Adam, Eve, and the AMA: 
Some Theological Reasons to Support Physician-assisted Suicide

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Since the 1990s, physician-assisted suicide (PAS) and euthanasia have become bioethical issues that may well redefine end-of-life care. Although the Terri Schiavo case (2005) further ignited this debate, I maintain that PAS is fundamentally a theological issue. Nevertheless, healthcare chaplains have written next to nothing on this topic. A review of Chaplaincy Today issues showed that between 1998 and 2005 only one sentence in one article even mentioned PAS. Thus, one purpose of this article, which supports PAS, is the hope that it will generate more discussion, both among chaplains themselves and between chaplaincy and the medical profession.

Written in response to the American Medical Association’s (AMA) Code of Medical Ethics, which adamantly prohibits PAS, the second purpose is to present three theological reasons why PAS should be an end-of-life option. To that end, I first explore what I believe to be the main theological reason the AMA opposes PAS. Although the AMA code is obviously not a theological document, implicit in the code is a single theological premise—rooted in the Genesis account of Adam and Eve—that defines death as the enemy.

The Adam and Eve story, or more precisely, Augustine’s interpretation of it, connects death with sin, suffering, and evil. I contend that a direct link exists between this message and the AMA’s ethical code, and that this has prevented the AMA from considering theological perspectives which suggest that death can be an ally to life, and that ethically PAS can be an end-of-life option. My support for PAS has three bases: evolution of theological views, the new epidemiology of dying, and the scientific theory of apoptosis.

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Physician-assisted suicide (PAS), a dominant moral and social issue of our time, is, at heart, a theological issue. Yet healthcare chaplains, for the most part, have written little about it. In an effort to stimulate more dialogue among chaplains and between chaplains and the medical profession, three theologically-based reasons to support PAS are offered. These reasons are presented as a response to the American Medical Association’s (AMA) ethical code prohibiting PAS. The author contends that the underlying theological reason the AMA denounces PAS is found in the message of the Adam and Eve story which defines death as the enemy, the punishment for sin and evil. A direct link exists between Adam and Eve, American medicine’s characterization of death as the enemy, and the AMA’s code denouncing PAS. Two responses follow the article.
**A chorus of many voices**

While the Adam and Eve story does present an important biblical truth, it is but one among a wide spectrum of biblical views that changed over time as a result of historical circumstances and the assimilation of new ideas from foreign cultures. This is not the case with American medicine. Although technological advances might have changed the clinical definition of death, the theological belief that death is the enemy has varied little.

**The new epidemiology of dying**

Technological advances have created dramatic changes in our own historical circumstances that have significantly altered the meaning of suffering. In the new epidemiology of dying, called the Age of Delayed Degenerative Diseases, most people in developed countries live longer and take longer to die, usually after a slow, painful decline from chronic, terminal illness. Augustine’s interpretation of Adam and Eve has led American medicine to believe suffering always has meaning and that by courageously enduring it some form of healing will occur. However, in this new epidemiology, suffering may—and often does—reach a point where it loses all virtue and meaning.

**Apoptosis**

Technological advances also have led to new information that significantly alters the nature and meaning of death. This scientific theory presents concrete evidence that the development of human life depends upon programmed death, essentially the suicide of cells. Theologically, apoptosis suggests that intentional death is an inherent part of God’s creation, and that suicide, under certain conditions, serves a moral good. Before addressing these theological issues, I will first state the AMA’s code, then outline the four basic issues of the PAS debate and how the code addresses these issues.

**The PAS debate**

The AMA code includes the following statements:

- **It is understandable, though tragic, that some patients in extreme duress—such as those suffering from a terminal, painful, debilitating illness—may come to decide that death is preferable to life.** However, allowing physicians to participate in assisted suicide would cause more harm than good. Physician assisted suicide is fundamentally incompatible with the physician’s role as healer, would be difficult or impossible to control, and would pose serious societal risks.

