



DIGNITAS

VOL 25 • NO 3 • Fall 2018 | A PUBLICATION OF THE CENTER FOR BIOETHICS & HUMAN DIGNITY



C O N T E N T

01 Editorial

Michael J. Sleasman, PhD | Editor
Mario Tafferner, MA | Managing Editor

03 The Spirit of Biotechnology: Eliminating the Condition of Suffering, Eliminating the Meaning of Gift

Julia Bolzon, PhD (Cand.) | Guest Contributor

08 Dying a “Good Death” by Preparing for Eternity: Reclaiming the Forgotten Meaning of Euthanasia

Jürgen-Burkhard Klautke, PhD | Guest Contributor
Translated by Mario Tafferner

14 Top Bioethics News Stories: June 2018–August 2018

Heather Zeiger, MS, MA | CBHD Research Analyst

16 Bioengagement

CBHD Research Staff

17 CBHD Updates and Activities

Subscriptions

Subscriptions to *Dignitas* are available to members of CBHD. CBHD membership also includes a subscription to *Ethics & Medicine: An International Journal of Bioethics*, as well as several other benefits. For more information visit www.cbhd.org/membership.

Submissions & Correspondence

Inquiries about permissions for use, as well as any editorial correspondence and manuscript proposals should be directed to our editorial team by email (research@cbhd.org). Manuscript proposals should be in MS Word, use endnotes for all references, and follow *The Chicago Manual of Style*.

ISSN 2372-1960 (Print)
ISSN 2372-1979 (Online)

Editor:

Michael J. Sleasman, PhD

Associate Editors:

Paige Comstock Cunningham, JD, PhD

F. Matthew Eppinette, PhD

Managing Editor:

Mario Tafferner, MA

Copy Editor:

Bryan Just

Layout & Design Editor:

Annelise Olson

Editorial Review Board:

Megan Best, BMed (Hons), MAAE, PhD

Jeffrey G. Betcher, MD, FRCPC, MA

Michael Cox, PhD

Joseph P. Gibes, MD

Rebecca McAteer, MD

Dennis Sullivan, MD

E D I T O R I A L



Michael J. Sleasman, PhD | Editor
Mario Tafferner, MA | Managing Editor

In this issue of *Dignitas* we feature two essays. The first essay, by Dr. Jürgen-Burkhard Klautke, discusses the long-forgotten Christian meaning of the term *euthanasia*, “the good death.” While euthanasia is a perennial topic of bioethical controversy over the last several decades, it is only since the modern period that authors have used this term to refer to a voluntary death with the goal of avoiding unnecessary suffering. For earlier Christian writers, the term was closely connected to a longstanding tradition of preparing for death in a godly way. Klautke’s essay provides a helpful window into this rich history. Up until the modern era, people were encouraged to bring their lives in order, that is, to make peace with both God and their neighbor. Accelerated by the enormous number of deaths during the plague, the Christian tradition made a conscious effort to produce works to help the dying and their families to achieve this goal.

In his essay, Klautke narrates the story of such books, paintings, and sermons by discussing exemplary and important works from the literary tradition of the *Ars Moriendi* (“art of dying”). He takes his readers through writings by

Johannes Gerson, Johannes von Staupitz, and Martin Luther, emphasizing their preparatory function. The reflections these Christian authors provided was not abstract or theoretical but edifying, a witness to their concern for the care of the dying.

Klautke’s study is not only helpful from a historiographical perspective. The final section of his piece is devoted to a reflection of how the rich Christian tradition regarding the “good death” can both inform and reform our experience of death and dying today. Dr. Klautke provides helpful points of contact between our reality and the *Ars Moriendi*, arguing that the past meaning of the term *euthanasia* must not be forgotten but can be reclaimed with its powerful message that it is possible to die well despite the cruelty of death. In this respect, Klautke extends a growing body of literature exploring the practices surrounding and retrieval of the *Ars Moriendi* tradition for dying well in such work as Allen Verhey, *The Christian Art of Dying: Learning from Jesus* (Eerdmans, 2011) and Lydia Dugdale, ed. *Dying in the Twenty-First Century: Toward a New Ethical Framework for the Art of Dying* (MIT Press, 2017).

Similar to Klautke’s reflections on the counter-cultural possibilities of the pre-modern *euthanasia* tradition, Julia Bolzon’s essay discusses Christian conceptions about humanity’s givenness and creatureliness as standing in conflict with the “spirit of biotechnology.” She is particularly concerned with humanity’s desire for a god-like control over nature, a longing she explains by recent conceptions of man as *Homo Faber*, the fabricator of the world.

Bolzon was the 2018 recipient of the student paper competition award, and this essay is adapted from that paper submission. In her essay, Bolzon argues that it is the yearning to eliminate finitude and our givenness as created beings that underlies many biotechnological procedures today: what she refers to as the “spirit of biotechnology.” Bolzon is attentive to the questions raised by such a forceful critique, and in this respect one must take care not to misunderstand her concern. She is not opposed to the traditional aims of medicine in its provision of care, comfort, and when possible cure. Rather, her critique is aimed at the longing to make humans more than a creature, that is, to eliminate ontological boundaries of our creatureliness and rise above our finitude and givenness to control “the very nature of reality.”

In this, Bolzon's essay represents a timely interaction with trends to extend our humanness through alternative means. Such contemporary trends span the gamut from medicalization to human enhancement and on to transhumanism, but the focus of her discussion spotlights issues such as germline editing and life preservation at all costs. In the end, Bolzon's critique responds to this "spirit of biotechnology" by emphasizing our ontological dependence upon God.

Bolzon is the first of two essay contest winners that we will be featuring as part of the Center's inaugural student paper competition, which was held in conjunction with our 2018 summer conference. Both award recipients presented versions of their submissions as parallel paper sessions during the conference and were invited to revise their papers for inclusion in *Dignitas*. This student paper

competition is one among several initiatives that the Center has unveiled as part of **BioethicsNEXT**.

As part of the Center's 25th Anniversary celebrations, CBHD launched BioethicsNEXT as an initiative focused on two strategic priorities: 1) inspiring young thinkers to courageously promote human dignity and foster human flourishing, and 2) helping pastors guide their congregations to wisely face difficult issues in medicine, science, and technology. To learn more about BioethicsNEXT and how you can partner with the Center in making a difference among pastors, young professionals, and students, please visit cbhd.org/bioethicsnext.

HAPPY HOLIDAYS FROM CBHD!

Happy Holidays from all of us here at CBHD! We are so grateful for those of you who partner with us through membership and generously giving towards the work that we are accomplishing. As we approach the end of this year, would you consider giving a tax-deductible gift to further the work and mission of the Center? Thank you!

Give at cbhd.org/give

03

The Spirit of Biotechnology: Eliminating the Condition of Suffering, Eliminating the Meaning of Gift

Julia Bolzon, PhD (Cand.) | Guest Contributor

Editor's Note: An earlier version of this essay was awarded first place in CBHD's 2018 student paper competition and was presented as a parallel paper at the Center's 2018 summer conference.

Bioethicist Leon Kass has said, “it sometimes seems as though our views of the meaning of our humanity have been so transformed by the technological approach to the world that we may be in danger of forgetting what we have to lose, humanly speaking.”¹ Bioethics as a discipline often takes a reactive form in front of biomedical questions and problems, yielding to emergencies and the need for an immediate “yes or no” answer concerning permissibility in the operating room or laboratory. In Kass’s view, this is one of the decisive problems inherent to American bioethics as it has developed since the 1970s. He writes, “[bioethics] is quick to notice dangers to life, threats to freedom, and risks of discrimination or

exploitation,” but “slow to think about the need to uphold human dignity and the many ways of doing and feeling and being in the world that make human life rich, deep, and fulfilling.”² Our society’s ‘slowness’ in thinking is increasingly an inability to think deeply at all, not only about our humanity, but about the meaning of things in general.³

In an effort to address this growing thoughtlessness, Kass’s point of departure as a bioethicist has been to inquire into the nature of our humanness through the means of *literature*—“To enlarge our vision and deepen our understanding.”⁴ He explains that the realities we are forced to grapple with in bioethical issues concern the “core of our humanity”: birth,

health (wellness and flourishing), illness, suffering, and death, but also our relation to others: to children, parents, strangers, even our relation to the world (to nature, the environment). Metaphysical realities (e.g., freedom, goodness, wholeness, happiness, and love) are also implicated in bioethical issues. Thus, bioethics is about more than just isolated decision-making, for it fundamentally concerns *the very nature of reality*: the truth of life and death, and of being human. We need to cultivate a bioethics that is rooted in an adequate theological anthropology, one that understands the condition of the human person and his relation to God and the world in light of Creation and Redemption—unlike the utilitarian bioethics currently prevalent, which subtly but malignantly promotes utility and self-determination at the expense of the sanctity of the created order.

Julia Bolzon, “The Spirit of Biotechnology: Eliminating the Condition of Suffering, Eliminating the Meaning of Gift,” *Dignitas* 25, no. 3 (2018): 3–7.

