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Medical Ethics:
A Reflection on Health, Illness, Dying and Death
from an Orthodox Christian Perspective

“Dear friend, I pray that you may enjoy good health and that all may go well with you, even as your soul is getting along well” (3 John 1:2). Good health is indeed a matter of human concern. Prosaic wisdom would tell us that to have one’s health is to have “everything.” But what do we mean by health? How do we endure and provide meaningful purpose to, or deliverance from, the inescapable realities of illness, dying and physical death? The Orthodox Christian faith provides illuminating rays of discernment that assist in sorting out the often dimly perceived issues of contemporary bioethical/medical ethics. This paper is a preliminary sketch of several “rays” of wisdom and truth that reside in the totality (sacred scripture, theology, worship, prayer, lives and writings of saints, etc.) of the Orthodox ethos.

To speak of human health, a more rudimentary question must be asked and answered; that is, what is it to be human? It is from this foundational point that the critical direction of medical ethics will set its course and ultimate ends. Orthodoxy envisions the human as a creature fashioned by Divine love to be “in the image and likeness” of the Triune God and Creator of all. Life is essentially “gift.” Such is the emphasis contained in the prayers offered by the priest on behalf of parents and child immediately following childbirth: “O Master, Lord our God . . . vouchsafe that the child that hath been born of her may reverence the earthly temple which thou hast prepared for the glorification of thy Holy Name” (Abramtsov 11). The human *autexousion* (self-determination) and free will create a stewardship in which each person bears responsibility to maintain the health (as in well-being, wholeness, right-functioning) of self and, in love, to extend that care to other persons. We may even speak of a responsibility to the health of the community. The above biblical reference from the third letter of Saint

John clearly implies that there is a relationship between good health and “all” going well, to include spiritual well-being. This vision of what it means to be human, while only superfluously addressed here, is the essential compass setting directing everything else that may be said concerning the human condition. According to Saint Irenaeus, “The glory of God is a person fully alive” (Science 32). Making sense out of this proclamation when facing illness, dying and physical death is a task for the living.

“Be merciful to me, Lord, for I am faint; O Lord, heal me, for my bones are in agony” (Ps 6:2). The human condition as empirically experienced in the fallen state of sin involves illness. Humanity is somehow a distortion of the image given at creation. Health is violated. Thus we find the Church, through common supplication (The Great Litany), offering prayers that God would provide “For our deliverance from all affliction . . .” while acknowledging that such afflictions are bound to the human condition (“help us, save us, have mercy on us . . . O God, by Your grace”). Affliction as a result of human “sinfulness” is, in these prayers, brought into the realm of merciful salvation through the grace of God. In this way it is revealed that the “good news” of redemption, the restoring and healing power of Christ, brings a transforming dimension to human experience, and this includes the experience of illness. Theodoret of Cyrillus writes: “There is divine purpose in illness, not in the sense of moral chastisement for the body’s sinful nature, but for the use or necessity of deepening our awareness of the relation between the human and the divine . . . Illness in an ascetic provides a framework in which the mystery of [divine] grace is witnessed” (Harvey 91).

There is a way in which serious illness and affliction causes the sufferer to become an “ascetic.” The *askesis* (spiritual exercise/struggle) cannot be ignored in physical illness. The opportunity of experiencing divine grace and merciful salvation in affliction is always potential.

“There is nothing automatic . . . about the potential of sickness to help us achieve full human purpose as the image and likeness of God. If we do not accept it as a gift from God, it can also stand as a temptation to despair, to further distancing from God, to an even sharper division between our empirical selves and our true human nature. As such, sickness is dangerous, not only to our bodily condition but to our spiritual condition.

Remarkably the same can be said about health: it too is a temptation that can lead human beings far from God and from their own humanity” (Harakas 41).

Illness is a constant reminder of the unhealthy nature of human life as empirically known; in other words, all persons are afflicted toward a resultant physical death. The maintaining of health, in biological terms, is a losing proposition. Salvation in Christ, manifested in the life of the Church, offers a transfigured conception of health that extends beyond and yet within flesh and blood. It addresses the original illness -- sin. Healing of body and soul are brought together in the psychosomatic understanding of “human” and healing of disease is not divorced from the forgiveness of sin. Humanity in affliction is pointed toward the Lord “who forgives all your sins and heals all your diseases” (Ps 103:3).

“The groans of the dying rise from the city, and the souls of the wounded cry out for help” (Job 24:12). The process of aging and physical deterioration are unavoidable. However it is defined, a process of dying may be said to reside in every human being. As such, and like the process of conception and birth, dying is a universally experienced aspect of life. When a person recognizes the reality of his or her mortality, a profound connection is made to all other human persons who have lived, are living, or will come into living. Prayers for the sick and dying are offered communally in the worship of the Church and sacramentally in Holy Unction. The fact that this sacrament calls for (i.e. recommends) seven priests to administer the anointing highlights the understanding that the process of illness and biological dying brings the people of God and their priests together spiritually and physically. While the sacrament of Unction is not a rite of dying (it is a rite of healing), it takes place in times of illness when the unavoidable destiny of our human life is revealed within a context of eventual dying and death. To heal, in this context, is to rise above a materialistic notion of health in biological terms. It is to bridge the gap of body and soul, and see the whole person yearning for a restoration to health in relation to God and fellow human. Here the image of the Christian martyrs is fitting. They did not seek the death of their bodies, but rather for the sake of the health of their whole created being and the life of eternity in Christ they were willing to have their physical bodies sacrificed at the hands of persecutors. Witnesses of healing from sin and proclaimers of renewed health as the redeemed of God -- this is a legacy of the martyrs who help define the place of affliction, suffering, and the dying process for the faithful. It is

fitting, given the communal nature of the dying process that I have mentioned above, that the martyrs are the most beloved and honored saints of the Church. Additionally, the lives of martyrs assist us in approaching the difficult questions of “prolonged” life and “natural” death. Artificial methods of prolonging life are common and technologies are seemingly limitless in the development of new “extraordinary” means of supporting biological life. Into this difficult arena of moral decision-making, the witness of the martyrs offers a powerful framework from which to discern the will of God. That is -- human life is not of value in itself alone. It is of value in relation to God. It is authentic in a movement toward the heavenly kingdom in a process of *theosis* (God-like human life). There may indeed be occasions when interventions of human contrivance thwart the process of ascent to God. For example, some attempts to eliminate or cover-up suffering (consider the drug addict and alcoholic) result in counterproductive spiritual consequences. There is a value in suffering, as I have discussed, in the spiritual growth that may result. If nothing else, it is good for us to recognize our frailty and mortality. The martyrs knew, and encourage us to know, that there is a time to set our eyes upon the Savior and His kingdom. This frees us from a frantic attempt to hold on to the life of the flesh. It causes us to consider the soul “which is immortal” knowing that the present body “passes away” (funeral hymns). This does not serve as an easy solution to the horribly difficult decisions that must be made regarding end of life care in a highly technical age, but it provides some sanity of thought and openness to a prayerful response to these questions faithful to an Orthodox vision of health. As a final point of reference, the prayer for the dying who has suffered much (that is, the one very near death) is helpful. It calls for the mercy of God to “loose [the sufferer] from the body unto repose” (Abramtsov 55). Knowing that there is an end to this life as the culmination of illness and the process of dying is indeed the sorrow of the sinful condition of humanity. Death separates us from one another in an unnatural, distortion of what ought to be. The faithful “weep and wail” in the face of this tragedy, but faith in the resurrection and restoration to health in communion with God for eternity is the seal of those who have hope. Thus, the prayer for the dying concludes:

“...loose thy servant (name) from this intolerable sickness and the bitter impotency which holdeth him/her, and give him/her rest where the souls of the righteous dwell. For thou art the repose of our souls and bodies, and unto thee do we ascribe glory: to the Father, and to the Son, and to the Holy Spirit, now and ever, and unto ages of ages. Amen.”

