Ars Moriendi:
On Dying Faithfully

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NOTE: *This essay is a revised version of a talk that I gave at a workshop on Issues at Life's End organised by the Anglican Diocese of Singapore in March 2019.*

In 1976, the Christian writer and apologist Francis Shaeffer published his famous book that examines the rise and fall of western thought and culture entitled, *How Then Should We Live?*[1] Quite apart from the issues discussed in that book, its title poses a question that should be of great concern to every person who claims to be a Christian, a disciple of Jesus Christ. The answer to that question is the Christian should live in faithful obedience and surrender to the word and will of God as revealed in Scripture. But the Christian should also ask a second and complementary question, one that is seldom asked. That question is, 'How then should we die?' If there is an approach to living that is distinctively Christian, there is surely also an approach to death that can be characterised as irreducibly Christian. The answer is just as the Christian is expected to live faithfully, so he is also expected to die faithfully. But what does it mean to die faithfully? What does the dying and the death of a faithful Christian look like?

At around the fifteenth century, there came into existence a body of Christian literature called the *Ars Moriendi* or the 'art of dying.' The purpose of this body of work is to provide practical guidance to Christians who were dying and the people who were attending to them. Although we can still read this ancient work with some profit, the Church should perhaps publish an updated *Ars Moriendi* that would include the many moral and ethical issues that modern medicine presents. This talk, however, is not an attempt at such a project. What I hope to do in the time given for this presentation is to address some important issues as we reflect on sickness and suffering, dying and death. In this talk I want to reflect on what it means for the Christian to die faithfully.

I begin with a brief reflection on the meaning of human life and argue that because life is a divine gift, it is sacred and must therefore be valued. I turn next to examine precisely how our culture has devalued human life by failing to acknowledge its sanctity, and how this has in turn led to the medicalising of death in practices like euthanasia and physician-assisted-suicide. Thirdly, I reflect on the whole question of suffering, death and the will of God. This is not just a theological question. It is also an existential and pastoral question, one which Christian healthcare professionals cannot avoid. And finally, I reflect on the Christian attitude to suffering and death in light of the hope that he has in Jesus Christ.

[1] Francis Shaeffer, *How Then Shall We Live? The Rise and Decline of Western Thought and Culture* (Wheaton, Illinois: 2005).

Life as Gift

We begin our reflections by turning to Scripture in order to glean from its pages what it has to say about human life and the meaning of human existence. In doing this, we recognize the fact that these are profound questions whose answers cannot be sought from human experience and culture alone. We can only get insights into the mystery of human life from God's revelation in Scripture.

In the first few pages of the Bible we are confronted with the remarkable truth about human beings and the life they possess. Although human beings are part of God's creation and must stand in solidarity with the things that God has made, they are at the same time distinguished from them. For in Genesis 1:27 we read that 'God created man in his own image, in the image of God he created him; male and female he created them'. Much has been written over the centuries on the significance of this statement. But what is of moment for us as we reflect on the issues at life's end is that human beings have been given a special status by their Creator, compared to the other animals. As theologian Paul Jewett has pointed out, 'The reason why the concept of the divine image has become so prominent in Christian anthropology is obvious. [I]t confers on the human subject the highest possible distinction, leaving the other animals behind.'[2]

But the fact that human beings are created in the image of their Creator also sheds profound light on the significance of human life itself. It refers to the sacredness or sanctity that God has conferred on it. This point is made in connection with the crime of homicide in Genesis 9:6: 'Whoever sheds the blood of man, by man shall his blood be shed, for God made man in his own image'. In his *Institutes of the Christian Religion*, the Reformer John Calvin, reflecting on this passage, writes:

> Scripture notes that this commandment rests upon a twofold basis: man is both the image of God and our flesh. Now, if we do not wish to violate the image of God, we ought to hold our neighbor sacred. And if we do not wish to renounce all humanity, we ought to cherish his as our own flesh ... The Lord has willed that we consider those two things which are naturally in man, might lead us to seek preservation: to reverence his image imprinted in man, and to embrace our own flesh in him.[3]