This essay explores the idea of man and of being itself—the anthropology and the ontology—that is implicit in what I call the “spirit” that lies within our desire to apply biotechnology in or on human life. This “spirit”—an underlying, implicit desire or motivation—is a desire to prevent instances of suffering in the human condition via *elimination*: to prevent, for instance, disease from occurring in human life at the very root. I think there is a difference between the desire to *alleviate* suffering where it is found and the desire to prevent or avoid suffering through *eliminating the very possibility for its occurrence*. It is the latter desire that I argue is implicit in the spirit of biotechnology. Although this drive to *eliminate* suffering may not be overtly held in every individual use of biotechnology (i.e., one’s desire may indeed be to alleviate pain), the drive to eliminate suffering is the impetus latent within biotechnology itself. That is, in using biotechnology to eliminate conditions of disease by preventing the birth of children with genetic disorders, we are at the same time tacitly attempting to eliminate the condition of suffering itself. And in doing so, I argue that we are obscuring a truth about the human condition, making it more difficult to see that control over our suffering bodies is not ontologically original to man’s being and acting. Ultimately, I argue that this spirit of biotechnology—the desire to eliminate suffering—obscures who and what man is ontologically.

I. The Conception of Man within the Spirit of Biotechnology: *Homo Faber*

The increased demand for biotechnology is advocated for in terms of wanting to relieve or cure debilitating diseases that cause immense physical suffering and untimely death. For instance, Steven Pinker has famously argued that bioethics should “get out of the way” of biotechnological research because “panic about speculative harms in the distant future” could hinder the discovery of life-saving biotechnological cures: “Even a one-year delay in implementing an effective treatment could spell death, suffering, or disability for millions of people.”²⁵ Author and physician Jerome Groopman

similarly argues that biotechnological research, such as that undertaken in therapeutic cloning, “may one day provide treatments for scores of currently incurable diseases, including juvenile diabetes, Parkinson’s, Alzheimer’s, and spinal-cord paralysis.”²⁶

What is new in this spirit of biotechnology is not the desire to relieve, cure, or treat disease, but rather the implicit desire or push to do so by *eliminating* the disease itself, to thereby eradicate such instances of suffering altogether. It is this that I take to be the spirit of biotechnology, the drive to take control of our nature precisely in the instances where nature exceeds our control: in death, in severe illness, and in life’s origin.

Consider first the instance of death. Modern medicine’s relationship with the reality of death bears an internal division:

on the one hand, death is to be prevented at all costs—even conquered—and on the other, it is something inevitable to be accepted and prepared for. Bioethics pioneer Daniel Callahan calls this internal division a “profound schism” at the very heart of medicine, between the palliative care movement and the utopian “research imperative” that “implicitly [aims] to conquer death one disease at a time.”²⁷ Life-saving medical advancements in the latter half of the twentieth century, such as kidney dialysis and vital organ transplantation, made it such that medicine in the 1970s had to “learn” to *not* resuscitate, because the prevailing attitude towards death was ‘prevent at all costs.’²⁸ The view of death as something to be controlled is still with us today, as Atul Gawande has shown, in the way that aging and dying are treated as drawn out medical processes “managed” between

hospitals and health care professionals.⁹ Most radically, physician-assisted suicide enables one to end life on one’s own terms, to “end [the] dying process if it becomes unbearable,” as twenty-nine year old Brittny Maynard described her decision to end her own life by a lethal medical prescription.¹⁰

in using biotechnology to eliminate conditions of disease by preventing the birth of children with genetic disorders, we are at the same time tacitly attempting to eliminate the condition of suffering itself.

Desire for control over situations of unbearable suffering is also at play when it comes to heritable genetic disease. The advent of prenatal screening, coupled with the rise of medical genetics, has changed the experience of pregnancy *tout court*, as decisions over selective abortion or—with the further advent of reproductive technologies and pre-implantation genetic diagnosis—decisions over embryo selection, mean that now genetic disease and premature death may be prevented through

termination of the fetus or with selective embryo transfer.¹¹ The occurrence of a debilitating, life-threatening genetic condition is, of course, something no parent desires for their child. Since the vast majority of genetic diseases occur in families with no history of such conditions, the overwhelming consensus from physicians who advocate for genetic screening is that *every couple* planning to have children should be equipped with genetic knowledge, as it is the only way to make an informed decision before conceiving a child.¹² Yet, as one journalist notes, the “routine, broadly targeted prenatal genetic testing” physicians are calling for “means that having a child with a major genetic disease or disability will largely cease to be a surprise and instead become a deliberate choice.”¹³ The final frontier of control over genetic disease is being broached with the push to make

germline editing safe for therapeutic use, as CRISPR-pioneer Jennifer Doudna explains, “to eliminate the prospect of disease in a child who [has not] yet been born or even conceived.”¹⁴

Our power to intervene in the human germline is a downstream result of our power over the origin of life itself, pointing back to when Robert Edwards and Patrick Steptoe successfully reproduced human procreation in the form of “simple laboratory procedures.”¹⁵ The possibility of in vitro fertilization is arguably the primary instance where human control over nature is exhibited, and is a paradigmatic representation of the spirit of biotechnology as I am describing it. Whereas human life in its moment of conception is by nature a reality that exceeds our direct control, for it occurs hidden in a woman’s womb, it is now subject to direct control, down to the selection of sex or eye color. The intent of Edwards and Steptoe was to alleviate the pain of infertility for couples who could not conceive naturally. Their discovery has been hailed internationally for helping millions of infertile couples have “the babies they so desperately wanted.”¹⁶ Yet this success does not come to us without inherent implications. The ability to overcome infertility through the assistance of laboratory techniques is the flip side of the same coin of control over reproduction exhibited through the means of chemical birth control and abortion. In the case of infertility, it is the suffering from the absence of a desired biological child that IVF has the potential to assuage, but only at the behest of the assumption that life is under our dominion.

This spirit of control—as seen in wanting to have or reject death at will, wanting to control the fate of a child through embryonic selection or germline editing, or wanting a child of one’s own—has at the same time the logic of rejecting suffering, or of trying to prevent or shut down its occurrence. While this may or may not describe the personal *intention* behind one’s use of biotechnology, it is rather the underlying or implicit “spirit” of biotechnology itself, a Promethean desire for control—over our bodies, our death, and our very nature—that strives

to construct a life free of suffering. But what is wrong with this Promethean desire? What is amiss in our use of biotechnology for what we envision to be good purposes? As the title of this section states, this spirit of biotechnology operates on the assumption that the human being is fundamentally *homo faber*: man as constructor or engineer of reality, or the “fabricator of the world,” as Hannah Arendt explains, conducting himself as “lord and master of the whole earth” *as if he were God*.¹⁷ The reason why the spirit of biotechnology poses a concern is twofold. First, the suffering that we seek to control and eradicate is simultaneously eliminating our ability to perceive the truth of the human condition, the very givenness of our life, health, and death. Second: it perpetuates the lie that *control*, understood as power over nature, is ontologically original to human being and doing.

II. Suffering as Revelatory of Man’s Original Condition of Given-ness

The desire to eradicate suffering through biotechnology belies a view of suffering as a problem to be solved, and as immediately as possible. There is no denying that suffering is an evil. It is a lack or privation of the good that ought to be there. It is an inherent part of the human condition only as a result of original sin. However, if humanity’s conception of suffering is only as something *to be fixed and/or eliminated*, then the ability to allow the human experience of suffering to ‘speak’ is truncated. The “groaning in labour pains” (Rom 8:22, NRSVCE) of all of creation, of which human suffering is the epitome, is not a senseless cry. We suffer *because* we experience an injustice, imperfection, wound, or violence, and in this way, suffering is like a beacon that alerts us to a more comprehensive, transcendent horizon—indeed, that of “the adoption to sonship, the redemption of our bodies” (Rom 8:23). But insofar as our use of biotechnology proceeds to eliminate instances of suffering, its meaning as a human experience will continue to be stifled. What is the “meaning” of human suffering that is at risk of being eclipsed?

In suffering, we are not in control.

Something is *happening* to us that we did not choose or ask for, and it is an affliction that can bring pain, vulnerability, and humiliation. Suffering is not just something that happens to the body, but to our *very person*, touching emotional, psychological, spiritual, and existential dimensions of our being. The human experience of suffering contains the inherent possibility of *opening* us in attentiveness toward a more adequate anthropology, that is, toward a deeper and truer understanding of the human condition, as Ruth Ashfield and Jose Granados have sought to show in light of the theological thought of Saint John Paul II.¹⁸ Simply put, suffering reminds us of our helplessness, which is further an indication of the ontological structure of the human being: dependent on God because we were made *by* Him and *for* Him.¹⁹ Suffering, as a universal human experience, is a window illuminating the meaning of the human condition of dependence (on others, and on God) and of gift (our “two-fold” given-ness in our conception and ultimately in creation *ex nihilo*). Conditions of illness, disease, or disability are profound signifiers of the dependency and relation that is ontologically original to all human beings.

