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Het levenseinde: hoe komen christenen tot een beslissing? Uitdagingen voor het geloof

Fin de vie : comment les chrétiens arrivent-ils à une décision ? Défis pour la foi

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Identifying an Ethical Framework

Shortly after I took up my position as the Church of England's national adviser on medical ethics and health and social care policy in 2009, I was tasked with preparing briefings on amendments brought to the UK Coroners and Justice Bill that sought, under certain conditions, to legalise assisted suicide. Hot on the heels of this debate, the General Medical Council conducted a consultation on End of Life Care and I was responsible for preparing a draft submission on behalf of the Church. In both cases, it was a relatively simple undertaking to trace relevant policy statements made by General synod or outlined by various boards or committees and to weave them into the respective responses.

I was also aware, however, that I was not able readily to identify a clear ethical narrative running through the Church's various policy statements, particularly one that sought to describe the relationships between theology, ethics and public policy. That is not to say that such a narrative did not exist, but I could not easily identify a clear and consistent articulation of it. I began, therefore, to map out a theological and ethical 'back story' to the Church of England's policy statements on end of life (and other) issues, keeping in mind the Church's engagement with other social commentators and activists as well as with Parliament. What eventually emerged, through discussions with various individuals and groups both inside and outside the Church, was a template for engagement that I have found useful, not only in the context of end of life issues, but also in a wide range of issues associated with medical ethics.

I have employed it in numerous discussions, debates and consultations and it has formed the backdrop to a number of recent contributions that the Church of England has made, at a national level, in the field of medical ethics. *It represents a principled, pragmatic, practical and accessible approach to Christian ethics.*

The Church of England celebrates theological and ethical diversity more than most, so it is not possible to construct a framework for 'public theology' that will gain the support of all. Indeed, since the Church encourages its members thoughtfully to explore issues for themselves and to make their own personal ethical decisions, diversity of opinion is to be expected and welcomed. While biblical and theological reflection, especially on the life and teaching of Jesus, play an important role in many individuals' decision making (and certainly in that of General Synod and other official organs of the Church), others base their decisions more loosely on a mixture of their Christian background, their personal experience and their daily interaction with people and current ideas. It is not possible, therefore, to present a definitive Anglican or Church of England, perspective on medical ethics, but it *is* possible to identify a number of commonly agreed features that contribute, consciously or subconsciously, to the perspectives that many Church members hold.

Seeking to discover, and then to utilise, theological and ethical *consensus* ought not to be seen as an attempt to apply the lowest common denominator to any given issue. Rather, it is to recognise that diversity can be built on a common foundation that is both true to the Church's teaching and shared by a significant number of Christians.

At the most fundamental level of any ethical system lie *core beliefs*; in the case of the Church, about the nature and character of God and about God's relationship with creation, particularly with human beings. From these core beliefs stem *guiding principles* that promote positive ethical decision-making, reflecting commitment, for example, to justice and love. These principles, in turn, find expression in *particular policies and practices*. The movement from core beliefs, through guiding principles to particular policies and practices holds true not only for Christians, but for all individuals and groups that are ethically engaged with the world around them.

It is an important feature of Christian ethics that both Christians and others can share the same *guiding principles* even though they may arrive at them from different starting points, from within different belief systems: *shared core beliefs are not necessary for shared ethical action*. It is, I believe, particularly important to recognise this as it is usually at the levels of principle and practice, rather than at

the level of core beliefs, that the Church contributes to social and political debates on medical ethics. A simple appeal to biblical teaching or to religious authority ought seldom, if ever, to be made in the mainstream of public debate even though, as I have noted, these will, no doubt, have played a part in helping the Church as a body, as well as many individual Christians, to develop the guiding principles that they bring to a discussion.

A Christian contribution to ethical debates within society may be unashamedly Christian, but, at the same time, it will seldom seek to be *exclusively* Christian. While recognising that key theological beliefs form the foundation on which the Church develops its guiding principles as well as its practices and policies, it is important that these principles and practices are debated, in their own right and are not simply viewed as adjuncts to faith. As I noted earlier, it is often the case that the same, or similar, principles and practices emerge from varying underlying core beliefs. Most people, regardless of their theological beliefs (or lack of them) will agree, for example, that compassion ought to be at the heart of a mature and cohesive society, so the promotion of this and similar principles, upheld by Christians, ought not to be seen as 'forcing faith' on others or as an attempt to impose a 'Christian society' on the United Kingdom or any other jurisdiction.