It must be emphasized that the quality of sacredness is not intrinsic to human life, but a gift conferred by the Creator. But because it is divinely conferred on all human beings, the sanctity of the life of an individual cannot subjected to our evaluation on the basis of his social status or achievements. Thus, the dignity and worth of a human being is not dependent on his ability or on the judgment of society. Every human being is created in the image and likeness of God, whose life is a gift from the Creator and is therefore of great value and worth. Calvin once again puts this across with arresting incisiveness when he writes: 'Say that he does not deserve even our best effort for his sake; but the image of God which recommends him to you, is worthy of giving yourself and all your possessions'.[4]

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[2] Paul K. Jewett, *Who We Are. Our Dignity as Human. A Neo-Evangelical Theology* (Grand Rapids, Michigan: Eerdmans, 1996), 54.
[3] John Calvin, *Institutes of the Christian Religion*, John Baillie, John T. McNeill and Henry P. Van Dusen (Eds) (Philadelphia: Westminster Press, 1960), II, III, 40, 404-5.
[4] Calvin, *Institutes*, III, VII, 6, 696.

This point must be repeatedly stressed in our time because of the subtle but pervasive influence of the utilitarian mindset in modern society, a development that has worried many Christian ethicists. According to John Keown, in modern culture the idea that there exist objective principles which must govern moral reasoning has been subverted. 'Rather than promoting respect for universal human values and rights', Keown asserts, 'it systematically seeks to subvert them. In modern bioethics, nothing is, in itself, either valuable or inviolable, except utility'.[5] This of course includes human life itself.

This is seen in the modern notion of the 'Quality-of-Life', promoted by utilitarianism and pragmatism, that has all but replaced the older conviction expressed in the 'Equality-of-Life' ethic grounded in the Judeo-Christian tradition. The Quality-of-Life argument is given voice by the ethicist Joseph Fletcher in his book *Humanhood: Essays in Bioethics* when he writes: 'It is harder morally to justify letting somebody die a slow and ugly death, dehumanized, than it is to justify helping him to escape from such misery'.[6] Christians must reject this perspective because it regards human life as possessing only instrumental good. That is to say, according to the pragmatic and utilitarian view, human life is only a precondition for thinking and doing. Once it no longer is able to facilitate these activities, it becomes worthless.

According to the Christian faith, however, life is valuable in itself because it is the gift from God. The Christian view therefore requires human life – in whatever circumstance or condition – to be respected. It requires not only that we should respect our lives, but also the lives of others in indissoluble solidarity with our own. The Swiss-German theologian of the last century, Karl Barth, has put this forcefully and compelling when he writes:

> And this means that human life must be affirmed and willed by man. We hasten to add that it must be affirmed and willed as his own with that of others and that of others with his own ... My own life can no more claim respect than that of others, but neither can that of others. Although they are not the same, but each distinct, the homogeneity and solidarity of all human life is indissoluble.[7]

Because human life is a gift from God, it is sacred. Because human life is sacred, it must be respected, valued and accorded an inviolable dignity. And because human life as God's gift is sacred, we must always receive it with gratitude, regardless of how compromised that life may be. We are not at liberty to dispose of human life in the way we deem fit, whether it is the life of another human being or that of our own.

Some Ethical Issues

This sense that human life is sacred is slowly eroding in our modern culture. In his encyclical *Evangelium Vitae*, Pope John Paul II has provocatively described the modern devaluation of human life as 'the culture of death.'[8] It is a culture that is so materialistic and self-serving that it inflicts violence on human life and conspires against the weak, the sick and the vulnerable. This culture, whose pervasiveness in modern society should never be under-estimated, is shaping

[5] Cited in Wesley Smith, *Culture of Death: The Assault on Medical Ethics in America* (San Francisco, California: Encounter Books, 2000), 10.
[6] Joseph Fletcher, *Humanhood: Essays in Bioethics* (New York: Prometheus Books, 1979), 149.
[7] Karl Barth, *Church Dogmatics*, III/IV, p. 341.
[8] Pope John Paul II, *Evangelium Vitae* (The Gospel of Life), http://w2.vatican.va/content/john-paul-ii/en/encyclicals/documents/hf_jp-ii_enc_25031995_evangelium-vitae.html.

our attitudes towards the suffering, terminally ill, and the dying. As we turn to some of the ethical issues surrounding dying and death, we must resist the seductive lure of the culture of death that, according to the pontiff, would cause society to regress to a state of barbarism. As Christians reflecting on these important issues, our moral compass must once again be based, not on the prevailing *zeitgeist*, but on Scripture and Christian tradition.

