

## WHAT DOES IT MEAN TO DIE WITH DIGNITY?

By the Rev. Marius Brand

By far the most common arguments in support of euthanasia and assisted suicide are that people should be allowed to die with dignity and without suffering. But what are 'dignity' and 'suffering'?

The Latin origin of the word dignity means worthiness. To feel worthy in one's own eyes and in the eyes of others is an entirely subjective matter. So dignity in death cannot be equated with a death that is clean, neat and ordered – with no mess and no fuss! In this sense no death and no illness are ever 'dignified', in the same way that giving birth is not 'dignified'.

If we focus on the deeper meaning of human dignity – to be respected and held as worthy; to have irreducible value as a human being made in the image of God – then a dignified death is one in which the dying person is made to feel their intrinsic worth, even as their relative value as an active and contributing member of society diminishes. We can give the dying this dignity through our impeccable care and compassionate concern in addressing every need they have, no matter how small, be it physical, emotional, relational or spiritual.

Suffering is in many ways an equally subjective phenomenon as dignity in that suffering is in the mind of the sufferer. Whilst the suffering that results from physical pain is the primary focus in palliative care, the desire to hasten death is driven by mental suffering. Physical pain can be managed very effectively in modern medicine and it is the doctors and nurses who work in palliative care that are the experts in this, but addressing mental suffering and the concomitant desire for assisted suicide requires psycho-spiritual support and counselling.

Understood existentially, to live is to suffer and to die is to suffer. This is an inescapable fact. And this mental suffering is at the heart of our deepest spiritual questioning: Who am I? What am I doing here? What is the purpose of my existence? When someone is given a terminal diagnosis it brings all these questions into sharp relief – especially when one has spent a lifetime trying to avoid these questions, as many of us do.

It is this kind of suffering that the mystics have called the 'veil of soul-making'. Without this kind of suffering, profound spiritual growth cannot happen, as psycho-spiritual maturity is almost always the result of great love and great suffering. That is not to say that suffering is good or to be masochistically enjoyed, but it is necessary to go through it to find peace, joy, hope and love on the other side. Eckhart Tolle describes it thus:

“The ego says, ‘I shouldn't have to suffer,’ and that thought makes you suffer so much more. It is a distortion of the truth, which is always paradoxical. The truth is that you need to say yes to suffering before you can transcend it.”

Therefore the 'work' of dying, is to enter this suffering rather than to avoid it. Usually one discovers that the fear of suffering is worse than the suffering itself. It is in facing death with courage and fortitude that the dying give the process dignity. And the role of the caregiver is not to try to fix or remove this existential struggle but rather to carefully observe the state of the person's soul (by soul I do not mean a substance, but rather the quality of a person's relationships with God, self, other and nature). To care is not to cure but to listen, to hold respectfully, to honour and to give back what has been shared with fresh perspective and renewed appreciation. This may mean focusing on unfinished business, it may be reviewing a lifetime of choices, it may be offering or receiving forgiveness, it may be making positive use of the little time left, or it may be doing the slow and hard work of leave taking and letting go.

Thomas Moore, in *Care of the Soul*, describes how one can assist the sufferer in this process:

“The basic intention in any caring, physical or psychological, is to alleviate suffering. But in relation to the symptom itself, observance means first of all listening and looking carefully at what is being revealed in the suffering. An intent to heal can get in the way of seeing. By doing less, more is accomplished. Observance is homeopathic in its working rather than allopathic, in the paradoxical way that it befriends a problem rather than making an enemy of it.” (pg. 10)

Only a very small percentage of patients actually want to end their lives (1.5% in a recent study of 327 subjects) when faced with a life-threatening illness, but many patients may want to talk about the possibility. It is important to honour and allow this discussion as a fantasy of control in which the person can toy with the idea as a possible solution to their dilemma. But for most this is not a fantasy they wish to carry out. It is part of the process of bargaining before reaching acceptance.

Ultimately, we cannot fix or cure what must be faced, but we can bear compassionate witness, recognising that, in the words of the poet, Wallace Stevens, “the way through the world is more difficult to find than the way beyond it.”