

Pastoral care for those who want to die

Jeremy Smith

*I have said these things to you, that in me you may have peace. In the world you will have tribulation. But take heart; I have overcome the world. (John 16:33)*¹

Pastoral care for people who are dying can be confronting—especially for those of us who have little experience with death. But this is not the only way that death confronts us as pastoral carers. There are people in our congregations and communities who for varying reasons long for their own death. This is where we are posed with challenging questions: How do we respond to someone who tells us that they want to die? And how do we care for someone who no longer wants any part in this life? These questions and their varying contexts are the topic of this paper, but before we can begin to discuss what that care looks like, we need to turn our focus inward.

Pastoral care for those who want to die begins with self-examination. Before we ever set foot into a hospital, aged care home, or parishioner's home we need to ask ourselves an important question: What do I fear about death? When we are confronted by death, even in the form of pastoral care, our own fears come to the surface.² This may be fear of our own death, or perhaps experiencing elongated suffering, degeneration, and loss of autonomy. It might be a fear of what would happen to our families and friends, the loose ends that we don't get a chance to tie. You may have never deeply considered these fears, so before finding yourself confronted by them in a pastoral visit, take the opportunity when you can to unpack them, talk to a mentor, a pastor, a supervisor, or someone else who can assist you in unpacking these fears.

A helpful way to start approaching this topic is to consider the question: How do you want to die? Or rather, how *don't* you want to die? Mostly likely your response to these questions fits the fairly universal mould of our culture: your preferred death would be quick and painless, avoiding any and all suffering (especially prolonged suffering), and causing minimal pain and trouble to friends and family.³ This stands in stark contrast to the early and Medieval church, where Christians feared a sudden death, rather, a time of illness where death was in sight gave a believer time to prepare for death—to confess their sins and to die well.⁴ While there is much to be said for why this transition occurred (Stanley Hauerwas gives a helpful explanation in *Naming the Silences*), my focus will be on how

1 All Scripture quotations are taken from the English Standard Version.

2 Richard C. Eyer, *Pastoral Care under the Cross: God in the Midst of Suffering*, Revised edition (St. Louis, MO: Concordia Publishing House, 2014), 96.

3 Stanley Hauerwas, *Naming the Silences: God, Medicine, and the Problem of Suffering* (Edinburgh, Scotland: T. & T. Clark, 1993), 98.

4 Hauerwas, *Naming the Silences*, 98–99.

we respond to the current situation. The heart of this problem is our cultural need to live a 'good life.' This good life is built upon autonomy and is driven by success and enjoyment. We fear things that threaten our good life, things that remove our autonomy or hinder us from succeeding or from doing what we love. Therefore, in this line of thinking, what is the greatest threat? A long stay in our deathbed. Completely dependent on those around us, even for the basic tasks of eating, bathing, and getting dressed. Unable to work or achieve, and experiencing intense suffering so that we can no longer find enjoyment in anything. As a society, we have removed the need to face these fears in our everyday lives. We hide away those whose lives may remind us of our fears, and we focus on solving the 'problem' by trying to eliminate all causes of suffering.⁵ This is the context in which we live, and as we prepare ourselves to be carers for those who are experiencing that suffering, we need to come to terms with those fears for ourselves so that we are more prepared when we come face to face with death and dying.

With our own fears at the front of our minds, we can begin to approach the topic of pastoral care for those who want to die. For the sake of approaching the different elements of care, I have divided this form of pastoral care into three categories: the person who is ready to go when the Lord calls them home, the person who longs for death to end their suffering, and the person who has decided to end their own life (specifically through voluntary assisted dying [VAD]).

Waiting for the Lord to take me home

As part of a placement in an aged care home, I joined the chaplain on a visit to a dying woman and her daughter. She had been gradually going downhill for the last two years and in that time, she had come to terms with her death. Her and her daughter were faithful Christians who knew God's faithfulness and shared in the hope and knowledge of the Resurrection. There had been ample time to tie up any loose ends, and for the past year, this woman had been ready to go. She wanted to die to be with her Lord. My snapshot of this journey came just a few hours before her death. She had been unresponsive for months, but we prayed with her and her daughter, not realising that the Lord would call her home mere hours later. As I look back on that experience and how to provide care in similar circumstances, I invite you to share in my reflection.

