Palliating Nihilism by Physician Aid-in-Dying:
On Compassion, Autonomy, and the Question of Suicide

Thesis

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Abstract

This thesis argues that the right to die should be understood as an attempt to palliate nihilism due to the encounter of an existentially impoverished ontology with death, informing clinical, ethical, and political accounts of physician aid-in-dying. Following Heidegger's critique of technology, contemporary medicine espouses a Nietzschean metaphysic predicated upon reducing its objects into 'standing reserves' on call for efficient manipulation. Physicians become passive, anonymous technicians responding to technological frameworks, bodies become resources for maintenance and re-creation, and death appears an obstacle to overcome in this active nihilism. In this context, the birth of bioethics can be appreciated as a response to the hegemony of techno-logic at the end of life. I argue, however, that it has largely failed by capitulating to a similar procedural rationality, at best, and endorsing autonomy as a manifestation of the will to power at worst. After the death of God, ethics must be radically reframed as a human project resembling a cafeteria of lifestyle aesthetics where the moral good easily becomes free choice. The liberated, autonomous individual playing a leading role fits hand in glove with techno-logic.

Thus, assisted suicide may appear as a personal 'death-style' for fashioning the illusion of meaning and transcendence by the will, particularly in the post-Christian, generic spirituality of hospice and palliative care. Patients with existential or spiritual suffering – lives not worth living – can be relieved of the human condition within liberal politics, signifying new, deceptive rites for the end of life, an *ars ad mortem*. At the end of the day, however, the choice for suicide is predestined by the techno-logic critiqued in this thesis, suggesting that it may not, in fact, be the triumph of autonomy but rather of a violent nihilism and despair. This critique, then, moves towards clarity in the right to die movement regarding its quasi-religious foundations, and seeks alternative, poetic ways of being in the world that can wed wisdom with medical arts and care for the dying.

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Fields of Study

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1. Does Assisted Suicide Impose on Us the Ways it Should be Used?

Death is an outrage. It is terrible that people who deeply love each other, who prop each other up, are suddenly parted. You spend a whole lifetime becoming two into one and then one half is taken away. It is an outrage that a young mother should leave her children, who perhaps are going to have real problems because they haven't had her. It is an outrage that people should have pain and problems, in one sense. Anyone who works in our field and has no questions shouldn't be there – Dame Cicely Saunders[1]

It is quite likely that more words have been written about death and dying in the last century than preceding ones. We should expect, then, to have a rich way of being mortal in the western world, honed and clarified through our discursive practices, as well as being enhanced with modern pharmacology and rational policies. Surely we appropriate death at least as well as our ancestors.

Dan Callahan suggests otherwise. "[We] have talked about the event of death, and the process of dying, but not what to make of death itself, its human import." Really, "death has not come out of the closet; only its foot is showing," despite the many supreme court cases, academic papers, and social movements, including the birth of bioethics, modern hospice, and the natural death movement. Why is it so difficult to approach death in our language?

> I am struck by a certain peculiarity, mirroring my own experience [struggling to speak of death]. The debate has mainly been about law, regulation, moral rules, and medical practice, and about making legal, or ethical, or medical choices about dying. It has not been about death itself, about how we should think it through in our lives…Rarely is an effort made to take the policy argument to the more troublesome depths of the place and meaning of death in human life.[2]

Little has changed in the two decades since Callahan's observation. Moreover, a growing consensus is painting a disturbing picture: we do not die well today.[3] Indeed, we have an uncanny propensity for concealing mortality from ourselves behind institutional, professional, and discursive cloaks. In such a context, we ought to wonder what the phenomenon of physician-assisted suicide reveals about our foundational story in medicine, bioethics, and the care for the

[1] Quoted in Du Boulay, *Cicely Saunders,* 235.
[2] Callahan, *The Troubled Dream of Life,* 13.
[3] Ariés, *The Hour of Our Death.* Bishop, *The Anticipatory Corpse.* Verhey, *The Christian Art of Dying*, 9-77. Dugdale, *Dying in the Twenty-First Century*. IOM, *Dying in America.* Tulsky, "Improving quality of care." U.S. Department of Health and Human Services Office of Inspector General, "Hospice Deficiencies Pose Risks"

dying.[4] Indeed, this thesis explores and questions the *mythos* guiding our *ethos* accounting for *thanatos*.

As a medical student newly immersed in our modern, medicalized ways of dying, I began to think Flannery O'Connor was right in saying nihilism was in the air we breathe, or at least a nihilistic moral poverty.[5] In June 2019, I witnessed what anyone outside healthcare would call a violent death near the conclusion of my third year of medical school. I was rotating with trauma surgery at a large, urban academic hospital. Though my role on the team, in truth, was minimal – especially as a student not planning to enter a surgical specialty – I had finally begun to feel confident in the basic skills of doctoring when we were paged to prepare to receive a 70 year old woman who was struck by a car.

She arrived in critical condition. The emergency room nurses, physicians, and trauma team had obviously been in similar situations before, evidenced by the well-defined roles and orderly approach to a chaotic scene. Our patient momentarily stabilized with a few simple interventions, allowing everyone some reprieve. Yet not one minute passed before her heart stopped. She needed a bedside thoracotomy and cardiac massage. Without hesitation, the chief surgery resident cut into the left side of her chest – blood now everywhere – and began squeezing the poor woman's heart, attempting to sustain her circulation with his own hand. Soon the attending trauma surgeon stepped in. Her small fingers discerned the problem: a hole had been rent in the heart under stress from the accident. Blood transfusions poured into her veins, and sutures were thrown to mend the hole, but to no avail. The surgeon's stitches stood little chance in the frail heart.

The patient died in front of us. We froze in position as if commanded to stop, hands covered in blood. Silence ensued. The senior physicians broke the hush before long, calling for a de-brief. What could have been done differently to save her? Nothing, they conclude. The communication processes and medical procedures were performed as well as one could expect. The outcome was deemed inevitable. I watched carefully while feeling uncomfortable myself. Would anyone grab the patient's lifeless but still warm hand? Or mutter a prayer under their breath? Nothing. We each retreated from the deathbed physically and mentally.

The attending surgeon left to fetch the now-widowed husband, anxiously anticipating updates from the waiting room. Residents, nurses, and students left to write their respective notes

[4] I will use "physician-assisted suicide" to mean lethal prescription where a patient completes the act, considering the etymological precision of the Latin *sui-cide* meaning self-killing. The terms employed profoundly shift public opinion when polled, but may not affect medical professionals. Braverman, et al., "Attitudes About Physician-Assisted Death."
[5] Fitzgerald, "To A.," 949.

and check-in on other patients. The patient's body lay on the bed – alone and now covered in a clean, white blanket – with her heart still exposed to the outside world. Did I or anyone else even know her name? On to the next one.

The violence done to her by medicine was clearly justified to resist the violence of the accident. However, the silence was revealing. The phenomenon exceeded our technological and scientific categories. Though, perhaps, nothing else could have been done to save her, it still felt like a failure. What distressed me most, however, was my reflexive satisfaction from placing my first intraosseous line in her tibia. What about the obvious tragedy? We seemed to have no clue what to do with the elephant in the room. Indeed, we were caught red-handed. The remainder of the night proceeded with no further mention of her death, though my technical skills were noted.

In his widely-ready book, *Being Mortal,* Atul Gawande makes similar observations, and he invites medicine and the healthcare system to circle back to its original purpose of meeting suffering patients in their need and being honest in the face of mortality.[6] Dan Sulmasy offers a clarifying lens to press further into why we die so poorly today by pointing out the inevitable links between *mythos, ethos,* and *thanatos.*

> Underneath the clinical and scientific questions lurk the very deepest questions that religions and philosophers have long sought to answer, questions about the origin of life and of death; how to define joy; whether physical suffering can have a purpose; about the scope of freedom and the place of responsibility; about the power of love, the necessity of contrition, and the role of reconciliation; about the nature of good and whether there is such a thing as evil; about the relationship between the finite and the infinite; and many more. The answers we give to these questions – as practitioners, as patients, and as a society – form the moral and spiritual infrastructure on which hospice and palliative medicine are founded.[7]

For example, if the *mythos* informing "one's life is the story of human progress, then death will remain a perpetual enemy and one will pursue biomedical research with a spiritual zeal." Or, if death is considered an "utter annihilation and physical suffering is pointless, then it is difficult to see how one could be opposed to the legalization of euthanasia and assisted suicide on any grounds other than fear that these practices will be abused." If we accept Philippe Ariés' historical thesis that our modern efforts to conceal and master death represent a profound rupture in Western

[6] Gawande, *Being Mortal.* See also Ted talks: Michael Hebb, "What Happens When Death is What's for Dinner?" and Saul, "Let's Talk About Dying."

[7] Sulmasy, "*Ethos, Mythos,* and *Thanatos,*" 448-49. He continues, "religions also have answers for these sorts of questions and are often much more explicit about the stories that express the fundamental self-identifying and morally originating commitments of those that profess the religion."

history, we ought to question why.[8] More particularly, for this thesis, we ought to question the significance of making physician-assisted suicide a regular, even if rare, part of medical practice at the end of life.

The question of assisted suicide, at least in the United States, has centered around the person of Timothy Quill at least since the 1991 publication of his assistance in the suicide of a certain "Diane."[9] An amiable, kind primary care and hospice physician, Dr. Quill has advocated for legal and clinical access to palliative options of last resort to alleviate the worst suffering at the end of life.[10] For him,…

> One of medicine's most important purposes is to allow hopelessly ill persons to die with as much comfort, control, and dignity as possible. The philosophy and techniques of comfort care provide a humane alternative to more traditional, curative medical approaches in helping patients achieve this end. Yet there remain instances in which incurably ill patients suffer intolerably before death despite comprehensive efforts to provide comfort.[11]

Those few terminally ill patients whose suffering cannot be solved by aggressive palliative care ought to have access to a safe, efficient social mechanism – equipped with sufficient safeguards to ensure a truly informed, competent decision – enabling them to complete a rational suicide to escape suffering through the power of medicine. It is a logical step in providing aid-in-dying. Indeed, physicians have an obligation to help patients achieve a dignified, noble death, like those exalted in literature and art with meaning that is deeply personal. Inquiring about hastened death is "one of the most profound and meaningful requests a patient can make." Physicians, thus, ought to be a midwife through the dying process, committed to leading patients through the most frightening aspects, "losing control and independence" and "dying in an undignified, unesthetic, absurd, and existentially unacceptable condition."[12] Autonomous death provides a route from a state "potentially far worse than death."[13] Responding to the call of terminally ill patients suffering across the bio-psycho-social and spiritual/existential realms, on such grounds, is a matter of balancing the social risks of enabling insufficiently-autonomous patients to end their lives with the benefits of the highest degree of palliation.

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[8] Ariés, *The Hour of Our Death*
[9] Quill, "Death and Dignity."
[10] Quill, Lo, and Brock, "Palliative Options of Last Resort."
[11] Quill, Cassel, and Meier, "Care of the Hopelessly Ill," 1380. If traditional medicine is curative, then tradition began less than 100 years ago.
[12] Quill and Cassel, "Nonabandonment"
[13] Quill and Miller, "Physician-Assisted Death," 251.

Yet, Marcia Angell insists upon something more primordial. Existential suffering, in her view, provoked the right to die movement in the first place and continues to power it today.[14] Patients should not have to languish hopelessly while waiting for death. Compassion and mercy should move the clinician to act by both withdrawing burdensome life-sustaining technologies and hastening death. Existential suffering is not only about a subset of patients identified by hospice chaplains or psychologists, but, more importantly, acts as an undertow moving the more visible clinical, legal, and ethical questions. The burden of existence as such should be relieved. Thus, hospice should not be too narrow-minded to exclude the most potent interventions of last resort affording existential palliation. Denying the right to die would approach injustice.[15]

The attention given to the plight of terminally ill patients is much needed. At some level, this is why anyone enters a bedside profession. Yet referring to assisted suicide or euthanasia as mercy killing and related euphemisms conceals more than it reveals. I doubt whether compassion or even patient autonomy really stand triumphant in the end, or, even if they do, whether that ought to be desirable because assisted suicide imposes on us the ways it should be used. It may simply play out our contemporary *mythos* and constitute the triumph of nihilism, eschewing other ways of caring for the dying. In other words, it may merely conceal, cover, and palliate not only death, but also nihilism in a futile attempt to overcome each.

In this thesis, I will explore the significance of Dr. Quill becoming a physician to Diane's soul, to borrow Dan Callahan's felicitous phrase.[16] I will attempt to bring the primordial truth of assisted suicide, or at least a piece of it, into unconcealment in order to enlighten the many clinical, ethical, and legal questions, though these important issues will not be addressed directly.[17] Methodologically, I will run on the border between philosophy and theology, at least in the way they are commonly understood today.[18] I do not primarily aim to construct or apply a system of moral concepts to the end of life or offer commentary on law and policy, but to put philosophical thought at the service of how we practice medicine and care for the dying. Attending to the

[14] Angell, "The Quality of Mercy." See also Cassell, "Suffering Patients."
[15] Putnam, *Hospice or Hemlock?*
[16] Callahan, *The Troubled Dream of Life,* 100.
[17] Hendin, "The Dutch Experience;" Ganzini, "The Oregon Experience;" Sulmasy, et al., "Non-faith-based arguments;" Kamisar, "Laws Against Assisted Suicide;" Sedler, "Hastening Inevitable Death." Saunders, "A Hospice Perspective;" Emanuel, "Focus on the Data;" Foley, "Compassionate Care, not Assisted Suicide;" Kass, "Why doctors must not kill;" Rachels, "Active and Passive Euthanasia;" Beauchamp and Childress, "Rachels on Active and Passive Euthanasia."
[18] Theology need not be ontotheology, even as Heidegger insinuated. See FN 39. LaCoste, *From Theology to Theological Thinking.* Cf. Lossky, *Mystical Theology.*

foundational context of calls to marry hospice to hemlock through extended meditation and reflection, I hope, will bring clarity to its philosophical and theological ramifications.

Autonomy will play an increasing role as the project unfolds, and I should be clear to delineate five senses often folded together in a family of concepts. At times, autonomy means a source of moral authority to form contracts in a pluralist society hoping to retain peace, grossly aligning with the content-less goals of political liberalism.[19] Here it functions a side-constraint, not a value. In Christianity, it may mean freedom from the passions to perceive God's revelation in nature and live in union with God. For Kant, it meant choosing rationally according to the moral law while resisting sensual disturbances, suggesting the sub-autonomous unable to choose rightly are, in some sense, sub-human. Lastly, Foster describes an evaluative sense of autonomy, which Merle Spriggs perceives in successive editions of Beauchamp and Childress. It is used to say a person and her decision deserve respect, thus assuming the primacy of autonomy in ethics. Yet the converse means without autonomous behavior, one is not worthy of respect. For Foster, this approaches "intellectual fascism" where one who disagrees in the demands of the moral law may be labeled sub-human.[20] For Dworkin and others, autonomy is a psychological descriptor where preferences, desires, the self, and life plans are central. The autonomous man is master of himself and directs his own life, proving his autonomy through a lifetime of autonomous acts.[21] This final sense where autonomy becomes a cardinal value is my primary concern, but I note its relation to Kantian notions.

In the following chapter, I will engage the contemporary philosophy of medicine arranging the metaphysical context for the question of assisted suicide. Following Heidegger, I argue that medicine largely employs a Nietzschean metaphysic – what I call techno-logic – predicated upon reducing its objects into 'standing reserves' to be on call and 'challenged forth' for willed manipulation. This sets up a dualism of matter and will wherein assisted suicide begins to appear as an instance of the will to power geared toward overcoming finitude. Moreover, physicians become passive, anonymous technicians responding to technological frameworks and bodies become resources for maintenance and re-creation, sharing common ground with transhumanism and thus revealing its foundations.

