

A Physician's Way of the Cross

Reflections on euthanasia with the Scriptural Way of the Cross

Introduction: A Call to Watch and Pray

In the lead up to Holy Week, I am struck by the scene of the Apostles falling asleep, while Jesus asks them to “watch and pray.” Last year at the Catholic physicians' conference in Calgary, Dr. John Scott, a palliative care physician from Ottawa, spoke about the role of a physician at the end of life as one of “watching with” the Lord, that is, to accompany our patients with care and compassion, to a natural death.

The readings from Wednesday of Holy Week offer encouragement from Isaiah (50:4-9) for a conscientious objector: “The Lord God has given me a well-trained tongue, that I might know how to speak to the weary a word that will rouse them. Morning after morning he opens my ear that I may hear; and I have not rebelled, have not turned back... The Lord is my help, therefore I am not disgraced.” We can also make the Psalm (69) our own words: “For your sake I bear insult, and shame covers my face... because zeal for your house consumes me, and the insults of those who blaspheme you fall upon me.” I am also struck by the lament of how physicians would now begin treating their patients: “They gave me poison for food, and for my thirst they gave me vinegar to drink.” And finally a message of hope: “You who seek God, may your hearts revive! For the Lord hears the poor, and his own who are in bonds he spurns not.”

The reflections below on the Scriptural Way of the Cross are to provide some points for meditation for physicians and caregivers on care at the end of life.

First Station: In the Garden

Jesus admits in his agony in the garden that he is “sorrowful unto death” (Matt 26:38), sharing in our human experience of existential angst at the end of life. This is a common human experience, requiring consolation for loved ones and caregivers, a consolation that Jesus requested when he asked the disciples, “Could you not watch with me one hour?” (Matt 26:40). But he found them sleeping.

Reflecting on the scene of the disciples falling asleep in the garden, I can't help but think that physicians have “fallen asleep” regarding care at the end of life by giving in to the cultural pressures to legalize euthanasia and assisted suicide. Indeed, many people who will request euthanasia are “sorrowful unto death,” but a compassionate response (*compassion* is from the Latin “*to suffer with*”) is not to end the sufferer but instead to suffer with them - to accompany them with medication and attention. The claim that euthanasia ends suffering is absurd, if the person does not live to experience relief from suffering, then it cannot be said that euthanasia “ends suffering.” Indeed, euthanasia is the ultimate abandonment of patients, a refusal to *suffer with*, to stay awake, and instead handing people over to be killed. We must wake up, watch and pray at the end of someone's life, rather than fall asleep in the way we care for our patients.

Even Christ asked His Father, "Let this cup pass from me" (Matt 26:39) - and we must acknowledge that if our Lord asked for relief, it is not surprising that our brothers and sisters ask for a relief from the cup of suffering. Jesus then adds, "Father, if this cannot pass unless I drink it, your will be done" (Matt 26:42) - and immediately after this he looks for his disciples support and finds them sleeping. This is a rally call to us as caregivers and physicians not to abandon our patients who are "sorrowful unto death" and who are asking for some relief - whether it be some relief from pain or some accompaniment through compassion. Jesus places his life in his Father's hands, and in deferring to his Father's will, shows that we cannot ask for death in the way and at the time we wish, since only our Heavenly Father knows the hour when our time will come.

Second Station: Jesus is betrayed by Judas and arrested

As caregivers, our falling asleep at the end of our patient's life is part of a bigger picture of moral and cultural amnesia. Our culture has forgotten its origins and lost its way. In response to this cultural amnesia, we must help by pointing out what has been lost. Pope Benedict speaks of conscience as an "anamnesis (remembrance) of the origin" - a discovery within ourselves of the natural law, of the truth written on our hearts. Conscience is a remembering. And now, as conscience is being trampled on through the legislative and regulatory process of euthanasia and assisted suicide, we are no longer seeing an "anamnesis of the origin" but an "amnesia of the origin." Our culture needs to wake up to the gentle voice of the Word who was in the beginning, calling on us to "watch and pray" rather than to fall asleep while our patients are being handed over to death.

Judas lost his way and in his betrayal of Jesus, demonstrates a moral amnesia that we must not imitate. While our country accepts euthanasia and assisted suicide as a form of health care, we must provide our colleagues, families and friends with constant reminders that we cannot hand our patients over to death.