We begin with the practice of physician-assisted suicide (PAS) and euthanasia, which have been legalized in few countries, including, most recently, Canada. We note at the outset that this issue is not as distant from us here in Singapore as we would like to think. Some of us may recall that in 2008 the then Health Minister, Khaw Boon Wan, had cryptically suggested that Singapore should perhaps consider the possibility of legalizing euthanasia.[9] This prompted *The Straits Times* to predict in an editorial that 'Euthanasia is looking like a candidate whose time is nearer than most people would imagine'.[10] More recently, there have been a number of renewed calls for the legalization of PAS and euthanasia to be revisited.[11]

The Christian position on PAS and euthanasia is clearly articulated by the National Council of Churches of Singapore, in a statement issued in response to the public debate sparked by Khaw's comments in 2008. The Council states that it 'categorically opposes all forms of euthanasia' on the premise that human life is sacred because it is a divine gift.[12] 'God alone, from whom all life derives,' the Council maintains, 'has the authority in matters of life and death.' The Council stresses the 'inherent value' of human life, regardless of how compromised it may be, and opposes all attempts to end it prematurely. It is very likely that PAS and euthanasia will again be the subject of public discussion in Singapore in the near future. It is therefore imperative that Christian healthcare professional and policy makers understand the Christian position on these practices.

The rejection of physician-assisted suicide and euthanasia, however, does not mean that the life of a terminally ill patient must be preserved at all costs. In his book *The Patient as a Person,* the renown Christian ethicist of the last century, Paul Ramsay, vigorously argued against keeping a dying patient alive by what he described as 'heroic measures.' Under certain circumstances, he argues, the morally acceptable course of action is to cease life-prolonging treatment that is 'no longer merciful or reasonable', and offer the patient palliative care instead.[13] Edmund Pellegrino, one of the most significant voices in Christian bioethics in the last century, concurs with Ramsay. The Christian tradition, he maintains, does not bind 'patients or physicians to pursue futile and excessively burdensome treatment', but always require them to provide 'care, pain relief, and addressing suffering'.[14] The Roman Catholic theologian and ethicist, Richard Gula, puts it like this:

> On the one hand, death is something to be resisted since the creation story shows it to be the result of turning from God and toward sin. On the other hand, death is

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[9] Salma Khalik, 'New Healthcare Model Needed', *The Straits Times*, 17 October 2008.
[10] 'Euthanasia Not That Unthinkable – Some Day', *The Straits Times*, 23 October 2008.
[11] Chong Siow Ann, 'A Good Life to the End, Or A Quick Death', *The Straits Times*, 16 December 2017; Tan Yi Shu, 'Euthanasia Is Not Suicide, But Dying With Dignity', *The Straits Times*, 16 August 2018; Seah Yam Meng, 'View Euthanasia in a Positive Light', The Straits Times, 1 November 2018.
[12] 'Euthanasia: National Council of Churches of Singapore. Official Statement', 6 November 2008, https://nccs.org.sg/2008/11/euthanasia-6-november-2008/.
[13] William Werpehowski and Stephen D. Crocco (Eds.) *The Essential Paul Ramsey: A Collection* (New Haven: Yale University Press, 1994), 50.
[14] Edmund Pellegrino, 'Euthanasia and Assisted Suicide' in John F. Kilner, Arlene B. Miller, and Edmund D. Pellegrino (Eds), *Dignity and Dying: A Christian Appraisal* (Grand Rapids: Eerdmans, 1996), 114.