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[19] Engelhardt, *After God,* 271-73. Engelhardt, *The Foundations of Bioethics, 2nd ed.*
[20] Foster, *The Tyranny of Autonomy,* 8. Spriggs, *Autonomy and Patients' Decisions,* 92-98, 105-140.
[21] Spriggs, *Autonomy and Patients' Decisions,* 80-87.

Next, chapter three will examine the birth of bioethics as a particular response to the hegemony of techno-logic. Originally it presented a new mode of ethical reflection amidst the swirling social changes of the 1960s and 70s. I argue, however, that it has largely failed by capitulating to a similar procedural rationality, at best, and endorsing autonomy as a manifestation of the will to power at worst. After the death of God, ethics must be radically reframed as a human project resembling a cafeteria of lifestyle aesthetics where the moral good easily becomes free choice. The liberated, autonomous individual playing a leading role fits hand in glove with techno-logic.

Chapter four will examine modern hospice and palliative care amidst the nihilism diagnosed in medicine and bioethics. Assisted suicide, may appear as a personal 'death-style' for fashioning the illusion of meaning and transcendence by the will, particularly in the post-Christian, generic spirituality of hospice and palliative care. Patients with existential or spiritual suffering – lives not worth living – can be relieved of the human condition within liberal politics, signifying new, deceptive rites for the end of life, an *ars ad mortem*.

Chapter five, then, will assess where this critique leaves us. I conclude that the choice for suicide is predestined by the techno-logic critiqued in this thesis, suggesting that it may not, in fact, be the triumph of autonomy but rather of a violent nihilism and despair. This critique, then, moves towards clarity in the right to die movement regarding its quasi-religious foundations, and seeks alternative, poetic ways of being in the world that can wed wisdom with medical arts and care for the dying. This is a call for ontological conversion and openness toward traditional 'noetic' communities on the fringes of modernity.

2. The Nietzschean Techno-Logic of Modern Medicine

Primitive man, hemmed in by prohibitions, taboos, and rites, was, of course, socially determined. But it is an illusion – unfortunately very widespread – to think that because we have broken through the prohibitions, taboos, and rites that bound primitive man, we have become free. We are conditioned by something new: technological civilization – Jacques Ellul[22]

Canadian philosopher George Grant once examined an innocuous statement of a computer scientist: "The computer does not impose on us the ways it should be used."[23] The scientist, Grant begins, is quite aware that his computers may well be put to evil use in tyrannical population surveillance, for example, assuming the devices are neutral instruments freely directed toward ends imposed by good or evil operators. It is up to us to put its capacities to decent purposes according to the conception of justice of the right political philosophy. Modern medicine imagines itself similarly. Having unlocked nature's secrets in the basic and clinical sciences we devise techniques, protocols, devices, and synthetic drugs to apply that knowledge for the relief of the human estate – and this is equally true for the human sciences employed at the end of life. It is as if the only difference between Hippocrates – or even William Osler – and today's physicians is a better-stocked doctor bag.

Grant, however, questions whether technology is ever so simple. For one, only certain capacities are built into computers in the first place. Secondly, neither the particular inventors who creatively imagined such possibilities nor the many requisite components appear from outside space and time. Generations of chemists, metallurgists, and miners and a complex network of social, economic, and legal arrangements came together to produce the materials before software engineers can imagine the possibilities of programming. All along, they are faithful to a particular, scientific paradigm of knowledge to make a computer, a paradigm central to our "civilizational destiny."

> I mean by 'civilisational destiny' above all the fundamental presuppositions that the majority of human beings inherit in a civilization, and which are so taken for granted as the way things are that they are given an almost absolute status. To describe a destiny is not to judge it. It may indeed be, as many believe, that the development of that paradigm is a great step in the ascent of man, that it is the essence of human liberation, even that its development justifies the human experiment itself. Whatever the truth of these beliefs, the

[22] Ellul, *The Technological Society,* xxix.
[23] Grant, "Thinking About Technology," 19.

> only point here is that without this destiny computers would not exist. And like all destinies, they 'impose.'[24]

If modern medicine is anything, it is technological. But what does it mean to claim the essential practice of medicine today is a technological one? Whatever we make of particular devices like the computer, they are not ontologically blank, and modern technological medicine must be considered similarly. Moreover, if we are to believe Erik Krakauer, physicians are the standard-bearers of western metaphysics, enacting subject-object relations, and are thus bound up in a technological destiny contingent upon our modes of knowing and doing. Might Krakauer be right that medical technology prescribes human being itself?[25] And might assisted suicide similarly prescribe human non-being according to the same paradigm?

I will unpack these questions by engaging Martin Heidegger's dual critiques of technology and ontotheology. For all his concern with modernity, the German philosopher had remarkably little to say about the new techno-medicine it produced.[26] Nonetheless, he provides a helpful starting point in a seminar on Aristotle:

> Medical practice and technology (*techne*) can only cooperate with nature (*physis*), can more or less facilitate the health (of the patient), but as technology it can never replace nature and in its place become the principle of health as such. This could only happen if life in itself became a 'technically' producible artifact, but if this were to become the case there would no more exist any health, as little as there would exist any being born or dying. Sometimes it seems as if modern humanity is rushing headlong toward this goal of producing itself technologically. If humanity achieves this, it will have exploded itself, i.e., its essence qua subjectivity, into thin air, into a region where the absolutely meaningless is valued as the one and only "meaning" and where preserving this value appears as the human "domination" of the globe.[27]

For Heidegger, technological devices are merely expressions of a foundational, ontological way of being, which he refers to as "the essence of technology." This essence marks the culmination of the metaphysical tradition. Importantly, "ontology grounds an age;" it is not just the esoteric concern of professors but humanity as such.[28] It concerns how Being is delivered to thought, how we understand and interpret entities, and thus provides intelligibility to comport ourselves in the world.[29] The history of the west, medicine included, has been one of forgetting Being in lieu of

[24] Ibid., 22.
[25] Krakauer, "Prescriptions," 535.
[26] See Svenaeus, "Biomedical Ethics."
[27] Heidegger, "*Physis* in Aristotle," 236. Cf. Fielding, "The Finitude of Nature."
[28] Heidegger, "Age of the World Picture," 115.
[29] Foltz, *Inhabiting the Earth,* 54-59.

beings in Heidegger's account of ontotheology. Ontologically we have traditionally thought thematically about entities as entities by seeking out their grounding and have provided an ultimate legitimation for their existence theologically. Yet the history of being has been fluid, one of successive ontotheologies, and technology signifies the current one.[30]

This 'forgetfulness' to ask the question of Being stems from a methodological error of positioning the questioner simultaneously everywhere and nowhere, as well as no-time and eternity (i.e. meta-physically). This prejudice prevents access to the eventfulness of being, and led to interpreting it as "constant presence." Metaphysics ignored the fact that Being is historically conditioned. According to Bruce Foltz, metaphysics…

> has understood [B]eing as what is constantly present in, and most permanently accountable for, entities as such. That [B]eing also inclines toward self-withholding and that presence itself can be understood only in its interplay with absence and hiddenness – these are not taken up as such even by the earliest Greek thinkers… Above all, this "history of being" entails the elaboration of "constant presence" as the terminus of apprehending and knowing (*noêsis*) into 'constant availability as the material of total domination.' It is in just this sense that Heidegger can call technology the completion of metaphysics.[31]

We must say more about Heidegger's history of Being if we are to understand his concern of humanity 'exploding itself' technologically by 'valuing the meaningless' and destroying all meaning beyond 'domination' in medicine. I argue assisted suicide cannot easily extricate itself from the commitments of techno-medicine. It rather contributes toward 'replacing nature,' rendering death artificially produced and paradoxically signifying the end of dying.

2.1. Heidegger's History of Being: From Ancient *Techne* and *Physis* to Modern Scientific Objectivity

Ancient medicine was understood as an art (Greek: *techne;* Latin: *ars)* within the taxonomies of classical philosophy. Aristotle, in particular, developed a threefold division of the theoretical, practical, and productive sciences. According to Ronald Polansky, the theoretical sciences are distinguished by having principles as their proper subject matters, as in first philosophy (metaphysics/theology), physics, and mathematics. The respective principles of the disciplines stand on their own, unchanging and independent of the one seeking them. Accordingly,

[30] Thomson, *Heidegger on Ontotheology,* 7-11.
[31] Foltz, *Inhabiting the Earth,* 5-6. Note that Foltz does not utilize the Being/beings distinction in his translations. Also note that Heidegger is no simple destroyer. His deconstruction is ordered toward recapturing what was originally sought in philosophy.

the aim is coming to truth or knowledge as such through 'theoretical' contemplation and instruction, i.e., "from *theoreo* (θεωρέω), meaning to look at, to behold."[32] The practical sciences – "including ethics, politics, and most likely economics (household management)" – in contrast, have their principles in the actor's choice and their aim is action. For example, ethics is concerned with aligning human agency with morally virtuous action. Thus, acquiring practical wisdom comes mainly through action itself; teaching is secondary.[33]

The productive sciences are distinguished by their principles being within the maker while seeking an end beyond itself.[34] The arts, *technia,* notably include carpentry, poetry, and rhetoric – alongside medicine – underlining the fact that their respective products are first made in the soul of the craftsman and then realized externally. Importantly, though productive arts have their principles within a craftsman, this does not mean they are subjective. It is true that health in particular requires trained perception to identify it; however, definite standards exist. In Aristotle's words, "art imitates nature" (*Physics* ii 2.194a21-27). It "supplements" what nature has provided insufficiently by applying skilled human interaction. One becomes a craftsman dynamically through both teaching and practice under a mentor, and demonstrates their technical skill precisely in their resulting products.[35]

Though medicine was certainly classified alongside other arts, being concerned with generating health, it occupied a more unique position. For one, it was more closely linked to natural science than the other arts, as Aristotle said "physicians…start from a consideration of nature" (*Sense and Sensibilia* 436a17-b1). Medicine's aim, health, is itself a natural condition within a natural living, human being who continues as a natural being, whereas a shoemaker's leather grows distant from its origins in cowhide when it becomes a product. Thus, medical principles are largely natural principles, i.e., medical science, even in antiquity. Further, Polansky notes medicine's

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[32] Polansky, "Art, Science, or Practical Wisdom?," 33. Citing Aristotle's *Metaphysics* ii 1.993b20-21. "Natural science, like other sciences, confines itself to one class of beings, i.e. to that sort of substance which has the principle of its movement and rest present in itself, evidently it is neither practical nor productive. For the principle of production is in the producer – it is either reason or art or some capacity, while the principle of action is in the doer – viz. choice, for that which is done and that which is chosen are the same. Therefore, if all thought is either practical or productive or theoretical, natural science must be theoretical but, but it will theorize about such being as admits of being moved, and only about that kind of substance which in respect of its formula is for the most part not separable from matter" *Metaphysics* vi 1.1025b18-28.

[33] Polansky, "Art, Science, or Practical Wisdom?," 38-41.

[34] Ibid., 35-38.

[35] Cf. Hippocrates, *On Ancient Medicine,* Ch 12. Lloyd, *Magic, Reason, and Experience*, 37-57. Ferngren, *Healthcare in Early Christianity,* 87-112. Physicians were far from the only authorities sought in the polytheist ancient world for healing. Priests serving the cult of Aesclepius and others, midwives, gymnastic trainers, and herb-collectors each utilized overlapping treatment methods and theories of disease. Risse, *A History of Hospitals*, 15-59.

special relation to practical wisdom, commenting on a passage from Plato's *Charminedes* where it is said that "the mistake some doctors make with their patients" nowadays is trying "to produce health of body apart from health of soul" (156b-157b). Certainly, physicians have always ventured into how we live by prescribing diets or exercise, as well as sexual practices and personal relationships. These ethical or political concerns, however, are recommended principally to reduce the incidence of disease.[36]

Medical *techne* can only cooperate with *physis* according to Heidegger, and in Aristotle's words art imitates nature, lest it cease to be a true art remedying nature. It is nature which forms the basis for life and health, not medicine. Should medicine do so and make health technically producible it would "explode humanity's essence" and devolve into a futile pursuit of the meaningless. Much could be said of the many meanings of 'nature' today; however, for our purposes it suffices to explore how Heidegger locates the original meaning of *physis* as a fundamental metaphysical term.

> For the earliest Greek thinkers, the decisive traits of [B]eing were those to which they gave the names *physis, aletheia,* and *logos.* The experience of [B]eing was that of (1) self-emergence, arising from itself of its own accord and lingering, while at the same time re-turning back into itself; (2) unconcealment, or the clearing of an open realm within which entities can emerge from concealment or hiddenness; and thus (3) the gathering together that allows entities to lie collected before us in such a way that they may be heeded and hence spoken.[37]

Within the sense of *physis* as self-emergence, Being was interpreted as presence, though in verb form as *presencing* or brought to presence. The presence of a child before me, for example, in a primary care clinic is dynamic. His knees may bear the scabs of past tumbles, while his parents are concerned with what his position on a growth chart means for his future. He is like a flower emerging from a bud bringing forth its shining, inner truth (*aletheia).* All things manifest the dynamic unconcealment of Being unfolding out of themselves, and, sighted within a clearing, Being is made intelligible to be delivered to thought and speech (*logos).* Human *techne* participates in coaxing *physis* to bring-forth its truth in a thing.

The metaphysical tradition, however, lost touch with the dynamic temporality of the experience of Being, according to Heidegger, by truncating it to constant presence. Thus, it often set out to explain or account for entities, subduing Being to humankind and radically altering the

[36] Polansky, "Art, Science, or Practical Wisdom?," 45, 41-48.
[37] Foltz, *Inhabiting the Earth,* 69.

experience of being in the process.[38] While admitting an immense diversity of answers to metaphysical, this diversity has really been variation on a single theme presupposing an underlying sense of being. Entities are perceived as present at hand (*vorhanden/heit).* From Plato's *eidos*, to Descartes' *ego cogito*, to Kant's a priori, to Nietzsche's eternal recurrence, Heidegger sees metaphysics seeking being in the light of eternity via the surrogate of the present. This strategy, however, concealed the "eventful" presence of being that dynamically emerges into unconcealment and also self-withdraws.[39]

The Cartesian objectivity of modern science, seeking to reveal entities ahistorically, *sub specie aeternitatis,* advances the metaphysical legacy. Heidegger goes so far as to say modern science "dissolves" and "de-natures" nature, despite our usual assumptions of the actual, real disclosure of entities in the scientific method from a disinterested observer. Yet this observer, however distant from its object, is not disinterested.[40] Modern, experimental science, …

> leaps over nature as the latter gives itself to experience, and it projects its own preconceived ground plan to which nature must conform if it is to have standing as something that is, if it is to be an entity at all. Such a standing, however, is entirely

[38] Foltz, *Inhabiting the Earth,* 32. The three senses of 'nature' tracked by Foltz in Heidegger are intimately related to one another as each is a manner of encountering Being: (1) present at hand (*vorhandenheit)* which becomes scientific objectivity, ready to hand or productive nature (*zuhandenheit)* which mutates into technology, and the primordial sense, the "phenomenon of nature," as in romanticism or the 'power of nature.' The third draws nearest to nature as such.

[39] Medieval scholastic ontotheology is one major phase – crystallized in the pursuit of 'certainty' of individual salvation – in preparation for modern science. By understanding nature in terms of actuality (excluding potentiality), grounding this actuality externally as a consequence of God's action, understanding its status in terms of efficient causality, holding nature meaningful only in relation to a prior ground, and relating its constancy to an underlying *subjectum,* scholasticism prepared Descartes. Foltz, *Inhabiting the Earth,* 70-76. See also Smith, *Cosmos and Transcendence,* 43-65. Dupre, *Passage to Modernity*. "Thus where everything that comes to presence exhibits itself in the light of a cause-effect coherence, even God can, for representational thinking, lose all that is exalted and holy, the mysteriousness of his distance. In the light of causality, God can sink to the level of a cause, of *causa efficiens.* He then becomes, even in theology, the god of philosophers." Heidegger, "The Question Concerning Technology," 26. Cf. Caputo, "Heidegger and Theology."