Third Station: Jesus is condemned by the Sanhedrin

"He came unto his own, and his own received him not" (John 1:11). We feel betrayed - by our Supreme Court, by our government, by our medical profession, who have all accepted the lie that death is a form of caring. So quickly things have changed. Not too long ago, the thought of euthanasia was shunned by parliament and medical associations found it unthinkable. For over 2000 years of Hippocratic medical traditions, the sanctity of life was preserved in the art of medicine, and now all of this seems to be rejected. So quickly we become a minority who want to protect life at every stage, from conception to natural death. We might even be silenced by peers for our "extreme views." Mocked, despised, and perhaps down the road, our licenses and livelihoods threatened for our unwillingness to include death as just one other medical option.

Fourth Station: Jesus is denied by Peter

Even we ourselves are susceptible of falling asleep like Peter. Our courage to care heroically fails at times. We must admit that there are times when we have missed the mark and our lack of compassion, our lack of willingness to suffer with our patients, may lead patients to request a more convenient death, a release.

Not only is our care lacking at times, but sometimes we might provide a false witness. We might be tempted to participate either by referral or collaborating with the authorities to facilitate euthanasia for a patient. We might even make excuses to justify our actions. And if we do, we must turn back to our Lord and repent. Let Mary be our example of faithfulness to the end.

Fifth Station: Jesus is judged by Pilate

Our Supreme Court has issued its decree and death is named as the solution to a problem. The crowd mentality overtakes common sense and even, it would seem, Christians join in the chorus of praising the new option for death on demand. Even as all around us cry, "Crucify him!" We will not be shaken in our resolve to watch and wait with our Lord. We will be faithful to the memory of Him who asked us to watch and wait, and like Mary we will keep our eyes fixed on our Lord hidden in those we minister to.

Sixth Station: Jesus is scourged and crowned with thorns

Jesus is our example of *compassion* - He suffers with us, and every mark of the scourging on his body is a reminder to us that He suffers with us and for us. When our patients are suffering, we must suffer with them, realizing that our shared suffering is part of the passion of our Lord. Yet at the same time we want to relieve the suffering as much as possible and provide comfort to those in our care. The comfort we provide to each person we encounter is a comfort provided to our Lord.

As Jesus is crowned with thorns, we also have to crown our pride, knowing that we don't have all the answers, and that there are times when, despite our best efforts, we cannot end all aspects of suffering. It is at these times that we need to come close to patients and their families and remind them that Christ suffers with them, and that He will not let their suffering last forever.

Seventh Station: Jesus takes up his cross

Jesus asks us to take up our own cross and follow Him. We need big shoulders to carry our love for the sick, to be attentive to their needs, to be called on at all hours of the day and night. We also need to carry this cross with a smile, knowing that there is a line of people following us with their crosses too, and seeing our smile is an encouragement to them ("A joyful heart is good medicine" -Proverbs 17:22). In the long line of crosses, we are thankful to those who have mentored us and shown us the way ahead, and accept the responsibility to guide those entrusted to us who are carrying their crosses behind.

In our struggle to bear the small contradictions of the day, the annoyances, the difficult patients, we find the means to strengthen us for those times when we need to empathize with our patients who are struggling to bear their own cross.

Eighth Station: Jesus is helped by Simon of Cyrene to carry his cross

We must be Simons for our patient's crosses. Certainly medication has a place in lifting our patients' burdens, but we must also recruit all of the human virtues as well - patience, humility, tenderness, demonstrating that we are willing to go the extra mile. Certainly there are times when our beloved sick no longer have the strength to hold up under the weight of pain, disability, and infirmity. They are waiting for a Simon, and we must show them that we are opportunists when it comes to lifting others' crosses. Not only are they waiting for a Simon to help them with their cross, we - as Simons - are eagerly waiting for Christ to pass by so we can help. Behind every exam room door is Christ, hoping to meet Simon in us.

Ninth Station: Jesus meets the women of Jerusalem

Families weep too; they cry out for those who might offer their loved one help. We must develop the ability to "speak to the weary with a word to rouse them" (Isaiah 50:4). Our consolation for others must lead them out of themselves - not from inward looking weeping, but an outpouring of tears for the sake of another. Jesus tells the women of Jerusalem and us that our weeping must be turned into intercession: to go deeper than simple pity, to go right to the heart of the matter: to care for souls.