Theologian Joseph Ratzinger explains that the essence of human freedom is contained in the image of the child in his mother’s womb. In other words, every autonomous, independent human being is, ontologically, a child; our being bears an essentially *filial* character. The child’s interwoven dependence upon his mother while in her womb does not “eliminate the otherness of [his or her] being or authorize us to dispute its distinct selfhood,” rather, *it is precisely this example* that brings out the basic figure of human freedom: that to be oneself is “to be radically from and through another.”²⁰ The witness of one who is suffering is capable of dramatically reminding us of this truth, too often taken for granted, that we are not our own, and that we both exist in and depend upon our relation to others and ultimately to God, the Author of life and death. The move “to end the needless suffering of preventable genetic disease” means we also eliminate instances

of profound and poignant witness to the truth that neither life nor death is in our hands.²¹ Stories of parents and families who experience life with a diseased or disabled child offer us a unique perspective of the condition of suffering that is not extraneous to being human in a fallen world, and a powerful reminder that we ought to say: “for us, every day is a gift.”²² In an address to sick and disabled youth, John Paul II has said, “In sickness we better understand that our existence is gratuitous and that health is an immense gift of God.”²³

Suffering is also demanding. It calls others to exhibit care, compassion, and love. Here we reach the most mysterious yet powerful meaning of the condition of suffering: its very presence in our experience has the ability “to unleash love in the human person,” as John Paul II has said.²⁴ The tragedy of our modern biotechnology is, for instance, that the very possibility of preventing children afflicted with malformation or disease from being brought into the world means that the examples of parents who *do* accept to give birth and care for the afflicted children entrusted to them will be increasingly incomprehensible in the eyes of the world. How can the example of a mother who wants to accompany her anencephalic daughter in the womb to the moment of her natural death be made sense of in a mentality that thinks only in terms of cost efficiency and utility?²⁵ We increasingly risk having our relation to human life in the face of suffering be one of “programming, controlling, and dominating,” instead of “experiences demanding to be ‘lived,’” and ultimately, experiences in which we can give of ourselves in love and sacrifice for the one who suffers.²⁶

Here we reach the most mysterious yet powerful meaning of the condition of suffering: its very presence in our experience has the ability “to unleash love in the human person”

Lastly, the suffering that arises from dying and death in particular is a call to return to one’s origin of *having been given*. A recurring theme in Atul Gawande’s book *Being Mortal: Medicine and What Matters in the End* is that American society does not know what to make of human finitude, and so there is no acceptance of or reconciliation with our mortality. Ill-

health is something to be constantly fixed; life is to be prolonged at all costs; and death is to be avoided entirely.²⁷ Wendell Berry notes that when “we no longer imagine death as an appropriate end or as a welcome deliverance from pain or grief or weariness . . . [but] as a punishment for growing old,” we are radically in need of an education toward the totality of human life, which includes death as its natural conclusion.²⁸ At the end of life—as in other conditions of suffering—we are brought back to a total dependency, vulnerability, and a child-

like need for others that should only be responded to with tenderness.²⁹

III. *Homo Faber’s Delusion of Control*

A basic truth of our existence is that we were given by God as a gift unto ourselves. This means that our human condition is *ontologically receptive*. To understand this is also to understand that man’s action—his control, his making, his doing—is thus not *boundless*, but given to him within an already-existent form or order. Although man is created for his own sake, is master of his own doings (*sui iuris*), and has a dominion over the rest of reality given to him by God (cf. Genesis 1:28), it is always *as creature* that he has received his existence *and* the task of dominion over the rest of created reality. And as *creature*, this means that man is *not God*, not his own origin or maker. So,

man indeed has ‘control’ over himself and his actions, but its exertion in the form of a ‘self-making’ or engineering of fate and nature is contrary to man’s *creatureliness* (his *filiality*) and is objectively dehumanizing. Man’s making is “*always-anteriorly [a] being-made-by-God*.”³⁰ When this is not recognized and/or explicitly denied, man posits himself as God.

The spirit of biotechnology operates under the guise of control, often accompanied by a delusion of promise.³¹ Both are deceptive because they hold out to humanity what is not essentially ours: the ability to be our own origin, our own maker, our own God. In every human act of sin, there is a recapitulation of original sin: wanting to be God without wanting to be a creature, and this is a rejection of our *filiality*. Joseph Ratzinger notes how our recognition of human dignity is wrapped up in our recognition of God:

the ultimate root of hatred for human life, of all attacks on human life, is the loss of God. Where God disappears the absolute dignity of human life disappears as well. . . . Only [man’s] divine dimension guarantees the full dignity of the human person. . . . Only in this way does the value of the weak, of the disabled, of the non-productive, or the incurably ill become apparent; only in this way can we relearn and rediscover, too, the value of suffering: the greatest lesson on human dignity always remains the cross of Christ, our salvation has its origin not in what the Son of God did, but in his suffering, and whoever does not know how to suffer does not know how to live.³²

The spirit of biotechnology inherently entails a despotism exerted by humanity over all of reality, but especially the life of the human person in our *weakest and most vulnerable states*: at the dawn of our existence, when we are suffering from illness, and at the end of our lives. The experiences of suffering that we seek to eradicate through biotechnology, when paid attention to, reveal fundamental anthropological truths about our humanness. ●●●

- 1 Leon Kass, *Being Human: Core Readings in the Humanities* (New York: W. W. Norton, 2004), xx.
- 2 Ibid.
- 3 Hannah Arendt's description of the *thoughtlessness* of the twentieth century resonates with the societies depicted in several dystopian novels preceding her words, which are often evoked in bioethical discourse—from Ray Bradbury's *Fahrenheit 451* to Aldous Huxley's *Brave New World* and George Orwell's *1984*. See Hannah Arendt, *The Human Condition* (Chicago: University of Chicago Press, 1958), 3.
- 4 Kass, *Being Human*, xx.
- 5 Steven Pinker, "The Moral Imperative for Bioethics," *The Boston Globe*, August 1, 2015.
- 6 Jerome Groopman, "Science Fiction," *The New Yorker*, February 4, 2002, <https://www.newyorker.com/magazine/2002/02/04/science-fiction>.
- 7 Daniel Callahan, "Death, Mourning, and Medical Progress," *Perspectives in Biology and Medicine* 52, no. 1 (2009): 103–115.
- 8 See Haider Warraich, *Modern Death: How Medicine Changed the End of Life*, (New York: St. Martin's Press, 2017), 57–91.
- 9 Gawande writes: "Our reluctance to honestly examine the experience of aging and dying has increased the harm we inflict on people and denied them the basic comforts they most need. Lacking a coherent view of how people might live successfully all the way to their very end, we have allowed our fates to be controlled by the imperatives of medicine, technology, and strangers" in *Being Mortal: Medicine and What Matters in the End* (New York: Metropolitan Books, 2014), 9. Consider that John Paul II called for a reconsideration of the role of the modern hospital in 1995, writing that "[they] should not merely be institutions where care is provided for the sick or the dying. Above all they should be places where suffering, pain and death are acknowledged and understood in their human and specifically Christian meaning. This must be especially evident and effective in institutes staffed by Religious or in any way connected with the Church" in *Evangelium Vitae (Encyclical on the Value and Inviolability of Human Life)*, 1995, no. 88.
- 10 Brittney Maynard, "My Right to Death with Dignity at 29," *CNN*, November 2, 2014. <http://www.cnn.com/2014/10/07/opinion/maynard-assisted-suicide-cancer-dignity/>.
- 11 The sea-change in the experience and meaning of pregnancy due to prenatal screening was documented in 1986 by sociologist Barbara Katz Rothman in her book: *The Tentative Pregnancy: How Amniocentesis Changes the Experience of Motherhood* (New York: W. W. Norton, 1993).
- 12 This is the premise behind Counsyl (2010) and GenePeeks (2014), two genetic technology companies whose mission is to enable parents to "protect their future child from serious diseases," and also help "end the needless suffering of preventable genetic disease" for future generations. Counsyl's Press Release cited an endorsement by Dr. Steven Ory, Past President of the American Society of Reproductive Medicine, who stated: "The vast majority of babies born with genetic disease have no family history. . . . That's why it's so critically important for all parents to get the Universal Genetic Test before pregnancy," cited in: Daniel MacArthur, "Personal Genomics is Getting Serious: Counsyl Emerging from Stealth Mode," *Wired*, January 22, 2010. <http://www.wired.com/2010/01/personal-genomics-is-getting-serious-counsyl-emerging-from-stealth-mode/>. See also: "Counsyl Test to Prevent Diseases Like Those in 'Extraordinary Measures' Now at 100+ Medical Centers," *Business Wire*, January 22, 2010, <https://www.businesswire.com/news/home/20100122005277/en/Counsyl-Test-Prevent-Diseases-Extraordinary-Measures-100>.
- 13 White, Michael. "Next-Generation Prenatal Rests are Rurning Fate into Choice," *Pacific Standard*, October 9, 2015, <https://psmag.com/environment/gattaca-is-here>.
- 14 Jennifer A. Doudna and Samuel H. Sternberg, *A Crack in Creation: Gene Editing and the Unthinkable Power to Control Evolution* (Boston: Houghton Mifflin Harcourt, 2017), 188.
- 15 Ibid., 190. For a historical rendering and examination of the ramifications of assisted reproduction, see Robin Marantz Henig, *Pandora's Baby: How the First Test Tube Babies Sparked the Reproductive Revolution* (Boston: Houghton Mifflin, 2004).
- 16 Andrew Steptoe, "Biology: Changing the World—A Tribute to Patrick Steptoe, Robert Edwards and Jean Purdy," *Human Fertility* 18, no. 4 (2015): 232.
- 17 Arendt, *The Human Condition*, 139. For an incisive explanation and critique of the full implications of the view that man is fundamentally *homo faber*, see David L. Schindler, "The Meaning of the Human in a Technological Age: *Homo Faber, Homo Sapiens, Homo Amans*," *Communio* 26, no. 1 (1999) and Michael Hanby, "Homo Faber and/or Homo Adorans: On the Place of Human Making in a Sacramental Cosmos," *Communio* 38, no. 2 (2011).
- 18 See Ruth Ashfield, "Meeting Suffering," *Humanum Review* (Fall 2014), and José Granados, "Toward a Theology of the Suffering Body," *Communio* 33, no. 4 (2006): <https://www.communio-icr.com/files/GranadosFormat.pdf>.
- 19 Luigi Giussani describes "expectation is the very structure of our nature, it is the essence of our soul. It is not something calculated: it is given. For the *promise* is at the origin, from the very origin of our creation. He who has made man has also made him as 'promise.' *Structurally* man waits; *structurally* he is a beggar; *structurally* life is promise," (emphasis original), *The Religious Sense*, trans. John Zucchi (Montreal: McGill-Queen's University Press, 1997): 54.
- 20 Joseph Ratzinger, "Truth and Freedom," *Communio* 23, no. 1 (1996): 27.
- 21 MacArthur, "Personal Genomics Is Getting Serious." For a profound explanation of the gift of human life and its eternal source see John Paul II, *Evangelium Vitae*.
- 22 Stephanie Shapiro, "Genetic Disease: Mother Hopes for Cure for Dying Children," *Vital Signs, CNN*, December 1, 2009, <http://www.cnn.com/2009/HEALTH/11/26/mitochondrial.disease.genes/index.html?ref>. See also the story of Eliot, a boy born with Trisomy 18 (Edward's Syndrome) who lived for only 99 days, depicted through a beautiful and poignant video his parents made that has reached over 1 million viewers: <http://www.everylifecounts.ie/stories/eliot-mooney/>.
- 23 John Paul II, "Address of His Holiness John Paul II to the Sick and Disabled" (Address, Fourth World Youth Day, Santiago de Compostela, Spain, August 19, 1989), https://w2.vatican.va/content/john-paul-ii/en/speeches/1989/august/documents/hf_jp_spe_19890819_invalidi-santiago.html.
- 24 John Paul II, *Salvifici Doloris, Apostolic Letter* (1984), no. 29, http://w2.vatican.va/content/john-paul-ii/en/apost_letters/1984/documents/hf_jp-ii_apl_11021984_salvifici-doloris.html (emphasis in the original).
- 25 I am thinking of the witness of parents who accept the life of children diagnosed with disease or impairment *in utero*, such as the story of Chiara Corbella Petrillo's children, as told in *Chiara Corbella Petrillo: A Witness to Joy*, trans. Charlotte Fasi (Manchester: Sophia Institute Press, 2015), in the face of a cultural attitude represented in the words of Dr. Pasquale Patrizio, Director of the Yale Fertility Center, endorsing Counsyl's genetic screening tests: "A child stricken by preventable genetic disease often dies in infancy and costs the bereaved parents millions in medical bills. A five minute saliva test that prevents this is a money saver, a time saver, and most importantly a life saver; it really is a no-brainer."
- 26 John Paul II, *Evangelium Vitae*, no. 22.
- 27 Gawande writes at length about the need for healthcare providers to have pointed but sensitive conversations with their patients about death and dying, especially where a prognosis may be terminal. He states that the words a physician uses matters, making the difference between a patient who is given false hope, and one who sees that they are given an opportunity to focus on what is most important to them in facing dying, for instance: by deciding to not undergo a risky surgery that might leave them unconscious and dependent on life support, and rather to enter hospice care, where they can receive the essentials of care, comfort, assistance, companionship, love, and a sense of home. See Gawande, *Being Mortal*, Chapter 6: "Letting Go."
- 28 Wendell Berry, "Quantity vs. Form," in *The Way of Ignorance and Other Essays* (Emeryville, CA: Shoemaker & Hoard, 2005), 85.
- 29 Ruth Ashfield, "The Gift of the Dying Person," *Communio* 39, no. 3 (2012): 381. The 2001 film *Wit*, starring Emma Thomson, is an excellent exploration of one's response in front of a dying person.
- 30 Schindler, "The Meaning of the Human in a Technological Age," 89.
- 31 This claim about biotechnology is part of a much larger critique of the enterprise of modern technology as a whole, which we cannot undertake in this essay. The difference between modern and ancient technology (as well as the related difference between modern man and medieval man) has been articulated, *inter alia*, by Hans Jonas, *Philosophical Essays: From Ancient Creed to Technological Man* (New York: Atropos Press, 2010), 46–82; Martin Heidegger, *The Question Concerning Technology and Other Essays* (New York: Harper Perennial Modern Classics, 2013), 3–35; George Grant, *Technology & Justice* (Toronto: House of Anansi Press Limited, 1986), 11–34; and Romano Guardini, *Letters from Lake Como: Explorations in Technology and the Human Race*, trans. Geoffrey W. Bromiley (Grand Rapids: Eerdmans, 1994).
- 32 Joseph Ratzinger, "The Problem of Threats to Human Life" (Address, Consistory of Cardinals, April 4, 1991), V.2.