[40] Walker Percy describes the "distance" of a researcher from her "object." "I [Binx Bolling] tried research one summer. I got interested in the role of the acid-base balance in the formation of renal calculi; really it's quite an interesting problem. I had a hunch you might get pigs to form oxalate stones by manipulating the pH of the blood, and maybe even to dissolve them…But then a peculiar thing happened. I became extraordinarily affected by the summer afternoons in the laboratory. The August sunlight came streaming in the great dusty fanlights and lay in yellow bars across the room. The old building ticked and creaked in the heat. Outside we could hear the cries of summer students playing touch football. In the course of an afternoon the yellow sunlight moved across old group pictures of the biology faculty. I became bewitched by the presence of the building; for minutes at a stretch I sat on the floor and watched the motes rise and fall in the sunlight. I called [my lab partner] Harry's attention to the presence but he shrugged and went on with his work. He was absolutely unaffected by the singularities of time and place. His abode was anywhere. It was all the same to him whether he catheterized a pig at four o'clock in the afternoon in New Orleans or at midnight in Transylvania. He was actually like one of those scientists in the movies who don't care about anything but the problem in their heads…Yet I do not envy him. I would not change places with him if he discovered the cause and cure of cancer. For he is no more aware of the mystery which surrounds him than a fish is aware of the water it swims in. He could do research for a thousand years and never have an inkling of it." Percy, *The Moviegoer,* 51-52.

> derivative, for it is exclusively a counter-standing that receives it status through being placed before a knowing subject. The celebrated objectivity of science dissolves nature itself into its own representation of nature precisely by determining it as an object.[41]

Physicist-turned-philosopher Wolfgang Smith makes similar observations in "the idea of the physical universe," revealed by modern science since the birth of Newtonian physics. The real world bifurcated into the objective, quantifiable dimensions of space, time, matter, and energy, on the one hand, and the subjective remainder – the "visible domain" of experience – on the other.[42] Whatever is given in regular perception is held to be private and illusory such that all that cannot be expressed in abstract mathematical terms is thus excluded from consideration as existing, or at least takes the back seat. According to Smith, Newton linked the Galilean penchant for quantifiable physics and the Cartesian vision, and injected it into the scientific mainstream to establish the metaphysics of modernity.[43] The *res extensa* of the mechanical world obeys Newtonian laws, and the remaining *res cogitans* forms the ground for knowledge in an immaterial mind. Turning back to Foltz:

> There is clearly a similarity here between this status of an object in modern science and the kind of presence that Heidegger in his early writings designated as *Vorhandenheit*, the determination of entities whereby they are merely on hand before us. Yet the scientific object is placed or set before the subject by the subject; it is not just there on its own. Moreover, this object is made to stand over against the subject; its presence is not one of neutrality and indifference, as with the entity that is merely on hand, but rather one of confrontation with the subject.[44]

The Cartesian grounding of modern science profoundly changes the meaning of *physis*, *aletheia*, and *logos*. The first, nature, becomes the "paralyzed quality" of standing opposed to a self-conscious subject; the second, truth, becomes a "self-grounding certainty of the subject" measuring objects against itself; the third, intelligibility, becomes equated to the subject bearing consciousness.[45]

Devan Stahl relates the experience of being a patient within Cartesian medicine, her body an especially her disease an object before a distanced, questioning subject. Diagnosed with multiple

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[41] Foltz, *Inhabiting the Earth,* 65. Several German terms omitted.
[42] Smith, *Cosmos and Transcendence,* 13-25.
[43] Ibid., 26-40. Then again, 20th century physics, such as particle-wave duality, proved Newtonian physics merely an approximation of "mesocosmic" phenomena. An irreducible paradox – a mysterious antinomy – lies near the center of modern physics. "Nature herself," Smith says, "does not conform" to the dreams of science. The closer science comes to nature 'in itself,' the more it is only a set of equations, not a world-view.
[44] Foltz, *Inhabiting the Earth,* 65. Several German terms omitted.
[45] Ibid., 77.

sclerosis, she describes how the many neurologic exams and high definition MR images present correct and clinically useful depictions of her disease, but "the clinical picture of MS says very little about how I live with or experience MS."[46] Devan's illness is taken to consist of objective autoimmune demyelinating lesions of the central nervous system disseminated in time and space, resulting in a progressively diminishing neurologic function. In other words, her experienced illness is reduced to a medical-scientific disease. Within the anatomic space of her body, her neurologists and radiologists take their role to be seeing deeply into the recesses of her CNS to reveal the real locale and cause of disease in a manner awaiting medical intervention. Her experience of debility is largely relegated to subjectivity. "Certainly, the invention of sophisticated medical imaging technologies has made diagnosis much more efficient and has undoubtedly saved lives, however, my MRI scans limit me."[47]

Her personhood, her body, and her illness, to use Foltz's words, "has been dissolved into a representational scheme that science had already set up in advance," only permitted to manifest themselves according to the abstractions of clinical science.[48] Flowing from Newtonian (meta)physics, this is what Heidegger means by saying modern science is essentially mathematical. It is founded upon the a priori existence of a numerical system mentally imposed upon reality to conform to its categories. Phenomena are "legislated" inasmuch as they can be observed only after they are known, distinguishing the "empirical" research of modern science from Aristotle's observations. Medical science seeks not to observe events as they present themselves (*ta physika),* but inasmuch as they observe hypothesized laws. The experiment's essence is not its observation but its set-up to trap nature in its ideas, making modern science essentially mathematical. The subject standing over the object is very interested in it, up to and including supplying its own standing.[49] For Devan, the primordial phenomenon of illness was secondary to the data of disease.

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[46] Stahl, *Imagining Illness,* xxii,

[47] Narrating her experience serves a therapeutic purpose for Devan by attempting to recapture the truth of illness, recontextualized within her life of family, work, relationships, leisure, etc. Her sister, similarly, transformed sets of MR scans into art, endeavoring to elevate Devan's central nervous system from an object of science. The strategy, however, seems prone to recapitulate a different dualism of narrative meaning and scientific mechanism. "It seems to be set alongside, rather than in correction to" scientific medicine. Vest and Moyse, "Understanding Modern Medicine," 416.

[48] Foltz, *Inhabiting the Earth,* 66, 66-81.

[49] Ibid., 24-30.

2.2. The Question Concerning Medical Technology

The objectivity of modern science opens the door to modern technology as the latest epoch of Being.[50] The epoch of technology necessarily follows the epoch of science not because we require scientific knowledge temporally prior to applying it technologically. One follows the other by advancing the ontology of the subject determining objects toward the subject itself forming the ontologic grounding, depriving even objects of their standing as objects.

Ivan Illich tells a similar story by examining various modes of encountering the page. Prior to the high middle ages, the page had been "a score for pious mumblers."[51] Monks took to their books as an ascetic practice hoping to read towards wisdom by engaging the page with classical Christian virtues, liturgically enveloping the monk in salvation history. Reading in *lectio divina* was a meditative, carnal way of life. Around the 12th century, according to Illich, reading bifurcated into affective, spiritual reading to feed the prayer of friars and factual reading for studying in the university. The page became "an optically organized text for logical thinkers," establishing a totally new kind of reading as the metaphor for "the highest form of social activity." Though it was still a moral, nor merely technical activity, reading became an individualistic activity of self and text for scholasticism. This previewed Cartesian dualism by detaching the content of the text from the objective, physical page, and turned reading toward acquiring abstract concepts, mirroring an objective nature understood via abstract texts. The printing press merely reified the text as object.

This textual culture, according to Illich, however, has recently been broken by the advent of pictures, tables, boxes, graphs, and outlines. "The alphabetic text has become but one of many modes of encoding something, now called 'the message'" projected on a screen.[52] The screen now stands in for our mode of approaching nature and necessarily followed the book. It is no longer even an object in its right per se, but a blank apparatus or medium for projecting and refashioning information. It gives way before our efficient actions.

Considering Heidegger's strange statement that "the essence of technology is by no means anything technological," bringing the truth of techno-medicine to unconcealment requires us to look deeper than considering medical technologies to be freely wielded instruments.[53] The essence

[50] Ibid., 30-40.
[51] Illich, *Vineyard of the Text,* 2.
[52] Ibid., 3.
[53] Cf. Ellul, *The Technological Society,* 96. "We shall never experience our relationship to the essence of technology so long as we merely conceive and push forward the technological, put up with it, or evade it. Everywhere we remain unfree and chained to technology, whether we passionately affirm or deny it. But we are delivered over to it in the

of technology takes us beyond particular techniques or human activities. The essence of technology "constitutes both the current disposure of being" as the "definitive culmination of metaphysics," and "the concealed truth of our world."[54] I will refer to Heidegger's particular understanding by using "techno-logic" and "techno-medicine."

The essence of techno-logic – and thus the essence of techno-medicine – developed out of classical *techne*, but utterly transformed it. To appreciate this, Heidegger translates Plato's *Symposium* in the following way: "Every occasion for whatever passes over and goes forward into presencing from that which is not presencing is *poiesis*, is bringing-forth" (205b). The full scope of *poiesis* as such concerns bringing-forth, which, crucially, can occur either by nature (*physis)* itself or with the assistance of human intervention (*techne).* Further, *physis* was considered the highest form of *poiesis,* as in a flower bursting open into unconcealment from a bud, though *techne,* too, is a manner of *poiesis.* In one sense, the craftsman's *techne* operates against nature, since the product would not be made on its own. Sick patients do not heal themselves, after all; nature requires some intervention in order to restore health. Nonetheless, the fact that the deficiency in nature supplies the precondition for medical *techne* reinforces the ancient sense that *techne* can only ever cooperate with *physis.* It is only because a patient in her entire corporeality has already emerged on her own that the physician can practice medicine. The body thus resists being used in an arbitrary manner. The physician must, rather, be attuned to her ongoing manner of self-emergence; the physician must "answer and respond above all" to the ill patient and the hidden pathologies in the body, applying remedies only after listening attentively. This intimate relatedness maintains the whole craft.[55] We can say that the physician habituated to medical *techne* profoundly obeys nature in the etymological sense of *ob-audire* – "to listen to."[56] Indeed, the physician intimately belongs to nature in gaining experience interacting with it. A fundamental mood of astonishment and wonder provokes one to maintain its truth in unconcealment (*aletheia)* in the craft. This phenomenal reverence calls the artisan to take up with nature's ways to participate in its manifestation. Amidst the dynamism of attuned listening and response, health in a patient's body can be brought about, as well as novel treatments drawn from nature, or a young physician himself into a professional role. Danger arises, however, when the mood of astonishment breaks, severing the intimate link of

worst possible way when we regard it as something neutral…[This] makes us utterly blind to the essence of technology." Heidegger, "The Question Concerning Technology," 4.

[54] Foltz, *Inhabiting the Earth,* 94, 94-106.

[55] Ibid., 96. Heidegger, *What is Called Thinking?,* 14-15.

[56] Gardner, "The Woman Physician," 398-99. Heidegger, "The Question Concerning Technology," 9-13.

artisan with nature. First and final causes are forgotten for efficiency, and even matter takes a backseat.

Jeffrey Bishop diagnoses precisely this in *The Anticipatory Corpse,* where he argues the corpse serves as the epistemic ground of modern medicine and efficient causality the ruling metaphysic. Following Foucault, he shows how death became the "concrete a priori of medical experience," such that the ideal-type cadaver is projected onto living bodies.[57] This nominalism establishes subjects in a position of power over objects to probe, question, and gaze deeply into their being. Its commitment to efficient causality allows it only to see endless forces in a train of cause and effect. Not only is the body known mechanistically, the gaze seeing into the body, psyche, and even spirit does not permit them to exceed the extent to which they are known; the gaze ontologically constitutes it. The objects of medicine are permitted to be only inasmuch as they can be manipulated. Medicine then concerns itself with sustaining dead matter in motion, at least until an equally powerful autonomous will may push back to choose withdrawing care or enacting death. Heidegger refers to this as Enframing (*Gestell).*[58]

Enframing challenges-forth nature to be revealed as a standing-reserve [*Bestand]*, and this is the essence of modern technology for Heidegger. It is a totalizing process that arranges every entity in a fixed position to be set upon, harvested, maximized, stored, and re-used.[59] The framework efficiently completes its goals while nature – including man – is installed as a component stock part. Its totality sets upon nature, though in a more radical manner from modern science. In Francis Bacon's words, "they do not, like the old [arts], merely exert a gentle guidance over nature's course; they have the power to conquer and subdue her, to shake her to her foundations."[60] This attempts to master nature not only to control it, but to overcome the self-manifestation of *physis* itself. Its mode of revealing is by challenging-forth to extract resources from its components, unlocking and exposing nature toward maximum efficiency, while remaining on call at the whims of techno-logic. Long gone is the attunement of bringing-forth nature. "Whatever

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[57] Bishop, *The Anticipatory Corpse,* 59. Cf. Kornu, "Galen's Anatomical Theology."

[58] See Brassington, "On Heidegger and Medicine," for a view defending medicine against Enframing on the basis of a pre-modern holistic *ethos.*

[59] "Enframing [Ge-stell] means the gathering together of that setting-upon which sets upon man, i.e., challenges him forth, to reveal the real, in the mode of ordering, as standing-reserve. Enframing means that way of revealing which holds sway in the essence of modern technology and which is itself nothing technological. On the other hand, all those things that are so familiar to us and are standard parts of an assembly… belong to the technological. The assembly itself, however, together with the aforementioned stockparts, falls within the sphere of technological activity; and this activity always merely responds to the challenge of Enframing." Heidegger, *The Question Concerning Technology,* 19-20.

[60] Bacon, "Thoughts and Conclusions," 93. Quoted in Foltz, *Inhabiting the Earth,* 84.

stands by in the sense of standing-reserve no longer stands over against us as object."[61] Objects are a meaningless resource with standing only inasmuch as they can be challenged, manipulated, and transformed. Techno-logic depletes entities of their self-standing and shrinks our notion of causality to efficiency. Final causes are merely ethically or politically imposed post hoc, while to be is to be a resource.

Techno-logic thus claims primary agency. Put differently, we do not so much use particular technologies, rather techno-logic uses us because it is already our mode of thinking, acting, and comporting ourselves to Being. The techno-medicine diagnosed by Bishop is more than classical medicine outfitted with improved scientific knowledge and more effective therapies. There is an ontological difference. We can recall Eric Krakauer's claim that "physicians as health technicians are standard bearers for western metaphysics."[62] They prescribe – or rather the framework of techno-medicine prescribes – human normalcy. Corpses and efficient causality "lead to the self-annihilation of human being."[63]

2.3. Nihilism, Suicide, and the Culmination of Metaphysics

As Kimbell Kornu argues, Bishop's analysis of the anticipatory corpse diagnoses a nihilistic metaphysic akin to Nietzsche's will to power. "When modern medicine is seen through the prism of Nietzsche's nihilism, autonomous man, who is the measure of all things and is stuck in immanence with no recourse to transcendence, now turns to technological power to control nature, and ultimately to overcome and control death."[64] Physician-assisted suicide represents the epitome of metaphysically overcoming death where one's bodily life may become a standing reserve installed within a technological framework. The possibility of assisted suicide as a defined techno-medical service changes the essence of terminal illness and dying by prescribing what it means to be and not to be. Or, rather, it carries out the presuppositions of techno-medicine. It is not just one more palliative option of last resort.

Nietzsche presents the final ontotheology in Heidegger's view, encapsulated in the madman's saying in *The Gay Science*: "God is dead. God remains dead. And we have killed him."[65] Nietzsche celebrates overcoming Platonism and Christian ontotheology as a final liberation of the

[61] Heidegger, *The Question Concerning Technology,* 17.
[62] Krakauer, "Prescriptions," 535.
[63] Heidegger, *Zollikon Seminars,* 124. Quoted in Svenaeus, "Biomedical Ethics," 9
[64] Kornu, "Asclepius against the Crucified," 44.
[65] Nietzsche, *The Gay Science,* Aphorism 125, p95-96.