“The last enemy to be destroyed is death” (1 Cor. 15:26). Death as the enemy of humankind is absolutely essential to an Orthodox understanding of health and the role of medical intervention. Death is inevitable but unacceptable ontologically. It is a paradox, for it implies a termination of life (and empirically does end biological human life) yet leads to eternal life in the redemptive act of Christ’s resurrection (“trampling down death by death” -- Paschal troparion hymn). The enemy is defeated by the victory of the cross, and yet humans continue to die. The sting of death may have been removed, but the bitterness of its destructiveness still touches those on earth. Death continues to confuse, perplex and trouble believers and nonbelievers with its abhorrent manifestation. Its tragic nature is well reflected in the hymns of Saint John of Damascus during the funeral service:

“I weep and I wail when I think upon death, and behold our beauty, fashioned after the image of God, lying in the tomb disfigured, dishonored, bereft of form” (Hapgood 386).

Father John Meyendorff points to the evil of death in terms that extend beyond the “event” itself, stating that “death is a cosmic reality which is almost personalized, an objective reality in the world which also creates sinfulness. How? It makes it inevitable because it transforms the entire reality of the world into a desperate struggle for survival” (Chirban 52). The struggle for survival is nowhere more concretely observable than in the last moments of a life attended by every conceivable medical procedure and apparatus, the knowledge and skill of gifted caregivers exhausted in life-saving/preserving functions. The point arrives when one of faith must ask: Is this consistent with our Orthodox vision of human destiny? Do these procedures reveal God-likeness in the love and care of one afflicted? Is there a healing ministration taking place, or is the life embodied in flesh and blood being pursued for other motivations? Indeed the point may be crossed beyond which life-saving becomes humanity-degrading.

“[V]italism” which places ultimate value on maintaining life to the absolute ends of technological capability is a form of “biological idolatry.” A more acceptable approach from an Orthodox perspective “maintains that at some point in the dying process,

nontreatment (the withdrawal of life-support systems) may be morally appropriate, thereby allowing the patient to die a ‘natural’ death” (Breck 262).

This is certainly not to offer justification for euthanasia -- “the ultimate death with indignity by promoting homicide or suicide” (Breck 262) -- or nontreatment of patients who may be helped therapeutically to a measure of restored physical health. It is to offer the possibility that we may at some point discern the difference between death as “last enemy,” and death as the unavoidable second baptism into Christ who has indeed “trampled down death by death.” In a letter of consolation to a bereaved mother, Saint Basil the Great gives us a proper insight:

“What is there astonishing in the death of a mortal? But we are grieved at his dying before his time. Are we sure that this was not his time? We do not know how to pick and choose what is good for our souls, or how to fix the limits of the life of man. Look around at all the world in which you live; remember that everything you see is mortal, and all subject to corruption. Look up to heaven; even it shall be dissolved; look at the sun, not even the sun will last forever. All the stars together, all living things of land and sea, all that is fair on earth, aye, earth itself, all are subject to decay; yet a little while and all shall be no more. Let these considerations be some comfort to you in your trouble. Do not measure your loss by itself; if you do it will seem intolerable; but if you take all human affairs into account you will find that some comfort is to be derived from them” (Nicene 115).

An ancient and integral attitude of Orthodoxy toward a holistic approach to human “health” is evident in the reference to the Eucharist as “*pharmakon athanasias*,” a “medicine of immortality” (Harakas, GOTR 235). The therapeutic nature of caregiving to those lacking in health is of critical importance to a proper understanding of appropriate approaches to healing from the Orthodox perspective. This approach is fundamentally therapeutic, and seeks the restoration of health as understood by a reasonable return to normalcy. This normalcy is both physical and spiritual, involving the hope and desire that the whole person may resume a life that aspires to Godliness and holiness: “Grant, O Lord, a peaceful life, health, salvation, and furtherance in all good things; and keep and preserve your servant for many years!” Importantly, the emphasis of the Orthodox approach embraces the full meaning and implication of the term *therapevo* (therapy); that is, to care for, to wait upon, to treat medically, and also to heal, restore (Arndt 359). To the extent this is possible, attention to medical and spiritual care are absolutely appropriate and ought to be provided with great generosity. It is of divine

origin and grace-satiated, pointing to the commission the Church receives from the Lord Christ and enlivened of the Holy Spirit in the ongoing life of the people of God. For, as He sent out the Twelve, Jesus instructed them saying,

“As you go, preach this message: ‘The kingdom of heaven is near.’ Heal the sick [*asthenountas therapevete*], raise the dead, cleanse those who have leprosy, drive out demons. Freely you have received, freely give.” (Matthew 10:7-9)

So also, at the sending of the Seventy:

“When you enter a town and are welcomed, eat what is set before you. Heal the sick [*therapevete tous en avti astheneis*] who are there and tell them, ‘The Kingdom of God is near you.’” (Luke 10:8-9)

Such is consistent with the tradition from Apostolic times, most clearly witnessed in Byzantium, and applicable to contemporary situations. Therapy is ultimately a restoration to that image and likeness with which humanity was clothed in the beginning. The gift of life in communion with the Triune God is properly the end, and without contradiction also the very means, of health. Seeing the unconfused and unbroken oneness of the human person as psychosomatic being has the result of linking physical healing with a spiritual experience of that Kingdom which is present and yet is still to come in its fullness. The Church witnesses to the Kingdom revealed and thus heals the body and soul of those to whom this great grace is imparted. The “grace divine,” filled of the Holy Spirit, is empirically embodied in the sacramental life of the Church. The bishops and priests, through sacramental ordination, both perform and make manifest the healing of God that empowers both physical and spiritual therapy.

“The term *philanthropia* in the sense of love for the human being, *philein ton anthropon*, was widely used in Byzantine writings, including theological and medical literature. And religion and medicine were both concerned with the health of the whole human being. Church and medicine received the human being as a psychosomatic entity . . . The hospital and the Church cooperated closely in the task of restoring the ill to a healthy society. Hospitals were built next to churches and there were no hospitals without chapels for services and prayer” (Constantelos 7).

The holistic and therapeutic nature of the Orthodox hospital historically developed very early in Byzantium. These are, in fact, the first properly named “hospitals” in recorded history, and it is proper to assert that this type of healing institution “owes its origin to Christian charity” (Nutton 9). Recent

scholarship in Byzantine history reveals a rich and compelling tradition that provides insights into the proper marriage of faith and science in the care for the whole person toward the healing of soul and body.

“The earliest [hospital] . . . of Saint Basil at Caesarea in the 370's, almost a new city outside the walls . . . Indeed, the impact of the hospitals was such that by the end of the fourth century a learned cleric, Saint Nilus of Ancyra, could devote a long simile to detailing the various medical activities found within the hospital” (Nutton 9).

At the First Ecumenical Council at Nicea in the year 325, the holy Fathers of the Church mention the establishment of philanthropic institutions. Of import to our current discussion is Canon 70 and its commentary:

“Of the hospital to be established in every city, and of the choice of a superintendent and concerning his duties. [It is interesting to note that one of the duties of the superintendent is -- ‘That if the goods of the hospital are not sufficient for its expenses, he ought to collect all the time and from all Christians provision according to the ability of each.’]” (Nicene,XIV 50)

Canon 8 of the Fourth Ecumenical Council at Chalcedon in the year 451 includes similar instructions regarding the establishment and management of hospitals. Commenting on this canon, William Bright writes:

“[T]he noble and charitable foundation, almost a new city established by St. Basil at a little distance from Caesarea, and called in consequence the Basiliad. Gregory Nazianzen describes it as a large set of buildings with rooms for the sick, especially for lepers, and also for houseless travelers; ‘a storehouse of piety, where disease was borne philosophically and sympathy was tested’ . . . on its staff of nurses and physicians . . . St. [John] Chrysostom, on coming to the see of Constantinople, ordered the excess of episcopal expenditure to be transferred to the hospital for the sick and ‘founded other such hospitals, setting over them two pious presbyters, with physicians and cooks . . . so that foreigners arriving in the city, on being attacked by disease, might receive aid, both because it was a good work in itself, and for the glory of the Savior” (Nicene,XIV 273).

