

November 2004

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### Recommended Citation

Travaline, John M. (2004) "Reflections on Human Suffering," *The Linacre Quarterly*: Vol. 71: No. 4, Article 1.  
Available at: <http://epublications.marquette.edu/lnq/vol71/iss4/1>

# Reflections on Human Suffering

by

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Suffering as a result of illness is a pivotal point in arguments for physician-assisted suicide (PAS), offered by some as a response to an individual's suffering. In this article, I wish to frame a discussion around the role of suffering in the individual for whom PAS may be contemplated, and offer a defense of human suffering positioned against the practice of PAS in an attempt to further elucidate the meaning of suffering, its value, and relationship to the human person. To achieve this goal, I first discuss some relevant matters concerning the debate over PAS. In the latter half of the article, I articulate a theological response to suffering.

The reality of suffering in the context of medical illness, while it usually is accompanied by some experience of pain, can be distinguished from pain, though it is sometimes difficult to tease these two realities apart. Erich Loewy, attempting to characterize the nature of suffering, once wrote, "Knowing that my suffering will shortly end may convert it into more endurable pain; knowing or believing that my pain is interminable, that it appears to serve no purpose or good, can convert even a lesser pain into severe suffering."<sup>1</sup> For the purpose of this discussion, the distinction between pain and suffering need not be preserved in one's thinking. In fact, if one permits some degree of ambiguity to the understanding of this relationship between pain and suffering, one may find my argument to possess a greater relevance to clinical practice. So in general, for purposes of this article, suffering should be understood to involve pain, to some degree be chronic, and in some sense appear undeserved. And in fact,

suffering in a medical context, i.e., of sickness and dying, generally possesses these characteristics.

Over the past few decades there has been an increasing awareness of issues concerning the right to death. In the medical, legal and broader social arenas, a greater preoccupation of matters of death, and what occurs at the end of life is obvious even to a casual observer of current American culture. To illustrate the prevalence of such matters, "Approximately 6000 deaths per day in the United States are said to be in some way planned or indirectly assisted, probably through "double-effect" of pain-relieving medications that may at the same time hasten death or the discontinuation of or failure to start potentially life-prolonging treatments."<sup>2</sup> The reasons for such heightened interest in these issues are many. A technological explosion in medical science has created actual situations in which death in a very deliberate way is averted and persons kept alive on an array of support systems, drugs and well-executed medical prescriptions oriented to the maintenance of one's physiological homeostasis. There are other factors which also help shape this contemporary undercurrent of thought regarding human life. There is the matter of one's personal integrity as an autonomous self-acting individual in today's pluralistic society which of necessity promotes the idea, or at least sanctions its promulgation, that one has a right to terminate one's life if one chooses freely to do so. Further, such a sentiment would appear almost rational action to take in a case of suffering. To the degree that an individual suffering is viewed as an objective evil, a wrong, or senseless experience which reflects a medical system not yet capable of otherwise allaying such suffering, the decision to end one's life by assisted suicide appears to be a sensible activity to endorse.

### **Physician-Assisted Suicide**

Proponents of PAS convincingly argue that in the circumstance of a terminally-ill patient who competently wishes that their life be ended, that a physician should be allowed to actuate this desire. Moreover, some have argued that for a physician to allow a patient to continue to suffer in this situation against an expressed wish to be relieved of the suffering by death, may actually constitute "doing harm" to the patient. Insofar as a physician perceives the medical mandate *primum no nocere*, to assist in a patient's suicide would seem to be a morally consistent response.