Dionysian side of man. The decadence of modernity demonstrated that the highest values devalue themselves, landing the west in passive nihilism. Nietzsche embraces nihilism, though preaches the active kind to revalue all values, knowing that all values are merely expressions of will. Heidegger interprets the will to power, however, "as the turning upside down of metaphysics."[66] The affirmation of absolute subjectivity where the meaning-ascribing will revalues all values and constitutes objects according to its preferences simply makes the will to power an ontological principle. In this way, the Overman embodies techno-logic. The self-aggrandizing man-god forms the ground for being, that is, until those beings so constituted fall once more into the abyss of nonexistence. In order to justify their being, the moment of eternal recurrence recapitulates a metaphysical theological principle in the highest moment of being.[67]

There is an important affinity, for Heidegger, between the Cartesian *ego cogito* making subjectivity constitutive of objects in the world by 'mathematically' legislating phenomena and the Nietzschean will to power. Yet the Nietzschean ontotheology obviously takes it a step further in denying a culmination in being at all. Foundations are awash; there is just eternal becoming in today's age and whatever willing can fashion. Willing oneself to overcome death, one "becomes another dead, meaningless resource among other dead resources. The essence of modern medicine reveals an ontology of death. Indeed, death is medicine's transcendental and unveils the nihilism of medicine."[68] But when death can no longer be deferred, in Jeffrey Bishop's words, "the final act of willing—the most sensible act of all—is to will one's own death, to become one's own god that has to be killed in order to be god."[69]

Death always shapes and defines our temporal horizons, and, for Heidegger, culminates our very being.[70] We are a Being-towards-death. Our mortality, like our thrownness into the contingencies of time, reminds us that we are finite, though in a unique way. Plants and animals come to their end and perish, but only man meets a demise because only he is the kind of being for whom existence is an issue. Put differently, our essential concern with the question of Being

[66] Heidegger, "The Word of Nietzsche," 61.
[67] Cf. Dupré, *Passage to Modernity,* 163. Grant, "Time as History."
[68] Kornu, "Asclepius against the Crucified," 48.
[69] Bishop, "Ageing and the Technological Imaginary," 29.
[70] Kornu argues that Heidegger sets up death as our human a priori ontological condition consonant with Conor Cunningham's analysis of meontotheology or what he calls "the logic of nihilism," seeking to make something out of nothing akin to creation ex nihilo. Kornu, "Asclepius against the Crucified," 51. Heidegger, *Being and Time,* §53, 309. Cunningham, *Genealogy of Nihilism.* Kornu also rightly questions Heidegger's a priori atheism following Edith Stein. Orr, "The Fullness of Life."

necessarily implies its opposite in non-Being.[71] Death thus presents us the personal possibility of our own absolute impossibility.

Consider Tolstóy's Iván Ilych. He says, "Isn't it obvious to everyone but me that I'm dying?...A chill came over him, his breathing ceased, and he felt only the throbbing of his heart." He wondered, "When I am not, what will there be? There will be *nothing*. Then where shall I be when I am no more?"[72] He could not make sense of it. He had learned, like anyone, that 'one dies,' but that 'one,' abstract man is never himself. What abstract man had presided at court as he had done? Or been in love? "It cannot be that I ought to die. That would be too terrible." So long as there was an Iván Ilych, death remained out of reach as a possibility and never an actuality – until it came to pass and there was nothing.[73]

Yet all self-killing leaps over Being to actualize the possible and thus attempts to overcome death. This conceals death as a primordial phenomenon, paradoxical as it may be, by getting it into hand in a strive for Nietzschean mastery.[74] Of course, it is correct to some extent that death is susceptible to our purposes. The last century of medical and public health advances have increased lifespans, delayed death, and provided power over its temporalization. In truth, however, death defies us in the end, and is *not to be outstripped*, assuming no man has ever escaped death. Attempting to subdue it in suicide conceals our finitude from us.

A Nietzschean, techno-logical will to power does not have room for passivity or suffering of the likes of Iván Ilych, and relegates the care offered him through his servant Gerasim – his only relief amidst impending death – as a secondary concern. The contemporary right to die movement cannot easily escape this ontotheology. Suffering, terminally ill bodies are judged as ultimately meaningless conglomerations of (defective) matter in motion whose bodies, minds, and spirits refused to be mastered by less powerful techniques. Seen through the Heideggerian critiques of

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[71] Heidegger, *Being and Time,* §49, 291, 294. See Buben, "Heidegger's Reception of Kierkegaard," 968. See Falque, "Suffering Death;" Kaufmann, "Existentialism and Death."

[72] Tolstóy, "The Death of Iván Ilych," 42. Emphasis added.

[73] Two hours before his death, Iván finally asks how he should have lived instead, just as his schoolboy son comes to cry with him. He kisses his son's hand and tries to ask him and his wife for forgiveness – knowing God would hear him. Iván Ilych was liberated at last; his fear of death and even the pain were nowhere to be found. Death was finished and in its place were light and joy. Iván finally found authenticity, though one can certainly read the novella as at least as much about Christian repentance. It was the compassion – the co-suffering – of his young son that broke through Iván's calloused pretense. Some mysterious power within the son's tears called out to Iván to ask forgiveness from the family and from God. Though Tolstóy's own faith was complex, he differed from Heidegger's a priori atheism. What if Iván's son phenomenally saw the rupture of soul and body taking place in his suffering father? Perhaps the son's childlike purity of heart permitted a more primordial glimpse into his father's suffering than we adults usually have. Perhaps he beheld an impending change in being with his father being taken from him.

[74] Heidegger, *Being and Time*, §53, 305-306.

technology and ontotheology, physician-assisted suicide appears to be the epitome of overcoming the limits of nature and replacing Being with willing.[75] It promises to transform the finitude of the terminally ill into a Nietzschean overcoming – offering a semblance of transcendence before falling back into the abyss of nonexistence, swallowed up by nihilism. Moreover, the Nietzschean ontotheology commends free death as the best sort of death for all, to be seen more clearly later.

Physician-assisted suicide techno-logically "prescribes human being itself," though in a most paradoxical way by prescribing human non-being.[76] It threatens to make death a technically producible artifact, which means "there would no more exist" any dying. It realizes Heidegger's fear of "humanity exploding itself" in "a region where the absolutely meaningless is valued as the one and only 'meaning.'"[77] Participating within a techno-logical Enframing (*gestell),* we should remember the primary agency lies in the framework itself, not the patient, physician, or legislators. Assisted suicide as a hospice technique-towards-death refuses to be mastered. It masters us, and death and nothing have the final word.

2.4. Techno-Medicine

Such a framework has destining power. Techno-logic only permits certain ways of being in the world consonant with its ontology, and, as Heidegger shows in his history of being, history itself flows from the manner in which we reveal being. "Gathered together" within the realm of Enframing, man is sent upon a way to reveal the real as standing-reserve.[78] Though, importantly, this should not be conceived strictly as a fate, the destining power of techno-logic envelops medicine within a particular range of possibilities.[79] Three features will be mentioned here to further illuminate what assisted suicide aims to advance: physicians are destined to be technicians rather than craftsmen and patients to be Overmen recreating their bodies along neo-liberal lines. Embracing the techno-logical commitments of assisted suicide, medicine shares foundations with transhumanism.

Being a medical technician is more than being a mechanic of bodies. Rather, techno-logic disciplines against alternative modes of thinking and being in the world by replacing natural necessity with technical necessity. As in Jacques Ellul's analysis of the technological society,

[75] Cf. Dreyfus, "Nihilism, Art, Technology and Politics."
[76] Krakauer, "Prescriptions," 535.
[77] Heidegger, "*Physis* in Aristotle," 255.
[78] Heidegger, "The Question Concerning Technology," 24-27.
[79] For a comparison with Jacques Ellul, see Sinclair, "Coming to Terms."

clinicians increasingly find themselves merely observing technical functions, reporting outcomes, and shuffling patients along population-level, evidence-based algorithms. The apparatus's efficiency and patient outcomes replace *techne,* resulting in passive physicians called to become unconscious of themselves. Certainly not all physicians enter medicine to become a technician in the manner described here; medical school applications still make reference to substantive goods of healing and compassion, though typically imagined as produced by a medical 'system' abstractly linking their functions in the machine to goods produced. Even here, however, it is significant to recognize the totalizing demands of techno-logic. What room is left to perceive a patient's suffering? Or one's conscience? Or any supra-empirical or non-quantitative phenomena?[80] A physician's learned and habituated attunement to nature provoked by the experience of wonder at its ways, his free engagement with patients, and his own personality fade to secondary concerns, at best providing instrumental value. Humanism in techno-medicine necessarily cannot be more than a post-hoc veneer covering the framework. Indeed, the contemporary physician has largely become simply the face of techno-logic, practicing around a techno-morality.[81] Physicians themselves become a standing-reserve challenged forth to attend not to patients but to the medical Enframing as morally neutral social instruments. Conceivably any technician or artificial intelligence could be such a passive cog, and this puts medicine in danger of forgetting itself.[82]

Patients, too, take their place in the framework, and are commissioned to manage their bodies as an asset. Hervé Juvin argues that liberal capitalism has largely accomplished the Marxist goals of remaking humanity by exchanging liberty, fraternity, and equality with pleasure, wealth, and security through technocratic market principles. Medicine itself has been an effective instrument to bring this about. The marriage of liberal capitalism with modern medicine has created a 'new body' "escaping nature's dominion" through the 20-21st. Birth, death, and all of life in between, in Juvin's study, have been progressively claimed from the vicissitudes of natural necessity such that our present long, secure lives without suffering hardly resemble our ancestors. Bodies become technical artifacts under the auspices of the will, organized around a credo of self-production. Thanks to the advent of this 'new body,' however, people "are subject to a new duty

[80] Couch, "A Re-enchanted Response."
[81] Ellul, *The Technological Society,* 74. Bishop, "Technics and Liturgics." In Simone Weil's words, we do not question the good or evil of medical techniques, only evaluate and assert their "importance". *The Need for Roots,* 256.
[82] Blythe and Curlin, "Just do your Job." Arriola, "Medicine, Machines, and Mourning," 14. Marchalik accordingly says now is the time to ask how the paradigms of modern medicine impact physician identity and wellbeing. Burnout interventions largely have yet to take this seriously, however. See Marchalik, "Physician Burnout."

of management, unforeseen, worrying, tyrannical:" including "perhaps controlling the time of death."[83] This new body requires the "disappearance of death into choice and will" as "the final stage of the invention of a new body."

> And it cannot fail to inflect social forms in general, death having weighed so heavily on collective institutions in the past through the agency of war, accident, murder or execution. Rather than [mere] acceptance of medically assisted death or even euthanasia, what has to be found here is a new area of law and a new dimension of responsibility. One that involves an unexpected bypassing of religion, a wasting away of eternity, of salvation and the pitfalls of the soul, in the hope of achieving the serene reconciliation of life with time, with age, and with its own end… Death should be imagined as the last act of those who have chosen to put an end to a life so long, so full, and so fulfilled that any extension in years, weeks or even minutes could only detract from satisfaction from the self.[84]

Installed in the techno-medical framework, patients are challenged-forth to make themselves a standing-reserve, a canvass of self-creation as a form a late-modern transcendence with assisted suicide as the final brush stroke. The commitments of techno-medicine already set the stage for transhumanism.

The danger is to take transhumanism too seriously as a factual possibility. Its valence rather lies in fleshing out the *mythos* of techno-medicine. The idea of a posthuman state wrought through a kind of technological, artificial evolution is predicated upon a Nietzschean replacement of horizons with the will. In Brett Waters' account, the modern scientific mastery of nature set on relieving the human condition embraced social and moral values of Enlightened "progress." This replaced religious "providence" as the transcendent principle of the west. Both providence and progress, served as first causes toward a better future, toward a heavenly or earthly *telos*. The postmodern goal – that of transhumanism – moves towards transformation and "complete mastery" over nature in a valueless "process."[85] Gone is any direction. This is a "*telos* of *techne,*" a goal of mere change where ontologic flux rules the day.

One can begin to imagine that just as how evolution throws up beings through the concatenation of chance, death, and reproduction, we can harness the process through techno-

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[83] Juvin, *The Coming of the Body,* 45. "This determination…threatens to become infinitely more terrible, discriminating and remorseless than all previous determinations, as if it embraced them all by transposing them into a new order, superior and unsurpassable. For to choose yourself by yourself and for yourself is the most unbearable of all choices…The struggle of the body despoiled of what flatters, what hides and distracts, is the most terrible there could be… for nature shows through the mask, and its violence – time, fatigue, boredom, age, disgust – feeds on what represses it. For what Narcissus of either sex can fail to see the Reaper's grim stare in the mirror?" Ibid., 102.

[84] Ibid., 52.

[85] Waters, *From Human to Posthuman,* 30, 1-18. It should be noted that there are many trans-humanisms, though they share similar techno-theological foundations.

evolution to design a being beyond humanity, i.e., a posthuman emerging from the circulation of power. Transhumanists seek rationally to order evolutionary becoming toward a new, more powerful being, a posthuman god.[86] Further, the late liberal autonomous person, founded cognitively, already shifts personhood toward a disembodied, rational will. In Waters' view, Rawls' 'veil of ignorance' contributes to a rise of subjectivity by moving away from preserving bodily integrity in favor of fulfilling respective 'life plans.' Then, "autonomy demarcates the ability to select a range of subjective experiences entailed in freely pursuing one's plan."[87] The body, however, seems a limitation to be overcome in a technological society accustomed to bridging time and space. Juvin's new body still dies. Thus, the Rawlsian assertive individual can then be positioned against a malleable self to transform it according to their life plans, wedding human freedom to a techno-future. Liberalism can hardly object to a posthuman future because it already shares many of its assumptions.

I am not claiming that assisted suicide advocates are closet transhumanists. Rather, the science fiction hopes of transhumanism clarify the inherently religious, theological claims packaged within the techno-logical domination of nature empowering physician-assisted suicide. "[Transhumanism] is *not* a postmodern alternative to lingering religious beliefs, but is itself a contending postmodern religion," perhaps with Nietzsche's Zarathustra as its prophet.[88] There is an obvious parallel between metaphysically overcoming death in suicide and technically overcoming it in transhumanism. Taking one's own life, one becomes a god participating in the transhumanist meta-narrative, which, it should be pointed out, can only ever be a narrative of no narrative. All attempts are fictitious amidst postmodern "process" and a "*telos* of *techne.*" In Waters' Christian Platonist language, swapping "progress" for Nietzsche only digs the chasm of necessity and goodness deeper.[89] Death wins in the end. Further locked within endless becoming, pressing finitude into overcoming only reveals its own futility.

The end of life clearly manifests the existential poverty of techno-medicine, reaching its apotheosis in prescribing autonomous death as a solution to the human condition while pretending assisted suicide is compassionate. Assisted suicide calls the whole profession into question. The truth of assisted suicide, though, may be easily concealed deep within the bureaucratic framework just as death and dying, more generally, have been concealed in the modern era. It could well

[86] Bishop, "Transhumanism and Metaphysics." Cf. Bishop, "Anticipatory Corpse to Posthuman God."
[87] Waters, *From Human to Posthuman*, 36. In the following chapter, I will more specifically define autonomy.
[88] Ibid., 79, 72-79.
[89] Ibid.

become business as usual, even if only a fraction of patients seek it, funneling terminally ill patients through efficient social mechanisms seemingly sanctioned by legislators writing the law and the multiple physicians required to evaluate them. All the while a banal, murderous nihilism could go unnoticed. We will return to this in chapters 4-5.