08

Dying a “Good Death” by Preparing for Eternity: Reclaiming the Forgotten Meaning of Euthanasia

Jürgen-Burkhard Klautke, PhD | Guest Contributor | Translated by Mario Tafferner

Since the first half of the 17th century, scholars have debated “euthanasia” as a voluntary termination of life with the goal of avoiding useless suffering. However, the term “euthanasia” was not always related to what today would be called “physician-assisted suicide.” In fact, Francis Bacon became the first writer to use it in such a way.¹ The goal of the present essay is to reclaim the forgotten Christian meaning of *euthanasia*. As will be seen below, throughout the ages, Christian writers have thought of ways to prepare for a pleasant death, for *euthanasia*. Following this historical survey, a discussion of how such ancient wisdom may be applied today will be provided.

A Historical Overview of Euthanasia as a Preparation for Death and Eternity

Antiquity and Middle Ages

In older Christian books on moral theology or ethics, the usage of the term euthanasia was common. However, these works interpret it in a fashion entirely different from how it is currently employed. The word euthanasia is a Greek composite term (*eû + thánatos*) meaning nothing but “good death,” “beautiful death,”

or “pleasant death.” Accordingly, older Christian textbooks presented “euthanasia” as a Christian preparation for death. But what exactly was meant by that?

Since the period of the early church, the Christian preparation for death represented an important topic and was closely related to the counseling of the dying. For instance, Augustine understood it as a final act of friendship to comfort the dying so that they might have a “good death”—that is, that they obtain eternal salvation. He based his argument

concerning this final act of friendship on passages such as Matthew 25:36 (“I was sick and you visited me;” ESV) and the commandment to love your neighbor as yourself (Matt 22:39).

The publication *Admonitio morienti* (“A Reminder of Death”) from the 11th century, likely written by Anselm of Canterbury, became a highly influential work on how to prepare for a good death during the middle ages. This booklet contains two parts. While both sections contain questions which a priest was supposed to ask of a dying person, the first part deals with questions for a monk and the second part questions for a layman.²

Jürgen-Burkhard Klautke, PhD, “Dying a ‘Good Death’ by Preparing for Eternity: Reclaiming the Forgotten Meaning of Euthanasia,” *Dignitas* 25, no. 3 (2018): 10–15.

© 2018 The Center for Bioethics & Human Dignity

During the 14th and 15th century, when the European West fell into a deep crisis because of natural disasters, epidemics, and ecclesial schisms, artists crafted drawings depicting a *danse macabre*,³ a “dance of death” in which a personified death invites people to accompany him to the grave, while priests gave sermons on useful preparations for death.⁴ Additionally, writers provided textbooks on how to mentally prepare for death by exploring the question of how a Christian can withstand temptations during the final moments of life and, thus, find a “good death.”⁵

Johannes Gerson (1363–1429): *On the Art of Dying* (1408)

From this comparatively large number of publications,⁶ a work by Johannes Gerson should be noted by way of example. The chancellor of the Sorbonne and chief advocate for reforms at the Council of Constance (1417) published his book *De arte moriendi* (“Concerning the Art of Dying”) in 1408.⁷ It represented a seminal work for the entire 15th century, both in its structure and its content. The book consists of four parts. The first part deals with topics such as humble subordination under God’s mighty hand, grateful acknowledgement of divine beneficence, and patient bearing of pain and death as repentance for sin and complete devotion to God.

The second part follows the six questions found in Anselm’s *Admonitio*. In order to die a good death, the dying person is called to answer the following questions: Do I stand firm in the Christian faith? Do I wish to die in obedience as a faithful son of the church? Do I desire God’s forgiveness of my sins? Do I intend, in the case of my recovery, to live better than before? Am I aware of one or more unconfessed deadly sins? Do I still intend to confess them and do I make the decision, if still possible, to make amends? Have I forgiven everyone who has injured or insulted me in my life? The third part contains preformulated prayers to God, Mary, the angels, and the saints (patrons). Finally, the fourth part provides instructions regarding the taking of the sacrament

and argues that others should read pious martyr legends or the ten commandments to the dying person.⁸

Right at the beginning, Gerson summarizes the intention of his work: Friends of a dying person should care for his bodily, frail, and decrepit life. However, for him, it is even more important to care for the spiritual and eternal salvation of a dying person than to care for perishable things. True service of friendship means to pray with a terminally ill man, to comfort him, and to exhort him so that he despises the present world and yearns for the eternal world.

Johannes von Staupitz (1469–1524): *Von der Nachfolge des willigen Sterbens Christi* (“Concerning the Imitation of Christ’s Voluntary Death”):

About a century later, another significant work about the good death was published by Johannes von Staupitz, a famous figure in church history because of his role as confessor of Martin Luther. In 1515, Staupitz wrote the booklet: *Von der Nachfolge des willigen Sterbens Christi* (“Concerning the Imitation of Christ’s Voluntary Death”).