In principle, *in a genuinely inclusive society*, faith of whatever sort, ought to be accepted as providing as valid a foundation for ethical debate as any other under-girding philosophy. It is not necessary to agree with a particular religious faith, or even to believe that religious belief is tenable, in order to accept that faith can provide a basis for careful ethical reflection and the promotion of good ethical principles. Secularism, that seeks to marginalise faith-based contributions in public debate, attempts, in effect, to impose its own particular philosophy on others. Continued Christian engagement in debates on ethics and public policy can help to highlight the narrowness of that stance. Inclusion, not secularism, is the sign of a healthy, tolerant and progressive society.

Core Christian Beliefs Relevant to Medical Ethics

Some of the Church's *core theological beliefs* are shared with other religions; some are distinctive to Christianity. While identifying these core beliefs is an essential undertaking in order to understand the theological and ethical basis for the Church's engagement in public debates, I want to emphasise again, that these core beliefs do not usually form the interface between the Church and the rest of society in such debates. As outlined above, that interface is normally found at the level of the guiding ethical principles that these core beliefs undergird. Nonetheless, it is important that Christians are able to identify which core beliefs are most relevant to

medical ethics. This is so, both to enable better understanding by Christians of the relationships between theology, ethics and public policy as well as to enable them, if asked, to explain this process to interested parties. There is no question of the Church 'hiding' its theology from public scrutiny; rather it is a matter of finding the appropriate place for engagement with others in debates on public policy.

I intend to outline very briefly the salient Christian beliefs that are most relevant for medical ethics. This is not an exhaustive list, but it does form a basis for understanding the theological origins of the Church's ethical principles.

God the life-giver: the creation of the universe is a free and loving act of God as a result of which the gift of life is given to human beings. While we share this gift with many other creatures, the Christian Faith teaches that we are unique; of all the varied forms of life, we alone are made in God's image. The 'image of God' is not something that we possess; *it reflects something that we are*. This means that Christians understand human beings to have a particular status within earthly creation and that our innate dignity comes from being bearers of God's image, enabling us to relate to God and to one another in a manner that reflects God's own being.

God as Trinity: God is the 'personal' origin of all that is: our concept of what it means to be a person ought to come from an understanding of God. The Christian belief in the Trinity, in which complete mutual love and knowledge are infinitely shared, indicates that relationship lies at the very centre of God. Consequently, relationship is intrinsic to the very concept of what it means to be a person.

God Incarnate: in becoming one with humanity through incarnation in Jesus, God demonstrates selfless love, care and responsibility for humans. Metaphysical reflections on the nature of the incarnation are secondary to understanding its *significance*: relationally, God is with us, not apart from us. The incarnation also indicates that the physical and the spiritual are not two separate unbridgeable realms; they are part of a continuum that reflects the reality of God. Creation is not something that exists 'separated' from God, but, at every level, it is sustained and infused by God's presence.

God the redeemer: in redemption, God takes personal responsibility for human beings and our attendant sinfulness. God freely offers eternal life through Jesus' identification with sinful humanity, demonstrated ultimately in his death on the cross. Grace, by which humans are freely given the gift of eternal life, is the hallmark of God's relationship with us and hence ought to be the hallmark of our relationships with one another.

God and justice: Jesus taught that our treatment of the poor, the oppressed and the vulnerable has a greater importance than we might often realise: as well as being significant in its own right, our treatment of the vulnerable is viewed by Jesus as our treatment of him. The themes of love and justice run throughout the Scriptures and are demonstrated powerfully in the life and teaching of Jesus. His identification with the vulnerable and the oppressed provides the backcloth for subsequent Christian social action.

God and community: human beings seldom live in isolation from one another; we are bound together by ties of family, friendship and community. This is reflected in the New Testament concept that followers of Jesus are organically united in the Church, often described as the Body of Christ. We are joined to him and to one another in spiritual union. Individual, personal actions ought to be understood in this wider context; what we do affects others and this, in turn, affects us in a spiral of relational interaction.

Guiding Ethical Principles

The core beliefs outlined above form a theological 'reservoir' from which the Church may draw resources, enabling it to formulate ethical principles relevant to medical ethics. It is essential that this reservoir of knowledge and reflection exists, but in discussions with government, parliament and other bodies with regard to public policy the contents of the reservoir will seldom become a *focus* for debate. In seeking to contribute to the creation of public policy it is essential that the Church finds an appropriate interface for discussion; a space in which it can make a *meaningful* contribution. That place is seldom going to be at the level of theological debate, but it will frequently be appropriate to engage others in discussion *on the basis of ethical principles, based on our theological beliefs*. It is, therefore, possible for the Church to engage in constructive debate with all other interested parties in the fields of medical ethics and public policy without having either to promote or to defend its distinctive theological beliefs.