Why were this woman and her daughter so comfortable and prepared for her death? From what I was told, she certainly had not been free from suffering, and the last years of her life had not been easy. And yet, she knew what was coming. As I heard in the session preparing for her funeral, she had a deep faith that held to Christ and all that He had won for her, His victory over death and the promise of the Resurrection. As I use this experience to point forward, I can see how it speaks to how we care for others who are facing their own death. On one hand, there is much to gain for the carer from people such as these. Their own faith and strength in the face of death can be deeply encouraging, as it was for me. But on the other hand, it is important to take care in seeing what may

5 Kathy Eagar, 'Choices at end of life: palliative care, euthanasia and other end of life decisions,' University of Wollongong, 24 November 2017, accessed October 14, 2022, <https://www.uow.edu.au/ahsri/education/alan-owen/>.

be below the surface. A person may state that they are ready for death, but they may still be holding back similar fears, fears of potential suffering, fears of unresolved past sins, or fears of what will happen with family. As we care for these people, we need to provide a safe space where they can open up, to discuss death and what comes after (both for those they leave behind and in the Resurrection), and to carefully listen to what fears may be finding their way to the surface. And as with all care for those who are dying, we can bring crucial comfort by word, prayer, and the Lord's Supper.

As you are met with people within these circumstances, I commend to you some specific words of Scripture which may provide comfort:

- Psalm 130: 'I wait for the Lord, my soul waits, and in his word I hope' [v. 5]

This Psalm offers words that can be used to cry out to the Lord and affirms them in their waiting.
- Psalm 25:1-5 'To you, O Lord, I lift up my soul. O my God, in you I trust... Indeed, none who wait for you shall be put to shame.' [vv. 1-3]

This psalm also offers encouragement to those waiting for the Lord. The remainder of Psalm 25 also speaks to varied challenges that they may be facing, (e.g. 'Remember not the sins of my youth' [v. 7]).

The depths of suffering

In my training to become a pastor, I made a number of visits to a nearby aged care home to see members of our congregation who had been moved into high care. One of the members whom I visited was a retired nurse whose condition had been rapidly declining. She knew her condition. She knew that her ailments would only worsen. She knew that the pain, sleepless nights, and overall suffering would only grow worse and worse. But she also knew that her body could keep on living far longer than she would have liked. On my last visit with her she told me how she was sick of it all. To top off the pain and sleepless nights she had now developed a rather severe bed sore. She told me that she wished that it would all just end. Unsure of how to respond to the depth of her suffering, I prayed for her that the Lord would grant her rest and free her from her pain, and it was just a few days later that I heard the Lord had answered that prayer in an unexpected way—the Lord had called her home.

For me, this was an incredibly challenging situation of pastoral care. How do you care for someone who is experiencing such deep suffering? At times such as these, we need to keep sight of our role and precisely what it is we bring. It's not up to us to relieve physical pain; that's up to the doctors and nurses. It's also not up to us to remove or fix their experience of suffering, as much as we may wish to. As pastoral carers, our role is 'to point the [person] to God in the midst of suffering.'⁶ Johann Gerhard frames this over and against our tendency to hide death away. Instead, he states that 'A great part... of

⁶ Eyer, *Pastoral Care under the Cross*, 28.

Christian wisdom consists of the constant contemplation of death.⁷ We guide suffering people to contemplate the suffering and death of Christ and what that means for them in their own suffering. This is a particularly important comfort for those who are experiencing grief over their loss of autonomy and their inability to live life as they did. This loss of autonomy can also raise another challenge as people question how they live out their faith when they are no longer able to go to church, to serve in the community, or even read the bible or pray. Once again, the message of Christ's suffering can be a great comfort. While they may be unable to imitate Christ in His active service, they can imitate Christ in His suffering and death—the way He brought the burdens of His suffering before the Father (Luke 22:41–44), the way He endured the suffering without cursing God or neighbour, the way He forgave even those who wronged Him (Luke 22:34), and the way He committed His spirit into the Father's hands (Luke 22:46).⁸

Providing care for people who are going through such deep suffering is something that must be done on a case-by-case basis. Again, we must first come to terms with our own fears of suffering, losing our autonomy, and being a burden to our loved ones, then, as we find ourselves needing to care for those who are suffering these very things, we can listen and discern what fears the person may be experiencing and appropriately respond through word and prayer.

For these situations I commend some specific passages to you. The Psalms are particularly pertinent in this setting, as Luther frames it in a letter to his own father: 'The whole Psalter is full of such comforting promises, especially Psalm 91, which is particularly good to be read by all who are sick.'⁹

- Psalm 88: 'O Lord, God of my salvation, I cry out day and night before you... I am a man who has no strength... Afflicted and close to death from my youth up, I suffer your terrors; I am helpless.' [vv. 1,4,15]
This lament encourages the person to cry out to God, and draws out key feelings of weakness and helplessness.
- Romans 8:31-39: 'Who shall separate us from the love of Christ? Shall tribulation, or distress, or persecution...' [v. 35]
These verses emphasise the power of God's grace and love over and against all that assails us.
- As mentioned earlier, the accounts of Jesus' suffering and death can provide particularly strong comfort, highlighting Jesus' very real emotions in the garden (Luke 22:41–44), and His feeling of abandonment on the cross (See Matthew 27:46, which can also be expanded with Psalm 22).