According to Staupitz, God neither created death nor does he rejoice in man’s perishing. Quite contrary, he created everything in such a way that man was able to live an earthly life without fear of death. He was supposed to live in abundance and with unrestricted health. However, (unlike the angels) it was not impossible for man to die as his immortality was dependent upon a life of obedience towards God. Adam’s rebellion against God affected him like deadly poison resulting in a trifold death for Adam: the death of the soul, the death of the body, and the eternal death.⁹

Because of the death of the soul human

life is determined by the opposition of the flesh, the inability to do good, the ignorance of truth, the desire for evil, and, not least, the bitterness of death. In order to escape this deficient life, man has to orient himself towards God and obey him. In this way, he is able to reverse the death of his soul and makes it possible for new life to form within him.

Specifically, man can respond to death in three different ways:

He can despise death and love life itself more than righteous life. God designed eternal death for such people.

He can love righteous life more than life itself. People who chose to respond in this way have great difficulties departing from this life. Death is a heavy burden for them. On the other hand, since they desire eternal life more than temporal life, they are even less interested in foregoing a pious and honorable way of life.

Finally, there are those who have wholeheartedly assigned their entire temporal life to Christ. Temporal life for these individuals is such a burden that eternal life becomes desire and gain. Only this response to death is worthy of a Christian.

In order to achieve this attitude, a Christian is called to understand Christ’s death on the cross as a paradigm for his own death, teaching him how to righteously bear suffering, overcome temptation, and die a good death. Specifically, Christ’s words on the Cross serve as an example. Christ’s prayer “Father forgive them” teaches that evil angels have to step aside with their accusations and need to make way for good angels coming to help Christians during the time of

True service of friendship means to pray with a terminally ill man, to comfort him, and to exhort him so that he despises the present world and yearns for the eternal world.

death. "Today you shall be in paradise with me" promises that one can die in hope if one is not an unrepentant person, if one acknowledged his own injustice, if one does not cling to perishable things, if one desires to flee temporal pain, and if one longs for eternal life. The saying "Woman, behold your son, son, behold your mother" teaches that one overcomes the flesh by emotionally letting go of close relatives and friends as he bids them farewell in a blessing manner. Christ's call "I am thirsty" teaches, according to Staupitz, that nothing is more beneficial to humans than to desire heavenly refreshment, that is, to thirst after living water. The cry "My God, my God, why have you forsaken me" calls us to serenity: "Leave, oh noble soul, all things and yourself for the one who left all things for your sake."¹⁰ Hence, Staupitz teaches that a good death consists in following the death of Christ. His little booklet providing comfort for the dying probably marks the climax of late medieval mystical spirituality on the topic of the good death.

Martin Luther (1483–1546): Ein Sermon von der Bereitung zum Sterben (1519) ("A Sermon on the Preparation for Death")

Only four years after the publication of Staupitz' book, Martin Luther also authored a writing on the good death: *Ein Sermon von der Bereitung zum Sterben* ("A Sermon on the Preparation for Death"). Unlike Staupitz, who called for a mystical imitation of Christ's death, Luther emphasized the connection between Christ and a Christian which is established solely through faith in the forgiveness of sins on the basis of Christ's complete work on the cross. Christians have a living hope beyond death because of the righteousness of God which was established on Golgotha. It is from this perspective that Luther answers of what constitutes a good death.¹¹

Luther argues that a Christian is called to bid farewell to the temporal world. He must make efforts to put temporal things in order (and, hence, not to despise them). It is important that he orders his personal relationships. He must both grant forgiveness and desire forgiveness so that "the soul may not remain afflicted with any matter on earth." The dying man must turn "to God alone" and understand the coming death as a "new birth": "The narrow gate begins here, the narrow path to life. Everyone must confidently

prepare for it. For it is narrow but it is not very long. It is similar to a child being born out of the small apartment of its mother's womb, with dangers and fears, into this wide heaven and earth, which is our world."¹²

A dying Christian has to be aware of the fact that powers will rise up against him. Luther specifically mentions the "frightening image of death, the horrible multi-layered image of sin, and the unbearable image of hell and eternal damnation. These occasionally rise up in front of a person in a terrible fashion." The dying Christian should not feel threatened by these images but instead focus on "death in eternal life," "sin in grace," and "hell in heaven."¹³

In all of this, it is helpful to remember the temptations Christ faced on the cross:

Like us, He [Christ] was tempted with the image of death, sin, and hell. They held up the image of death before his eyes . . . the image of sin before him . . . they drove the image of hell towards him. . . . We see how Christ remains silent in the face of all these words and terrible pictures. He does not fight them. He acts as if he does not see or hear them. He does not answer a single



one of them. Rather, he focuses on the beloved will of his father alone. . . . In the same fashion, we want to let the images fall and descend and only think about the fact that we are dependent upon the will of God, which is that we cling to Christ and believe that our death, our sin, and our hell, is overcome for us in him and cannot harm us, so that Christ's image alone may be in us.¹⁴

Luther recommends a desire for and a celebration of the sacraments so that the dying Christian does not doubt but realize that he is not alone. Additionally, the love of family and worship of God on one's deathbed are a great support in dying a good death.

In a way, Luther understood the hour of death to be the climax of a life of faith which is grounded in Christ's work: temptation of sin and distance from God can only be overcome by trusting the complete work of Christ.

Pietism, Puritanism, and Baroque

In the following decades, up until the period of pietism and puritanism, a plethora of writings on the topics of the "good death" and the "good dying" were published. At times, such publications took the shape of abbreviated laypersons' dogmatics that emphasize the knowledge of sin and highlight gospel-centered repentance for which faith in God's mercy in Christ is central. The only point of discussion was whether the process of dying should be celebrated as the *Art of Dying* (*ars moriendi*; common in Pietism)—one might think about Johann Sebastian Bach's cantatas—or understood as a minor transition (for instance by A. Bengel) which should not receive much attention.¹⁵

In sermons on ethical issues, Bible passages were often used like guardrails (for instance, in answering the question of how one should behave in relation to political authority, preachers commonly used Roman 13:1–8; regarding divorce, Matthew 19:1–12 was popular; regarding suffering, the book Job). In accordance with this practice, preachers often used the death of Jacob (Gen 47:29–30)

and Joseph (Gen 50:24–26) to teach the church about a "good death." Two things can be learned from Jacob's (and Joseph's) death: First, this man did not passively accept his death but became active on his deathbed (Gen 47:29). He called for his son and his grandchildren and provided instructions regarding his funeral. In the same fashion, a Christian should not passively endure the dying process but should call for his family, his progeny, and take care of his temporal affairs. Second, Jacob and Joseph changed their focus: away from Egypt where they lived, towards the promised land of Canaan. In the same way, a Christian is called to reorient himself towards the land of Canaan which is promised to him (Gen 47:29–30 and 50:24–26; Ex 13:19; cf. Hebr. 11:21–22).

The Modern Era

During the modern era, the question of the "good death" gradually disappears. People increasingly viewed the dying process from a medical perspective. Care for the dying became an irreligious service designed to delay death as much as possible through medication and machinery. At the same time, there was an attempt to psychologically care for the dying by strengthening their identity through making them aware that they can understand their temporal life as a "fulfilled life." They were comforted on the basis of their own works: life was not meaningless because they had success and loved other human beings. To summarize: during the modern era, the topic

of the good death which was so dominant in the Christian West for centuries lost most of its relevance. The word "euthanasia" ceased to carry its previous meaning.

Preparing for a Good Death

What of these older considerations regarding the "good death" is relevant for a Christian today? In my opinion, it is, first of all, necessary to think about the problems related to dying a "good death" as a Christian in our current secularized society. On the one hand, the media depict death unscrupulously both in the news and also, and that to an even greater extent, in a never-ending stream of (crime) movies entertaining through murder and homicide. Numbness in the face of death is an unsurprising result.¹⁶

On the other hand, we live in a time in which death is largely banned from the public sphere and outsourced into specialized institutions such as hospices and hospitals. Often,

Often, death only appears as a more or less irritating disruption of societal economy. Otherwise, death is commonly ignored in an Epicurean fashion: "Let us eat and drink for tomorrow we will die" (1 Cor 15:32).

death only appears as a more or less irritating disruption of societal economy. Otherwise, death is commonly ignored in an Epicurean fashion: "Let us eat and drink for tomorrow we will be dead" (1 Cor 15:32).

Preparing for a good death in a society which focuses on the temporal world is not easy for a Christian. On the contrary: it is a struggle. Professionals attempt to relieve the dying from pain, to feed him artificially, and to give him breath with a ventilator. While it is commendable that medical advances are utilized, a tension may arise between the necessary medical procedures and the need for counseling at the end of life. For instance, in order to pray with the dying Christian, to read Scripture with him, and to talk to him about the imminent journey in a

confident manner, undisturbed privacy is necessary.

Having discussed these divergences, there are five essential aspects we can receive from both the aforementioned considerations and Scripture to prepare for a “good death.”

Preparation for a Good Death: Experiencing the Finitude of Temporal Live

Whether it is helpful to speak of an “art of dying” (*ars moriendi*) depends on its definition. In any case, Scripture does not teach a celebration of one’s death. On the one hand, in the process of dying, one should not scoff death (as the Amalekite Agag did: “Truly, death’s bitterness has left me” 1 Sam 15:32). On the other hand, excessive sentimentality is not suitable for a Christian either.