> something to be acknowledged, since the story of redemption shows it to be the means through which God is victorious in Christ. This way of understanding death gives 'moral bite' to the distinction by setting limits on care. It does not support expressions of care which include forcing a person to the end of life, nor does it support holding on desperately to life when the end finally comes.[15]

Christian ethics should therefore avoid two opposite extremes when it comes to deciding on whether to continue providing life-support to a dying patient. The first is *absolute vitalism*, the view that no effort should be spared in the attempt to prolong the life (or delay the death) of a dying patient. Vitalism maintains that life should be sustained at all costs because of its absolute and intrinsic value. Vitalism is often undergirded by the desperation of the patient's family members. It is not uncommon for healthcare professionals, pastors and hospital chaplains to encounter the relatives of dying patients who insist that everything should be done to keep their loved ones alive. The second extreme position is *subjectivism*, according to which life is of value only if the individual gives value to it. This position, writes David Kelly, 'permits cessation of treatment, and even active killing, based only on the subjective choice of an individual.'[16] Subjectivism appears in different guises in modern utilitarian ethics and often fuels the arguments in favour of physician-assisted suicide and euthanasia.

Christians are more likely to embrace vitalism than subjectivism. The reason for this is quite obvious. If human life is a gift from God and is therefore sacred and never at our disposal, shouldn't we spare no effort in preserving it? Shouldn't we try our best to sustain life even if the prognosis is negative and irreversible? Several things must be said in response to this argument. Firstly, a distinction must be made between *causing* the death of the patient and *allowing* the patient to die when nothing more can be done for him. While Christian ethics categorically prohibits any practice that deliberately causes the death of the patient, it allows the withholding or withdrawal of futile treatment on a dying patient. To put this in more technical parlance, Christian ethics makes the distinction between 'ordinary' or 'proportionate' treatments and 'extraordinary' or 'disproportionate' ones. 'Ordinary' or 'proportionate' treatments are medical procedures that will benefit the patient and improve his prognosis. 'Extraordinary' treatments, on the other hand, are medical procedures that are not only futile but that will impose undue burdens on the patient. Christian ethicists have argued that it is morally permissible and even humane to withhold or withdraw such treatments and to allow the patient to die with dignity.

But how is this different from euthanasia or assisted suicide? As I have already mentioned, the fundamental difference here has to do with killing the patient (which is euthanasia) and letting the patient die because the treatment is futile and burdensome. The Roman Catholic moral ethicist, William May, explains:

> A human person ... can refuse treatment – choose that it be withheld or withdrawn – a without adopting by choice a proposal to kill himself or herself. The treatment refusal is based on the judgment that the treatment itself, or its side-effects or deleterious consequences, are so burdensome that undergoing the treatment is not morally obligatory.[17]

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[15] Richard M. Gula, *What Are They Saying About Euthanasia?* (New York: Paulist Press, 19786), 44.
[16] David F. Kelly, *Medical Care and the End of Life: A Catholic Perspective* (Washington, DC: Georgetown University Press, 2007), 5.
[17] William May, *Catholic Bioethics and the Gift of Human Life* (Huntington, Indiana: Our Sunday Visitor, 2000), 260.

We may deem a treatment to be excessively burdensome when it (1) is extremely risky, (2) has adverse side-effects and consequences for the life of the patient, (4) causes excessive pain or (5) is judged to be morally and psychologically repugnant.

The decision to withhold or withdraw treatment in this case cannot be equated with euthanasia or PAS that deliberately end the life of the patient. Neither can it be said to be suicidal. In euthanasia, a lethal agent is administered to cause the death of the patient. In physician-assisted suicide, the doctor administers such an agent to end the patient's life. In the case of euthanasia and physician-assisted suicide, treatment is withheld or withdrawn because life is judged to be excessively burdensome. In this case, however, treatment is withheld or withdrawn because the treatment is judged to be excessively burdensome. In making the decision to withhold or withdraw treatment from a dying patient, the criterion of burdensomeness alone is insufficient. It must be supplemented with the fact that the treatment itself is futile. This second criterion has to do with the usefulness or effectiveness of a particular treatment for the patient in question. If the treatment is unable to positively change the prognosis of the patient for the better, its usefulness must be called to question.