The hospital developed into a place of holistic healing and care. Its mission was inspired of God-like love for fellow human and carried out by the community -- a community of faith and science.

“The emperors both as public officials and private philanthropists, the bishops of the official church, monastic leaders, lay aristocrats, and for many centuries the medical men, sought to secure institutions for the sick that could provide both men and women with bed, board, nursing care, and the expertise of highly qualified physicians. Byzantine hospitals were designed with one purpose -- restoring their patients to health” (Miller 53).

Establishing hospitals for the health and salvation of those in need flowed from the consciousness of the Church as offering “new life” to the world. Thus the psychosomatic unity that was characteristic of the Church’s approach, inspired by philanthropy, led to hospitals that were carefully organized and staffed to provide this holistic style of care.

“One of the most splendid endowments was that of John Commenus in the twelfth century. He provided a monastery with two churches, and placed in its care not only a hospital for men and women, but homes for old men and epileptics, illegitimates [one way that the Church addressed a concern over abortion and infant abandonment] and orphans, as well as one for lepers. His foundation charter sets out his intentions. There were fifty beds in the hospital, divided into five wards, one for surgical, one for medical cases, one for the use of women, and two for simple cases. Staffing was more than adequate (including one woman doctor), diet was vegetarian but well-balanced. There was a surgery and dispensary for out-patients. The sons of the medical staff had their own school where they were instructed in the rudiments of medicine. The whole institution was under the charge of the head of the monastery . . .” (Hussey 139)

The approach created the environment in which new medical procedures and protocols were developed and practiced. At the same time, spiritual care was provided in equal measure. In the Christian empire research brought about “the emergence into acceptability of remedies that had earlier [pagan times] been excluded as ‘falling outside the profession of medicine’” (Nutton 8). Thus, the Byzantine physician conducted medical care within a therapeutic model that appreciated -- in fact could not be divorced from -- the full psychosomatic humanity of the patient. Alexander of Tralles, in the sixth century, wrote the following about doctors:

“He chooses truth over authority, and the deciding factor is always experience. His thinking on remedies may be summed up as follows: ‘If they don’t work, it doesn’t matter what the ancients say about them.’” [Alexander himself] can be fairly critical of doctors in his own day and faults them for not being careful enough in the use of drugs: many physicians, he tells us, are only interested in combating the symptoms and often

cause more harm than good . . . Alexander always has the patient uppermost in mind and is very sympathetic to individual feelings and fears” (Duffy 25).

The prayers of the Orthodox Church regarding illness point to the spiritual dimension of anything that falls within the human experience, for we are indeed body and soul. Some of the Patristic Fathers further describe human nature in trichotomistic terms that point to the unity of humanity in communion with God (that is, human nature as a trichotomy: body, soul and Spirit [of God]). Central to the Orthodox approach, however, is the notion that illness has a spiritual aspect. Hence some of the prayers for the sick refer to the “spirit of disease” - *to pnevmati tis asthenias* (Vaporis 140). It is not surprising that the holistic and therapeutic approach characteristic of the Byzantine hospital has led to an understanding that in the twelfth century “ . . . Byzantine doctors, insofar as they took their profession seriously, always considered the entire person in making their diagnoses” (Hohlweg 125). Compassion for fellow human was never seen as distinct from the practice of medical science, and physicians in Byzantium were continually in interaction with other caregivers concerned with the patient as a whole person.

“Michael Choniates, the Archbishop of Athens at the time of the Fourth Crusade . . . formulates two moral rules for an honest doctor: first, you should not raise your fees too high, and secondly, you should not be negligent and indifferent to the pain of your patients, especially those who combine grave illness with severe poverty” (Kazhdan 45).

It is not uncommon to discover Byzantine physicians who, on epitaphs, describe themselves as *pnevmatikoi* -- “men of the spirit” (Nutton 4). Such was the understanding of healing that defined the medical profession. Medical learning was in a contextual setting in the care provided at Byzantine hospitals -- always practiced in a community of faith. The God-centered or spirit-filled aim of therapeutic care is everywhere evident although, to be sure, it was never fully perfected. But amid shortcomings and imperfections, the goals are undeniably present. And in the cooperative ministry of healing the whole person, the sacramental dimension is complimentary to the medical. Recognizing that “a man’s spirit sustains him in sickness, but a crushed spirit who can bear?” (Ps 18:14), the Christian experience of sickness and healing is not reduced to either a medical or spiritual model exclusively.

Therapeutic care will take into proper consideration the available knowledge and skill of medical science. At the same time the wise counsel of the New Testament is heeded: “Is any one of you sick? He should call the elders [presbyters -- *presviterous*] of the church to pray over him and anoint him with oil in the name of the Lord” (James 5:14). Thus the sacrament of Holy Unction -- anointing with oil and prayer for the sick -- clearly became an ever more prevalent healing ministry of the Church in the growth of hospital care. The sacrament, like medical care, is seen as both therapeutic and holistic.

“Anointing of the sick is the sacrament of the restoration to health of the whole human being, body and soul . . . Anointing may bring either return to health or the increase of spiritual strength necessary to Christian death; hence this sacrament has two faces; one turns toward healing the other toward the liberation from illness by death” (Bulgakov 114).

The Orthodox Church has never reduced the sacramental anointing of Holy Unction to a ‘last rite’ as in the Roman Church’s understanding. In 1274, when the Eastern Orthodox and Catholics gathered for talks concerning unity at the Council of Lyons, “the Greek [Orthodox] Fathers criticized the Latin Church for administering the sacrament as a last rite” (Constantelos 12). Holy Unction is always a sacramental act of healing, even if that healing is unto the life of the Kingdom. Thus, the prayer of anointing says: “O Holy Father, Physician of souls and bodies, who didst send thine Only-begotten Son, our Lord Jesus Christ, which heals every infirmity and delivereth from death . . . ” (Hapgood 345). Whether at the hand of a priest offering prayers, supplications and sacramental anointing, or under the treatment of a medical caregiver, the Orthodox ethos understands that healing and redemption are of God. Thus, there is a hope for those apparently hopeless, and life for those afflicted unto death of the body. This is the faith which understands therapy as caring for the human person who is, in Christ, a being of eternal destiny. Care is itself a continuum activity that may recognize a point in time called “death,” but which nonetheless does not admit to a termination of caring. Indeed, “love never ends.” Paul Ramsey rightly admonishes caregivers to “Never abandon care!” (TPAP 153) Synergistically the various caregivers apply their talents and gifts to the welfare of the one who is the recipient of care. It must be remembered, continually, that while each cooperates with the divine love and mercy, it is the

Lord God alone who is the “Physician” of souls and bodies (*o iatros ton somaton kai ton psychon eimon*) -- able to heal and restore to “health.” Knowledge and faith, science and sacrament, reside ultimately in the goodwill of the compassionate Savior. “I will heal their waywardness [says the Lord]” (Hosea 14:4).

“Heal me, O Lord, and I will be healed; save me and I will be saved, for you are the one I praise” (Jeremiah 17:14). The sacrament of Baptism ushers in a new way of life for the Christian and a renewed vision of health. Wholeness of life in Christ is redemption -- there health reigns. As the priest blesses the waters of the baptismal font he says, “Make it the fountain of incorruption, the gift of sanctification, the remission of sins, the remedy of infirmities, the final destruction of demons, unassailable by hostile powers, filled with Angelic might” (Service Book 155). Into these sanctified waters the neophyte plunges, and arising “cleansed” the Christian person has begun a life process of **synergy** -- the will of a human now called to union with God. The synergistic nature of health and healing are clearly essential to an Orthodox understanding. God and human, human person and human neighbor, human neighbors in human community -- all imply the coming together of energies in complementarity. Each is interdependent. The Trinitarian theology of the Church points our attention again and again toward the perfect unity of Divine Persons (Father, Son, Holy Spirit) in the Godhead. The very notion of ‘person’ has no meaning outside of relationship, as the history of the Greek terms “*ousia*” (essence) and “*hypostasis*” (person) so attest. Therefore, the synergistic dimension may be said to be a matter of metaphysics and metaethics. Understanding of this synergy is a requisite for any explanation of an Orthodox approach to ethics. It is similar to the notion of the “moral bonds of community” articulated by Arthur Dyck of Harvard University. Approaching the matter from a model of functionality, Dyck reasons that there are requisites of community that must exist if community itself is to exist. These requisites support that which Orthodoxy intuitively recognizes as being foundational to our synergistic existence.