To close this chapter, we can recall Dan Sulmasy's comment that every *mythos* grounds an *ethos*. We have approached the *mythos* undergirding proposals to wed hospice to hemlock. Next, we must examine whether bioethics holds hope to respond to the nihilistic vision outlined in this chapter.

3. Bioethics Beyond Good and Evil

Almost from its start bioethics has been a child of its time, and a child of good fortune at that. In his 1954 book Medicine and Morals, *Joseph Fletcher ventured the idea of personal choice as the highest moral value and the struggle against nature as medicine's most liberating mission. That was a bold combination at the time, but it turned out to have been prophetically popular, and by the late 1960s its force was becoming apparent not only in medicine but in the fledgling field of bioethics* – Dan Callahan[90]

According to Albert Jonsen, "bioethics emerged in the years after World War II, beginning as an amorphous expression of concern about the untoward effects of advances in biomedical science and gradually forming into a coherent discourse and discipline" while diverging from "medical ethics."[91] End of life issues have featured prominently from the beginning, stimulating a fair share of presidential commission reports. Flashy headlines like "Who should live? Who should die?" are bound to grab attention, especially when provoked by the advent of the first true life-sustaining technologies. Traditional medical ethics, in the common narrative, was not only ill equipped to tackle our modern dilemmas; it participated in reifying a paternalistic *ethos* excluding patients from contributing to important medical decisions about what should happen to their bodies. The critically ill and dying patient seemed lost behind impressive technologies and paternalist physicians.[92]

Medical science could not stand alone.[93] It needed moral values for guidance. In Max Weber's words from 1919:

> By his means the medical man preserves the life of the mortally ill man, even if the patient implores us to relieve him of life, even if his relatives to whom his life is worthless and to whom the costs of maintaining his worthless life grow unbearable, grant his redemption from suffering… Whether life is worthwhile living and when? This question is not asked by medicine. Natural science gives us an answer to the question of what we must do if we wish to master life technically. It leaves quite aside, or assumes for its purposes, whether we should and do wish to master life technically and whether it makes ultimate sense to do so.[94]

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[90] Callahan, "Private Choice and Common Good," 28.

[91] Jonsen, *The Birth of Bioethics,* viii. "The traditional Western ethic, [one] author claimed, had enjoined an absolute respect for the sanctity of life and this imperative supported the ethics of medicine; modern developments, particularly the population explosion and the appearance of new medical technologies, would force society and its doctors to relativize that absolute value. The clear conscience of medical ethics began to be troubled." In 1970, the "eulogy" for medical ethics was sung. Ibid., 5.

[92] Macauley, *Ethics in Palliative Care*, 3-11.

[93] Cf. Elshtain, "Science cannot stand alone."

[94] Weber, "Science as a Vocation," 144. Quoted in Bosk, "Professional Ethicist Available," 47.

Yet is the answer for moral philosophers to take up positions in medical schools? GEM Anscombe, for her part, doubts the possibility of maintaining the "moral ought" in a meaningful way today, considering the confusing, abstract theories attempting to maintain god-like moral commands without a divine legislator.[95] Modern moral philosophy is too distant from actual life, actual ways of being to be of much use. According to her teacher, Wittgenstein, "absolute value" evades our linguistic representations; we are always "running against the walls of our cage" when metaphysically attempting to capture ethical value in language.[96] It is a questionable source of content-full answers on how techno-medicine ought to proceed in its own right. Yet bioethics does not often ask the question of morality itself nor take seriously the implications of being after God.

Moreover, Heidegger's critiques of technology and ontotheology invoked in this thesis do not admit of a moral solution, as that would risk pitting metaphysics against metaphysics.[97] In Eric Krakauer's words, does not "the call for autonomy risk dissolving into a reassertion of technological heteronomy?" "Could it be that the call for autonomy…[is] not ontological enough?"[98] Here, I should clarify the kind of autonomy I am primarily concerned about is where it becomes a value in itself, usually in service to a psychological ideal of an autonomous man, as well as where it can be used to divide *homo sapiens* into sub-autonomous beings and fully rational, moral humans.[99]

Idealistic visions of modern medicine exempt it from concerns of being involved in a technocratic enterprise by placing faith in a humanistic ethos; however, bioethics usually only provides a superficial veneer concealing its own lack of ground. Though it originally presented a new mode of ethical reflection amidst a new medicine and swirling social changes of the 1960-70s, I argue bioethics has largely failed. At worst, its procedural rationality and abstract frameworks become a manifestation of the will to power.[100]

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[95] Anscombe, "Modern Moral Philosophy." Cf. MacIntyre, *After Virtue.*

[96] Wittgenstein, "Lecture on Ethics," 17-19. Cf. Mcgrath, *Territories of Human Reason,* 1-19.

[97] According to George Grant, modern thinking is always a kind of willing. "How can we think of 'morality' as a desiring attention to perfection, when for the last centuries the greatest moral philosophers have written of it as self-legislation, the willing of our own values?" Grant, "Time as History." See also Grant, "Justice and Technology."

[98] Krakauer, "Prescriptions," 538. Dreyfus, "Heidegger on Nihilism and Technology." See also Verhey, *The Christian Art of Dying,* 44-45. In Brassington, "On Heidegger and Medicine," the author expresses faith in the humanist ethos of modern medicine. I am sympathetic to the role a more holistic ethos can play in particular clinicians, especially in their desires to care for the sick, but admit they remain on the fringes. Moreover, that view must attend to the fact that bioethics has displaced medical ethics in defining the goals of medicine.

[99] Foster, *The Tyranny of Autonomy,* 8.

[100] *Worst* in terms of merely reifying techno-logic. One can imagine much more dangerous arguments bioethicists could forward – dangerous, that is, as evaluated by particular, content-full moral points of view.

3.1. Constructing Secular Biomedical Ethics

Bioethics could have developed in any number of directions. The word's "bilocated birth" in 1970/71 signified at least two paths.[101] For his part, Wisconsin oncologist Van Rensselaer Potter sought to re-unite science and ethics. In *Bioethics: Bridge to the Future,* he crafts a vision of a land ethic inspired by the likes of Aldo Leopold and Teilhard de Chardin and predicated on the search for wisdom, "a wisdom that will recognize man's spiritual needs as well as his physical needs."[102] Today we need "knowledge of how to use knowledge," considering our unsustainable relation with the land, predicated on economic consumption and destruction. "Ethical values cannot be separated from biological facts," thus what is needed is a broad bio-ethic concerned with action and based on a "realistic understanding of ecology." A science of survival of the whole ecosystem was to replace a simplistic Darwinian survival of the fittest as well as theoretical ethics locked in obscurity.[103] Potter's broad vision, later re-branded as *Global Bioethics* to signify a re-union of medical and environmental issues, notably maintained a strong sense of ontological unity and harmony, seeking to re-evaluate our whole relation to nature. The ancient questions of man's place in the universe must be asked to transcend the bare instinct, animalistic drive for survival to found a science of survival. Only through this new discipline will a future come about that anyone wishes to accept.

The Georgetown vision, powered through obstetrician André Hellegers in collaboration with Sargent Shriver of the Kennedy family, however, won out in its appeal to applied normative ethics.[104] More narrowly construed, it was to stimulate a "revitalized study of medical ethics" expanded somewhat beyond physician problems. Potter sympathized with medical concerns apt to provoke high-profile public interest and civil rights issues, though he feared "bioethics would

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[101]Reich, "The Word 'Bioethics.'" Fritz-Jahr, however, seems to have been the first one to use the term "bio-ethik" in 1927. Sass, "Fritz Jahr's Bioethics."

[102] Potter, *Bridge to the Future,* 52.

[103] Potter, "The Science of Survival," 127.

[104] Potter was more a trailblazer working on his own dime and largely alone, whereas Georgetown had impressive funding from the Kennedy's and engaged a staff of philosophers. Also, the Georgetown model was more simply taught in curricula and used to found centers; Potter's vision embraced long-term environmental concerns resistant to disciplinary reductions. Reich's unanticipated conclusion, however, is that Hellegers' own views did not always align with Georgetown, and were 'global' in multiple senses. Not unlike Potter, Hellegers' vision involved the entire earth, included biomedical and environmental issues, and called for multidisciplinary methods. "Hellegers repeatedly pointed to the shortcomings of the Georgetown model for bioethics while enthusiastically taking part in it. Hellegers' message was that bioethics needed to be concerned more with the crisis in values than with applying principles to biomedical dilemmas; and the underlying value question for Hellegers was: What do we think of the significance of the human." Reich, "The Word 'Bioethics,'" 28.

simply reaffirm the medical" profession's scientific pursuits "to the neglect of prevention," as well as the link between health and the land. The Georgetown model, according to Warren Reich, maintained the modern divorce of ethics and science, and so forged a biomedical ethics applying philosophical theories to healthcare, research, and public policy.

At a series of conferences in the 1960s, questions were raised over the groundbreaking biomedical technologies arising in the new medicine promising to transform the human condition.[105] There, scientists began to engage other disciplines to ask what kind of survival humanity ought to attain with its new powers. The discourse constituted an era of questioning ends, not only means, in a broad 'cultural task space,' according to John Evans. However, a jurisdictional struggle between science and theology ensued. The question of ends had long been the domain of theology, especially Protestant Christianity; however, some scientists, like Robert Edwards, the first to utilize IVF, sought to displace the traditional role of theologians and ministers. Religions had been disproved in his positivist view, such that "science should produce a sense of meaning and source of ethics for human society."[106] Nonetheless, the conferences presented a forum for theologians like Paul Ramsey to question whether biomedicine ought to 'play God.'

The religious voice as a whole presented a weak theological vision.[107] Roman Catholic moral theology was in turmoil in the wake of the second Vatican Council, closing in 1965, and largely departed from the manualist tradition bred by Neo-Scholasticism. Figures such as Richard McCormick, usually considered a moderate voice, showed a willingness to re-examine traditional formulations. Notably, Catholics like Hellegers and Dan Callahan, respective founders of the Kennedy Institute and The Hastings Center, publicly dissented from the 1968 encyclical of Pope Paul VI, *Humanae Vitae,* which had affirmed a stance against artificial contraception. Priests like Albert Jonsen and Warren Reich left the priesthood at least partially due to the confrontation of the Catholic Church with the modern, scientific world. Protestant Christian moral theology, too, was divided internally. Episcopalian Joseph Fletcher developed situationism and utilized scriptural references "more as illustration than as justification."[108] Physicians and scientists appreciated his endorsement of the promise and beneficence of the new biomedicine presented in an affable, homiletic style. He launched challenges against received ethical doctrines in medicine as

[105] Jonsen, *The Birth of Bioethics,* 13-19. I am primarily following sociologist John Evans' narrative. Evans, *The History of Bioethics,* 3-31.
[106] Evans, *The History of Bioethics*, 5.
[107] Jonsen, *The Birth of Bioethics,* 35-58, ix-xi.
[108] Ibid., 42.

constraints to personal freedom and man's mastery of nature, culminating in a controversial essay on "Humanhood" and renouncing Christianity altogether for act-utilitarianism. Methodist Paul Ramsey, in contrast, brought an analytic mind and polemic spirit to combat Fletcher. His strategy, interestingly, was to argue by "condensing" and then "translating" theological ends into secular ones, as in *The Patient as a Person's* use of "respect for persons" in 1970.[109] Though advancing conservative moral positions, Ramsey's was a thinly Christian deontologic system.

Along with this weak religious response, the elite public was increasingly secularized, along with the rest of the country. These "jurisdiction-providers" for the cultural task space grew to prefer secular moral guidance over the ends of medicine, and once, at a conference, loudly cheered a scientist rebutting Ramsey's hesitations of tampering with nature. Additionally, it was from this increasingly secularized, sometimes positivist culture from which nascent bioethicists came.

Thus, "early religious bioethicists…dispensed with their outward religious appearance in order to make themselves welcome and comprehensible to the secular world."[110] The first institutional homes and voices of bioethics were committed to a post-traditional mode of ethics such that James Gustafson could say, already in 1978, "an ethicist is a former theologian who does not have the professional credentials of a moral philosopher." Less crudely put, "the relation of [ethicists'] moral discourse to any specific theological principles, or even to a definable religious outlook is opaque."[111] Before long, bioethical debate solidified around "secular ends," and soon made theology obsolete, as well as discussion over ends at all.

Theologians retreated or converted to secular bioethicists by the time bioethics was firmly established in the 1970s. In this period, Evans tracks how government became a major "jurisdiction-provider" in biomedicine.[112] The 1979 Belmont Report, in particular, concretized bioethics as a consensus-generating, philosophical activity bridging diverse positions in secular language,

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[109] Evans, *The History of Bioethics.*

[110] Jonsen, *The Birth of Bioethics,* 34.

[111] Gustafson, "Theology Confronts Technology," 386. Quoted in Evans, *The History of Bioethics,* 29. From Callahan: "The most striking change over the past two decades or so [since 1970] has been the secularization of bioethics. The field has moved from one dominated by religious and medical traditions to one now increasingly shaped by philosophical and legal concepts…let me, if I may, use myself as an illustration…If my life has been, in a way, relieved by the absence of religion as a guiding force, I cannot say that it has been enriched or that I am a better person for that. Nor can it be said, I think, that biomedical ethics is demonstrably more robust and satisfying as a result of its abandonment of religion." Later, he says secularization forces bioethics "to pretend that we are not creatures both of particular moral communities and the more sprawling, inchoate general community that we celebrate as an expression of our pluralism. Yet that pluralism becomes a form of oppression if, in its very name, we are told to shut up in public about our private lives and belief." Callahan, "The Secularization of Bioethics," 2, 4.

[112] Evans, *The History of Bioethics,* 33-68.

though he principles were "a post hoc philosophical backfilling of justifications for practices scientists had supposedly endorsed for many years."[113] Nonetheless, it appeared to be a major victory for bioethics to develop policy across differences on contentious issues. The Belmont approach could then expand beyond research issues to all of biomedicine through Beauchamp and Childress's *Principles of Biomedical Ethics.*[114] According to Evans, the practical use of principles took on a simplified meaning as the agreed-upon ends of medicine – universal ones via a common morality – and thus the terms for bioethical debate. There was little use for theology when middle-level principles seemed so effective.

The National Commission and the discourse it shaped prized consensus and expedience. Several commissioners, for instance, were concerned that early drafts proposed too many principles; the report needed to "be more crisp."[115] Put differently, it needed to allow a rule-utilitarian like Beauchamp and a rule-deontologist like Childress to collaborate by ignoring deeper epistemic or theoretical commitments. Transforming interminable ethical debate into a secular lingua franca seemed the singular achievement of the new bioethics profession.

Whittling debate down to a few secular principles had appeal for several further reasons. For one, they admitted easy practical use for coming to answers compared to the medical ethics of the 1960s, which had been "a mixture of religion, whimsy, exhortation, legal precedents, various traditions, philosophies of life, miscellaneous moral rules, and epithets."[116] Against this cacophony, the nonfoundational principles appeared easily calculable, predictable, and spanned ethical differences, all appealing features to liberal democracy. Common morality, in particular, Evans points out, enabled bioethicists to claim to represent the public's values, and permitted transparency into calculations of principles. Moreover, they could be invoked as ready-made justifications for a wide variety of moral claims. A recent textbook of ethics in palliative care, for example, reasons that "irrespective of the cause, patients have a right to the adequate relief of their pain, and indeed a strong case has been made for having this recognized as a basic human right.

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[113] Ibid., 41.

[114] Ramsey's translation of "covenant" to "respect for persons," making the Belmont report, shifted to Beauchamp and Childress's "respect for autonomy." Lysaught, "Respect." From Evans: "There are many less influential but similar and competing systems in bioethics that share the same logic. For example, Robert Veatch identifies single-principle theories like utilitarianism and libertarianism, that maximize the values of beneficence and autonomy, respectively. Two-principle theories include the 'geometric method' of comparing benefits and harms, and Engelhardt's approach, which uses the principles of permission and beneficence. Other systems have five principles (Baruch Brody), six principles (WD Ross), seven principles (Veatch's own system) and ten principles (Bernard Gert)." Evans, *The History of Bioethics,* 70-71. Citing Veatch, "How many Principles for Bioethics?," 43-50.