Suffering and Dying

We turn our attention now to some important questions concerning the will of God and human suffering. These are questions that Christians undergoing serious, life-threatening illnesses ask. But questions also occupy the minds of thoughtful Christians involved in healthcare. Scripture portrays God as full of mercy and compassion, whose steadfast love is new every morning (Lamentations 3:22-23). It would therefore be incongruous to think that this God would directly cause the suffering and death of the creatures that he has created to be bearers of his image. In addition, Scripture also declares that God is all-powerful, and that nothing occurs apart from his sovereign will. How are we to make sense of these seemingly contradictory assertions about God gleaned from the Bible?

This is not the place for a full-orbed discussion on the Scriptural doctrine of the will of God or the complex and contentious subject of theodicy. Suffice for our purposes to assert that while God *allows* human suffering to occur, he cannot be said to *will* it.[18] Theologians throughout the centuries have made the careful distinction between what God *desires* and *wills*, and what he *permits*. Thus, God does not desire nor does he directly will that a child should be born with monogenetic disorders like cystic fibrosis or that a young adult should be suddenly diagnosed with a malignant and inoperable brain tumour. But in the unfathomable mystery of his (permissive) will, God *allows* these diseases to occur as the consequences of the fallen and fractured reality of which human beings are a part.

Theologians have therefore made the distinction between God's *direct* will and his *permissive* will. While human suffering and death cannot be said to be expressions of God's *direct* will, they may be attributed to his *permissive* will. But an important clarification must immediately be made concerning the latter. To say that God allows suffering and death does not mean that he sanctions or approves of them. It simply means that he sovereignly permits these things to occur as consequences of the fall. In addition, to say that God allows suffering and death does not suggest that he is reduced to a mere spectator, or that he is impotent to act. God has in fact

[18] For a clear exposition of the doctrine of the divine will from a Reformed (Neo-Calvinist) tradition, see Charles Hodge, *Systematic Theology*, Volume 1 (XXXX), 307-310.

acted in Jesus Christ and will in his own time eradicate suffering, evil and death, and transform this sin-marred world into the new heavens and new earth.

All this has profound bearing on the Christian theology of sickness, suffering and death that must necessarily undergird our reflection on the issues surrounding life's end. Sickness, suffering and death are not the original intention of the Creator when he brought the world into being *ex nihilo* (out of nothing). Rather, they are the consequences of human beings' refusal to accept their creaturely status, but sought instead to usurp the place of the Creator by willful rebellion. As a result, not only are human beings alienated from God, the creation itself has spiraled into chaos and disharmony with the good purposes of its Creator. 'This is our earth', writes Dietrich Bonhoeffer, 'Cursed, it is cast out of the glory of its created state, out of the unambiguous immediacy of its speech and praise of the Creator into the ambiguity of utter strangeness and enigma'.[19]

The Good News, however, is that God has sent his Son to rescue sinful humanity from death and destruction. By his death and resurrection, Jesus Christ has overcome the 'last enemy' – death. And all who put their faith in him can also, like him, overcome death and possess the eternal life he has come to bestow. Thus, in his letter to the Corinthians, the apostle Paul could write: 'Where, O death, is your victory? Where, O death, is your sting? The sting of death is sin, and the power of sin is the law. But thanks be to God! He gives us victory through our Lord Jesus Christ!' (1 Corinthians 15:54-57). So Christians therefore should never despair in their suffering or be threatened by the prospect of death. Instead, they should be sustained by hope that is grounded in what God has accomplished in Christ. As Arthur Dyck has put it, 'Christians have every reason to live in hope, not hopelessness, to the end of their days on earth.'[20]

While all this is true, it should never be used as a trite and prosaic refrain or platitude to paper over and trivialise the suffering of a patient with a chronic, terminal illness. The suffering that accompanies serious, debilitating chronic illnesses like certain kinds of cancer is a complex and multi-faceted phenomenon. Such suffering may be described as the distress that comes about when the integrity and wholeness of the person is threatened by a ravaging illness. Disease not only affects the physical integrity of the patient, but the whole person. 'Illness is not just a "biological aspect", writes Renée C. Fox in her compelling account of the impact of disease on the patient.