“To come to be and to be protected is only possible through procreation, nurture, and refraining from killing and harm. These natural proclivities and inhibitions are necessary for individual agents to be and persist, and at the same time, they are among the proclivities and inhibitions that are necessary for communities to be and to persist. Relationships that are logically and functionally requisites of communities are at the same time the very caring relations that connect us to one another in friendships; in families; in economic, recreational, political, artistic, professional, and religious associations; and in promise-keeping covenants that make trade, treaties, and

constitutional democracies a human possibility. We are naturally social, however self-serving we may also be” (Dyck,RRR 390)

The therapeutic approach brings together in synergy the various disciplines and approaches that comprise a human response to sickness. This is not only a coming together of things human. It goes beyond the functional proclivities and inhibitions of humanity in community. There is also implied the cooperation of human and divine in a synergy linking the all-loving God and Creator with the beloved creature. In this sense, therapy is always most fully comprehended in relation to the great and holy “Therapist.” Mother Thaisia, a Russian monastic of the early part of this century, writes:

“... if you had received relief from medical aid, then also it would not have been otherwise than through the will of God, through His mercy, which is manifested to you by means of a man, *for of the Most High cometh healing, and the Lord hath created medicines out of the earth* [Sirach 38:2,4]” (Thaisia 83).

The fifth century ascetic, Saint Diadochus of Photike, says something quite similar regarding the synergistic nature of healing:

“... there is nothing to stop a Christian calling in a doctor when he falls ill. Divine providence has implanted remedies in nature, and hence human experience has developed the art of medicine. But, all the same, our hope of healing should not be placed in doctors but in the true savior Jesus Christ” (Nutton 5).

In the deuterocanonical scripture of Sirach (also called Ecclesiasticus) a paradigm of healing synergy is presented that brings together: medical skill, medicinal remedies, prayer, confession of sins, commitment to righteousness (to ‘turn around’ in repentance -- *metania*), worship offerings, and restoration by the action of God. All of these dimensions comprise the Church’s sense of holistic therapy and are fulfilled in a medical/sacramental model.

“Give doctors the honor they deserve, for the Lord gave them their work to do. Their skill came from the Most High, and kings reward them for it. Their knowledge gives them a position of importance, and powerful people hold them in high regard. The Lord created medicines from the earth, and a sensible person will not hesitate to use them. Didn’t a tree once make bitter water fit to drink [Exodus 15:23], so that the Lord’s power might be known? He gave medical knowledge to human beings, so that we would praise Him for the miracles He performs. The druggist mixes these medicines, and the doctor will use them to cure diseases and ease pain. There is no end to the activities of the Lord, who gives health to the people of the world. Son, when you get sick, don’t ignore it. Pray to the Lord, and He will make you well. Confess your sins and determine that in the future you will live a righteous life. Offer incense and a grain offering, as fine as you

can afford. Then call the doctor -- for the Lord created him -- and keep him at your side; you need him. There are times when you have to depend on his skill. The doctor's prayer is that the Lord will make him able to ease his patient's pain and make them well again. As for the person who sins against his Creator, he deserves to be sick." (Sirach 38:1-15, Today's English Version)

Thus, the ethos of Orthodoxy points us toward the *healing* of soul and body; *through* the great love, mercy and compassion of God; which *works among and within us* as individuals, neighbors, and members of community. For the physician/caregiver, this implies faithfulness to the demands of neighbor love and compassionate use, as a stewardship, of the talents given by God. In light of our therapeutic model, there is what Edmund Pellegrino and David Thomasma describe as "the *moral center* of medicine . . . an effort to heal within the context of a petitioner coming with a complaint and a professional who promises to heal" (54). Calling this relationship "beneficence-in-trust," their direct implication is that there is a highly moral character that must never be parted from an understanding of what it is to be a physician (or any caregiver for that matter).

"The healing vision of God at work in the world is . . . inclusive . . . it forms a matrix of concern which includes every aspect of life, restoring and healing it toward the transfigured life which is fully in communion with God and his creation" (Harakas, GOTR 235).

This paradigm of loving and compassionate healing, therapeutic in nature, contains within it a strong concept of responsibility. Striking responsibility, for in light of the life-affirming faith and eternal Kingdom of God, there is a reminder that all persons (caregivers included) shall be called to righteous and just judgment for their intentions and actions. The very same life enhancing and perfecting activities -- prayer, fasting, confession, worship, etc. -- therefore serve as powerful forces in the formation of "healthy" physicians, nurses, and other members of the caring professions. This vision is not universally accepted, and indeed this present discussion is specifically from an Orthodox perspective. But it seems all the more appropriate to discuss in light of the contradictory approach of some contemporary bioethical writers. Consider, for example, the viewpoint of H. Tristram Engelhardt. As a physician, philosopher, and ethicist, he presents us with a view proposing a "secular" (nonreligious, non-sectarian) approach to bioethical questions. Two resultant themes are worthy of comment here: 1) that "the hope of establishing through general secular arguments the moral probity of any particular concrete moral

viewpoint appears unfounded. The monotheistic presumption has in short collapsed” (42); and 2) that we are autonomous persons who as “individuals meet as moral strangers” (55). The Orthodox theologian and laity alike ought to sense an inappropriateness within Orthodoxy’s ethos of terms like “autonomous individual” and “moral strangers.” As mentioned earlier, the patristic tradition and Orthodox piety reflects an understanding of human *autexousion*, or self-determination, within the context of relatedness to God and neighbor. All humans, created in that Divine image and likeness, share in the same essence as human. As such there is a common bond, founded in truth, leading human persons to unity of faith and commonality of right-living. If indeed we meet as moral strangers, then one or both of us must be proceeding from out of the darkness (and ignorance) of sin. To be a preconditioned and inescapable “stranger” to another child of God is to admit to the broken condition of human relatedness in sin. It is to succumb, and perhaps surrender, to the deceit of the evil one. There is no appeal to what may be a possible remedy to this sinful separateness, no redemption or reconciliation. The parable of the Last Judgment (Matthew 25:31 ff) is ignored, for if in doing to others we somehow also do unto God, then we have encountered the stranger as “not-stranger” on all accounts, including moral. At very least, the Orthodox vision would counter Engelhardt’s claim with what appears obvious from the therapeutic model; that is, there is a holistic need experienced by one seeking the gift of healing and this makes a moral demand upon the caregiver as “friend.” Who would desire to seek help during a time of dire need from a stranger, let alone a stranger whose morality remained unknowable? The implications of this kind of “secular” approach reveals that it goes contrary to an Orthodox Christian understanding of how humans live and coexist, even in the fallen world. Additionally, a more careful reading of Engelhardt leads me (and I believe would lead others) to the conclusion that he has presented a deception. His “secular” approach to ethics is, for all the disavowal of religion-based bioethics in a pluralistic community, nonetheless itself sectarian. It sanctifies autonomy. If Engelhardt can claim acceptability and respectability in bioethical discourse by making autonomy his god (or, first principle), Orthodox Christianity ought not in the least be hesitant to offer an equally valid claim for a bioethic firmly based on Trinitarian theology as proclaimed in the Church throughout the ages in the Scriptures, Patristic writings, Canon Law, sacramental life, worship, prayers, lives of saints, etc.