7 Johann Gerhard and Carl L. Beckwith, *Handbook of Consolations: For the Fears and Trials That Oppress Us in the Struggle with Death* (Eugene, OR: Wipf & Stock, 2009), 3.

8 Hauerwas, *Naming the Silences*, 87–88.

9 LW 49, 270.

Choosing death

In this final section I cannot speak from my own experiences, but with recently passed legislation, it is important to approach the topic of voluntary assisted dying (VAD). As things currently stand, every state (excluding the territories) has passed VAD laws, which are now active in all states apart from New South Wales where they will be active from 28 November 2023.¹⁰ As we prepare to pastorally care for the dying, particularly those who want to die, it is crucial for us to consider how we will care for those who are considering, or have decided, to undertake VAD. It is also important to note that a Queensland survey undertaken in 2020 found that 57% of “other Christians” (including Lutherans) ‘supported laws that would allow voluntary assisted dying, in circumstances where a person in the late stages of an advanced disease was able to take life-ending medication prescribed by a doctor.’¹¹ So this is something very real that we will be encountering within our congregations and communities.

Before we discuss the pastoral care elements, it’s helpful to begin by explaining where we stand as a church. According to the statement adopted by the General Synod, 1981 Convention: ‘The church rejects the practice of mercy killing or euthanasia in all its forms, because such killing is contrary to the word and law of God.’¹² In the face of changing legislation, our stance as a church has not changed. There is much that could be said about the background and basis of this stance,¹³ but that is not the purpose of this paper. Instead, my focus is on expanding upon the admonition at the end of the statement:

The church calls upon its pastors to be diligent in their ministry of word and sacrament to the sick and dying, and encourages its members to be comforting and supporting brothers and sisters to those whose earthly pilgrimage is made more difficult through suffering, sickness, or fear of death.¹⁴

So how do we comfort and support our brothers and sisters whose difficult experiences of suffering, sickness, or fear of death have led them down the path of VAD? A helpful starting place can be understanding precisely what is behind their choice. While we might expect physical pain and suffering to be a key contribution to choosing VAD, it surprisingly falls much further down the list of reasons. While there is very limited data in Australia (given how recent the legislation is), Professor Kathy Eagar, the Director of the Australian Health Services Research Institute, explains how data from other contexts with similar legislation (such as Oregon, USA) can be applied to our context. She highlights that the core reasons people choose euthanasia are ‘losing independence and autonomy,’ being ‘less able to

10 Queensland University of Technology, ‘Voluntary Assisted Dying,’ *End of Life Law in Australia*, accessed October 16, 2022, <https://end-of-life.qut.edu.au/assisteddying>.

11 Ben Smees, ‘Most Queensland churchgoers say they support voluntary assisted dying,’ *The Guardian*, 7 August 2020, sec. Australia news, <https://www.theguardian.com/australia-news/2020/aug/08/most-queensland-churchgoers-say-they-support-voluntary-assisted-dying>.

12 Lutheran Church of Australia, DSTO Vol 1H: Euthanasia or mercy killing (1981), <https://www.lca.org.au/departments/commissions/cticr/>.

13 Lutherans for Life have some helpful resources on the topic: <https://www.lutheransforlife.lca.org.au/end-of-life-issues/euthanasia-physician-assisted-suicide/>.

14 DSTO Volume 1H. Ethical and Social Issues: Euthanasia or mercy killing (1981), H24.

engage in activities making life enjoyable,' and 'loss of dignity' (refer to the Appendix).¹⁵ From her standpoint of secular research, she also raises important concerns about those who are most vulnerable, stating that 'no legislation, however well designed, can protect the vulnerable from feeling like a burden to their families and seeking to end their lives.'¹⁶ She also highlights the benefits of palliative care, explaining how effective it is for those who receive it, but that it falls short in that only about 40% of people who could benefit from it receive it, and it is generally the poor who are left wanting. These insights offer much to inform our perspective on how to focus our care for those who are considering VAD.