Physician-assisted suicide is problematic on many counts. The basis of the problem is that suffering is commonly posited as the primary motive behind the desire of the sufferer to be assisted in committing suicide. As I have indicated above, physical pain often accompanies, and in part,

characterizes the reality of suffering. We acknowledge, however, that other sorts of pain as well, create great suffering for a patient and in some cases may even extend to involve a patient's family and close circle of friends. One important issue to consider then is the extent of the existence of physical pain in a sufferer's state. Traditionally, physical pain has been what many presume and speak about in discussing death and dying, and the prospect of PAS. Indeed a classic example often used to illuminate the principle of double-effect involves the use of "painkillers" in a patient suffering from some terminal disease, and how an analgesic may possess a dual function; to on one hand relieve pain, and on the other, in the appropriate situation, precipitate death. My intention here is not to dwell on this matter of using analgesics and their potential role in a practice of PAS. Rather, I wish to point out that I find it curious that in discussions about PAS, even with health care providers, that the issue of intolerable pain as a motive behind PAS frequently is raised when in reality it appears that physical pain is not often a major issue. Thus it appears to be a myth that PAS might be the reasonable action to take in a person suffering with inexorable pain. My impression is that this is frequently the case, and as such I think it is misleading, and it is so for the following reasons.

In current clinical practice today we enjoy the benefits of many advances in pain management so that for the most part, a person with physical pain occurring in association with a terminal disease should effectively be made free of physical pain. A variety of pain-killers exist as well as other techniques available to the anesthesiologist and/or pain specialist, that if such a person's suffering is largely secondary to physical pain, then the appropriate medical therapy has not been employed, and if one were to instead offer PAS one should immediately recognize the problem with this alternative. In short, at the very least it would reflect substandard medical care.

A second reason that the so-called myth of a person suffering in severe physical pain who requests assisted suicide is somewhat misleading is that it readily promotes the idea of the permissibility of PAS by suggesting the inhumanity of allowing one to suffer; with the nature of suffering often thought of as synonymous with physical pain. As stated earlier, it occurs infrequently that one's physical pain cannot be managed so that PAS be considered. At least to argue the matter of PAS, it seems to me that we should at least be clear about an understanding of suffering and not perhaps blur the important distinction between physical pain in the dying patient and the dying patient who is suffering.

Thirdly, the myth about suffering and PAS, regardless of how one argues about PAS, raises concern about the motive behind PAS. Again in view of the above discussion, can one argue for the practice of PAS in a

patient with suffering but without pain? Or, is the presence of physical pain viewed as necessary, though not sufficient, for the consideration of PAS?

Finally, this myth permits and intensifies an ambiguity within the thought processes of persons as to other issues in the care of the dying patient. To the degree that PAS allows for the elimination of suffering through the termination of the sufferer, the ability of another to care for the sufferer is also limited. This limitation of care then raises concern about PAS from yet another perspective.

Proponents of PAS commonly posit the sufferer in whom PAS should be an option as a person with the following features. First, the patient must have a terminal (will die anyway) disease for which no medical intervention can be made that would alter its nature so as to render the process "non-terminal." The person also must experience immense suffering often linked with an experience of pain. Lastly the patient must "freely" desire (will) that their life be ended with the aid of a physician.

### **Unable to Defend Request for Death**

A whole host of arguments have been made to show some degree of moral, ethical, and religious prohibition to assisted suicide. And while these arguments may be quite valid, my intention is to show that in the case of a person with a terminal disease that unequivocally will produce her death within a short period of time (days to weeks for instance), that the request to have her death actively brought about cannot be sufficiently defended.

To argue, then, from a theological perspective, the problem with PAS that I will engage concerns that which arises when one takes seriously a view of the world as created by a Creator who is all good. When we consider the existence of suffering in this world created by an all-good Creator, we face the dilemma of how an all-good God as Creator could have created such a world in which evil (suffering as a derivative) can exist. The underlying presumption that gives rise to this problem is that there is some incompatibility with an all-good Creator creating an imperfect creation. Consider PAS then as a means to handle the problem of suffering in creation. To eliminate suffering by eliminating the sufferer is of course viewed by some to be permissible. In my view, and what will be herein developed, is the view of the problem of suffering as a necessary reality in this relationship of Creator and creation which allows for the expression of the reality of the Creator. Inasmuch as PAS then represents a move to eliminate suffering, I will argue, it also represents a stance that directly opposes an all-good Creator. In this process it will be necessary to make a distinction between eliminating suffering by PAS, and of relieving suffering through medical care.