Bodily deterioration and grave illness might cause the final months or weeks to be almost unbearable. In many cases, this period is overshadowed by anxiety and horror (Ps 39:5–6; 55:4ff). However, it is good that one experiences his own finitude. The Bible verse “Lord, teach us to number our days that we may get a heart of wisdom” (Ps 90:12) still applies today. It is possible that a dying person lives out his last days more earnestly in the face of directly experienced finitude than he or she did during previous periods of life.

Preparation for a Good Death: Bidding Farewell to the World

When people today speak about a good death, they usually envision a quick death involving as little suffering as possible. Hence, a good death becomes an unexpected death which surprises the person. The Epicurean pleasure-society favors heart attacks, quick deaths on the road, or emergency operations resulting in the death of the patient.

It is quite telling that eras dominated by Christianity understood a quick death to be tragic. Often relatives are left with questions: Should they have talked about something? Should they have told their son, husband, wife what they meant to them?

In contrast a dying process during which one was able to settle his personal affairs was understood to be a good death. Such personal affairs may include an advance directive, an appointment of healthcare proxy, or arrangements for the funeral. However, on one’s deathbed, it is of primary importance to discuss important issues with one’s spouse, children, and close relatives so that quarrels, strife, or other doubts regarding personal property do not rise up among the survivors.

Last but not least, bidding farewell to this world and its affairs is important. This means that it is important to say good-bye to one’s loved relatives. Undoubtedly, this is not easy. It causes pain. There is the temptation to avoid saying goodbye and to argue that things will become better despite better knowledge. But this is not appropriate in light of the sincerity of this moment. It is dishonest.

Preparation for a Good Death: Having Trust in the Triune God

It is possible that a dying person who is surrounded by or hooked up to medical machines asks the question: What am I actually afraid of? Of the pains or of dying? Whatever the answer is, a Christian is called to put his trust in God in the dying process. Precisely during this time, he needs to seek comfort and hope in his faithful savior Jesus Christ. During this phase, it can be helpful to remember that God himself participates in a human body (Col 2:9): Jesus Christ became a man. Not only did he turn towards the sick and dying, he also suffered an incomparably more painful death.

Preparation for a Good Death: Reconciliation and Forgiveness

Given the face of eternity, reconciliation with one’s neighbor and the knowledge that one will soon stand before one’s judge (Heb 9:27) and savior (Phil 1:21–23) indispensably belong to a “good death.” If the relationship between a dying person and a surviving person is burdened, this is the final possibility for reconciliation and forgiveness in the face of approaching death.

Undoubtedly, it will also be important to order one’s own life before God and to ask for his forgiveness of sin and guilt. Christian churches use known rites for this, such as the anointing of the sick, the final anointing, the celebration of the Lord’s Supper on one’s deathbed, or the blessing on one’s deathbed. We shall not engage this matter much further. A handed down blessing for the dying may read as follows:

God, the Father, bless you
who created you according to his
image.

God, the Son, bless you
who redeemed you by his suffering
and death.

God, the Spirit, bless you
who called you to life and
sanctified you.

God, the Father, Son, and Holy
Spirit,
accompany you through the
darkness of death.
He shall be gracious in judgement
and give you peace
and eternal life. Amen.¹⁷

Preparation for a Good Death: Hope for Eternity

Talking about a “good death” would be charade if it did not happen in awareness of eternal life. For the Christian, a “good death” does not consist in a “death with dignity.” For him, death is not merely the end to biological existence. Death is not something natural that “belongs to life” but a judgement instituted by God because of Adam’s fall into sin (Gen 3:19; Rom 5:12; 6:23) which extends to all people (Ps 89:49), even all of creation (Rom 8:20). That death is also a judgement for concrete singular sins is not impaired by that (Prov 11:19; 1 Cor 11:30; Rev 18:8).

Death is not only God’s judgement on us, it is also our enemy. It is not only our enemy, it is also the enemy of God (1 Cor 15:26; Rev 20:14). God does not only lead into death, he also brings out of death (1 Sam 2:6). God is the savior from death (Matt 4:16; 2 Cor 1:9–10). Since Christ’s resurrection, death is a defeated enemy. Christ destroyed its power (1 Cor 15:55) and brought life and incorruptibility to light (2 Tim 1:10). Now, death cannot

separate anyone who believes from the love of God (Rom 8:38–39). Christ holds the keys of death (Rev 1:18). Through his death, Christ has freed us from our fear of death (Heb 2:14).

In other words: death does not have the final word. It is not ultimate but the bridge on the path to glory. It is the departure for the city which is built by God (Heb 11:14–16). In contrast to those “who have no hope,” a Christian has this hope (1 Thes 4:13). The word which the prophet Hosea once pronounced as a word of judgement (“Death where is your sting? Where is your victory?” Hos 13:14) is transformed into joyful rejoicing on basis of the resurrection of the Son of God (1 Cor 15:55). Therefore, the most important preparation for a “good death” consists in not losing sight of eternal life and the resurrection of the dead and in holding fast to the work of Christ in faith. Only in looking at Christ overcoming death is it possible to speak about “good dying” and a “good death”—that is, *euthanasia* in the true sense of the word. ●●●

- 1 The concept is already found in his 1605 work *De dignitate et augmentis scientiarum* (“Concerning the Dignity and Advancement of the Sciences”) in which Bacon discusses Sueton’s report of Augustus’ death. Cf. Francis Bacon, *The Advancement of Learning* (Oxford: Clarendon Press: 1963).
- 2 This book by Anselm of Canterbury represents an indispensable source for late medieval writings. Cf. “Ars Moriendi,” in *Lexikon der Kunst, Malerei, Architektur, Bildhauerkunst*, ed. Wolf Stadler (Erlangen: K. Müller Verlag, 1992), 1:272.

A discussion and German translation of the *Admonitio morienti et de peccatis suis nimium formidanti* can be found in Adolph Franz, *Das Rituale von St Florian aus dem zwölften Jahrhundert: Mit Einleitung und Erläuterungen* (Freiburg: Herdersche Verlagsbuchhandlung, 1904), 196–200. According to Franz, the priest asked the dying person whether he or she believes the teachings of the church, whether he or she is glad to die in the Christian faith, whether he or she confesses to have insulted God heavily, whether he or she repents of this and promises to do better, if he or she stays alive, and whether he or she believes that he can only find salvation through the merit of Christ.

- 3 Kurt Fassman, “Ars moriendi,” in *Kindlers Malereilexikon*, ed. Helmut Kindler (München: Dtv, 1984), 6:87; Karin Hahn, “Ars Moriendi” in: *Lexikon der christlichen Ikonographie*, ed. Engelbert Kirschbaum SJ (Freiburg: Herder, 1968), 1: column 188.
- 4 E.g. the sermon held by the Florentian preacher Girolamo Hieronymus Savonarola regarding the “art of dying”; Wilhelm von Langsdorff, ed., *Hieronymus Savonarola. Ausgewählte Predigten* (Leipzig: Richter, 1890), 126ff.
- 5 Peter Jezler, *Himmel, Hölle, Fegfeuer, Das Jenseits im Mittelalter. Katalog zur Ausstellung* (Zürich: Neue Zürcher Zeitung, 1994), 398.
- 6 Cf. “Ars Moriendi,” in *Lexikon der Kunst, Malerei, Architektur, Bildhauerkunst*, ed. Wolf Stadler (Erlangen: K. Müller Verlag, 1992), 272.
- 7 The Latin text of Gerson’s *De arte moriendi* can be found in Johannes Gerson, *Opus tripartitum de praeceptis decalogi, de confessione, et de arte moriendi* (Cologne: Ulrich Zell, 1470). For a discussion of Gerson’s publications on the art of dying see Allen Verhey, *The Christian Art of Dying: Learning from Jesus* (Grand Rapids: Eerdmans, 2011), 85–88.
- 8 Cf. Alois M. Haas, *Todesbilder im Mittelalter: Fakten und Hinweise in der deutschen Literatur* (Darmstadt: Wissenschaftliche Buchgesellschaft, 1989), 176–177.
- 9 Text: Johannes von Staupitz, “Das Büchlein von der Nachfolge des willigen Sterbens Christi” in *Johannes Staupitz. Luthers Vater und Schüler. Sein Leben, sein Verhältnis zu Luther und eine Auswahl aus seinen Schriften*, ed. Alfred Jeremias (Berlin: Hochweg, 1926), 133–159. See also Albrecht

Endriss, “Nachfolgung des willigen Sterbens Christi: Interpretation des Staupitztraktates von 1515 und Versuch einer Einordnung in den frömmigkeitsgeschichtlichen Kontext” in *Kontinuität und Umbruch: Theologie und Frömmigkeit in Flugschriften und Kleinliteratur an der Wende vom 15. Zum 16. Jahrhundert*, ed. Josef Nolte, Hella Tompert, and Christof Windhorst (Stuttgart: Clett-Cotta, 1978), 93–141.