Instead of participating in assisted suicide, physicians must aggressively respond to the needs of patients at the end of life. Patients should not be abandoned once it is determined that cure is impossible. Patients near the end of life must continue to receive emotional support, comfort care, adequate pain control, respect for patient autonomy, and good communication.

This excerpt concludes that PAS would cause “more harm than good.” Its explanation touches upon the four basic issues of the debate.

**Patient autonomy**

If a patient may choose to die by indirect means such as withholding or withdrawing treatment, may that patient also choose a more direct means such as PAS? The code states that PAS is “fundamentally incompatible with the physician’s role as healer ….” By prescribing a deadly drug, the physician undermines patient trust by taking advantage of that patient’s confusion and anxiety. Opponents of PAS claim that true autonomy for dying patients is not possible since studies show their judgment is often clouded by clinical depression and/or fears of dying.

**The wrongness of killing**

Those opposing PAS state that the patient’s choice and the physician’s active participation are morally wrong and defile the sacredness of God’s gift of life. The code alludes to this issue by saying “It is … tragic, that some patients … may come to decide that death is preferable to life.”

**Mercy**

Proponents believe that circumstances of extreme pain and suffering brought on by the slow process of terminal disease make PAS an act of compassion, not a moral indiscretion. The AMA is sympathetic: “It is understandable … that some patients in extreme duress …” request death, but to comply is to abandon the patient. “Instead … physicians must aggressively respond” to a patient’s needs with “emotional support, comfort care, adequate pain control, respect for patient autonomy, and good communication.” The AMA firmly believes that physical pain can be controlled.

**The slippery slope**

Since those opposing PAS believe killing, even for humane reasons, is wrong, then to allow it compounds
the problem. The AMA agrees. PAS “would be difficult or impossible to control, and would pose serious societal risks.” The elderly, the poor, or the handicapped easily could be victimized. Statistics are used both to confirm and to deny the existence of a slippery slope. For example, the Remmelink Report, a 1991 study of 49,000 deaths in the Netherlands, concluded that in over one thousand cases, physicians actively caused or hastened death without the patient’s consent. Nonetheless, only four hundred (.8 percent) of those deaths were the result of PAS. In Oregon, where PAS is legal, those denying the existence of a slippery slope state that between 1998 and 2004 there were 64,706 terminally ill patients. Only 208 (.32 percent) chose PAS.6

Having stated the AMA’s code and the basic issues of the PAS debate, I now turn to the theology of these issues, beginning with how the Adam and Eve story has powerfully influenced American medicine’s belief that death is its archenemy.

Adam, Eve, and the AMA

Without question, American medicine is driven by the belief that death is the enemy. Since the 1960s when technology began prolonging the death process, the AMA has believed that death eventually will be defeated. In a 1979 article, Dr. Eric Cassell noted that Americans no longer expect to die. Their experience of modern medicine “nurtures an illusion … that fate can be defeated.”7

By the 1990s, this messianic belief had intensified. Arguing against euthanasia, Dr. Leon Kass, referred to medicine’s “triumphs in the war against mortality.”8 In a 1993 interview, medical ethicist Daniel Callahan claimed medicine didn’t know what to do with death other than declare it the enemy, adding, “Is it the goal of medicine to make us immortal? The medical community acts that way.”9

In 2000, Dr. Sherwin Nuland wrote in a Time article that medical schools choose students based upon their potential to become “biomedical gladiators” like their teachers “all in the name of victory over death.”10 Rebecca Sachs Norris, teacher of a course titled “Death, Suffering, and Identity” at the Boston University School of Medicine, observed: “Most people in the United States live out at least a portion of their dying in hospitals … which (in spite of recent advances in palliative care and hospice care) regard death as the enemy.”11

How did American medicine and death become such staunch enemies? I contend that their adversarial relationship is rooted in the Genesis account of Adam and Eve, which explains the mystery of suffering and death in terms of a moral indiscretion. The couple, created in the image of God, defiled that image when they ate from the tree of the knowledge of good and evil. Death and suffering became the consequences of their disobedience. This simple story has had an enormous impact upon Western culture.