[115] Jonsen, *The Birth of Bioethics,* 103.

[116] Clouser, "Bioethics and Philosophy," 10. Quoted in Evans, 50.

This right is derived from principles of respect for persons, beneficence, nonmaleficence, and justice."[117]

Thus, before long, medical ethics had experienced its Renaissance in the birth of bioethics and its Enlightenment in seeking universal, rational, secular principles. In the words of Timothy Murphy, "bioethics should be free to cannibalize ideas pretty much wherever it can" as an irreligious, cosmopolitan enterprise.[118] Though common morality and a "mosaic of theories" have received much criticism, the approach remains largely the same: encourage scientific progress, do not question ends.[119] Bioethics could claim to solve ethical problems by offering an unbiased, quasi-scientific discourse, and bioethicists could become the moral compasses for the new medicine, outfitted with bureaucratic homes. The new medicine had a new ethic, captured well by Beauchamp and Childress: "[The] historical record often neglects problems of truthfulness, privacy, justice, communal responsibility, and the like. To avoid a similar narrowness, we begin with philosophical reflection on morality and ethics that is removed from the history of professional ethics."[120] The Georgetown model applying secular ethics to medicine won out.

3.2. Patient Rights and the End of Life

Robert Veatch significantly became the 'first bioethicist,' having not first been a theologian, philosopher, or physician, and represented an ongoing role for bioethics to champion patient rights at the end of life. Though perhaps autonomy was meant to have a "temporary triumph" in biomedical ethics, it has been more than a "moral limit constraining actions."[121] It has always been the principle of the principles such that the 'Right to Die' could be labeled the 'Triumph of Autonomy' by Tom Beauchamp. In a 2006 paper, he gives voice to an oft-repeated narrative, noting that "physician involvement in hastening the death of a patient – now often pejoratively styled 'physician-assisted suicide' – is one dimension of a much larger struggle over patients' rights and physician control" in the context of "civil rights, women's rights, and consumer movements."[122] Informed consent quickly became central to biomedical law and ethics, enabling patients to fulfill their preferences of when and how they want to die.

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[117] Cherny, "Pain Relief and Palliative Care," 92.
[118] Murphy, "In Defense of Irreligious Bioethics," 3.
[119] Jonsen, *The Birth of Bioethics,* 345, 401.
[120] Beauchamp and Childress, *Principles of Biomedical Ethics, 5th ed,* 1.
[121] Veatch, "Autonomy's Temporary Triumph," 38. Childress, "The Place of Autonomy."
[122] Beauchamp, "The Triumph of Autonomy," 643. Cf. Wolpe, "The Triumph of Autonomy." Risse, *A History of Hospitals,* 639-75.

Though euthanasia has long been an issue in medicine, especially amidst early 20th century eugenics and the Nazi regime, Beauchamp sees the advent of patient autonomy as initiating a new right to die movement discontinuous with older movements.[123] It was 1972 that saw three landmark informed consent court cases – *Canterbury v. Spence, Cobbs v. Grant*, and *Wilkinson v. Vesey* – which were paralleled by bioethicists flooding medical literature with calls for commitment to patient choice. Before this, consent was standard only in surgeries and other procedures, and was not generally considered a moral issue by physicians. The right to die began here as a right to refuse, later to be protected through living wills and other advance care planning.

The 1976 California Natural Death Act and the case of Karen Ann Quinlan rode the movement for patient rights. The former enabled patients to direct physicians regarding their end of life care. In the latter, "*Quinlan* asserted that the patient's rights take precedence over the physician's judgment in decisions at the end of life. No case in the history of bioethics has provided a more consequential statement about patients' rights."[124] It reoriented end of life law and ethics around patient autonomy, and set the terms for future cases and commissions.[125] The 1990 case of Nancy Cruzan was the first to reach the U.S. Supreme Court. It solidified the right to refuse life-sustaining treatments – including artificial nutrition and hydration – as a constitutional liberty interest, while admitting states may require "clear and convincing evidence" for surrogate decision makers employing substituted judgment.[126] A legal and moral consensus developed allowing a patient or surrogate to refuse treatment and be allowed to die, but not to hasten death or be killed.[127]

According to Beauchamp, the consensus dissolved thanks to assisted suicide law in the 1990s. The 9th and 2nd U.S. Circuit Courts' respective decisions in *Glucksburg* and *Quill* to acknowledge a constitutional right to physician-assisted suicide were overturned by the Supreme Court – reserving authority to state legislatures to legalize assisted suicide.[128] Soon after, the 1997 Oregon Death with Dignity Act was the first statute permitting physician involvement in hastening death for the competent, terminally ill. Following Oregon, "the cutting edge of the history of the right to die shifted…from refusals of medical technologies to requests for aid in hastening death."[129]

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[123] Beauchamp, "The Triumph of Autonomy," 644-45.
[124] Ibid., 645. *In re Quinlan*, 70 N.J. 10 (1976) (Supreme Court of New Jersey)
[125] Including the President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research's 1983 report *Deciding to Forego Life-Sustaining Treatment,* becoming a model document, *In re Conroy* (1985), *Bouvia v. Superior Court,* and *Brophy v. New England Sinai Hospital Inc.*
[126] *Cruzan v. Director, Missouri Dep't Health*, 497 U.S. 261 (1990).
[127] Meisel, "The Legal Consensus."
[128] *Washington v. Glucksburg,* 521 U.S. 702 (1997); *Vacco v. Quill,* 521 U.S. 793 (1997)
[129] Beauchamp, "The Triumph of Autonomy," 648

The final impediment to the triumph of autonomy, for Beauchamp, is an outdated distinction between killing and letting die. As a relic of a bygone era, it suggests "that the autonomous choice of a patient (a refusal or request) is not the relevant consideration in deciding whether to comply with a patient's preference." The recent history of law and bioethics, however, admits the importance of patient autonomy. We ought now to recognize "autonomous choice is not only *a* relevant consideration in understanding the difference between killing and letting die; it is *the most* relevant consideration."[130] The consequences are the same, and the physician plays an important role in a causal chain in both cases. The distinction should not stand in the way of patient choice. More generally, Beauchamp seems to say bioethics as a whole is a matter of revising ethics according to autonomous choice, especially in gaining the right to die for patients. The new powers of medicine should not only be balanced by new powers of patient freedom. That autonomy should be prized.[131]

Not all bioethicists are so sanguine about formal ethics, however. Dan Callahan, for example, has said, "I have been told for nearly fifteen years [since 1970] that I should have the right to die when and as I choose. But hardly anyone talks about how I should measure my own value to myself and to others; and thus when I should want to stop living."[132] Bioethics has skirted the real problem of death by making autonomy a "moral obsession."

In *The Troubled Dream of Life,* Callahan admirably picks up Phillipe Ariés' historical thesis that death became invisible in the 20th century. Ariés makes the case that this constitutes the single greatest social change in the last millennium of the west. With so few people dying at home today, we scarcely witness death. It has become a hidden, concealed phenomenon complicit with a thoroughgoing denial of death.[133] "Our modern model of death was born and developed in places that gave birth to two beliefs" provoking the radical change in how we die. "First, the belief in a

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[130] Ibid., 649. Emphasis original.

[131] Foster, *The Tyranny of Autonomy,* 8.

[132] Callahan, "Autonomy: A Moral Good," 28.

[133] Ariés, *The Hour of Our Death,* 560, 587, 596-601. See also: Dugdale, "Dying, a lost art;" Ridenour and Cahill, "The Role of Community;" Dugdale, "Desecularizing Death." As John Behr says, "bodies are removed as quickly as possible, to the morticians, who prepare the body to be placed under pink lights in the funeral home, so that they appear to be living and that comments might be made such as 'I've never seen him/her looking so good.'" He continues, "the bodies are increasingly disposed of in crematoriums, with only a few people present, and a 'memorial service' is held, without the person being there (for after all they have 'left' the body behind) in which their 'life' is celebrated. This discarding of the traditional funeral liturgy (in all the senses mentioned above), such that we no longer 'see' death, is perhaps the biggest change in human existence in history…The removal of the "face" of death from society and our experience, is simultaneously the removal of the 'face of God.'" Behr, "The Age of Martyrdom," 94. For a description of traditional ways of caring for bodies of deceased, see: Mark and Elizabeth Barna, *A Christian Ending.*

nature that seemed to eliminate death; next, the belief in a technology that would replace nature and eliminate death the more surely."[134]

Callahan argues that Americans in the new millennium have not changed this pattern. We do not die well today. Though bioethics and the hospice movement have partially changed our course, "technological brinkmanship" usually prevails seeking to stave off death at all costs. We bracket the fact that death always claims a life in the end. Moreover, "death has been drained of social meaning," in part, because "the right to control the conditions of dying has been all the more strongly asserted…The only evil greater than one's personal death is increasingly taken to be the loss of control of that death."[135]

Callahan thus calls for a 'peaceful death.' It would recover an ancient sort of 'tame death' – identified by Ariés – freed from the violence of technological brinkmanship while enjoying the benefits of modern medicine. This peaceful death would be "accepted without overpowering fear," "marked by self-possession" and consciousness, gifted with modern pain relief, and suffered within community.[136] Achieving this, however, requires character and virtue cultivated over the course of a lifetime; it requires an alternative *ethos*. Therese Lysaught rightly points out that, though he provides several character traits, Callahan stops short of specifying content for preparing for death.[137] He fails to identify which virtues should be sought for a peaceful death. Nor does he "propose how people are to achieve such a character, or what rituals or practices would be necessary or even helpful for engendering such traits."[138]

For all the merits of his diagnosis, Callahan still sees death through the lens of choice, which is to say he cannot step out of the autonomy paradigm. "Death is acceptable," he says, when "further efforts to defer dying are likely to deform the process of dying" or when "there is a good fit between the biological inevitability of death" and one's personal timing and circumstances.[139] The peaceful death is cast procedurally in terms of when patients should decline medical technologies. Though perhaps helpful for empowering patients at the end of life, bioethics struggles to provide any vision of an alternative.[140]

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[134] Ariés, *Hour of Our Death,* 595. See also Verhey, *The Christian Art of Dying,* 11-23.
[135] Callahan, *The Troubled Dream of Life, 36.*
[136] Ibid., 53-54.
[137] Ibid., 126-55.
[138] M. Therese Lysaught, "Ritual and Practice." Contrast with Dugdale, "Toward a New Ethical Framework for the Art of Dying Well."
[139] Callahan, *The Troubled Dream of Life,* 180.
[140] Verhey, *The Christian Art of Dying,* 48.

3.3. Bioethics in the Ruins

According to Albert Jonsen, "in the strictest sense, [bioethics] is not a discipline," though it "might be called a 'demi-discipline.'"[141] The vision of bioethics as a secular moral endeavor committed to advancing patient rights in response to a new kind of medicine may be referred to as "bioethics' foundation myth." Tom Koch argues that it legitimates the movement in the public eye, forms a community of practitioners, and defines the enterprise. It goes like the following:

> In the 1960s and 1970s a traditional ethics of medicine was shown to be insufficient in the face of an unprecedented series of advances in medical science and technology unfolding in an era of socioeconomic scarcity. Bioethics arose as a replacement capable of confronting these new realities. Grounded in a Western philosophical tradition (especially the writings of Immanuel Kant), bioethics would better serve in the evaluation of these technologies. Further, bioethics was necessitated as a champion of individual freedom and patient choice in the face of illiberal and paternalistic practices common under the older ethics of medicine. With the rise of bioethics, a new class of medical professional came into being. This was the bioethicist, an expert in valuation uniquely qualified to apply philosophical systems of thought to ethical questions arising in areas of medical care, delivery, and research.[142]

This myth was seen in action in the preceding discussion. It allows bioethicists to accuse physicians of anti-liberal paternalism and poise themselves as patient advocates. Koch argues, however, that traditional, bedside medical ethics committed to the needs of the patient was discarded because it "was inimical to a progressively neoliberal agenda." Bioethics arose in a "modernist hijacking" of medical ethics, transforming it according to "a social order which has turned from the worship of ancestors and past authorities to the pursuit of a projected future of goods, pleasures, freedoms, forms of control over nature, or infinities of information."[143] More particularly, bioethics participates in an order of neoliberalism through advancing consumerism and transactional thinking in the name of personal autonomy. "The result is not morally rich but instead ethically blank, a bookkeeper's recording rather than a moralist's accounting."

This foundation myth depends upon the "Moral Law folk theory." Elaborated first by Kant, such a theory seeks out a single, rationally accessible moral law "out there" that may provide universal practical guidance to moral dilemmas through the application of pure reason. It further assumes a self-conscious being capable to perceive the law, choose freely, and obey its objective

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[141] Jonson, *The Birth of Bioethics,* 345-46. Cf. Kopelman, "A Second-Order Discipline," 152.
[142] Koch, *Thieves of Virtue,* 7-8, 117-38, 247-48.
[143] Ibid., 9. Quoting Clark, *Farewell to an Idea,* 7.

requirements such that divergence from the law is either unethical or nonrational. From such a perspective, bioethics "becomes a largely instrumental trade" where abstract arguments and principles may be cached and later selected to justify a desired claim on a specific issue.[144] Appeals to autonomy may be made as a discursive instrument for marking opponents as against personal choice and subtly shutting down foundational argument in a move beyond Kantian autonomy. In other words, there is a kind of techno-logic where moral arguments become a standing reserve far from an attempt at seeking the good or the true. Given the preceding chapter noting how assisted suicide is poised as the best kind of death, one can imagine that a person not desiring to hasten death could be labeled as incompetent, that is, a terminally ill patient not valuing autonomy in the manner of Dworkin or Beauchamp could be declared irrational. There is one moral law and it makes demands on all.

Moral Law Folk theory has been challenged in a number of ways, not the least being the Bush presidential commission chaired by Leon Kass or the collapse of consensus at the end of life noted by Beauchamp in the 1990s.[145] Every moral claim is inevitably bound up with the identity, experience, assumptions, beliefs, ways of life, social engagements, and political commitments of the ethicist.[146] The first bioethicists were largely religious liberals who had "drunk deeply from the well of Enlightenment rationality," and thus were able to discover greater common ground across traditions than within them.[147] Consensus in bioethics cannot be so easily achieved, though. In fact, it requires either stacking a presidential council with ideologically common viewpoints or landing on utterly thin conclusions. No National Institute of Health director can now claim that the conclusions of an ethics commission are anything but the opinions of the particular group assembled.[148]

Bioethicists bring their own particular, socio-historically conditioned view to debate moral issues. On this point, Beauchamp and Childress's methodology is revealing. Their four principles are drawn from a "common morality," representing the true and objective moral law undergirding all particular moralities. They bring it to light through a modified Rawlsian reflective equilibrium procedure, starting with "considered judgments." These moral positions that seem to be most surely present in the common morality are then refined for "coherence" in an epistemic circuit.

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[144] Ibid., 11. The term "Moral Law folk theory" comes from Mark Johnson in *Moral Imagination.*
[145] Kass, "Reflections on Public Bioethics," 225-26. Charo, "The Endarkenment."
[146] Chambers, "Attacking the Bioethicist." MacIntyre, *A Short History of Ethics, 2nd ed.*
[147] Evans, *The History of Bioethics,* 76, 76-96. See Trotter, "Left Bias in Academic Bioethics."
[148] Evans, *The History of Bioethics,* 95.