- 10 Johannes von Staupitz, “Das Büchlein von der Nachfolge des willigen Sterbens Christi” in *Johannes Staupitz. Luthers Vater und Schüler. Sein Leben, sein Verhältnis zu Luther und eine Auswahl aus seinen Schriften*, ed. Alfred Jeremias (Berlin: Hochweg, 1926), 155.
- 11 Martin Luther, “Ein Sermon von der Bereitung zum Sterben” in *Martin Luther: Ausgewählte Schriften in sechs Bänden*, ed. Karin Bornkamp and Gerhard Ebeling (Frankfurt: Insel, 1982), 2:15–34.
- 12 Martin Luther, “Ein Sermon von der Bereitung zum Sterben,” in *D. Martin Luthers Werke: kritische Gesamtausgabe*, ed. J.F.K. Knaake et al. (Weimar: Hermann Böhlau, 1883–2009), 2:685f.
- 13 For all these phrases see Martin Luther, “Ein Sermon von der Bereitung zum Sterben,” in *D. Martin Luthers Werke: kritische Gesamtausgabe*, ed. J.F.K. Knaake et al. (Weimar: Hermann Böhlau, 1883–2009), 2:685–697.
- 14 Martin Luther, “Ein Sermon von der Bereitung zum Sterben,” in *D. Martin Luthers Werke*, 2:691–692.
- 15 Oscar Wächter, *Johann Albrecht Bengel: Lebensabriß, Character, Briefe, und Aussprüche* (Stuttgart: Verlag von Samuel Gottlieb Liesching, 1865), 272.
- 16 Cf. Hans Schwarz, *Eschatology* (Grand Rapids: Eerdmans, 2000), 4.
- 17 This is the so called “Valet Blessing.” Cf. Jochen Arnold, *Theologie des Gottesdienstes: Eine Verhältnisbestimmung von Liturgik und Dogmatik* (Göttingen: Vandenhoeck & Ruprecht, 2004), 456.

INTERESTED IN SUBMITTING AN ARTICLE?

The editorial staff of *Dignitas* always welcomes the submission of articles for consideration. We are particularly interested in submissions for future issues in the following topical areas: Palliative & Terminal Sedation | Opioid Addiction & Chronic Pain Management | Organ Donation & Determination of Death | Genetic Testing & the Ethics of Reporting Incidental Findings | Disability Ethics | Research Ethics | Theological Bioethics.

We encourage you to contact us regarding your interest at research@cbhd.org

TOP BIOETHICS NEWS STORIES: JUNE 2018–AUGUST 2018

Heather Zeiger, MS, MA | CBHD Research Analyst

“CRISPR-Edited Cells Linked to Cancer Risk in 2 Studies” by Sharon Begley, *Scientific American*, June 12, 2018

Editing cells’ genomes with CRISPR-Cas9 might increase the risk that the altered cells, intended to treat disease, will trigger cancer, two studies published on Monday warn—a potential game-changer for the companies developing CRISPR-based therapies. In the studies, published in *Nature Medicine*, scientists found that cells whose genomes are successfully edited by CRISPR-Cas9 have the potential to seed tumors inside a patient. (<https://tinyurl.com/yax-cw39h>)

Two studies demonstrate that cells that have been genetically modified using CRISPR-Cas9 could be more cancer-prone than non-modified cells. After publication of these studies, CRISPR Therapeutics, Editas Medicine, and Intellia Therapeutics’ stocks declined. In response, the companies pointed out that even though they are not working with the types of cells used in the *Nature Medicine* studies, the risk factor should not be ignored.

“The ‘Right to Try’ Could Cost Dying Patients a Fortune” by Michelle Cortez, *Bloomberg*, June 20, 2018

A small biotechnology company may be the first to offer dying patients unproven drugs under a new U.S. law called Right to Try that deregulated access to such experimental treatments. But it won’t be for free: Brainstorm Cell Therapeutics Inc. would charge for a therapy it is developing for the deadly condition known as Lou Gehrig’s disease. (<https://tinyurl.com/ycro8tp4>)

The Right to Try law, passed in May

2018, allows patients to work directly with drug companies to use experimental treatments that have only passed Phase I clinical trials. There are ethical concerns over whether drug companies are exploiting desperate patients by charging them for a drug with unknown efficacy. Furthermore, patients may risk unknown side effects. In January 2019, a brain cancer patient became the first “publicly known” recipient of experimental therapy under this law (<https://tinyurl.com/y35q4wm9>).

“Raid on Surrogacy Agency Nets Five” by Kong Meta, *The Phnom Penh Post*, June 25, 2018

Anti-human trafficking police in Phnom Penh’s Russey Keo district arrested five people on Thursday, including a Chinese national, and discovered 33 women who were paid to have children for Chinese clients, the unit’s chief said on Sunday. Keo Thea, the Phnom Penh anti-trafficking police chief, said Chinese national Liu Qiang, 49, was the alleged mastermind of the surrogacy ring. (<https://tinyurl.com/ycbepa5k>)

Thailand had been a hub for people of other countries to hire surrogates to gestate children for them. However, once surrogacy was banned in Thailand, prospective parents moved to other countries, including Cambodia. A Cambodian surrogacy trafficking ring was in the news on several occasions: first for the involvement of an Australian nurse, then when the location was raided, and finally, when the surrogates faced charges. The main clientele for this surrogacy ring were Chinese citizens.

“‘Alien’ Atacama Mummy Genetic Study Findings Raise Serious Concerns” by Aristos Georgiou, *Newsweek*, July 20, 2018

[T]he authors of the latest paper said the previous research also raised a number ethical concerns, especially given that the mummy is thought to be just a few decades old and the context in which [the mummy was] discovered remained unclear. They argued that the Stanford scientists did not follow the correct protocols for studying human remains, which are protected by law in Chile, like in many countries. Furthermore, the DNA extraction techniques that were used caused damage to Ata’s body. (<https://tinyurl.com/yys2nzkc>)

The Atacama mummy study has been criticized for not following appropriate ethical guidelines for human subject research. The mummy, originally dubbed an ‘alien’ because of her deformed features, was found to be a premature female fetus that was likely buried twenty years ago. The Chilean government alleges that the corpse was mishandled—including evidence that DNA studies conducted on the corpse were inappropriately done—and that it was removed from the country without permission.

“Revealed: Three Children Are Among Thousands to Die from Euthanasia under Belgium’s Radical Laws that Have Seen Cases Increase Fivefold in 10 Years” by Steve Doughty, *Daily Mail*, July 23, 2018

Three children are among thousands of people to have died under Belgium’s radical euthanasia regime, figures reveal. They were euthanised under the world’s only law that allows children of any age

to choose to be put to death—a move opponents warn trivialises the value of life. An official report has revealed the annual number of euthanasia cases across all age groups has multiplied almost five-fold in ten years. (<https://tinyurl.com/yc2fpu67>)

Belgium's annual report for 2016/2017 shows that 4,337 people underwent euthanasia, 3 of whom were children with terminal diseases. However, several people that underwent euthanasia were not terminal. Seventy-seven adults had “mental and behavioral difficulties,” and 710 adults were elderly people with non-terminal conditions like loss of sight or incontinence.

“Doctor in Netherlands ‘Asked Family to Hold Down Euthanasia Patient’” by Daniel Boffey, *The Guardian*, July 25, 2018

A doctor is under criminal investigation over a potential breach of Dutch euthanasia laws after slipping a sleeping drug into a woman's coffee before asking family members to hold her down to allow the insertion of a drip through which a fatal dose could be administered. The Dutch medical complaints board has reprimanded the doctor, who retired after her treatment of the 74-year-old patient, who had been suffering from severe dementia. The chief public prosecutor in The Hague is examining if there are grounds for criminal charges. (<https://tinyurl.com/ybk5fjed>)

The Netherlands is not without its own controversies surrounding its liberal euthanasia laws. In this case, the doctor breached accepted guidelines and potentially violating the law by slipping a sleeping aid into an elderly woman's drink, and having her family hold down the patient despite her protests. While the woman suffered from dementia, she had not specifically stated she wanted euthanasia when she was lucid. In 2018 The Netherlands recorded 6,585 deaths from euthanasia, 83 of which

were people suffering from psychiatric disease, including one 29-year-old girl whose death was made into a documentary. (<https://tinyurl.com/y7quldwa>)

“US Scientist Who Edited Human Embryos with CRISPR Responds to Critics” by Antonio Regalado, *MIT Technology Review*, August 8, 2018

Facing criticism from fellow scientists, the researcher behind the world's largest effort to edit human embryos with CRISPR is vowing to continue his efforts to develop what he calls “IVF gene therapy.” Shoukhrat Mitalipov, of Oregon Health Sciences University in Portland, drew global headlines last August when he reported successfully repairing a genetic mutation in dozens of human embryos, which were later destroyed as part of the experiment. (<https://tinyurl.com/ydel5kx2>)

Shoukhrat Mitalipov became the first U.S. scientist to successfully genetically modify human embryos using CRISPR-Cas9. Previously a team in China had edited the genes for beta-thalassemia in non-viable human embryos. Mitalipov's work received pushback from other scientists who are concerned over CRISPR's tendency to make off-target edits and deletions. Aside from the ethical issues surrounding germline editing, there are concerns over Mitalipov's group paying women \$5000 each to donate eggs from which they created 160 embryos for research purposes.