The contemporary issues raging as extremely perplexing debates within the realm of bioethics -- or clinical ethics, or medical ethics, or some other ethic-rooted nomenclature -- must somehow be placed in a context wherein an Orthodox vision and response can begin to be formulated (if not fully formulated, at least pursued prayerfully in faith and love!). All that has been said thus far can assist in informing the general nature of that vision. Clothed within the rich tradition (here I mean what many theologians would call the capital "T" traditions) of Orthodoxy are priceless gems of wisdom and insight. To be sure some of the formulations are antiquated, but for the most part it is the parlance and not the essential content of the formulations that needs reinterpretation and/or updating. With this view in mind, a brief discussion of what are commonly called "end of life" issues will follow. Special attention will be directed toward euthanasia and physician-assisted suicide.

We enter into an ontological penumbra in contemplating life and death in bioethical discourse. Unlike the writer of the first century text called the Didache (or "Teaching of the Apostles") who stated that there are but two ways -- life and death -- with a great difference between them, we in our technological age have come to the point where the "ways" may remain figuratively quite different but biologically quite confused. Father Stanley Harakas encapsulates the perplexity very concisely by combining the terms "life," "death," "physical," "continuum," "dying," and "process" into one insightful sentence: "It may well be that physical life and death are events in a continuum in which it is impossible to discern when the dying process actually begins" (FTH 34).

A clarification of terms must be made. Operative in the contemporary discourse are discussions of "end of life issues" and "euthanasia." Some reflection concerning these words and their application reveals something that I would defend as central to an Orthodox response: that is, they are outside of the very consciousness of Orthodoxy as they are most commonly used today. For Orthodoxy to speak of the "end of life" contradicts the essentially resurrectional character of the Church's theology. It is, after all, the Resurrection of Christ from the dead which is called the "Feast of Feasts" and is joyously proclaimed by the faithful in the exuberant exchange of the Paschal greeting, "Christ is Risen!" and the equally joyful response, "Indeed, He is Risen!" The destruction of death by the death of the Life (Christ), and the release of Adam and Eve from the bonds of Hades, are themes repeatedly affirmed in the very being

of the Orthodox Church. Therefore, “end to life” can mean no other than **somatic-cessation**. It is the biological end of bodily function alone. So too, the term *euthanasia* (“good death”) can only be justified in light of redemption through the cross and Resurrection of Christ which is characterized by a life of *theosis* (God-likeness) that eternally expresses itself from glory to glory. It cannot be -- and must not be -- equated to the commonly used definition that avoids reference to Godly life and instead emphasizes the death aspect of “good death.” To die in a way that gives dignity to death itself is absolutely foreign to Orthodoxy. There is no dignity in death, the final enemy, but only in the “new life” of the Kingdom. To value death qua death is abhorrent. It is contrary to a faith that proclaims the joy of Resurrection, and that also reminds the faithful on the day before Palm Sunday (Lazarus Saturday) that the Lord Himself “wept” in the face of death’s horrible and evil grasp on humanity.

Most instructive of the Orthodox insight into these issues is the Feast-day of the Dormition (“Falling Asleep”) of the Virgin Mary. While the assumption of Mary into heaven has never been dogmatized in Orthodoxy, as it has in the Roman Church, the Church nonetheless recognizes something uniquely powerful in the remembrance of this event. Why? Perhaps it is due to the fact that here we have a statement about human death and passage into eternal life. Here we have a proclamation that reveals a bioethical perspective as valid and relevant today as in antiquity. The key dimension of this revelation resides in the focus of our attention away from the mundane and material, and toward the transformational and supra-material. The essential character of this approach is summed up by use of the term “translated” in reference to that which has occurred in the death and restoration to authentic life of Mary. It is further empowered as an iconographic representation of humanity in the Church’s understanding of Mary as herself being an image of the Church and its faithful. In this sense, her death and assumption into the Kingdom is also my assurance of the same salvation. As she contained in her blessed womb the Christ, we are also called as faithful Orthodox Christians to have Christ dwelling within our being. Thus, we sing at each baptismal liturgy: “As many as have been baptized into Christ have put on Christ. Alleluia!” This affinity that exists between each member of the faithful and Mary as a “mother” to all who reside in the Church as a family of faith, calls for a discussion of somatic-cessation

in translational terms. Perhaps this is more clearly revealed in the hymns of the Feast of the Dormition of the Virgin Mary:

“The hosts of angels, present with the fellowship of the apostles, gaze in great fear at her who bore the Cause of life, now that she is translated from life to life.” (From the Lity of

Great Vespers for Dormition -- Mary 509)

The Virgin Mary “has been translated to the places above the world, there to perceive the beauty of the Almighty . . .” (From the Stichera hymns at Vespers for the Dormition -- Mary 504)

So too the icon of the Feast, displayed for the veneration of the faithful, depicts in glorious colors the theological vision of the event; for depicted there is the assembly of apostles surrounding the corpse of Mary as prepared for burial, but in the background is presented the large image of the glorious Christ (surrounded by resplendent light) holding in his hands the miniature image of his earthly mother. The message is clear: the one who gave birth in time to the eternal Word of God now is held in His saving hands and given life beyond the grave. Like each of us, she needs that salvation of Christ. She is, to use the language of the Church, **translated to life**.

The notion of translated life sheds a new light on the “end of life” debate. It helps us to recapture the concept reflected in the Greek word *methistimi* -- that is: translation or transfer, to remove from one place to another, mentally and spiritually to bring to a different point of view or to cause someone to change position (Arndt 500). This is the implication of many scriptural texts regarding the new life, including Colossians 1:13 -- “For He [the Father] has rescued us from the dominion of darkness and brought us into the kingdom of the Son He loves.” In this text, the term translated as “rescued” is *metestisen*, which implies “translated.” In Orthodoxy the notion of translated life beyond the somatic-cessation commonly called “death” extends beyond the Feast of Dormition to other commemorations and, as I will show, to the funeral service of each Orthodox Christian. The Feast-day in remembrance of Saints Peter and Paul is a good example of this wide application:

“Verily, O Lord, thou hast translated to bliss and the enjoyment of thy blessings, those two trustworthy preachers, theologians, and heads of thy Disciples; for thou didst accept their struggles and death as better than any sacrifice, O thou who alone dost know the

secrets of the hearts.” (From the Kontakion Hymn for Saints Peter and Paul -- Nassar 553)

There is use of the term “translatory” in physics to refer to those instances in which motion “consists in onward motion, as distinct from rotation.” This is the Orthodox Christian understanding of that life continuum as influenced by sin into somatic-cessation toward translated bliss in the Kingdom of God prepared for the saints. In short, there is indeed factual content to the notion of Saint Paul that we are ever growing in Christ from one glory to yet another. By translation we understand that the essential human person may undergo different form of expression. The value and content of that blessed life, sacred by the very act of God, is not diminished because of its translated (and in this world, sometimes mistranslated or distorted) form. This gives a new way of looking at the patient with a severe handicap, the elderly, individuals with Alzheimer’s disease, the “dying,” and indeed all persons (even the so-called, but truly nonexistent, “normal”). All are influenced by the passage of time and reinterpretations of their continually translated selves as empirically encountered. Has anything been altered essentially, however? Is there not dignity in each? Is there not humanity at the most consecrated level of being in each? Are we responding to the translated form rather than the essential human person in our approach to those labeled “unhealthy,” “sick,” “disabled,” or “dying?”

Within the life continuum, it is important that human persons use their self-determination (*autexousion*) in a manner consistent with the bonds of community that both enable and nurture life. Somatic-cessation is a part of life as we live it, it is the second-baptism unto life eternal for the faithful. What is required is a manner of putting it all in perspective ethically. Arthur Dyck helps to clarify this in stating that a person

“does not choose death but how to live while dying . . . no different in principle from the choices we make throughout our lives as to how much we will rest, how hard we will work, how little or how much medical intervention we will seek or tolerate, and the like”

(An Alternative 98-112).

So we come to an Orthodox understanding of translated life that both celebrates the victory of the Resurrection in Christ, but at the same time places the content of earthly life in the movement of the human person toward God -- toward *theosis*. Without the movement of the human toward God-likeness, there is no “health” in the truest sense. There is neither any such thing as a good death unless it be the physical death of one moving toward that image of God-likeness in faith and love; with humble submissiveness to the will of God; in a spirit of repentance. As such it is -- in fact -- not a death at all, but what I have termed somatic-cessation.