In essence, the key point to remain focused upon is that there appears to be a moral difference (grounded in a theology which admits to a relationship between creation and Creator) between relief of suffering by producing death (irrespective of whether it is intended or not, and regardless of whether it is brought about by active intervention or omission) or facilitated as it were, in the case of assisted suicide, and relief of suffering through care for the dying. In short, while we must acknowledge a great value, and establish a priority to the relief of pain and suffering, it can never be the morally permitted stance to eliminate suffering by producing death. The principle of double-effect is an obvious and necessary safeguard in the moral thinking of most in order to reconcile situations where death may "need" to be produced in order to relieve suffering but the applicability of this principle perhaps would best be discussed at another time.

My argument against the practice of PAS will begin with an analysis of the notion of power. Central to this thesis is the notion of God's power as total self-expending love for creation, and the necessary existence of suffering in creation as a means to allow the manifestation of the Creator's self, which is love. I will articulate a response to the elimination of one's suffering, i.e., as manifested in the very specific practice of PAS, and demonstrate the incompatibility of this activity with a loving God who requires a creation to be in need of His love. I wish to demonstrate on a more fundamental level, the impermissibility of PAS in response to human suffering, and to facilitate this endeavor, I will draw upon some thought of Arthur McGill and a view of suffering related to the interplay of power in our world and the fundamental Christian exhortation of Jesus – i.e., what appears to be at the core of His message – the reality of "self-expending love."

Through an analysis of this thought, I contend that PAS is an exercise in the human power of one person over another, and that this dominative power is the antithesis of God's power. In that God's power is love, and finds its expression (existence) in suffering, suffering in creation is necessary and I argue that to eliminate suffering by intending death is, therefore, a fundamental evil.

In *Suffering, A Test of Theological Method*, Arthur McGill formulates a position tied heavily to the notion of power. At the essence of his thesis, he wants to distinguish between a demonic power and a power of God. In our world, he describes a power that is pervasive and threatens humankind by ever seeking to dominate. By the very nature of creation's neediness, there exists in the world a variety of forces, people, institutions which to various degrees satisfy portions of our neediness. To the extent that such a relationship of dependence exists, a power, if you will, of domination on some particular level therefore exists. In the health care



realm a variety of such relationships exist. Consider the physician-patient relationship. For the most part at the core, this relationship is one of a physician poised in a dominative position with respect to the patient who in neediness depends upon the physician. Such relationships obviously are purposeful and are not to be minimized. That they possess a dominative feature in themselves is not improper. The point to note, though, is that such a form of power is not of God. Again, this should not lessen the integrity of this dominative, or for our purposes here, human power. As stated above, this form of power appears necessary in our world as it operates to keep in motion the various activities and realities in our world. The argument though is that certain expressions of this power counter the divine manifestation of God's power, and if we base the moral impermissibility of actions upon the congruity of the action to a known or revealed divine plan, we can accordingly demonstrate the moral impermissibility of some actions.

What then characterizes this divine power? Often it is held that God's power is that of love. A love that is so utterly without condition that its power is enormous. In Jesus the essence of love was to give of Himself for another's needs. Importantly, this giving in love is that of self-emptying—of giving of one's self in essence, not in giving from an abundance or surplus. McGill in his analysis nicely captures this idea as he writes, "For Jesus, it is the deliberate and uninhibited willingness to expend oneself for another that constitutes love. And Jesus' own existence is the most overwhelming demonstration of this way. From first to last he lived a life of self-expending service, walking the second mile, giving everything to feed the poor, and even laying down his life for his friends."<sup>3</sup>

The fullness of one's life can be found in continuous self-expenditure, not in acquiring things. In reality, and as readily admitted in the New Testament, to live in this way of Jesus—to self-expend for others—certainly may involve death. Again it is no surprise to read that Jesus in Luke 9:23 says, "Whoever wishes to be my follower must deny his very self, take up his cross each day, and follow in my steps."<sup>4</sup>