Elaine Pagels, author of Adam, Eve, and the Serpent, states she was surprised to discover how complex and extensive this story’s impact has been. Around 200 BCE, the Adam and Eve story “became for certain Jews, and later for Christians, a primary means for revealing and defending basic attitudes and values,” among them beliefs about death and suffering.12 Its influence achieved dominance primarily because of Augustine, whose interpretation not only has affected Western Christianity, but has colored “all of western culture, Christian or not, ever since.”13 A direct connection exists between the story of Adam and Eve, Augustine’s impact upon the Christian Church, and the church’s use of Hippocratic principles to control medicine. This connection shaped American medicine’s view of death as the enemy and ultimately affected the AMA’s code against PAS.

The connection begins with a question: What gave the Adam and Eve story such appeal? Prior to 200 BCE, it had virtually no impact upon the Hebrew culture. Dying was a part of life. It was the first epidemiology of dying, the Age of Pestilence and Famine, that gradually caused people to ask, “Why do we die?” During this period, which lasted until the mid-nineteenth century, most people died quickly and early in life, primarily from infectious and parasitic diseases exacerbated by famine. As life expectancy did not increase appreciably until the Ages of Receding Pandemics (1850-1920) and Degenerative Diseases (1920-1970s), the Adam and Eve story initially was an effective means for making sense out of life’s injustices.14

Augustine’s theory of original sin, derived from his interpretation of the Adam and Eve story, became church doctrine and defined the way Christianity thought of death. In the late fourth and early fifth century CE, Augustine emerged as the premier theologian of his day and went on to become the most influential theologian in the history of the Western world. Paul Tillich
has called him “the foundation of everything the West had to say …. His influence overshadows not only the next thousand years but all periods ever since.”

Augustine drew heavily from Paul’s interpretation of Adam and Eve. Paul believed that death, which he termed “the last enemy,” was the consequence of Adam’s sin. (Rom 6:23) He described the problem of sin and death strictly in historical terms. It began with the first Adam and ended with the death and resurrection of the second Adam [Jesus]. (Rom 5:12-21, 1 Cor 15:45-48)

Augustine took Paul’s theology a step further, concluding that sin was not only the result of an immoral choice, it was also a disease passed on through heredity. According to Pagels, Augustine was convinced “that infants are infected from the moment of conception with the disease of original sin.” Adam’s choice brought “upon himself and all his progeny this dreadful agony [of death and suffering], along with ‘the innumerable forms of illness that bring people to death.’” This theory also strongly affected the direction of medicine when the church took control of how medicine was practiced.

During the fifth century CE, Christianity shifted its focus from “care of the souls” to curing the sick and for the next thousand years controlled science, medicine, and healthcare. By the Middle Ages (1200 CE) the church had become the official body for issuing medical licenses to physicians, the majority of whom were monks or priests. Their medical education was based largely upon the teachings of Hippocrates and Galen. This fact is the primary link connecting Adam and Eve to the AMA.

In order to shift Christianity’s focus to curing, the early church fathers incorporated the principles of the Hippocratic school of medicine into the ministry to the sick. They did so because the Hippocratic school had taken a stand against the accepted Greek medical practice of assisted suicide, probably due to the influence of Pythagorian philosophy. By the fourth century CE when Christianity began to apply Hippocratic teachings, this school of thought had become quite influential. It went on to become the foundation of Western medical ethics largely because it was shaped by Judeo-Christian thought.

Augustine’s theology (death is the enemy caused by the disease of sin) combined with the Hippocratic philosophy (I will never do harm to anyone. To please no-one will I prescribe a deadly drug, nor give advice which may cause his death…) gradually defined Western, and particularly American, medicine. For a thousand years, the monks and priests who became physicians were heavily indoctrinated by both Hippocratic principles and Augustine’s definition of death, disease, and suffering.