Those judgments, however, are made possible through possessing certain Enlightenment-flavored "epistemic qualities," granting the collaboration of select individuals an impartial, rational moral point of view. "It is not mere commonness of moral beliefs that provides normative force, but commonness of viewpoint reached by individuals who are qualified to reach considered judgments."[149] Presumably, Beauchamp and Childress appoint themselves as morally virtuous knowers in continuing to publish new editions of *Principles.* Their epistemic high ground permits them, then, to judge particular moral communities while insulating them from critique. Of course, those who disagree with them would make quite different 'considered judgments' if given the opportunity themselves to determine the conditions and epistemic virtues required. At best it is ambiguous whether *Principles* is to be a formal political procedure. At worst, they claim liberal individualism and social democracy a superior morality with special access to a universal common morality.[150] The authors seem to intend the latter.

Tristram Engelhardt sees bioethicists as fabricating a notion of moral consensus to justify their social role as secular moral experts in biomedical matters. "A search was undertaken for a content-rich secular morality to guide all health-care choices" in replacement of religious authorities.[151] The philosopher writing academic reflections took on a whole new dimension in becoming an ethicist providing concrete guidance. In the wake of immense cultural, religious, and social changes in medicine, there was a desire for canonical moral experts for which The Belmont Report and *Principles* apparently delivered. This constituted nothing less than the "baptism of a field" and "the ordination of its practitioners" whenever the ethicist's opinion is taken to be an expert opinion. Engelhardt thus concludes that bioethicists have proven effective "conceptive ideologists," in the manner described by Marx and Engels. They articulate a sustaining myth – in both senses of a guiding narrative and a false story – for the ruling class, while concealing their own lack of grounding and moral pluralism. They are politically useful in gaining social control over a significant domain of human society in order to articulate and impose a particular, content-rich moral viewpoint as if it were a universally binding morality free of the contingencies of history, culture, and geography.

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[149] Beauchamp and Childress, *Principles of Biomedical Ethics, 7th ed,* 409. See Chambers, "Attacking the Bioethicist." Buchanan, "Social Moral Epistemology."

[150] Arras, "The Hedgehog and the Borg." Lee, "'Thick in Status, Thin in Content.'" Beauchamp and Childress engage three possible justifications of the common morality, but beg the question in each and hedge on committing to any. Beauchamp and Childress, *Principles of Biomedical Ethics, 7th ed,* 426-420.

[151] Engelhardt, "Secular Moral Experts," 77. Cf. Elliott, "The Tyranny of Expertise." Elliott, "Pharma Buys a Conscience."

After Evans, Koch, and Engelhardt's respective critiques, bioethics finds itself in intractable pluralism. It has gone the way of post-modernity and lies in the ruins of the Enlightenment. No universal perspective may be affirmed to offer canonical guidance on general secular terms, and bioethicists presenting authoritative moral judgments appear to offer merely their own idiosyncratic point of view.[152] Moreover, after the death of God, "morality, bioethics, the state, and the meaning of life are all approached as if everything came from nowhere, were going nowhere, and for no enduring and ultimate purpose."[153] Locked within the horizon of the finite and immanent, traditional moral concerns are significantly demoralized to nonmoral ones. Moral judgments largely become aesthetic matters of taste. Further, the absence of a universal moral perspective after the death of God questions whether one ought to act from the "moral point of view" at all, at least in a traditional, universal sense. The significance of morality is drastically deflated, and bioethics largely moves beyond good and evil.

> The Western culture that created a synthesis of Christian, Platonic, and Stoic concerns and that lived in the recognition of an ultimate and enduring reality has been replaced by a culture in which nothing has ultimate meaning and in which no meaning is anchored in reality as it is in itself. This side of the rupture from the possibility of ultimate orientation, reality and secular morality are not just intractably plural, but in the end fundamentally meaningless. The meaning of secular morality and bioethics needs to be radically reconsidered.[154]

Yet this is not to say bioethics is good for nothing, only to acknowledge that the meaning and force of morality is significantly humbled after the failure to establish a secular, canonical moral perspective. We are left with a plurality of socio-historically contingent narratives offering moral direction, making one's choice of bioethic (singular) to appear a macro-lifestyle choice lacking binding appeal on all persons qua persons. There is no more moral "ought," as Anscombe said, to provide ahistorical, universally binding moral prescriptions.[155] Future possibilities for bioethics lie in particular moral communities embracing particular commitments, whether traditional Confucianism, liberal individualism, communist Marxism, etc.

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[152] Engelhardt, *The Foundations of Bioethics,* vii, 3-17. Porter, "Bioethics in the Ruins." Cf. Moreno, "Can Ethics Consultation be Saved?"
[153] Engelhardt, *After God,* 1, 71-92.
[154] Ibid., 92.
[155] Anscombe, "Modern Moral Philosophy."

3.4. After Engelhardt: From Ethics to Lifestyle Aesthetics

With the earth shorn from the sun (*The Gay Science),* bioethics after the death of God becomes a fully human project abandoned of any Moral Law folk theory. Ethics has lost much of its normative force and is recast in aesthetic terms. At this point it is helpful to place it more firmly within a larger historical context, including the prior chapter, in terms of the liberated, autonomous individual within the *ethos* of liberal cosmopolitanism.

Very few can really live a fully postmodern life lacking any coherent narrative or moral values. It is nigh impossible to be a faithful nihilist truly adrift, though one can conceal one's lack of foundations by asserting values and find immanent meaning. By default, in a post-Enlightenment context, liberty can balloon to fill the ethical vacuum with content, signaling the *ethos* of "liberal cosmopolitanism." Choice and autonomy easily become the source of morality and bioethics after the death of God. Liberty becomes a chief value almost by default, building a moral view not from a foundation in God, Being, or reason, but the individual.[156] Not only is it "an ethos full and entire," but also "[this] encompassing cosmopolitan ethos is usually offered as a taken-for-granted moral truth without noting its content-full particularity."[157] Though so long as reason retains its pride of place in moral discourse we remain short of Nietzsche's moral philosophy, we should wonder about the role of the liberal individual. Alasdair MacIntyre identifies where calls for autonomy lead absent robust communal moral commitments.

> To cut oneself off from shared activity in which one has initially to learn obediently as an apprentice learns, to isolate oneself from the communities which find their point and purpose in such activities, will be to debar oneself from finding any good outside of oneself. It will be to condemn oneself to that moral solipsism which constitutes Nietzschean greatness…The Nietzschean stance turns out not to be a mode of escape from or an alternative to the conceptual scheme of liberal individualist modernity, but rather one more representative moment in its internal unfolding.[158]

By trumpeting autonomy as the liberator of patients oppressed by paternalist physicians and overbearing technology at the end of life, bioethics has doubled-down on techno-logic, responding to metaphysics with metaphysics, if you will. There is always some content in procedural morality,

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[156] Establishing individual liberty as a prime value does not necessarily follow the death of God, though Engelhardt argues that it has done so historically. The continuous presence of communities on the fringes of modernity as well as pre-modern societies testify to more humble modes of being in the face of ultimate aporias.
[157] Engelhardt, *Foundations of Christian Bioethics*, 141, 143.
[158] MacIntyre, *After Virtue, 3rd ed,* 258-59. Cf. Dupré, *Passage to Modernity,* 93-164.

and bioethicists have largely called for liberal individualism. Put differently, they have asked the "expressive individual," Charles Taylor's term, to be more expressive.[159]

Such an assertive subject cannot be separated from the history of being bringing it about nor the ontology grounding it. According to Heidegger, this subject is the 'who' at the center of the 'movement of nihilism,' which he marks, in its essence, as the fundamental movement of history of the west. It "shows such great profundity that its unfolding can have nothing but world catastrophes as its consequence. Nihilism is the world-historical movement of the peoples of the earth who have been drawn into the power realm of the modern age."[160] Moreover, its significance for the Madman proclaiming the death of God is not a synonym for unbelief or for common atheism. It means the loss of a suprasensory world and a consequent ontological re-ordering around the individual will. The immanent authority of conscience replaces God and the transcendent realm; the highest values devalue themselves to be replaced by alternative ones, though so long as these values are thought to be anything other than constructed, we delude ourselves in incomplete nihilism. The self-assertive subject completes nihilism in revaluing all values. The value-positing will to power, filled with strength, vitality, and possibilities, determines the essence of whatever is, most especially will its own existence. The modern man is the one who wills.

> The willing of which we speak here is the putting-through, the self-assertion, whose purpose has already posited the world as the whole of producible objects. This willing determines the nature of modern man, though at first he is not aware of its far-reaching implications, though he could not already know today by what will, as the Being of beings, this willing is willed. By such willing, modern man turns out to be the being who, in all relations to all that is, and thus in his relation to himself as well, rises up as the producer who puts through, carries out, his own self and establishes this uprising as the absolute rule. The whole objective inventory in terms of which the world appears is given over to, commended to, and thus subjected to the command of self-assertive production. Willing has in it the character of command; for purposeful self-assertion is a mode in which the attitude of the producing, and the objective character of the world, concentrate into an unconditional and therefore complete unity.[161]

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[159] Charles Taylor has shown the value of understanding "expressive individualism" and an "ethic of authenticity" amidst secularization, particularly taking the 1960s (or 1968) sexual revolution as the key hinge point to a now-current "age of authenticity." Taylor notably denies equating it with hedonism while showing certain confluence with "spiritual but not religious" sentiments and New Age spirituality focusing on one's own subjective 'journey.' Taylor, *A Secular Age,* 473-504, 507.

[160] Heidegger, "The Word of Nietzsche," 63.

[161] Heidegger, *Poetry, Language, Thought,* 108-09. Quoted in Costea and Amiridis, "Nihilism as Self-Assertion," 18.

The moral individualism of bioethics, it seems, cannot easily extricate itself from metaphysics. Indeed, it articulates and unfolds an *ethos* befitting techno-medicine. "Take away all the pain from a Hemlock advocate, give all the kinds of ancillary support that good hospice care entails, and the Hemlock advocate will still want more: the right to control the story line and its outcome."[162] Various principles of autonomy have set meager limits to medicine without challenging the ontology disenchanting society in the first place. A warning from Heidegger seems most apropos: "Those who fancy themselves free of nihilism perhaps push forward its development most fundamentally."[163] Making autonomy a value may be dangerous.

Might a quasi-mechanistic ethical system predicated on making patients act autonomously constitute them as a standing reserve, challenging them to decide for and against life-sustaining technologies, as well as their own death? Has bioethics proved more than a moral veneer over nihilism? Perhaps the burden that ought to be feared at the end of life is that of making autonomous decisions. Bioethics conceals death, suffering, and finitude behind formal decisions, failing to ask the question of death itself. Many will perhaps scoff at such a quasi-religious approach toward the "meaning of life," but they risk only pressing nihilism forward into the law and clinical care for the dying.

[162] Putnam, *Hospice or Hemlock?*, 51, 179-182.
[163] Heidegger, "The Word of Nietzsche," 62-63.

4. Overcoming Death, Palliating Nihilism

It will rather will Nothing *than* not *will* – Friedrich Nietzsche[164]

*"I like the spiritual to play a role," [Herbert Cohen] says. And when he does perform euthanasia, he likes to get the essential medical equipment in place ahead of time, in order to avoid turning the solemn event, carrying out euthanasia, into a strictly medical occasion. It should be a ceremony, "*een liturgie,*" he tells me* – Constance Putnam[165]

Long lifespans change our experience of time and require us to change how we use that time in relation to death. Dying from chronic disease – or at least the distant expectation thereof – affects our way of being. Mortality seems so far off, something to ignore, even; that is, until it isn't. So commonly do our parents and grandparents suffer dementia only to languish for years in a nursing home. We fear this perhaps as much as we fear becoming a 30-year-old quadriplegic. Yet not only do we have more time. We have fewer cultural sources to draw upon as the sphere continues to shrink to the autonomous individual. According to the myth of the liberal, assertive subject, meaning is tied to free choice and only secondarily to family, place, history, community. A dignified death is a controlled one. We construct aesthetically pleasing lives through a multitude of micro style choices, culminating in stylistic deaths. Losing our mental or bodily capacities, our personalities, and especially our subjectivity and control is the antithesis of our *ethos,* the one articulated and defended by bioethics since its birth.

Without choice, there is no meaning, as psychoanalyst Ignace Lepp bluntly puts it.[166] The meaningful death is the chosen, masterful one applying a cherry on top of a masterful life of ever-deferred death and suffering. According to the converse logic, those incapable of expressing their freedom cannot have a meaningful life or death. Are they persons? Is this a fate worse than death? That depends on the honesty of the bioethicist you ask. And what about those rational persons still desiring meaning outside themselves? What if they refuse to die autonomously?[167]

In the face of annihilation, something immense is required to fill or otherwise justify the vacuum of non-being. Hospice and palliative care often preach that the dying process can be a

[164] Nietzsche, *Genealogy of Morals*, section 3, I
[165] Putnam, *Hospice or Hemlock?,* 131.
[166] Lepp, *Death and Its Mysteries,* 147. Quoted in Levering, *Dying and the Virtues,* 219.
[167] Foster, *The Tyranny of Autonomy,* 8.

source of personal growth, and I am sympathetic to this. David Kuhl and others, in this vein, encourage the use of life reviews.[168] Narrating one's prior life in a cohesive story with the help of close friends and family is to be a tool prioritizing how to use one's remaining time in a meaningful way in the face of fear. It can help the dying reconcile relationships and find closure.

Yet can narration be something other than a mode of discursive control today? I wish so, but mastery increasingly looks like the only cultural mode available to deal with death. In another time or place, the protagonist and the plot would be constituted by a hierarchy of authors: a spouse, children, friends, history, God. Narration would simply be re-telling. Now, however, recollecting life may only mean authoring its story –what if the story one has written fails to live up to expectations of a Hollywood script?[169] Will one write the final chapter in an act of pseudo-redemption to prove one's authorship? Even if it has been precisely such a masterful script, Foucault's terse statement about sovereign power takes on another layer of meaning: the sovereign manifests his power over life through the kind of death he is capable of requiring.[170] Can meaning be something other than a post hoc addition serving to palliate, that is, to conceal, a senseless disintegration?

Farr Curlin has warned that hospice and palliative medicine "is susceptible to confusing the death it has power to deliver—a death with minimal suffering and (at least the appearance of) maximal control—with the good death, with dying well."[171] Death appears to be just one more problem to solve for the modern world. Like all problems we face, we respond by deploying experts to objectify and tame it. Yet, is it death or rather the terminally ill that becomes a standing reserve in the process? At the end of life, what do we do when our highest values – control, freedom, independence – appear to devalue themselves? Tristram Engelhardt was right when he called assisted suicide a moral and theological Rorschach test to disclose foundational commitments about morality and theology.[172] Is death something to be overcome, or might there be wisdom in limits?

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[168] Kuhl, *What Dying People Want.* See Levering, *Dying and the Virtues,* 55-60.
[169] Bolmsjo, "Existential Issues in Palliative Care."
[170] Michel Foucault, *The History of Sexuality, Vol 1,* 136. In a way, the death awareness movement similarly sought meaning in death by asserting as a fact of life and therefore subservient to a greater evolutionary process benefiting the species. Yet the individual is not compensated by being blotted out from being nor is it responsible to attribute goals or direction to evolution. Such scientism, at least for Sherwin Nuland, simply repackages liberal individualism. Nuland, *How We Die,* 262. See also Slater, "Death: The Biological Aspect." Cf. Levering, *Dying and the Virtues,* 82-88, 97. Verhey, *The Christian Art of Dying,* 49-58. Ariés, *The Hour of Our Death,* 614, 592
[171] Curlin, "Attempt at an art of dying," 47-48.
[172] Engelhardt, *Foundations of Christian Bioethics,* 331.