> Illness is also a disturbance in the psychological and social functioning of an individual. Particularly when his illness is a serious one, 'being sick' greatly modifies the ordinary patterns of a man's existence. It removes him from the sphere of his normal and social activities and sets him down in a 'new world'.[21]

The 'new world' to which the sufferer of a chronic illness is transported brings about a profound sense of isolation that can at times become unbearable. The great author of the *Gulag Archipelago*, Alexander Solzhenitsyn, describes the suffocating and oppressive melancholia that cancer patients often experience vividly in his book, *Cancer Ward*:

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[19] Dietrich Bonhoeffer, *Creation and Fall*, 134.
[20] Arthur J. Dyck, Life's Worth: The Case Against Assisted Suicide (Grand Rapids, Michigan: Eerdmans, 2002), 106.
[21] Renée C. Fox, *Experiment Perilous: Physicians and Patients Facing the Unknown* (Philadelphia: University of Pennsylvania Press, 1959), 115.

> When melancholia sets in, a kind of invisible but thick and heavy fog invades the heart, envelops the body, constricting its very core. All we feel is this constriction, this haze around us. We don't understand at first, what it is that grips us.[22]

But the isolation that the patient experiences is not only due to the illness he battles. It is often exacerbated by the 'healthy' and the 'well', who in different ways – sometimes quite unconsciously – have assigned the sick to the margins. As bioethicist Allen Verhey points out, those who are healthy sometimes push away the sick because they are not 'hospitable to the reminders of their own vulnerability and contingency'.[23]

In addition, people suffering from serious chronic illnesses are also very often confronted with the meaninglessness of what they are going through. This is not only true for non-Christians, it is also true for believers. Those who experience the crushing burden of a serious illness sometimes find themselves incapable of articulating their pain and anguish. '[T]here are no words', writes Verhey as he reflects on the predicament of the suffering patient, 'there are no meanings, no significance, by which we can make sense of the pain to ourselves or communicate it to others'.[24] Indeed, as we have already seen, the chronically or terminally ill suffers not only from the ravages of the disease itself, but also from the many distresses that that illness indirectly inflicts. And as Edmund Pellegrino observes, it is under the weight of such immense suffering the buffets them on all sides that some patients harbour 'the desire to be rid of life, or to escape'.[25]

Dying Faithfully

The Christian, however, can never take his life into his own hands and treat it as a commodity that is at his disposal. Because the Christian understands that his life is a gift from God, he will live it to the very end to the glory of his Creator. No matter how compromised that life may be, the Christian will continue to value his life as gift, and will never seek to take matters in his own hands by terminating it prematurely. As Stanley Hauerwas has so provocatively but truthfully put it, even in the face of extreme suffering and pain the responsibility of the Christian 'is simply to keep on living.' By acting responsibly in this way, Hauerwas insists, we are not only fulfilling our obligations to God but also to our neighbour. Hauerwas explains:

> It is an obligation that we at once owe to our Creator and one another. For our creaturely status is but a reminder that our existence is secured not by our own power, but rather requires the constant care of, and trust in, others. Our willingness to live in the face of suffering, pain and sheer boredom of life is morally a service to one another as it is a sign that life can be endured and moreover our living can be done with joy and exuberance.[26]

This attitude is exemplified in a friend of mine, a well-known Christian bioethicist whom I have had the privilege to work with many years ago at a Lausanne Conference in Thailand. About

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[22] Alexander Solzhenitsyn, *Cancer Ward* (New York: Bantam Books, 1969), 54.
[23] Allen Verhey, *Reading the Bible in the Strange World of Medicine* (Grand Rapids, Michigan: Eerdmans, 2003), 109.
[24] Ibid., 110.
[25] Edmund D. Pellegrino, 'Euthanasia and Assisted Suicide', in John F. Kilner, Arlene B. Miller and Edmund D. Pellegrino (eds.), *Dignity and Dying: A Christian Appraisal* (Grand Rapids, Michigan: Eerdmans, 1996), 114.
[26] Stanley Hauerwas, *Suffering Presence: Theological Reflections on Medicine, the Mentality of the Handicapped and the Church* (Notre Dame: University of Notre Dame Press, 1986), 106.