How has Augustine’s interpretation of Adam and Eve impacted the language of the AMA’s code against PAS? The part of the code which is intended to be about the ethical behavior of physicians begins by making a moral statement about the patient: “It is understandable, though tragic, that some patients in extreme duress—such as those suffering from a terminal, painful, debilitating illness—may come to decide that death is preferable to life.” The AMA condemns this choice as tragic. Why? What makes it tragic?

Michael Merry points out how Augustine influenced the Christian West to understand sickness and suffering as the means by which we make amends for our sins. To absolve guilt and to experience some form of “healing,” patients are expected to courageously face the consequences of their sins. Therefore to choose death rather than face extreme suffering is cowardly, a betrayal. Augustine has taught American medicine to believe that it is tragic to make friends with the enemy, i.e., death.

In the current Age of Delayed Degenerative Diseases, death may come slowly and painfully after years of suffering. It is questionable to continue to allow one doctrine of death, formulated by one theologian, based upon his interpretation of one biblical story during a period in history when dying occurred under entirely different circumstances, to be the guiding religious principle (whether implicitly or explicitly) by which the AMA concludes that PAS is unethical. If the AMA wishes to draw upon biblical wisdom and its Judeo-Christian heritage when making moral statements that form ethical code, it should pay close attention to the words of German theologian Helmut Thielicke: “the Bible does not bring a single message concerning death…. We find instead a chorus of many voices.” This is the first of three theological reasons to support PAS.

A chorus of many voices

The Bible’s chorus of many voices on death more accurately represents its normative message than does the single story of Adam and Eve. How this chorus developed, though, is the more significant issue. Two factors...
are at work. Lloyd Bailey stresses the fact that the Bible’s wide range of responses to death “are (at least to some extent) historically conditioned … any one of them need not automatically be considered superior to the others …. All of them may have a contribution to make … in the present.”

The second factor, according to Lou Silberman and Leander Keck, was the influx of new ideas from foreign cultures and religions. Thus biblical pluralism and the factors that contribute to it are a strength when it comes to making present day ethical decisions.

A brief sketch of the Old and New Testaments illustrates the point.

For the most part death in the OT was not a tragedy that questioned the meaning of life but primarily considered to be a natural part of a good creation. This is because Israel thought of itself not in terms of the individual but as a corporate personality. Relatively speaking, an individual’s death meant little. As long as the family or clan survived, the nation lived on.

Within this basic OT framework the meaning of death still varied. Death was often defined metaphorically, as a value judgment upon life. Thus, a weak, ineffective person might be referred to as a “dead dog.” (1Sm 24:14) Death also was seen as a power that God allowed to oppose life. In the book of Job, Satan, one of God’s own angels plays the role of the adversary.

Biological death, however, was not considered a judgment upon life. Instead, it emphasized the radical distinction between creature and Creator. Nor was biological death thought to be the end of life. The dead existed as shadows in sheol, an “echo” of life. Only when Israel began struggling with its corporate identity did death challenge the meaning of life.

Israel’s corporate identity was based largely upon its belief in prophetic eschatology. This meant that Israel believed that present society would be reformed within history as a result of obedience to the words of the prophets. However, if Israel failed to conform to the prophets’ exhortations, reform could come about through an act of divine discipline such as the Babylonian exile (587-539 BCE). The shock of Babylon conquering Israel and driving the Israelites from their land jolted their faith to the point of renouncing Yahweh. Only with great difficulty did a disciple of Isaiah restore trust and a belief they would return to the promised land. (Is 40-55)

However, when the exiled community returned, rather than finding a new Israel, they encountered economic hardship, hostility from those Jews not forced into exile, and a land dominated by Persia. This crucial historical event caused Israel to question prophetic eschatology and therefore their belief that death was a natural part of a good creation. Within the timeframe of 600-200 BCE, this gradual shift toward apocalyptic eschatology became a wider religious perspective called apocalypticism.

Apocalyptic eschatology means that restoration cannot occur through human ability, politics, or historical forces. Only direct intervention from Yahweh can effect change. The shift toward apocalyptic eschatology drastically changed the meaning of death. According to Bailey “all forms of ‘death’ [especially biological] could be regarded as evil.” The Adam and Eve story began to be read as a “fall” which affected subsequent generations.