One thing that I have learned in my preparations for this paper and in conversations with people who care for the dying, is that people often do not know their options and may have unfounded fears from their lack of experience. While our principal concern is directing their focus to Christ and His cross, we also have a calling to care for the sick, with an aim not to minimise suffering but to maximise care.¹⁷ In this way we can inform them of the benefits of palliative care and help to ensure that they are receiving the care that they need. Another important reminder is that both refusing burdensome treatment and receiving care to reduce pain are not euthanasia. These factors can serve to give worldly comfort and ease the experience of suffering. Pastoral care for those who may consider VAD begins far before their first conversation with a doctor about it. It begins with a community shaped around the cross and the hope that has been won for us, and it grows through the community's focus on caring for the sick and dying, keeping death in the eyes of the community, not as the object of fear, but in light of Christ's victory over death.¹⁸

The final question of my paper is the most confronting: How will you respond to someone who is firm in their choice of VAD? To be plain, if you are frequently involved in pastoral care for the dying, it is highly likely that you will be confronted by this situation. To avoid getting caught off guard in the moment, it is important to take the time to consider how you would respond. On one hand, you might choose to conscientiously object, refusing to be with a person as they take their own life. This would ensure that you are affirming the church's anti-euthanasia stance and perhaps lead the person to reconsider, however, you may also be denying this person and their family of crucial pastoral care at the time of their death, and you may risk implying that God has abandoned them in their time of need. On the other hand, you might choose to be there with them to assure them of God's presence with them, even in the face of sin, however, this may become a stumbling block for family members and others within the community through implied support for VAD and may even detract from the power of the cross and our dependence on Christ in suffering. This is not a choice I can make for you, and it is something you need to grapple with for yourself. There is, however, some helpful advice I can offer as you consider your response.

- Firstly, familiarise yourself with the legislation. For example, in Queensland, it is an

15 Eagar, 'Choices at end of life.'

16 Ibid.

17 Gilbert Meilaender, *Bioethics: A Primer for Christians*, 4th ed. (Grand Rapids, MI: William B. Eerdmans Publishing Company, 2020), 78.

18 1 Corinthians 15:54–57.

offence to ‘dishonestly or by coercion, induce another person to make, or revoke, a request for access to voluntary assisted dying,’ with a maximum penalty of seven years imprisonment.¹⁹ This raises a significant risk in the relationship of a pastoral carer as to what may be deemed as ‘coercion,’ given the inherent power dynamic with a vulnerable person.

- Secondly, take care of the difference between your own faith and the faith of those in your care. As Hauerwas frames it, ‘It is one thing for us to make our own suffering part of our life in service to God; it is quite another to make another’s suffering part of his or her service to God.’²⁰ Everyone experiences suffering differently, so we must take great care in how we speak to and treat those who are suffering.
- Finally, as you consider the reality of caring for those who choose to take their lives and comforting their families, this quote from Gilbert Meilaender may offer some comfort:

Contrary to what Christians have often believed, such rational suicide does not necessarily damn one. The suicide dies... in the moment of sinning, without opportunity to repent. But then, so may I be killed instantly in a car accident while plotting revenge against an enemy of mine. God judges persons, not only individual deeds, and the moment in one’s life when a sinful deed occurs does not determine one’s fate.²¹

This is not something that should be taken lightly, so take care as you consider your own response. I encourage you to spend time discussing it with mentors, pastors, carers, or others who have been grappling with the same challenges.

Conclusion

Pastoral care for those who want to die is a confronting area of pastoral care. As we prepare for ministry, it is important for us to come to terms with our own fears, particularly fears of losing our autonomy, fears of suffering, and fears of being a burden to others, then we will be better prepared to care for those who are living these fears. At the heart of all the care we provide, we are called to point those who are suffering to Christ, to His suffering and death for them, and to the victory He has won over death. We must keep this as our central focus as we continue to grapple with the challenging questions of VAD and how we care for those who are most vulnerable.

Thanks be to God, who gives us the victory through our Lord Jesus Christ. (1 Cor 15:57)

Jeremy Smith is Pastor of Immanuel Lutheran Church, Kadina in the Maitland Parish, South Australia.

19 Queensland Voluntary Assisted Dying Act 2021 – Section 141 (1), <https://www.legislation.qld.gov.au/view/pdf/asmade/act-2021-017>.

20 Hauerwas, *Naming the Silences*, 86.

21 Meilaender, *Bioethics*, 72.

Appendix

Why people elect euthanasia – the international evidence – Oregon as an example²²

Reason for choosing euthanasia	1998-2016 (n=1127)
Losing independence and autonomy	91%
Less able to engage in activities making life enjoyable	89%
Loss of dignity	68%
Losing control of bodily functions	46%
Burden on family, friends/caregivers	42%
Inadequate pain control or concern about it	26%
Financial implications of treatment	3%

²² Eagar, 'Choices at end of life.'