“Fentanyl Drove Drug Overdose Deaths to a Record High in 2017—About 200 a Day—CDC Estimates” by Christopher Ingraham, *The Washington Post*, August 15, 2018

Drug overdose deaths surpassed 72,000 in 2017, according to provisional estimates recently released by the national Centers for Disease Control and Prevention. That represents an increase of more than

6,000 deaths, or 9.5%, over the estimate for the previous 12-month period. That staggering sum works out to about 200 drug overdose deaths every day, or one every eight minutes. (<https://tinyurl.com/yyl-y3a6r>)

The Centers for Disease Control show that overdose deaths, predominantly from opioids, has increased for another year in a row. Fentanyl is a particularly potent opioid and the main culprit in these deaths. Global reports show that the United States has twice the rate of overdoses compared to other wealthy countries. In a separate CDC report for 2017, suicide rates in the United States also increased for another year in a row. (<https://tinyurl.com/y9cglvfb>)

“Teen Xanax Abuse Is Surging” by Christine Vestal, *Pew Trusts*, August 24, 2018

This school year, addiction specialists say they're expecting an onslaught of teens addicted to Xanax and other sedatives in a class of anti-anxiety drugs known as benzodiazepines, or “benzos.” Many teens view Xanax as a safer and more plentiful alternative to prescription opioids and heroin—with similar euphoric effects. (<https://tinyurl.com/y6wot6jd>)

Xanax is an anti-anxiety medication that is being abused by more and more people. One study showed that about thirty percent of people who died of opioid overdose also had Xanax or another benzodiazepine in their system. Teens in particular are vulnerable and prone to anxiety and depression. Moreover, the drug can be particularly addictive to this age group. An apparent problem for many is the illusion of safety. Many teens mistakenly believe that because it is a prescription drug, it must be safe.

VISIT BIOETHICS.COM, A PUBLIC SERVICE PROVIDED BY CBHD WHERE YOU CAN FOLLOW STORIES LIKE THESE AS THEY HAPPEN. ●●●

BIOENGAGEMENT

The promise and perils of advances in technology, science, and medicine have long been fertile fodder for creative works in literature and cinema. Consequently, a variety of resources exist exploring the realm of medical humanities as well as those providing in-depth analysis of a given cultural medium or particular artifact. This column seeks to offer a more

expansive listing of contemporary expressions of bioethical issues in the popular media (fiction, film, and television)—with minimal commentary—to encompass a wider spectrum of popular culture. It will be of value to educators and others for conversations in the classroom, over a cup of coffee, at a book club, or around the dinner table. Readers are cautioned that

these resources represent a wide spectrum of genres and content, and may not be appropriate for all audiences. For more comprehensive databases of the various cultural media, please visit our website at cbhd.org/resources/reviews. If you have a suggestion for us to include in the future, send us a note at research@cbhd.org.

Primetime Bioethics



3% (2016-present). *Disaster Ethics, Regenerative Medicine, Research Ethics.*



The Expanse (2015-present). *Human Enhancement, Research Ethics, Transhumanism/Posthumanism.*

BioFiction:



Lauren Oliver, *Replica* (Harper Collins, 2016). *Genetic Engineering, Human Cloning, Informed Consent, Personhood, Research Ethics.*



Iain Pears, *Arcadia* (Knopf, 2016). *Cognitive Enhancement, Neuroethics, Reproductive Ethics.*



Terry Pratchett and Stephen Baxter, *The Long Cosmos* (Harper, 2017). *Cognitive Enhancement, Genetic Engineering, Human Enhancement, Neuroethics, Transhumanism/Posthumanism.*

Bioethics at the Box Office:



Alita: Battle Angel (2019, PG-13 for sequences of sci-fi violence and action, and for some language). *Cyborg, Human Enhancement, Personhood, Transhumanism/Posthumanism.*



The Road Within (2015, R for language throughout, some sexual content/nudity and drug use). *Autonomy, Disability, Human Dignity, Mental Health.*



Three Identical Strangers (2018, PG-13 for some mature thematic material). *Informed Consent, Research Ethics.*



The Upside (2017, PG-13 for suggestive content and drug use). *Advance Directives, Disability, End-of-Life Decisions, Personhood.*

UPDATES & ACTIVITIES

PAIGE CUNNINGHAM, JD, PHD

- In June, taught CBHD's Intensive Bioethics Summer Institute.
- In June, guest lectured on bioethics for the 360 Leadership Institute at Trinity International University.
- Presented "Exploration, Proficiency, and Mastery: How Evangelical Pastors Become Confident Leaders in Bioethics" for a parallel paper session at CBHD's annual summer conference.
- Interviewed in August on the Biola University podcast "Think Biblically" with Scott Rae and Sean McDowell discussing faith and bioethics.
- Interviewed about fertility treatments, CRISPR, and plastic surgery for men on "Brian and Kathleen" (Moody Radio Cleveland) and "Let's Talk with Mark Elfstrand" (WYLL Chicago)

MICHAEL SLEASMAN, PHD

- In June, taught the Advanced Bioethics Summer Institute, and guest-lectured in several other bioethics courses leading up to CBHD's summer conference.
- In June, guest lectured on technology for the 360 Leadership Institute at Trinity International University.
- Presented "Bioethics and Being Human: Reframing the Discussion" at CBHD's annual summer conference.
- Joined the editorial board of *Mirabilia Medicinæ* along with Paige Cunningham in September.

HEATHER ZEIGER, MS, MA

- Published "Young & Restless" in the Summer 2018 issue of *Salvo*.
- Published articles on brain death and autonomous weapons for MercatorNet in July and August.



Twitter | Bioethics
@bioethicsdotcom



Twitter | CBHD
@bioethicscenter



Facebook | CBHD
/bioethicscenter



Youtube | CBHD
/bioethicscenter

International Bioethics Scholars Program Update

Launched in 2009, the Center's International Bioethics Scholars Program (IBSP, formerly the Center's Global Bioethics Education Initiative, GBEI) was pleased to host its 11th global scholar this past summer, Stephen Ombok Muhudhia, MBChB, MMed. Dr. Muhudhia is a pediatrician in Kenya and has completed graduate degrees in bioethics in South Africa and Pakistan. In addition to his clinical load and work in medical education, he is involved at a national level in setting up and guiding requirements for hospital ethics committees. In addition to serving as the 2018 IBSP scholar for CBHD, he also will be working to coordinate a cohort of professionals from Kenya who are enrolling in the MA Bioethics at Trinity Graduate School this academic year as part of an African Bioethics Initiative.

Strategic Partnerships

In September 2018, CBHD became a partner with the online journal *Mirabilia Medicinæ*. The journal's founding editor, Hélio Angotti Neto, MD, PhD, was one of the 2016 global scholars hosted through the Center's International Bioethics Scholars Program (formerly GBEI). The journal explores ethical issues in the medical humanities with a specific emphasis on facilitating interdisciplinary dialogue to strengthen bioethical engagement among Brazilian scholars.

On the CBHD Bookshelf

For those interested in knowing what articles the Center staff have been reading and thought worth highlighting.

- Anderson, Michael, and Susan Leigh Anderson, eds. *Machine Ethics*. Cambridge University Press, 2018.
- Estes, Douglas. *Braving the Future: Christian Faith in a World of Limitless Tech*. Herald Press, 2018.
- Mayor, Adrienne. *Gods and Robots: Myths, Machines, and Ancient Dreams of Technology*. Princeton University Press, 2018.
- O'Donovan, Oliver. *Entering into Rest*. Ethics as Theology, Vol. 3. Eerdmans, 2017.
- Shatzer, Jacob. *Transhumanism and the Image of God: Today's Technology and the Future of Christian Discipleship*. IVP Academic, 2019.

****Notes that the resource includes material by members of the Center's Academy of Fellows.**

Articles of Note:

- Blau, Helen, and George Daley. "Stem Cells in the Treatment of Disease." *New England Journal of Medicine* 380, no. 18 (2019): 1748–1760.
- Cantor, Julie. "Mandatory Measles Vaccination in New York City—Reflections on a Bold Experiment." *New England Journal of Medicine* 381, no. 2 (2019): 101–103.
- **Daly, Todd. "Synthetic Human Entities with Embryo-Like Features (SHEEFS) and the Incarnation." *Ethics and Medicine* 35, no. 2 (2019): 93–105.
- Drabiak, Katherine. "Untangling the Promises of Human Genome Editing." *Journal of Law, Medicine & Ethics* 46, no. 4 (2018): 991–1009.
- Ederhof, Merle, and Paul Ginsburg. "Meaningful Use" of Cost-Measurement Systems—Incentives for Health Care Providers." *New England Journal of Medicine* 381, no. 1 (2019): 4–6.
- Evangelicals and Catholics Together. "The Gift of Children." *First Things* 297 (November 2019): 37–43.

- Frost, Carrie Frederick. "Pro-Life Liturgy." *First Things* 292 (2019): 25–28.
- Greene, Jeremy, and Andrew Lea. "Digital Futures Past—The Long Arc of Big Data in Medicine." *New England Journal of Medicine* 381, no. 5 (2019): 480–485.
- High, Katherine, and Maria Roncarolo. "Frontiers in Medicine: Gene Therapy." *New England Journal of Medicine* 381, no. 5 (2019): 455–464.
- **Kaldjian, Lauris. "Purpose and Providence: An Outline for Christian Practical Wisdom in Health Care." *Christian Bioethics* 25, no. 2 (2019): 169–191.
- Kheriaty, Aaron. "First, Take No Stand." *The New Atlantis* 59 (2019): 22–35.
- Shatzer, Jacob. "Robots, Jobs, and Leisure: Being Human in the Face of Technological Disruption." *Ethics and Medicine* 35, no. 2 (2019): 83–91.
- Wilkenfeld, Yoni. "Can Chess Survive Artificial Intelligence?" *The New Atlantis* 58 (2019): 37–44.

The Center for Bioethics & Human Dignity (CBHD) is a Christian bioethics research center at Trinity International University that explores the nexus of biomedicine, biotechnology, and our common humanity.

Dignitas is the quarterly publication of the Center and is a vehicle for the scholarly discussion of bioethical issues from a Judeo-Christian Hippocratic worldview, updates in the fields of bioethics, medicine, and technology, and information regarding the Center's ongoing activities. ●●●



WWW.CBHD.ORG