Belief in apocalyptic eschatology also was influenced by new ideas from other cultures. Silberman identifies two that challenged Israel’s beliefs about death. The first, which probably traces to Iranian religion, was a belief in which life conquered death through the resurrection of the dead body. The dead would rise to face some type of judgment. (Dn 12:2) The second idea, of Greek origin, was a belief in the immortality of the soul. At death, the soul would be released from bondage within the body so that it could travel on to an afterlife.

Israel’s shift from prophetic eschatology to apocalypticism demonstrates how historical circumstances and the influence of foreign cultures gradually but dramatically changed the meaning of death from a natural event of creation to an evil that must be conquered. This apocalyptic shift formed the framework of the NT documents. However, another historical circumstance and the influence of a foreign culture moved the meaning of death back in the direction of the OT where death was not a problem to be solved. This change is evident in the letters of Paul, the synoptic Gospels, and especially in John’s Gospel.

Keck states that “there is no such thing as the New Testament doctrine of death.” One reason is cultural: Christianity moved from Palestinian soil to the Hellenistic world, a move which led to a whole new series of questions about death. The other reason is historical: Jesus never returned. Raymond Brown says this reality led many Christians to return to a focus on the life they had already received in Christ, and to be less concerned about a final judgment.
Even Paul, the earliest NT writer (around 53 CE) altered his beliefs about death in order to reach a Hellenistic world. The Greeks held a Gnostic view of death, perceiving it as a flaw in God’s design, rather than an intrusion upon creation. They believed in an immortal soul that escaped the mortal body. Though Paul considered death the consequence of sin, conquered only by Jesus’ resurrection, in 1 Corinthians, he modified his emphasis on resurrection of the body, writing that the perishable nature must put on the imperishable, and the mortal nature must put on immortality. (1 Corinthians 15:53-54)³⁸

Though some may consider this a minor concession to the Greek view, it foreshadowed a struggle that led to a radical shift in the meaning of death. Immersed in a Hellenistic world, the early church fathers struggled to reconcile Paul’s apocalyptic (resurrection of the body) theology with the Greek belief in the immortality of the soul. By the late Middle Ages, immortality of the soul had won the debate and become an integral part of Western Christianity.³⁹

The synoptic Gospels—Mark (68-70 CE), Matthew (80-90 CE), and Luke (85 CE)—also show a transition in the meaning of death. Like Paul, they stand within the apocalyptic tradition; however, they do not present Jesus as emphasizing a connection between sin and death, nor do they see death as the central problem for humanity to resolve.⁴⁰

Luke 13:1-5 describes two instances of catastrophic death. Jesus does not conclude that either of these tragedies occurred as an act of God’s retribution. His words in verse three, “But unless you repent, you too will perish,” are less apocalyptic statement than effort to persuade the crowd to reflect on the fragility of life.⁴¹ The synoptic writers reflect a period in which the resurrection was becoming a past event as Christianity increasingly was absorbed within a Hellenistic world. This change is most evident in the Gospel of John.

William Barclay points out that in John’s Gospel (90-110 CE), Christianity had to be restated. No longer was a Jewish community preaching to a Hellenistic community as the vast number of Christians were of Hellenistic background.⁴² Further, all the members of the apostolic generation had died, and hope in Jesus’ immediate return had vanished.⁴³ Life in the here and now, not death, had become the theme. As a result, John rarely discusses apocalyptic eschatology and almost never mentions biological death. Resurrection is a person, rather than an event that breaks the power of death. (John 11:25)⁴⁴

Thus did the Judeo-Christian religion redefine its understanding of death in light of changing historical circumstances and new ideas from foreign cultures. As a result, when one calls upon the Bible to confront biomedical problems, such as PAS, one must be careful, as Bailey says, to avoid simplistic “contemporizations.”⁴⁵ American medicine has failed to heed this warning. Despite being confronted with a unique historical situation in the new epidemiology of dying, as well as new ideas about death in the theory of apoptosis, the AMA has remained firm in its belief that death is the enemy and allowed this belief to define its position on PAS.

