worship and right belief, because only through and within such a life of right worship and right belief can one rightly experience the Holy.’⁵ Conversely, some philosophers and political theorists argue that liberal societies *should* not attempt to put back in place the kind of transcendent horizon that (I have suggested) makes the *ars moriendi* and *ars vivendi* intelligible. Mary Warnock, for example, has argued that, although religious *people* who are well-informed and morally serious can make a valuable contribution to public policy debates, religious *arguments* should not influence policymaking in societies that are not theocracies.⁶ It will be noticed how neatly these two views complement one another, providing justifications from inside and outside a Christian theological tradition for leaving the boundary between ‘inside’ and ‘outside’ undisturbed. But I am not persuaded by the ‘insider’ argument for leaving the boundary undisturbed. Christians have theological reasons to care how ethical and political decisions are made in the wider society beyond the bounds of their communities of faith: political life in the world forms part of what Dietrich Bonhoeffer called the ‘penultimate’ realm, which is given a new validity and importance in theological perspective in the light of God’s ‘ultimate’ saving work.⁷ They also have theological reasons for thinking that some of the things they wish to say will resonate with those outside their own communities.⁸ I am also unpersuaded by the ‘outsider’ argument for leaving the boundary undisturbed, because I suspect that the exclusion of religious or theological arguments from the public sphere will not mean that policy decisions are made on religiously

⁴ Ken, Thomas, ‘An Evening Hymn’, in *Bishop Ken’s Christian Year: or, Hymns and Poems for the Holy Days and Festivals of the Church*, London: Basil Montague Pickering, 1868, pp. 3–4. Online at <http://archive.org/details/christianyearorh00kent> (accessed 9 June 2012). The second couplet alludes to the Authorised (King James) Version’s translation of Philippians 3.21: ‘Who shall change our vile body, that it may be fashioned like unto his glorious body ...’. In modern hymnals, this verse is usually rewritten to omit the phrase ‘this vile body’, presumably to reflect a shift in usage since the seventeenth century that is also reflected in more recent translations of the biblical text (e.g. ‘He will transform the body of our humiliation [or our humble bodies] so that it may be conformed to the body of his glory’, New Revised Standard Version).

⁵ Engelhardt, H. Tristram, Jr. ‘Orthodox Christian Bioethics: Some Foundational Differences from Western Christian Bioethics’, *Studies in Christian Ethics* Vol. 24 Issue 4, 2011, pp. 487–499 (494).

⁶ Warnock, Mary, ‘Public Policy in Bioethics and Inviolable Principles’, *Studies in Christian Ethics* Vol. 18, Issue 1, 2005, pp. 33–41 (41).

⁷ Bonhoeffer, Dietrich, *Ethics*. Dietrich Bonhoeffer Works, Vol. 6, English trans. ed. by Clifford J. Green, Minneapolis, MN: Fortress, 2005, pp. 146–170. See further Messer, *Respecting Life*, ch. 2.

⁸ See further Messer, *Respecting Life*, pp. 212–27.

neutral grounds that can in principle command universal agreement; rather, they are likely to embody some substantive vision of the human good that tends to exclude or marginalize those perspectives that have been ‘left at the door’.⁹

Other Christians will be more optimistic about the prospect that the wisdom embodied in the *ars moriendi* and *ars vivendi* will be recognizable and rationally persuasive to any person of goodwill. This optimism would be supported, for example, by the kind of Catholic perspective which holds that ‘the fundamental moral principles of Christianity are accessible to human reason, without reliance on revelation’.¹⁰ I wonder, though, whether this optimism does justice to the distinctiveness of the convictions underpinning that wisdom, and the extent to which those convictions will appear surprising and counter-cultural in many contemporary Western contexts. My suspicion is that if we are to open up a serious public conversation about the insights to be found in the *ars moriendi* tradition, we shall need to take the seemingly offensive step of bringing God into the discussion. There are good reasons to think that so far from stultifying public debates, as ‘secularists’ might fear, such a surprising move could enrich and inform those debates: as Nigel Biggar has argued, theological arguments are well able to ‘behave in public’ and have as much title as other forms of argument to be taken seriously as exercises in *public* reason.¹¹

In short, perhaps not surprisingly, questions about our societies’ laws and practices in relation to death and dying quickly lead us on to a very big conversation about the ends and goals that it is good for human people and communities to pursue – the kind of conversation that liberal societies often imagine they cannot or should not try to have. It certainly seems to me that my own society has not been very good at having that conversation in relation to death and dying in recent years. But I think we have to find ways of having it, because if we do not, we shall not avoid answering the questions that it raises: we shall simply find ourselves choosing some answers rather than others unexamined and by default.

⁹ See further MacIntyre, Alasdair, *Whose Justice? Which Rationality?* London: Duckworth, 1988.

¹⁰ Report on the Assisted Dying for the Terminally Ill Bill, Vol. II, p. 704.

¹¹ Biggar, Nigel, *Behaving in Public: How to Do Christian Ethics*. Grand Rapids, MI: Eerdmans, 2011.