With regard to medical ethics and public policy, I suggest that four overarching principles may usefully be distilled from the Church's theological reservoir. These form the crucial interface for debate and discussion with others. These principles complement one another, displaying an order of precedence with the effects of each principle 'cascading' to succeeding principles. This is an important point to note, as the principles themselves are, perhaps, likely to gain wider support than the concept of applying them in a particular order. The principles, *listed in order of priority*, are: affirming life, caring for the vulnerable, building a cohesive and compassionate society and respecting individual freedom.

Affirming Life

This principle has often, in the past, been expressed in terms of 'the sanctity of life', but that phrase not only carries with it overtly religious overtones, it also fails to indicate what recognising 'sanctity' entails. 'Affirming life' acknowledges that both 'the right to life' and subsequent legal protection of life, form the foundations not only of human rights law, but also of much of our criminal code. Indeed, it goes further: to affirm life is to accept that each individual life has purpose, value and meaning, *even if some individuals doubt that for themselves*. It also entails striving to attain the highest quality of life possible for every person, regardless of the circumstances in which they may find themselves.

There are, of course, many ways of 'valuing' life and it is important to explore these if we are to understand how and why life ought to be affirmed. It is certainly part of the Christian tradition to believe that every person's life is of *intrinsic* value, although this idea has come under attack from some quarters. It is easy to see how belief in the intrinsic value of every life flows from the concept that every human being is made in the Image of God. It is also possible, however, to come to the same conclusion from a different starting point. Those who wish to diminish the role that this belief plays within our society must ask themselves what the consequences would be if it were to be removed from our thinking. Much of our healthcare, as well as our law, is based on this belief. Why else, for example, do we expend time, money and energy in suicide prevention programmes or in caring for people living with dementia? In these situations the individuals concerned might be unable to view their own lives as possessing any value, but that does not stop others from doing so. Belief in the intrinsic value of life is an essential prerequisite for affirming life.

Other considerations ought also to be taken into account. An individual's view of his or her own life does matter, but this does not mean that we have to agree with them if they were to suggest that their lives are worthless. Individual autonomy is given an almost sacrosanct place in some people's thinking, but untrammelled autonomy is likely to lead not to the affirmation of life, but, in many cases to its negation.

Similarly, 'quality of life' can be utilised to encourage better care, but it can also be misused to suggest that the *value* of a person's life can be measured by what others perceive them as being able to do or to experience. Of course, it is good for individuals to be enabled to experience as varied a life as possible, but such an instrumental view of life can degenerate into an assessment of a person's worth based on what he or she can do. Even worse, it can descend into an assessment of

their worth based on their usefulness to others. Embracing belief in the intrinsic value of every human life will help to offset such thinking.

It is important that the principle of affirming life is interpreted to mean what it clearly implies and is not stretched to incorporate, for example, the argument that it is life-affirming to bring someone's life deliberately to an end.

Affirming life takes precedence over other ethical principles relevant to medical ethics because it is fundamentally the most important and most basic guarantee that society can offer its members. Other principles are undergirded and set in a positive context by it.

Caring for the Vulnerable

A civilised society is one that fundamentally affirms life and ensures that this and other benefits are fairly experienced by all of its members. In practice, this means that particular attention must be paid to vulnerable individuals and groups. History indicates that the powerful often neglect or abuse the vulnerable unless strong and specific action is taken to protect them. Even where a society sets out to protect its vulnerable members, however, it is by no means assured that it will universally succeed. Such blights as child abuse, domestic abuse and elder abuse are still much too common in spite of laws that seek to banish them. Any change in legislation that could potentially weaken the protection offered to vulnerable people is, therefore, to be resisted. This is so, even in cases where individuals might not recognise, or even be resistant to the thought, that they are vulnerable.

Caring for the vulnerable, however, goes beyond protection; it also includes a commitment to ensuring that vulnerable people are supported, cared for and enabled to live fulfilled lives, being afforded the same respect as other members of society. The issue for individuals living with dementia, for example, is not whether they can experience life as they once did, but whether they can be enabled to live their lives as fully as possible in their current circumstances.

Building a Cohesive and Compassionate Society

Relationship lies at the heart of what it means to be human and the importance of relationship ought to be reflected in the way that society is organised and ordered. It is almost impossible for anyone to act in total isolation from others; even our relatively trivial actions can have an extended effect that goes well beyond us as individuals. In the context of the life and death world of medical ethics, recognising the communal implications of individual decisions and actions is particularly important.