The Funeral Service of the Orthodox Church is sacramental in character. In it the translational dimension of somatic-cessation and resurrection are undeniable. The following excerpts, from Odes 6, 8, and 9 of the Canon sung during the service, are exemplary:

“We beseech thee, therefore: Give rest unto him/her who hath now been translated to thy presence.” (Hapgood 383)

“Those who have continued faithful in godly living, and now are translated into thee, do thou accept, O Master. Graciously give rest, forasmuch as thou art of tender compassion, unto those who exalt thee unto all the ages.” (Hapgood 384)

“O Savior, thou hast translated him/her from this place of affliction and the shadow of death.” (Hapgood 385)

When these issues become most disturbing, any person of compassionate concern for the suffering other must pause and grieve the horrific decisions that the reality of dying and death bring. Those times often occur at the time of immanent death, when it becomes ever more clear that efforts to prolong life are no longer appropriate because they have become the prolongation of dying. The translational character of an Orthodox approach is again helpful in these instances. The prayer, which has been mentioned earlier, for the dying “Who Has Suffered Much” and is at the very point of anticipated somatic-cessation, sums up the theological vision during this most emotionally charged time. It first offers thanks to God for the gift of life. It then recognizes the reality of sin, and its consequence of death. Pointing to the great love of God, there is the prayerfully offered supplication that the soul be

translated, followed by words of praise and glory to the Father, Son and Holy Spirit: the Triune God who gives repose to our souls and bodies. The prayer specifically says in part:

“... yet forasmuch as he (humankind) transgressed the command of thy statute, having accepted the image but preserved it not, and because, also, that evil be not eternal, thou hast ordained, through thy love for mankind, dissolution of the same; and as God of our Fathers, through thy Divine Will, thou hast cleft and dissolved this insoluble bond, that the body should be dissolved into the elements of which it was fashioned, and that the soul should be translated to that place whence it was taken, even until the general Resurrection . . . Therefore, we beseech thee . . . loose thy servant from the body unto repose . . .” (Abramtsov 55)

A final point concerning the translational character of Orthodox’s approach to somatic-cessation, or death in the flesh, returns us to the therapeutic model. For the Orthodox Church there is a sense in which the healing of “sickness” (as in sin) follows even the chronological time of physical death and burial. Intercessory prayers are offered regularly for those who have “departed this life before us.” These prayers are included in corporate worship through several litanies of the Church and they also comprise special services in memory of the departed. Traditionally, family members and/or loved ones offer such services of prayer annually on the occasion of the anniversary of the departed’s “falling asleep” or translation to the heavenly Church. Looking at the content of these prayers, one is struck by their therapeutic character in that they intercede for the “forgiveness of all sins, voluntary and involuntary,” the “remission of sins,” the granting of “blessed repose,” and in general blessings that may be termed as restorative of humanity in the image and likeness of God (authentic, ontological healing). Reciprocally, Orthodoxy completes the circle of abiding communion among the people of God by the emphasis on the intercession of the saints for the Church and all her faithful. Those who have been recognized as having lived a God-filled life (*theosis* infused), are thus set apart (“holy”). They are offered to the faithful for special commemoration in recognition of that very same life continuum which makes effectual prayers offered on behalf of an other’s healing -- spiritual and physical -- appropriate in God’s sight regardless of the point of origin: that is, from earth or heaven. Therefore, the Church is resplendent with hymns of praise to the saints that indicate this mutuality of life in Christ. Typical is the Kontakion Hymn sung in

commemoration of the “Great Martyr” (martyred in the year 305) and “Physician-Healer,” Panteleimon, on July 27th:

“You emulated God’s mercy, and He granted you the power of healing, O Panteleimon, victorious martyr of Christ! Heal our spiritual diseases through your intercession, and as we constantly cry out to the Lord, ‘Save us!’ take away the temptations which the enemy always places before our steps.” (Raya 738)

The impact of this kind of theological vision upon the contemporary “end of life” issues is quite profound. Although passing through somatic-cessation, we may indeed remain sick unto the condemnation of our souls. This is what Orthodox refer to, in prayerful supplication, as having a “good defense before the awesome (dread) judgment seat of Christ.” So too, there is great hope in the salvation of Christ -- the great “Physician” of souls and bodies -- who eternally grants the fulfillment of health to those who rejoice forever in the heavenly mansions. Given this hope of eternal life, the Orthodox emphasis on the life of growth in God-likeness is given proper context. There is indeed a concern for “eternal health” in the various aspects of Orthodox Christian life, be it the role of fasting, worship, prayer life, and the rest. Accepting the whole life of the Church as a proper preparation for that life in Christ, Saint Gregory Nazianzen is quite confident in reassuring the faithful, saying “What grievance can we find in being transferred hence to the true life?” (Nicene VII 269) In anticipation of this restored life the Church offers as the perfect summary of human supplication the cry: *Kyrie eleison* (Lord, have mercy).

But what are we to make of the current debates concerning euthanasia and physician- assisted suicide? How does an Orthodox response take form and offer substantive insights? The right to die is yet again a foreign way of speaking to the Orthodox mind set (as is the right to privacy). Die we must in the flesh, but it is in context of a “condemnation” and “penalty” of sin rather than a God-given right. On this point we indeed must be clear: God is neither the author of sin nor of its consequence. While I cannot discuss this doctrine fully here, it nevertheless needs to be stated clearly. Death is always an evil, tragic, sorrow-filled event. Knowing that it is tantamount to “somatic-cessation” in the light of Christ’s salvation does not, in any way, minimize its horrific nature. In death loved ones are parted. In death the noble nature of human personhood is disfigured. The body, made to glorify God, decays in most

displeasing ways. Hopefully, this understanding of death's tragic nature has been adequately stated previously. It is well however to recall the blunt words offered in the Funeral Service:

“Now is life's artful triumph of vanities destroyed. For the spirit hath vanished from its tabernacle; its clay groweth black. The vessel is shattered, voiceless, bereft of feeling, motionless, dead: Committing which unto the grave, let us beseech the Lord that he will give him/her eternal rest.” (Hapgood 389)

Euthanasia is a topic that evokes many responses. I refer to euthanasia as the active, premeditated termination of somatic life. Allowing someone to die as a natural course of the dying process is not euthanasia. I flatly reject the often discussed notion of “passive euthanasia” and am not alone among Orthodox commentators in so doing. While I understand that one might argue over technologically perplexing scenarios that offer opportunity for ethical/theological “hairsplitting,” the general situation confronted in reality is not normally so complex. Physician-assisted suicide, as a type of euthanasia, is yet another aspect of the current ethical debate. There is not a universally accepted definition of the terms. When the terms are defined to the satisfaction of given ethicists, there are yet many interpretations of intent, methodology, ultimate principles and application. As a result, there are points of agreement and disagreement that are not always as friendly or unfriendly as first assumed. Some ethicists will find agreement and approve a given practice, but found the ethical justification for that practice on conflicting or competing principles; others will begin discourse on common ethical ground and end up in conflict along the course of their deliberations. Popular opinion enters the fray as our population struggles to interpret the ethical claims against pragmatic considerations, religious teachings, media accounts, utilitarian calculations, and so on. We are clearly formulated economically as a benefit-vs-burden consumer society, and the realization that our magnificent technological resources are limited cannot be ignored. Enter into the mix the fervor toward cost-cutting budgetary reform in government, industry, community and personal economic affairs. Fear of the future and skepticism concerning its promise -- a rather new phenomenon among the American people -- complicates things further. In short, the need for carefully reasoned and prayerfully developed thinking concerning the issues at hand are critically important for Orthodoxy. Euthanasia and physician-assisted suicide are but

two issues of ethical “urgency” at this time. There are many others. However, I will limit my discussion to these areas at this time.