The new epidemiology of dying

The Age of Delayed Degenerative Diseases, the fourth epidemiological stage of dying, has created a bioethical problem which specifically challenges Augustine’s theology concerning the relationship between suffering and healing. This new pattern of dying, which is unprecedented in the history of healthcare, has clearly changed the meaning of both death and suffering. Those on both sides of the PAS debate agree that how we suffer and die has changed. Disagreement occurs over whether current palliative care methods are sufficient. The AMA is certain they are: “Patients near the end of life must continue to receive emotional support, comfort care, adequate pain control ….”⁴⁶

In 1996, AMA President Lonnie Bristow’s testimony before a subcommittee of the House Judiciary Committee included the following:

What has changed, that there should be this attempt to make ‘assisted suicide’ an accepted practice of medicine? Certainly the experience of physical pain has not changed over time. … We are equipped with the tools to effectively manage end-of-life pain and to offer terminally ill patients dignity ….⁴⁷

Battin disagrees, maintaining that it is a “fact that the new pattern of death from degenerative disease may lengthen and intensify the degree of suffering a dying person undergoes, even with modern pain-control techniques.”⁴⁸ Those who side with Battin argue that the AMA does not understand psychological and spiritual pain. Referring to these dimensions of suffering, Norris states that “the medical world is not equipped to address these issues.”⁴⁹ Robert Wrenn,
New epidemiology of dying has changed the meaning of pain and suffering to such an extent that PAS should be an end-of-life option. Like the Hebrews and early Christians, American society and American medicine must be open to new ideas that alter the meaning of death. The scientific theory of apoptosis provides one of these.

**Apoptosis**

Apoptosis is a scientific theory about how human life functions on a microscopic level. It proposes that the growth and development of a human being relies upon the principle of intentional killing. Apoptosis therefore gives new insight into the theological meaning of death that has significant relevance when applied to the issue of PAS.

Researchers James Sullivan and John Kimball specifically define apoptosis as the death of cells by suicide. Kimball also states apoptosis is as important to human life as mitosis (cell...}

who for twenty-four years taught a course on the psychology of dying concurs: “When it comes to dying, pain comes in many flavors – spiritual pain, social pain, even the unfinished business pain that asks, ‘why am I here?’” Sherwin Nuland asserts that while many people may die quickly or peacefully, it is a fact that “fewer than one in five of those who die each day are the beneficiaries of such easy circumstances … the period of days or weeks preceding the decline of full awareness is frequently glutted with mental suffering and physical distress.” To the argument that for humane reasons, PAS should be an option when pain reaches an intolerable point, the AMA code cites the dangers of the slippery slope, claiming that PAS “would be difficult or impossible to control ….”

I suggest that the debate over pain control is best understood by going back to its theological roots. According to Pagels, “Augustine firmly believed that humankind does not suffer and die randomly, but for specific reasons.” He thus influenced Western medicine to give human death and suffering a moral diagnosis and prognosis that falls under the category of sin and guilt. As Merry puts it, “the ill are made to feel that they are first ‘guilty’ and in need of absolution, before ‘healing’ is granted.”

In my opinion, the central issue in this aspect of the PAS debate stems from the Augustinian belief that suffering is never without virtue, and to experience spiritual “healing” one must boldly endure pain. PAS as a palliative method of pain control contradicts this belief. Augustine’s voice comes through loud and clear in the AMA’s claim that it is tragic for a patient even to consider PAS.

American medicine continues to preach the virtues of suffering when it diagnoses patients who request PAS as mentally ill, psychologically weak, or spiritually immature. Bristow says that PAS would be “a prescription to help them avoid the issues of death.” Herbert Hendin, psychiatrist and executive director of the American Suicide Foundation, cites studies which conclude that terminally ill patients requesting PAS do so for various reasons, pain being one of them; however, he believes the real issue is their fear of death.

