

**Accompanying to the Edge, by Daniel H. Kuhn, Jr. L5080309**

**John 11:1-45**

**Elon Community Church, United Church of Christ, 9 March, 2008**

Jack Kevorkian was released from jail on June 1, 2007. He is the doctor from Detroit known as Dr. Death. He broke a Michigan law against what they termed “medicide,” Medically-assisted suicide. Unfortunately, the issue is not as clear cut as making and breaking a law might imply. It is not as simple as deciding who turns on the valve of CO<sub>2</sub> tank.

Medically-assisted death has been around a long time. It has been something quietly deliberated among patient, doctor, and patient’s family in privacy and humility. When others get involved, whether “right to life,” Dr. Kevorkian, a legislature, or the Civil Liberties Union, the situation becomes clouded in power struggles and grandstanding. The sacred relationship between God and an individual is profaned. As we hear the story of Jesus’ raising Lazarus, this might be an appropriate Sunday to consider issues around euthanasia or medically-assisted suicide.

One year ago, we took our cat to the veterinarian to be euthanized. She had a dignified and respectful death and did not have to proceed living in pain, misery, and humiliation. Sometimes we treat our animals better than we treat human beings.

There are many issues involved to be prayerfully considered. First, there is the preciousness of human life. We cannot create life. Should we be able to take life? We do in some situations: street violence; war; and state-sponsored capital punishment. But, there is still that commandment, “You shall not murder.”<sup>1</sup> Human life is fragile and it must be treated with preciousness and care. We are called to do all we can to protect it.

The Second issue is Medical technology. How long do we keep a patient alive? We have heart machines and respirators to keep people alive. When we know, according to the best medical judgment, that a person is terminal, how long do we prolong life? How long do we take up a bed and the skills of medical personnel when that bed could be used to save the life of another? We have seen the overuse and abuse of modern technology to prolong life. The case of Nancy Kruzan was one where the patient was kept alive in a vegetative state against the family's will. In the case of Terry Schiavo, family, right to lifers and legislators fought for seven years about whether she should be allowed to have her feeding tube removed. How do we measure life? By whether or not there is a heartbeat? By whether or not electrical impulses emanate from the brain? By whether or not there is ability to breathe independently? How do we know whether or not a person is in a coma or will recover from a coma?

The third issue is the morality of taking one’s own life. Does a person have the right to take one’s own life? What circumstances might allow it? Should a person be permitted to commit suicide if he or she is suffering from pain? How much pain should be suffered? Who makes that decision? Have you ever suffered from excruciating pain during which you didn’t care whether you lived or died? We cannot prevent a person from committing suicide. We must affirm that person’s control over his or her own life. A man who taught me about counseling told our group the story of a man who wanted to commit suicide. He sat for seven hours with a man who held a gun in his lap.

The fourth issue is quality of life. Does a person have to be productive to society in order to live? Who decides whether a person is productive? What is God’s purpose for each individual

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<sup>1</sup>Exodus 20:13

life? How do we know whether a person suffering from a terminal illness is fulfilling God's purpose by living or by dying? What is the right of the individual? Does an individual have the responsibility for the ultimate interpretation of God's will in regard to one's own life? What is God's purpose for my life?

Fifth, there is the issue of suffering. Life involves pain and suffering. We cannot live life without it. I'm not sure we would want to. There is hesitation on the part of some in the health care profession to use available technology to control pain. In the final stages living, we should do what we can to alleviate pain while maintaining dignity and independence.

In Christian theology there is virtue in some suffering. We call it redemptive suffering. It says there is some value in suffering. According to this theology, if there were no value in suffering, Jesus' crucifixion was in vain. We believe that God sustains us through suffering.

The sixth issue is that death is a fact of life: we all face it. We don't conquer death by prolonging life. We don't cheat death by committing suicide. Doctors are not failures if they can't prevent it. Although Jesus raised Lazarus from the dead, Lazarus did die later on. The text does not say whether or not Lazarus wanted to be brought back to life. There is one simple reason Jesus performed this act: he wanted to glorify God. Many who were along for the ride believed in God as a result of Jesus' action.

The seventh issue is the Christian meaning of death: the beginning of new life with God—eternal life in a new kind of existence, a spiritual existence with the author of life.

The biggest issue in death is, are we willing to accompany a dying person to the very edge of life? Jesus announced to his disciples that he was going to suburban Jerusalem to be with the dying Lazarus and his family. He would accompany Lazarus to edge of life. Thomas, knowing how dangerous it was to go near Jerusalem because of Jesus' enemies said, "Let us also go, that we may die with him."<sup>2</sup> He was willing to accompany Jesus to Jerusalem, even though he thought it would bring certain death to Jesus. Are you and I willing to accompany another to the edge of life? That is the question for the husband or wife of a person suffering terminal illness. That is the question answered positively by an organization like hospice. Their nurses and chaplains are willing to be present. They are willing to assist the family in being present also.

As a minister, one of my biggest jobs is to help people die. No, I don't commit medicide. Many times I have prayed with a person who is near death. I have prayed to accept God's eternal love and care. I have prayed for forgiveness. In a sense, it has been helping the person prepare for death. Through prayer and direct relationship with God, the individual is able to determine whether or not God's purposes for him or her here are completed.

Accompanying a person to the edge of life is important. There is great mystery in death. How do we explain the fact that a person who is so sick lives inexplicably until a favorite grandchild comes to visit? How do we explain the fact that a person who is so healthy dies for no apparent reason? There is something mystical, perhaps divine, at the edge of life. Perhaps medicide circumvents the very important mystical connection with the divine. Perhaps it prevents a person from either seeking or giving necessary forgiveness from or to another. Perhaps there is still some unfinished divine purpose in an individual's life. Death can at times be ugly. At other times beautiful. Our calling as Christians is not to assist in suicide nor prolonging life unnecessarily. Our calling as Christians is to accompany the dying person to the very edge of life. As we do, may we help others believe in God. The edge of life profoundly contains the promise of new life. That is a gift to be celebrated and treasured.

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<sup>2</sup>John 11:16