God's power is a power of love. This love as revealed in Jesus is self-expending in service to the needs of others. Human power involves the domination of one over another. The opposite of this dominative power is that of donative power or God's power of service to creation. When we recognize the neediness of creation by its very nature, and maintain a view that only the Creator can truly satisfy this neediness, it follows that only in the expression of God's power, i.e., the power of love as service to needy creation, can creation be brought closer to fulfillment. Short of this expression of God's power in creation, the ongoing expression of human power because of this nature to dominate and not serve, can never truly satisfy a creation in need of reconciliation with the Creator.

How does this expression of God's power acquire or possess any relevance to the matter of suffering in our world? On a rudimentary level we consider that God as Creator brought into existence creation with at least the accompanying potential for the evils of the world to exist. To the degree that human suffering reflects human neediness, God's power, which is the self-expending love communicated to creation, in a way defines this neediness of creation. In other words, God communicates with creation in the mode of self-expending love. In essence, creation has needs. Related to the needs of creation is suffering. Insofar as creation has needs, creation suffers. That God as Creator seeks, or is in continuous communication with creation (the degree to which creation is in communication with God is of course variable and tied to individual free will), creation is in a sense a manifestation of God's love. It is in this neediness of creation and the suffering that therein results, that God's love is manifested.

### **A Case Example**

Let us focus upon a case example of human suffering, and consider how one might apply this idea of God's power of love to a particular case. Consider for the purpose of illustration the case of a young woman recently diagnosed with an uncommon malignancy. While her disease is extensive, she and her family are informed of the relatively favorable response that the malignancy has to current chemotherapeutic regimens. While trying to adjust to this "news" from the physician, the patient somewhat unexpectedly deteriorates in a rapid fashion and within hours is close to death. Appropriately the medical care involves placing the patient in a "pharmacologic coma" so as to in part eliminate as best as can be known, any sensation of pain or discomfort on her part. While the patient is kept alive, though presumably not suffering but critically ill and close to death, the family seems to endure great emotional pain, and the physical unpleasantness and discomfort of long days and nights in the hospital at the patient's bedside. The immense worry they experience takes its toll on their physical stamina. Overall the situation cannot appear more dismal. Physicians and other medical staff who try to relate information that they perceive as indication of minor victories in the war against death are recognized by the husband and parents of the patient as feeble utterances of little meaning as they simultaneously witness what appears to be the inexorable demise of their loved one.

How is it that a power of God can be manifested in such a situation? Clearly the core of suffering exists with the family's grief over the severity of the patient's illness. If God's love were to exist or come to bear in this situation would it not be recognized? Or, if it were recognized, what would it really mean? Would we not perhaps be left with precisely the quandary



which is so frequently put forth in the literature regarding the existence of a loving God and the reality of evil in the world, namely how could such suffering exist (and certainly as in this case, unjustified and undeserved suffering) if God is "supposed" to exist and moreover exist in a love relationship with His creation?

Attempts to reconcile this conundrum of Christian theology of course rely on mechanisms designed to emphasize the disassociation or incongruity between God's plan for creation and that which creation would seem to collectively view as the "plan" (or the way things ought to be rooted in a principle of justice and the like.) Similarly, my contention also relies on a sincere resignation to the reality that a divine plan is sharply contrasted by creation's view of its plan. In a way, this should come as no surprise, particularly in view of the above discussion regarding the distinction between God's power and the power of creation.

At the basis of my argument regarding suffering in the world is a view that suffering is necessary. It is necessary, I submit, precisely because it is the means by which the Creator can communicate in love to His creation.

The argument may be outlined as follows: We begin with an understanding of God as loving Creator, and the realization of the existence of suffering. We ask the question then: Why does suffering exist?

The response: Suffering exists in the world simply because God allows it to exist, and he allows it to exist in order to have a means to express His love (in reality Himself).

How then is this an expression of His self?