M. Scott Peck, also a psychiatrist, writes in Denial of the Soul that legalizing assisted suicide “would be yet another secular message that we need not wrestle with God ….” Instead it would be a message that we are entitled to take the easy way out. Kass proclaims, “The deaths we most admire are those of people who face the fact frontally and … with strength of soul … continue to live … for as long as they can.”

I do not dispute the truth of these opinions. Certainly, by facing suffering “healing” may occur. Suicide may be an easy way out. I do, however, challenge the absolute certainty, even arrogance, with which these claims are made. American medicine avoids facing the reality that in the new epidemiology of dying, suffering may lose its virtue. Pain may become meaningless. Guilt may reach a point where it no longer purifies. Once this happens, PAS may be the result of facing the issues of death courageously—and with faith.

Diane, the cancer patient who ignited much of this debate, is a case in point. At midlife, she was diagnosed with myelomonocytic leukemia, a form of cancer with a 25 percent chance of recovery. Diane convinced Dr. Timothy Quill to write a prescription for a lethal dose of barbiturates, which she could take once her illness reached the point where she had to choose between extreme pain or total sedation.

A survivor of ovarian cancer, she also had overcome depression and was a recovering alcoholic. Still, before deciding upon suicide, she received several blood transfusions as well as two rounds of antibiotics and became a hospice patient. When she ultimately ingested the lethal barbiturate dose, Diane was not mentally ill, nor had she avoided the issues of death. Quill states, “She taught me about life, death, and honesty and about taking charge and facing tragedy squarely when it strikes.”

American medicine must be open to new ideas that alter the meaning of death. The scientific theory of apoptosis provides one of these.
reproduction). Dror Mevorach, also a researcher, describes apoptosis as “nature’s” way of sacrificing cells for the sake of the organism. All three refer to apoptosis as “programmed cell death” meaning an orderly process of dying by which the cell, reacting to triggers within the body, is induced to self-destruct.

Why do these researchers define apoptotic cell death as suicide? First, suicide is an intentional killing in which the victim is also the perpetrator. A cell, once it has performed its function, i.e., lived its life, receives a signal from the body to implode or self-destruct. Therefore, the cell is both killer and victim. A violent membrane blebbing—similar to a bubble bursting—occurs in the cell’s membrane. The cell shatters into smaller pieces which are then recognized and eaten by other cells. Located in the intermembrane of each cell is an apoptosis inducing factor (AIF), a DNA protein that receives a signal to die. This protein then migrates to the cell’s nucleus where it attaches itself to another DNA protein. This binding destroys the protein located in the cell’s nucleus, causing the cell to implode.

Another significant factor regarding the motive of intentionality is the difference between apoptotic cell death and necrotic cell death. Necrotic cell death occurs abruptly, sometimes accidentally, always without warning. It has no apparent purpose or plan. The result is dangerous because the cell membrane is destroyed, allowing toxic chemicals to spill out and harm other cells and tissues.

In contrast, apoptotic cell death is planned or programmed. The cell membrane remains intact. Toxic chemicals are contained. The intention is to sacrifice the cell in such a way as to protect the life of the person. The determining factor is the presence of energy. Necrosis occurs only when no energy is left. “As long as a cell has energy, it will use it in a way that is necessary and helpful for the well-being of the organism.”

Two situations trigger apoptosis. The first ensures the type of cell growth necessary for the biological development of a person. For example, the hand of a five-week-old fetus is already formed, but the fingers are webbed. Following the suicide of the cells located in the web, which takes place in the sixth week, the fingers separate. Without this sacrifice, a birth defect could occur.

The second situation protects a person from an external threat. For instance, when bacteria enter the blood stream, the immune system releases cells to destroy it. Once the task has been completed, these soldier cells die by suicide, an action that prevents them from then attacking the body and causing chronic illnesses such as lupus or rheumatoid arthritis.