It is, undoubtedly true that the principle of concern for communal wellbeing has been abused by some societies. Totalitarian regimes have required an unacceptable level of individual compliance, exercising too much sway over the lives of their citizens. Such abuse of 'community' is inimical to building a cohesive and compassionate society. An individualistic 'free for all', however, will mean that the principles of affirming life and caring for the vulnerable are unlikely to be upheld throughout society. Individual autonomy and freedom are important, but these can only be pursued positively and fairly within a society that places them within a communal context. In other words, building a cohesive and compassionate society provides the best environment for individual freedom, ensuring that every individual's life is affirmed and that vulnerable people are cared for. Carefully gauged limitations on individual freedom that enable the building of a truly humane society ought to be welcomed by all as indicators of a mature civilisation.

Respecting Individual Freedom

Within the context of building a cohesive and compassionate society in which life is affirmed and the vulnerable cared for, maximum individual freedom of choice and opportunity ought to be encouraged. It is, after all, individuals that are made in the Image of God; not nations or organisations. Treating every person with respect and dignity is a corollary of recognising the intrinsic value of every human life and is an essential part of creating a cohesive and compassionate society. Properly understood, 'the common good' and individual wellbeing go hand in hand. It has been much too easy for societies to marginalise, victimise and to persecute individuals and groups on the basis of sex, race, religion, age, disability, sexual orientation and a host of other characteristics, chosen by the powerful as grounds for discrimination. Wherever possible, therefore, in keeping with the principles already advocated, maximum individual freedom of choice ought to be underwritten by society to ensure that individuals are enabled to live their lives in the manner of their choosing.

From principle to practice

The principles above are, I believe, not only fully compatible with the core Christian beliefs that I identified earlier, but they emerge from them as essential ethical corollaries. Although this is the case, it can easily be seen that many people of other faiths, or of none, might share them. At the very least, they provide fertile ground for engagement with others active in the sphere of public policy; it is difficult to see how anyone who is serious about medical ethics could refuse to discuss them. Consequently, they form the *practical* basis for the Church's engagement with others in a number of discussions and debates.

While the principles themselves might find widespread affirmation, the contention that they ought to be applied in the order of precedence outlined above is more controversial. In particular, the suggestion that building a cohesive and compassionate society ought to be a prior consideration to respecting individual freedom will be contested by many. Nonetheless, I believe that there is both a logical and organic rationale behind the proposed order. Unless, in the context of medical ethics, affirming life is our first consideration, it is difficult to see what we might mean by the others. Similarly, unless we care for the vulnerable, it is unclear what sort of cohesive or compassionate society we might be trying to build. Placing genuine communal interests above individual freedom is, I accept, a close call, but, again, unless individual freedom is set in this context, we shall be unable effectively to deal with competing individual aspirations or to curb individual excesses. Even if others disagree with the order suggested this, in itself, will provide grounds for engagement.

The Ethical Spectrum

Principles, however valuable they might be, must find expression in practice if they are going make a difference to people's lives. It is not always clear, however, precisely how this might best be achieved. In order to apply our ethical principles as consistently as possible it is necessary not only to identify them and to prioritise them as outlined above; we must also see how they can *best* find expression in real-life policies and practices. This is, by no means, a simple task; in any given situation an array of ethical decisions and resulting practices might ensue. If we are to pick our way successfully through the maze of possible decisions and practices relevant to any given case, we need to discover a way of determining which choice or choices might best reflect our guiding principles.

A useful way of doing this is to apply the proposed principles with reference to a moral spectrum. This spectrum has, at one end what we might term the ideal and at the other, the universally reprehensible. In practice, it is seldom the case that an ideal solution can be found and agreed upon by everyone and it is, happily, becoming increasingly rare that indisputably reprehensible morality is expressed through policy decisions. Most decisions and practices fall between these polar opposites: in the 'messy middle'; this is a reality that we have to learn not only to accept, but to embrace. It is ground that the Church should recognise as its natural habitat.

Engaging in ethics associated with the end of life, is not an easy task for the Church. That task is made all the more difficult by the imperative to relate ethics to public policy. There are seldom easy solutions, but the Church can be guided by

its core beliefs, by guiding ethical principles and by embracing the moral spectrum. There will still be room for discussion, argument and disagreement both within the Church and between the Church and other bodies, but, at the very least, identifying a defensible template for engagement in public policy will assist the Church's witness and mission.