That God is self-expending love, it is required that there be some objective need for this love to exist. (If no need for love existed, then no love would be necessary and in effect, no God.)

God then creates creation and by necessity a needy creation. God then loves creation and manifests His love in suffering.

Another question that then arises is: Could God have created a non-needy world?

The response: No. A world with no need cannot exist and be apart from God, so there must be some neediness to creation.

This question then arises: Could God have created a needy world but not with suffering?

Again the response is "no." The degree of expression of love is proportionate to the degree of need. If the greatest need of creation is existence, (and therefore death or that which threatens to produce death, the greatest obstacle to satisfying the greatest need, then the greatest expression of love (which is God), must be the gift to satisfy the need of existence and therefore, must be the gift to overcome death (as it was in

Christ). If then, creation existed with only less needs than that of existence, God's love could not be totally expressed.

If we accept this relationship then of the neediness of creation as means for expression of God's love and in essence for God's existence, what can be inferred from man, by his own will attempting to decrease suffering in the world? That is to say, would it make sense to claim that human acts directed at relieving suffering would therefore blunt an experience of God's love? The obvious answer is "no" but the way that this idea makes sense is to realize that human activities aimed at truly reducing suffering in the world are in effect examples of action approximating to varying degrees a divine sort of love. That is to say that when a human participates in the relief of pain and suffering of another through exhibiting self-expending love, in reality the power operative in the relief of suffering is that of God. So, it remains most desirable that one should seek to eliminate suffering as such activity is obviously linked to goodness and expression of self-expending love.

Let us return now to the case at hand. The matter of suffering in the medical context serves as an expression of divine power in the following way. A tragic situation essentially provides for the Creator the necessary reality to manifest an expression of His power. Stated in another way, the tremendous need of the sufferers are such that God's love is required in order that those needs be satisfied. In an important way the patient, but perhaps more so her family in this case, if faithful, should experience the peace which God's love provides. This relationship between the sufferers and Creator of course involves a faith experience, but such is necessary given the inherent nature of a covenantal relationship between the Creator and creation. In addition to the experiential presence of the Creator's power in relieving suffering, the health care providers, and others in their attempts to relieve suffering are certainly reflecting the love of God in their service to care for the patient and family, but these efforts alone are not wholly sufficient in eliminating the suffering. At the moment of, or even during, this intercourse of the all-loving Creator with the suffering creation, the reconciliation of the Creator with creation takes place. It is perhaps in this rather unique experience of a needy, suffering creation that God's power of self-expending love can be most fully appreciated.

With this in mind then, the matter with regard to the elimination of suffering by producing death and how this form of relief is not permitted becomes more evident. In short, when we consider the notion of power and the distinction between God's power and human power, we can appreciate how the activity of PAS is exposed as truly an exercise of human power of domination in an effort to eliminate suffering. Although at first this appears to be a reasonable option, upon closer inspection, it is shown to prohibit the

manifestation of God's power of love, and is thus rendered morally impermissible.

If we maintain the existence of an all-loving Creator who is manifested through a power of love, then PAS cannot be a response to the body that suffers while dying. The response to the suffering body must involve care.

Finally, let me close with a comment by Paul Ramsey on the importance of care in attending the dying. This excerpt nicely accentuates the role of care for those who suffer in dying. He wrote, "Acts of caring for the dying are deeds done bodily for them which serve solely to manifest that they are not lost from human attention, that they are not alone, that mankind generally and their loved ones take note of their dying and mean to company with them in accepting this unique instance of the acceptable death of all flesh. An attitude toward the dying premised upon mature and profoundly religious convictions will display an indefectable charity that never ceases to go about the business of caring for the dying neighbor. If we seriously mean to align our wills with God's care here and now for them, there can never be any reason to hasten them from the here and now in which they still claim a faithful presence from us—into the there and then in which they, of course, cannot pass beyond God's love and care. This is the ultimate ground for saying that a religious outlook that goes with grace among the dying can never be compatible with euthanasiaic acts or sentiments."<sup>5</sup>

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