How does the theory of apoptosis apply to PAS? Let me be clear. The theological issue here is not about comparing the “suicide” of a cell to the suicide of a human being. Rather, apoptosis makes a powerful point about God’s process in creation: The process by which a cell becomes a fully developed human being relies upon the principle of intentional death or suicide. As such, it offers theological insights about death that support PAS as an end-of-life option.

Apoptosis suggests that death is not always the enemy. Nor is it always the result of humanity’s immorality. In fact, quite the opposite is true. The DNA of cells are the building blocks of human life. Without the suicide of certain cells there would be no life. Not just death but intentional death—suicide—is, under certain conditions, a part of God’s created order. Thus, when a terminally ill patient in extreme duress requests PAS, it is not automatically a tragic choice.

Suicide may serve a morally good purpose. Once a cell has fulfilled its purpose, and as long as it has energy, the apoptosis inducing factors will trigger an intentional death that ensures growth or protects the person. After exhausting the options available to keep her alive with a modicum of quality, Diane used her energy to choose suicide and die peacefully. She did not believe existing in a comatose or vegetable-like state had any meaning. Her final act of giving her life meaning was suicide. For a terminally ill patient to live in a mere biological existence because suffering is considered always to have virtue could itself be considered an immoral (toxic) choice.

Suicide may be a courageous act of faith. If apoptosis is a part of the created order and serves a good purpose, then choosing PAS need not automatically classify a patient as mentally ill or spiritually deprived. If the healing effect of suffering has run its course, PAS may, in fact, be a spiritually mature act of faith that respects the sanctity of life.

Conclusion

Although my purpose in the context of this article has not been to propose criteria for PAS, I support those proposed by Quill:

1. The patient must, of his/her own free will and at his/her own initiative, clearly and repeatedly request to die rather than to continue to suffer.
2. The patient's judgment must not be distorted.

3. The patient must have a condition that is incurable and that is associated with severe, unrelenting, intolerable suffering.

4. The physician must ensure that the patient's suffering and the request are not the results of inadequate comfort care.

5. PAS should be carried out only in the context of a meaningful doctor-patient relationship.

6. Consultation with another experienced physician is required.

7. Clear documentation to support each condition above is required.  

To these seven, I would add the following:

1. A qualified chaplain or pastoral counselor should be consulted to conduct an objective spiritual assessment. Such assessment tools are now quite numerous.

2. Particular emphasis should be placed upon the patient's faith struggle. By faith, I mean what James Fowler calls the universal concern that engages us prior to becoming religious, the process by which we decide what gives life meaning and what makes it worth living.

3. The patient's faith struggle should be explored in the context of life's endings. Fowler states that a person facing endings will enter the neutral zone. This is "a place that is 'no place' … 'a time out of time.' It is where one discovers 'what one really wants.'"  

4. Specific neutral zone questions must be addressed:  
   - Do I believe my suffering will reach the point where it no longer has meaning?  
   - Do I believe PAS is a way of affirming life's sacredness when suffering loses meaning?  
   - How will I know? There is no general rule for knowing when time in the neutral zone has done its work says Fowler, “but somehow, if we have been faithful to the process, we know.”

References


13. Ibid., 150.


17. Pagels, Adam, xix, 134.


20 Bailey, Biblical Perspectives, 98.
22 Bailey, Biblical Perspectives, 39-41.
24 Bailey, Biblical Perspectives, 41-42.
26 Bailey, Biblical Perspectives, 63, 75.
27 Ibid., 63, 76.
28 Ibid., 77.
33 M. Gatch, “Some theological reflections on death from the early church through the reformation,” in Perspectives on Death, 134-36.
35 Ibid.
37 Brown, Gospel of John, 243.
39 Bailey, Biblical Perspectives, 97-98
42 Battin, “Ethical issues,” 120.
47 Pagels, Adam, 147.
48 Merry, “Evil, sin and suffering,” 81.
56 Sullivan, “Apoptosis: dance.”
57 Kimball, “Apoptosis page.”
59 Ibid., 50-51.
60 Quill, “Death and dignity,” 336-42.
63 Ibid., 111.