The notion that life may be chosen as an optional alternative to another choice, death, is fundamentally opposed to Orthodoxy’s ethos and vision I have attempted to describe thus far. Interestingly, our western culture tends to point toward the teaching of Hippocrates in founding the prohibition against the “doing of harm” to a patient. But Arthur Dyck offers a powerful observation about the essentially Christian dimension of this prohibition. He writes:

“Before Greece embraced Christianity, Greek physicians did administer poisons. This was true despite the fact that the Hippocratic Oath, an ancient Greek document, prohibited the giving of poisons. The oath did win out, but it did so as Christians embraced it and Christianity came to supplant ancient Greek and Roman religions and cultures.” (RRR 283)

Father John Breck reminds us that the “death with dignity” phraseology is cruelly deceptive. We do well to remember that the hymns of the Funeral Service constantly point the attention of those who remain alive on the absence of dignity in human (somatic-cessation) death. Breck rightly observes that active euthanasia, if tolerated, “unwittingly fosters the ultimate death with indignity by promoting homicide or suicide” (262).

What is really at issue in the debate is the metaphysical/metaethical question: that is, what is it to be human? As I mentioned at the outset of this discussion, the “giftedness” of life is fundamental to Orthodoxy. On the other side of the debate, there is clearly a denouncement of any such presumption concerning human life. In the person of H. Tristram Engelhardt we do well to observe the logics of this opposing view. By offering a non-religion based bioethics, Engelhardt’s “secular” approach constructs a line of ethical reasoning that is unacceptable to Orthodoxy in light of its point of origin as well as its outcomes. As previously noted, his “god” is human autonomy and, by appealing to it as a kind of prime mover for ethical decision-making, he must censure through marginalization those of us who understand the communal dimension of human nature. He generously allows for our freedom of religious expression (we too, after all, are autonomous), to believe that which we will -- privately. But by placing this

theological vision in the realm of personal piety and belief he essentially voids its power to shape and transform lives. The end of the road upon which Engelhardt would have us walk as “secularists” does not need much unpacking, for he himself reveals its course.

“Secular bioethics reflections may not support all the moral restraints that religious individuals or partisans of a particular ideology may want . . . [T]here will be few serious general secular moral objections to abortion on request. A secular bioethics is unlikely to develop convincing arguments for forbidding many actions that our Western Christian societies have taken to be morally wrong, such as ‘unnatural sexual activities,’ suicide, or the active euthanasia of severely defective newborns.” (12)

Remembering the gifted nature of human existence professed by Orthodox Christianity, we read on in Engelhardt:

“... a well-established philosophical view that rational suicide is not only allowable but in certain circumstances laudable. This view underscores the fact that life is not a good in itself, but rather life takes on value through the goods it allows to be realized.” (312)

Unacceptable is the metaphysical/metaethical assertion that “life is not a good in itself.” The Orthodox understanding is that God has acted in creation by generating, through unspeakable love, that which is (by the revelatory account in Genesis) “good.” The creature may, as having free will and autonomy, act in ways opposed to the good. But authentic humanity is drawn toward its essential character, and thus the heart, mind and conscience of human beings are somehow restless for God-likeness. Actions may be evil, even leading unto somatic-cessation (death). In the final judgment of God’s righteousness, souls may indeed receive condemnation for sin. This does not, however, in any way diminish or negate the essential “good” which God figuratively “breathes” being into each and every human person. Being “good” essentially is, in fact, the very cause of the judgment against us in sin. We are beings, several Patristic Fathers contend, whose sensitivity and perceptibility are open to the knowledge of God by our very makeup as human. In sinful deception or willful transgression, the human person may seek after those things that are contrary to the good. Evil is a possible activity for humanity. This does not infer, as Engelhardt must conclude, that evil is justified as a “value” in facilitating personal attitudes of “goods.”

Ethically, autonomy leads nowhere -- or perhaps, everywhere. Discourse ends at the door to autonomy for the very notion implies absolute authority of individual choice or whim. Orthodoxy understands, rather, the essential communion of persons. Autonomy is not understood as a precondition to life or the "good" life. No one asks, of autonomous decision, to be conceived and born. Life is received by each human person without request. No better word than "gift" is descriptive of it. To justify the "laudable" end of life by the autonomous choice of the one living, one must fashion an argument like Engelhardt's that denies giftedness and asserts a right. The right to die is bound to a right to privacy -- that is, a right to aloneness. It is the rejection of communion with God and neighbor as informative to ethics. It is a way to argue the point at hand in favor of suicide, euthanasia, and physician-assisted suicide; but it is clearly not consistent with the faith of Orthodoxy. The truth, as revealed and professed in the Church, is not negotiable (a confession that cannot be reconciled with Engelhardt). It is sinful to negotiate the value, or good, of any human life precisely because it is gifted into being. The communal nature of humanity also demands stewardship of life, and thus it is inconceivable to defend assistance (by physician, nurse, "caregiver" or other) in an act designed for no other purpose but the termination of life. From the Orthodox point of view, I see no other option but to call that kind of action murder. It simply fits the definition.

To be perfectly honest, we would do well to avoid talking about "physician-assisted suicide." The reality of the situation is much more properly labeled "physician-induced death." Just because a suffering patient (who ought to be therapeutically treated by a caregiver) asks for death, this in no way absolves the caregiver of moral responsibility for their actions. Physicians cannot wipe their hands of the moral issue by claiming the autonomy of the patient.

Paul Ramsey has asserted, "Any physician knows whether he is trying to relieve suffering or trying to bring death" (Ethics 149). Certainly the alleviation of suffering is both compassionate and within the therapeutic paradigm previously discussed. What can be termed "comfort care" properly moves our attention from the hastening to death in euthanasia and toward the attending to the well-being (physical and spiritual) of the sufferer who may, in reality, be dying. Note the difference in approach: the one sees dying and turns to an almost eager embrace of death as release, the other sees in dying a "living"

life worthy of comfort care unto a translated life. The latter approach is acceptable from an Orthodox point of view. It is reflective of the communal dimension of human interaction with God and neighbor and is itself *synergistic*. Ramsey speaks to this matter as relating to care “of soul to soul.” He writes,

“All these procedures, some ‘natural,’ others ‘artificial,’ are appropriate means -- if ‘means’ they should be called -- of only caring for the dying, of physically accompanying with the dying. They are the embodied and effective gestures of soul to soul. As such, these acknowledgments of solidarity in mortality are due to the dying man from any of us who also bear flesh. Thus do men give answer by their presence and comfort to the faithfulness-claims of persons who are passing through the acceptable death of all flesh.”

(TPAP 129)

It is the care rendered unto fellow human, as therapy, that makes medical treatment ethical. The same could generally be said of pastoral ministry, familial affection, friendship, and so on. To lead the other toward restoration to that which is healthy and worthy of praise. Obviously there are limits to somatic health and that which can be accomplished medically. Often, and increasingly so in our modern era, the time comes when nothing else ought to be done, nor can be done according to a therapeutic model. Comfort care is then the only appropriate course of action, but the comfort ought to be holistically understood. The healing of soul in the face of dying flesh may be the focus of such care. To simply stand by, let alone offer an “easy” but murderous “way out,” as the sufferer loses hope, becomes filled with despair, enters depression, or festers a “death trap” mentality is uncaring and unloving. It is a violation of what we, as human persons, owe to the neighbor who is found to be dying (although not along the side of the road -- Luke 10:30-37). The same applies to questions of withdrawal of treatment already in progress. The concern must be for the one suffering, for his/her psychosomatic preciousness, and the life lived even in the process of dying.

“The intent to withdraw artificial feeding must be to benefit the patient -- by discontinuance of futile, burdensome measures that interfere with the process of dying.