As we care for our patients, we should care as deeply for their souls as we do for their bodies. And as we embrace their family who weeps for them, we broaden our catch and care for the souls of the whole family as well.

Tenth Station: Jesus is crucified

The end is near. When a patient is actively dying, we are attentive to everything. The sound of their breathing, the dryness of their mouth, each time their eyes open. We want to surround their bed, which is their cross, with family at all hours - to accompany them right to the end.

We want to respond to their thirst and sponge their mouth. We want to help their breathing and ensure that they are not asphyxiated like Christ was. We want to relieve their pain.

In addition to those actively dying, I think also of the image of someone going into surgery with their arms outstretched - on another cross. They spread out their arms wide in abandonment, in total trust, to the physicians who will remove or treat the diseased organ.

When they are naked and stripped (often they feel this way of their dignity), or perhaps they have no ability to speak, no ability to eat and drink being unable to swallow - do we

palliate them (literally “to cloak”)? Do we cover their nakedness by treating their body with dignity? Do we look on them with Mary’s eyes, the eyes of a mother, who always provides the best seamless garment for our dignity?

Eleventh Station: Jesus promises his kingdom to the repentant thief

Let us never give up on our colleagues or friends who have different views than our own. We must carry out a quiet apostolate with those around us, so that they might see our good witness. Not only will we not give up on our colleagues, whom we would like to influence, but we will also not give up on our patients. Certainly many College documents have seemed discriminatory to conscientious objectors by saying we “must not be judgmental” and that we “must not abandon patients” in our approach. I fully agree - let us not jump to conclusions in judging a request for euthanasia as something fixed or that would lower our opinion of the person, but instead see it as a cry for help, a cry from someone like our Lord who is “sorrowful unto death.” Our response is never to abandon them to the impulsiveness of a system that is only too eager to fulfill such a request - instead, we must stay awake, remain alert, and enkindle in ourselves a desire to care to the end, and hope that such a witness would lead our patients to ask our Lord to remember them, to stay with them until their natural end.

Twelfth Station: Jesus entrusts Mary and John to each other

How moving is Michelangelo’s *Pieta*, with Mary holding the lifeless body of her Son. We must entrust our patients into the loving arms of our Mother, who cares for each one individually, who wants to hold them in their dying hours - in the midst of their suffering and pain. She was there at the cross, and is there for each of our crosses. We are also entrusted with the Church, who also cares for our souls like a good mother. And as we see souls at the end of life, we must ensure that for our Catholic patients, and all those who request it, the sacraments are made available to them. We must constantly pray for the grace of a good death for all our patients, and do what is in our power to help them to this end. If there is a request and the opportunity, we must ask for the sacrament of the sick, viaticum, or even a deathbed baptism. We should also not shy away from being part of these great moments, since this is part of how we care for a patient’s life holistically. Let us take Mary into our home, so that when our patients come to our medical home, they will find her there.

Thirteenth Station: Jesus dies on the cross

With what reverence do you determine someone’s death, looking for the usual signs of life, realizing that this moment’s tenor depends on you? Do you kneel at the bedside when your patients die? Do you put a cross on their forehead and whisper a prayer and a goodbye? Let us not rush away, but show the family that

death is a natural part of life. I am reminded of the last line of John Donne's Holy Sonnet X: "Death be not proud... Death, thou shalt die." We must allow our words of comfort for the family or even our moments of silence have the last word.

You have journeyed with them all this time, with medications, with compassion, with words of consolation. Now there is the peace that there is final relief from the cross, and a hope of what is to come.

Fourteenth Station: Jesus is laid in the tomb

As we were Simons, so now we must be Josephs, caring for the body with gentle confidence. In all of these stations, we must never forget the constant care of the nurses, who are the Josephs par excellence in removing the IV nails in the hands and easing the body down from the cross to the arms of the awaiting Mother.

We should also ensure that family have the time they need to take it all in, and confirm that arrangements are in place, to find out that the funeral home has been contacted. Perhaps it might be the case that we attend certain funerals as well.

As we sign the death certificate, and write down the diagnosis and other details, we might reflect on how Joseph and Nicodemus, like the funeral home staff, prepared Jesus's body for the tomb with linen cloths and spices, and how the women also prepared spices and ointments.

Finally, when they are each laid in the ground, we must never forget that here is a soul to be prayed for, and hopefully given the care we showed them, they might also be our strong intercessors from heaven.

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