eight months ago, I received news that he has been diagnosed with a rare and incurable cancer of the bone marrow. This friend of mine was instrumental in establishing one of the most prominent research centres for Christian bioethics in the United States. He has published many significant papers and books on different topics and issues in bioethics, and he is currently working on a number of projects for the centre and for the church. This June, he is scheduled to give the closing plenary address at a conference organised by the centre that he helped to establish and build up. Ironically, the theme of the conference has to do with ethical issues surrounding the end of life.

Despite the fact that the cancer continues to advance unabated and he knows that his life is drawing to a close, my friend is determined to simply 'keep on living'. He plans to use every day of the remainder of his life to serve the Lord in the vocation to which he has been called. This is what he wrote to me in an email that I received on Christmas Eve last year (2018):

> I am resting in the fact that none of this has taken God by surprise. When he brought me into being, for various purposes, he made sure that there would be sufficient time for me to accomplish those purposes. So I will carry on, as God enables, eager that he be glorified by all that I say and do, in my living and my dying. Of course, death is only gain for me – to be with Christ – so I am not threatened by the prospect of death. Yet there are things for me to do and to be for others, so I am hoping in God to sustain me sufficiently for their completion.

This should be the attitude of every Christian as he approaches death. It is an attitude that is at once energised and sustained by faith and by hope. Faith in the God revealed in Jesus Christ, the source not only of our temporal and earthly life but also of eternal life. And hope in God's unconditional and generous love for us. For as Daniel Sulmasy has to perceptively and elegantly put it, '[o]ur hope is in God's love for us: the wild, free, exuberant, unimaginable expansiveness of God's love for us. Our hope must finally rest in God.'[27] Sulmasy calls this transcendent hope (in contradistinction from temporal hope), a hope that is not determined by our circumstances, and hope that is not simply a 'prognostication' (Vaclav Havel).[28] 'Only ultimate meaning can be the proper object of ultimate hope', writes Sulmasy. 'For the Christian this meaning is disclosed in the form of a person – Jesus Christ.'[29]

It is to this hope that Christian chaplains and healthcare professionals must point their patients to, especially those who are involved in providing palliative care. Time does not allow me to present the Christian vision of providing care for patients who are approaching the end of their lives. But this vision must surely involve not only offering the best in palliative medicine to their patients but also paying keen attention to their spiritual needs. But to do this, we need to take the role of religion – especially, the Christian faith – in healthcare seriously, and have what Abigail Rian Evans calls a 'new collaborative model' for healthcare professionals. In her essay, 'Healing in the Midst of Dying' she writes: 'The basis for cooperation between pastor and physician is that both are agents of God, who is the source of all healing. Their respective disciplines both provide health and healing.'

> Physicians can give the diagnosis, which pastors are not equipped to do. Pastors can give the support of a caring community to sustain and to help in healing.

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[27] Daniel P. Sulmasy, *A Balm for Gilead: Meditations on Spirituality and the Healing Arts* (Washington D.C.: Georgetown University Press, 2006), 127.
[28] *Disturbing the Peace* (New York: Vintage, 1991), 181.
[29] Sulmasy, *A Balm for Gilead*, 126.

> Especially when no cure is possible, pastors can reduce suffering, relieve anxiety, and give inner peace during times of stress.[30]

But most importantly, in this collaborative effort the grace of God can work to give hope to the dying, for, as Sulmasy has so elegantly and powerfully put it, 'Hope is the healing of the dying.'[31]

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[30] Abigail Rian Evans, 'Healing in the Midst of Dying: A Collaborative Approach to End-of-Life Care', in John Swinton and Richard Payne (Eds)., *Living Well and Dying Faithfully: Christian Practices for End-of-Life Care* (Grand Rapids, Michigan: Eerdmans, 2009), 170.
[31] Sulmasy, *A Balm for Gilead*, 130.