It cannot simply be to hasten the death of the patient.” (Pellegrino 194)

An Orthodox approach toward the use of “extraordinary means” (which itself is very difficult to define as technologies advance and marvels of yesterday become routine today) is concisely stated by Father Stanley Harakas:

“Life is so precious and to be so respected that even when health cannot be fully restored, it should be protected and maintained; when, however, the major physical systems have broken down, and there does not seem to be any reasonable expectation that they can be restored, Orthodox Christians may properly allow extraordinary mechanical devices to be removed. When the body is struggling to die, when its numerous physical systems break down, when it cannot be reasonably expected that the bodily systems will be able to regain the potential for life, the Orthodox Christian is no longer obligated to continue the use of extraordinary mechanical devices. The decision should never be taken alone. It should be shared by the family, if possible. And, certainly, it should be made on the basis of expert medical opinion in consultation with the physician in charge of the case. It should also be made with the advice, counsel and prayer of the priest.” (CMI 172)

What becomes abundantly clear in approaching these issues from an Orthodox Christian perspective is the requirement for synergy in human existence. In loving communion, a sacramental relationship exists among the faithful people of God. The relationship understands and offers appropriate comfort and spiritual support to a sufferer who says “**I am tired of suffering.**” It also compassionately deals with the dying person who says, “**I’m ready to die,**” by offering the full range of spiritual therapy and physical comfort measures to enable as peaceful and painless a “translation” from dying -- through death -- to life, as is possible. But it does not abandon the sufferer who says “**Please end my life, now,**” and abandonment is properly attributed as descriptive of euthanasia and physician-assisted suicide. It is abandonment because it seeks the “quick” (but final) solution to the crisis at hand; it permits the one who should offer therapeutic and compassionate care to “end” the problem and perhaps also ease his/her own uneasiness with suffering; it accepts as factual reality the “death wish” of the sufferer, failing to look beyond the request to the motivations, the fears, the confusions, the yearning for meaning, the need for

reassurance, the desire to know someone really cares whether or not they live or die; it fails to understand and lovingly address that no one truly desires death, but approaches the thought out of desperation founded in the conclusion that “healing” cannot be attained or misery mitigated (who would seek death if miraculous and total healing were in fact available?). By killing the sufferer, the party to euthanasia or physician-assisted suicide murders the “problem.” A body has been alleviated from physical pain, but ought that result be the sole concern of the one offering authentic and holistic care? What, we may ask, has happened to the care of the supra-somatic person who now enters into eternity? Caring community, itself in a process of communion with God, offers the only viable model for meeting the ethical challenges faced at the moments aptly said to reside at “the edges of life.” That very same community must exhibit the “requisites of community” (Arthur Dyck’s terminology) that require physicians to provide diagnosis, prognosis, treatment and opinion honestly (“truth-telling”). They must also nurture life, and never seek to kill or intentionally harm. The morality and integrity of the physician must never be tainted by anything approaching the currently publicized, self-condemning title of a “Doctor Death.” Professor Dyck is, I believe, quite correct in his belief that when the requisites of community are no longer present then there can be no community sustained. At that point, life no longer nurtures life. Truth-telling is replaced with falsehood. Killing is an acceptable part of human interaction and a competition among autonomous selves (enmity) reigns; progress ceases; democracy falls to ruinous demise. If hell can be created by humans upon the earth, this may be the formula. Its dismal appearance is hideous beyond compare when contrasted with the vision of Orthodoxy. That vision points, as we have seen, to a *synergy* of person to person, person to God, and persons to God; moving in solemn procession toward *theosis*; offering *therapeutic* healing and salvation to the fallen. Paul Ramsey talks about the need for a “systemic change” that will strike a familiar note in a Orthodox chord:

“The process of dying needs to be got out of the hospitals and back into the home and in the midst of family, neighborhood, and friends. This would be a ‘systemic change’ in our present institutions for caring for the dying . . . If the ‘systemic change’ here proposed in caring for the dying were actually brought about, ministers, priests, and rabbis would have on their hands a great many shattered families and relatives. But for once they would be shattered by confrontation with reality, by the claims of the dying not to be deserted, not to be pushed from the circle that specially owes them love and care, not to be denied human presence with them. Then God might not be as dead as lately He

is supposed to be. The ‘sealing up of metaphysical concerns,’ Peter Berger recently pointed out, is one of the baneful results of a ‘happy’ childhood -- a childhood unhappily sheltered from the dying in all our advanced societies.” (TPAP 135)

Not to be ignored or forgotten is the eschatological vision of Orthodoxy. It is the Kingdom of God to which we owe primary allegiance and citizenship. We are “sojourners upon the earth” but at the same time the Church has received the great commission to bring salvation to the world. Keeping the proper balance between life in the world and yet again life not of the world is essential to approaching questions of medical ethics and many others. Before receiving the Eucharist, Orthodox Christians pray that “the communion of Thy holy Mysteries may be . . . to the healing of soul and body.” In the truest sense, we “connote a creative process which works toward the unity of body, mind, and soul. It is more than physical health, psychological harmony, or spiritual well-being. It is a holistic synthesis of the best of all three . . . ” (Chirban 9). It is nothing short of the glory of the image and likeness of God -- of transfigured life -- made new by the salvation of regeneration in Christ Himself. The prayer of Saint Simeon Metaphrastes is said following reception of the Eucharist and says:

“O my Creator . . . enter into my members, my veins, my heart. Consume the thorns of my transgressions. Cleanse my soul and sanctify my reasonings, Make firm my knees and body. Illumine my five senses.”

In sacramental communion with God the synergy of the Divine/human relationship is previewed. A foretaste of the Kingdom is granted, and a glimpse of fulfilled and restored “health” is made manifest. “Health is no longer viewed as the absence of sickness, but the realization of human potential when the human realizes God’s kingdom ‘in us’ and his presence ‘inside’ us” (Constantelos 14). Here then is a prescription for health that proactively seeks that kind of life which is “abundant” (John 10:10). Saint Gregory Nazianzen makes a wonderful point concerning the aims of physical and spiritual therapy that leads to a comprehension that the holistic/synergistic goal ought to be pursued through our “arbitrating fairly between soul and body.” This fair arbitration aims us toward the Kingdom and God-like life. It is the essence of the victory over sin, and the inheritance of eternal life. Health of body and soul are thus seen in perspective and balance:

“Place and time and age and season and the like are the subjects of a physician’s scrutiny; he will prescribe medicines and diet, and guard against things injurious, that the desires of the sick may not be a hindrance to his art. Sometimes, and in certain cases, he will make use of the cautery or the knife or the severer remedies; but none of these, laborious and hard as they may seem, is so difficult as the diagnosis and cure of our habits, passions, lives, wills, and whatever else is within us, by banishing from our compound nature everything brutal and fierce, and introducing and establishing in their stead what is gentle and dear to God, and arbitrating fairly between soul and body.”
(Nicene VII 208)

For the Orthodox Christian, passage from this temporal life to that of the Kingdom is filled with trials and tribulations. Much must be endured; temptations resisted; sins confessed and forgiven; dying and death reluctantly embraced. The eschatological vision of the day that knows no evening, of partaking in the royal banquet in the company of the saints, provides the ultimate faith in a restoration of humanity to health. In this faith we live. Remaining faithful, we die to the flesh. Through this great gift, life is once again granted to the fallen through the “New Adam” -- Christ the Risen Savior. Isaiah the prophet foretold this healing:

“The moon will shine like the sun, and the sunlight will be seven times brighter, like the light of seven full days, when the Lord binds up the bruises of his people and heals the wounds he inflicted” (30:26)

At the office of prayer at the Parting of the Soul from the Body, the *ikos* proclaims the ultimate victory over death and eschatologically fulfilled healing through Christ:

“The Devil, when he beheld the healing of Christ thrown open, and the health which flowed therefrom unto Adam, being sore smitten as it were with a calamity, wailed and cried unto his friends: ‘What shall I do unto the Son of Mary? The Bethlehemite, who is in all places and filleth all things, doth slay me!’” (Hapgood 364)

By the grace of God, through His love of humanity, Orthodox Christianity offers a vision of life that gives meaning to who we are, what we endure, and whence we go (“ . . . dying, and yet we live on” --

1 Cor. 6:9). The truth of this inspired faith provides a firm foundation that may -- through humility, prayer, worship, study, faith and love -- allow us the discernment to approach the perplexing questions of our age and address the field of medical ethics in accord with the will of our God -- Father, Son, and Holy Spirit -- to whom we offer glory forever.

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