4.1. Spirits Haunting Hospice and Palliative Care

Dame Cicely Saunders responded to the terminally ill by marrying science and tender loving care. Established in 1967 London, St. Christopher's hospice – the first modern home for the dying – birthed a totally new movement to regain what had been lost in medicalizing and disregarding our final days under the shadow of technological optimism. Saunders synthesized modern pharmacology, medical research and teaching, compassionate and diligent nursing, and Christian spiritual care into a coherent whole largely outside contemporary hospital systems.[173] St. Christopher's reputation grew equally in medical and religious circles for challenging the usual hospital experience of undertreated pain and cold medicalization. According to the Bishop of Stepney, the aim was "to minister to the whole personality that those whom we shall serve may be able to lose their fear of death and to find in it, not primarily an end of life in this world, but the beginning of a fuller life in the world to come."[174] Science, spirituality, teaching, and tender loving care were not just cross-pollinated; they were integrated and ranked within a particular community's axiology.

All staff were involved in spiritual care because all were equally on a religious journey. Such care requires time, most of all, affording patients the freedom and peace to broach questions of the meaning of life without much expectation, even, of understanding their plight. For staff to imagine themselves capable of explaining away death would be a delusion, yet there was never 'nothing to be done' to ease a patient's distress. They could always simply be there. This help, and all of hospice work, in Saunders' words, "is not learnt by a special therapeutic or pastoral technique, it is harder than that."[175] From here, concepts such as "total pain" could be understood as a complex of physical, emotional, social, and spiritual suffering unmasked by the dying process. These domains could not easily be dissected, a perspective largely shared by Eric Cassell, and meant hospice physicians were not only to be "symptomologists."[176] Attentive nursing and novel drug administration helped control pain and other symptoms in most cases, but total control was never the goal. The suffering remaining after vigorous medical and nursing care ought to be

[173] du Boulay, *Cicely Saunders,* 135-191.
[174] Quoted in du Boulay, *Cicely Saunders,* 160.
[175] Ibid., 164-65.
[176] Cassell, "The Nature of Suffering." Saunders, "A Personal Therapeutic Journey," 1600. Cf. Billings, "What is Palliative Care?"

engaged with human understanding, compassion, and a readiness to listen.[177] Put differently, medical interventions were simply at the service of the broader goal to comfort the dying and alleviate their suffering while they grapple with bigger questions on their own terms.

Palliative care in the new millennium, however, has taken a curious turn in the spiritual dimension, seen in *The Oxford Textbook of Palliative Care's* attempt to ground its understanding in Victor Frankl's existential psychology. According to Frankl, every person is on a search for meaning at the most primordial level. The question of why we exist – not in the abstract, but the unique purpose of our singular life – motivates all we do, or at least it ought to. Therefore, we grow disoriented when lapsing from the search. The Austrian psychiatrist and Holocaust survivor became known for developing a psychotherapeutic technique known as logotherapy. In *Man's Search for Meaning,* he says:

> Man's search for meaning is the primary motivation in his life and not a "secondary rationalization" of instinctual drives. This meaning is unique and specific in that it must and can be fulfilled by him alone; only then does it achieve a significance which will satisfy his own *will* to meaning. There are some authors who contend that meanings and values are "nothing but defense mechanisms, reaction formations and sublimations." But as for myself, I would not be willing to live merely for the sake of my "defense mechanisms," nor would I be ready to die merely for the sake of my "reaction formations." Man, however, is able to live and even to die for the sake of his ideals and values![178]

Though man is the terrible creature who invented the gas chambers at Auschwitz, he is also the one who entered them "upright, with the Lord's prayer or the *Shema Yisrael* on his lips."[179] An animal could do none of these things. Understanding such phenomena requires a higher dimension of existence beyond the biological or psychological which Frankl terms the *noö-logical,* corresponding to the *noös,* or the noetic faculty, though curiously lacking any reference to Plato's Analogy of the Divided Line or other sources.[180] Frankl characterizes his use of the term as roughly approximate to "spirit," and distanced it from a strictly religious sense. He lamented the

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[177] Saunders, "A Hospice Perspective."

[178] Frankl, *Man's Search for Meaning,* 99. This discussion is partially indebted to a manuscript under review.

[179] Ibid., 134.

[180] Frankl's exact relation with the Platonic or patristic tradition lies outside our scope here, though it will be touched upon at the end of this thesis. See the definition of *nous* offered from an anthology of Christian spiritual writings: "the highest faculty in man, through which – provided it is purified – he knows God or the inner essences or principles of created things by means of direct apprehension or spiritual perception. Unlike the *dianoia* or reason, from which it must be carefully distinguished, the intellect does not function by formulating abstract concepts and then arguing on this basis to a conclusion reached through deductive reasoning, but it understands divine truth by means immediate experience, intuition, or 'simple cognition' (St Isaac the Syrian). The intellect dwells in the 'depths of the soul'. It constitutes the innermost aspect of the heart (St Diadochos). The intellect is the organ of contemplation, 'the eye of the heart.'" Palmer, Sherrard, and Ware, *The Philokalia, Vol 2,* 384.

connotations with "spirituality" attendant with English translation of his work.[181] For him, the noö-logical is subordinate to and often ordered toward the theological. Frankl, accordingly, was explicit that his psychiatrists trained in logotherapy were not to displace clergy.[182]

The distinctively human, noö-logical domain, for many, finds fulfillment in religious "super-meaning," but, in essence, characterizes the particularly human capacity to transcend materiality. In the face of our mortal nature and our hopes for ultimate meaning, man ought to bear "his incapacity to grasp [life's] unconditional meaningfulness in rational terms."[183] Something mysterious, immaterial is at the heart of it all. Unlike animals, we live for and find meaning in work accolades, love, beauty, experiences, and achievements, but especially demonstrate a higher dimension of existence by our freedom in the face of suffering. A life totally dictated by happenstance – one crushed by suffering – is "not worth living at all," according to the Auschwitz survivor. Only man is not totally determined by circumstance, and it is this that he means by referring to man's spiritual nature. Frankl was emphatic to avoid pathologizing existential or spiritual distress over the meaning of life. In fact, a certain amount of tension is a sign of a healthy noös. We are responsible for engaging the meaning of our lives and not to order them around lesser pursuits.

The Oxford Textbook of Palliative Care picks up Frankl's theory to justify equating spirituality with a search for meaning. For religious people, in Nathan Cherny's chapter, spirituality usually entails "a sense of connectedness to a God, whereas within the secular realm, it often invokes a search for significance and meaning."[184] Spirituality is primarily a matter of expressing one's subjective orientation in the world, and an optional addition to the bio-psycho-social at that. Gone is Frankl's ordo that could see man fundamentally as a noetic being ordered toward ultimate meaning. Every individual may well have their own spirituality. Frankl's noö-logical domain is lost in translation.[185] One definition of *spirituality* reads the following way:

> Spirituality is my being; my inner person. It is who I am – unique and alive. It is my body, my thinking, my feelings, my judgments and my creativity. My spirituality motivates me to choose meaningful relationships and pursuits. Through my spirituality I give and receive love; I respond to and appreciate God, other people, a sunset, a symphony, and spring. I am driven forward, sometimes because of pain, sometimes in spite of pain. Spirituality allows me to reflect on myself. I am a person because of my spirituality –

[181] Ibid., 100. Frankl, *The Doctor and the Soul.*
[182] Frankl, *Man's Search for Ultimate Meaning,* 16. Frankl, *The Doctor and the Soul,* 78-81.
[183] Frankl, *Man's Search for Meaning,* 118.
[184] Cherny, "The Problem of Suffering," 45. McClement and Chochinov, "Spiritual Issues in Palliative Medicine."
[185] Frankl, *The Doctor and the Soul,* 67-72.

> motivated and enabled to value, to worship and to communicate with the holy, the transcendent.[186]

Though spirituality is "who I am," including "my body," it is paradoxically something highly interior and subjective, located deep within the non-quantifiable aspect of humanity. It is always "my spirituality," my subjectivity and certainly not the objective beauty of a sunset calling me, ascetic practices, contemplation, listening to how God does or does not appreciate me, nor angels, demons and bodiless beings. Such nebulous spirituality does not resemble what any particular religious tradition means by the term. Again, there could easily be as many spiritualities as there are individuals. The self-grounding definition quoted above borders on a cult of the self posited as a kinder veneer over one's impending death.

As spiritual beings, "we are destroyed by suffering without meaning."[187] This kind of suffering undermines the value of life, though Nathan Cherny, in his chapter on suffering, seems to think all unrelieved suffering or anything, quite frankly, reducing quality of life, may be a life not worth living.[188] Thus law and statements of professional societies increasingly recognize a right to symptomatic control and relief of suffering. Hospice and palliative care's role is to control and potentially eliminate suffering to permit the expression of subjectivity and thus a quality life worth living to its end. Chaplains of this spirituality thus play a critical role in a cult of the self by engaging questions of ultimate meaning. Their work of helping patients narrate and interpret their life story create meaning at the end of life. Or, might they be tempted to control which terminal lives are meaningful and to what extent? They help create a safe, individual, private space for expressing spirituality, "[releasing] spiritual power," though this seems to be some spirit other than that engaged in Islam, Buddhism, Christianity, or Judaism.[189]

Hospice and palliative care seems haunted by Christianity, and wears the rags of religion.[190] The most striking feature of the textbook is the contributors' amazing capacity to remain objective when discussing such intricate and profound elements of the end of life as suffering,

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[186] Stoll, "The Essence of Spirituality." Quoted in Harper and Rudnick, "The Role of the Chaplain," 198. Cf. Taylor, *A Secular Age,* 473-504, 507.
[187] Harper and Rudnick, "The Role of the Chaplain," 197.
[188] Cherny, The Problem of Suffering," 43. See also Cherny, Coyle, and Foley, "Suffering: A Definition and Taxonomy." Cherny, "Pain Relief and Palliative Care."
[189] Harper and Rudnick, "The Role of the Chaplain," 199.
[190] Consider the opening sentence of Walker Percy's *Love in the Ruins,* spoken by the protagonist, Dr. Thomas More, and riddled with allusions*:* "Now in these dread latter days of the old violent beloved U.S.A. and of the Christ-forgetting Christ-haunted death-dealing Western world I came to myself in a grove of young pines and the question came to me: Has it happened at last?" Percy, *Love in the Ruins,* 1.

spirituality, and the search for meaning. Might *detached* and *uninvolved* be better adjectives for the posture? Considering our earlier discussion on Descartes and Newton, detachment usually entails a profound interest, though by projecting one's pre-formed – not to mention abstract and strange – theories of spirituality onto meaningless objects.[191] It only conceals suffering with bland language.

4.2. Suffering from Existence

Suffering is in some sense an antonym to autonomy. The Merriam-Webster dictionary defines suffering variously as: (1a) to submit to or be forced to endure, or (1b) to feel keenly, labor under; (2) undergo, experience; (3) to put up with especially as inevitable or unavoidable; (4) to allow especially by reason of indifference.[192] It is always passive, it happens to us, requiring us to submit to some circumstance not of our design or self-rule, throwing our self-assured ways of being into question. In this way, it is nigh-impossible to conceive of suffering absent an existential component. Nevertheless, perhaps the reverse is at least as true: it is hard to conceive of existence without suffering. For Cicely Saunders, spiritual pain was characterized by "bitter anger at the unfairness of what is happening (at the end of life) and above all a desolate feeling of meaninglessness," and the particular Christian commitments of St. Christopher's hospice should be recalled as the communal setting for addressing it.[193] Even in broader palliative care discourse, spiritual or existential pain – often used interchangeably – may be understood best as metaphors for the human condition in the broadest sense.[194] The fundamental questions of existence are clearly at issue.

The nickname for a psychotherapy laboratory at Memorial Sloan-Kettering Cancer Center headed by William Breitbart is thus apropos: the laboratory of despair.[195] They are on the cutting edge of understanding and treating existential suffering at the end of life. Since it has been demonstrated that terminally ill patients consider their lives as worth living so long as they also consider them meaningful, existential psychiatry takes their search for meaning as its central task. A set of interventions are now becoming available to intervene in despair and suffering, enabling them to begin mastering existential distress as completely as somatic pain: pharmacology for

[191] Cf. Tollefsen, "Conceptualizing the Generic Chaplaincy Issue." Delkeskamp-Hayes, "A Christian for the Christians."
[192] *Merriam-Webster.com Dictionary*, s.v. "suffer."
[193] Saunders, "Spiritual Pain," 29.
[194] Strang, et al. "Existential Pain."
[195] Alici, Modhwadia, and Breitbart, "Psychosocial and Psychiatric Suffering." Cf. Chochinov and Schwartz, "The Will to Live."

biologic pain, psychiatry for psychologic pain, social work for social pain, and now interventions for existential or spiritual pain. One could easily imagine a right to existential relief as easily as a right to general pain relief or to a peaceful, palliated death.

The group gives patients a reason to live by finding and creating meaning. On the surface, this seems unquestionable. Surely no one wants a meaningless end to their life. There is a sense, however, in which the lives of terminally ill are held in their hands particularly in jurisdictions where assisted suicide is easily accessible. The meaning of patients' lives rise and fall with the success of their interventions. It is delicate work. Whatever happened to Cicely Saunders and her staff alleviating distress simply by being-there with patients? Why must experiments be conducted on the spirits of the terminally ill? Notwithstanding their assertion of the importance to respect patient autonomy, their attempt to name, define, and modify existential conditions can come to define the worthiness of a life.[196] What if taking control of the story and empowering patient autonomy is thought to give them a meaningful end? Breitbart and colleagues may not be far from operationalizing Being in helping patients write their final chapter.

One clinical phenomenon they treat is 'demoralization syndrome,' present in up to 33% of terminal patients (depending on one's inclusion criteria).[197] American psychotherapist Jerome Frank first described it in the late 20th century, though it is thought to have existed throughout history, bearing some conceptual similarities with *acedia* in the Christian ascetic tradition and the giving up-given up complex proposed by George Engel.[198] As a clinical phenomenon, demoralization syndrome is characterized by psychological distress and a loss of spirit or vitality in the face of existential challenges, especially illness and impending death. These are intrinsically demoralizing, stripping authorship of our own story, though it only becomes pathologic at a certain point due to a breakdown in coping. It commonly features hopelessness, helplessness, and a loss of meaning and purpose.[199] According to Frank:

> Demoralization results from *persistent failure to cope* with internally or externally induced stresses that the person and those close to him expect him to handle. Its characteristic features, not all of which need to be present in any one person, are feelings of impotence, isolation, and despair. The person's self-esteem is damaged, and he feels rejected by others because of his failure to meet their expectations. Insofar as the meaning and significance of life derives from the individual's ties with persons whose values he shares, alienation may contribute to a sense of the meaninglessness of life.

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[196] Cf. Bishop, *The Anticipatory Corpse,* 227-52.
[197] Robinson, et al., "Systematic Review of Demoralization Syndrome."
[198] Robinson, et al., "Review of the Construct of Demoralization."
[199] Ibid., Kissane, Clarke, Street, "Demoralization Syndrome."

> Typically, [such people] are conscious of having failed to meet their own expectations or those of others, or of being unable to cope with some pressing problem. They feel *powerless to change* the situation or themselves and *cannot extricate themselves* from their predicament.[200]

It should be clear that demoralization syndrome is only one way of characterizing existential distress, and is highly colored by religious beliefs and worldview.[201] Interestingly, end of life psychiatrists seem less willing than Victor Frankl to venture outside their narrow clinical purview to situate the phenomena historically or philosophically. Frankl, for his part, identified a generalized crisis of meaning in the 20th century, which he characterizes as an "existential vacuum." In his view, man has always been free, and thus has always been responsible to himself and others to utilize his freedom properly, i.e., in some normative manner. Today, however, we no longer know what to do with our freedom. We are afflicted with a mass neurosis imagining that we are nothing but smart animals with intricate defense mechanisms. In other words, our *noös* is ignored and we are existentially disoriented.

> The traditions which buttressed [man's] behavior are now rapidly diminishing. No instinct tells him what he has to do, and no tradition tells him what he ought to do; sometimes he does not even know what he wishes to do. Instead, he either wishes to do what other people do (conformism) or he does what other people wish him to do (totalitarianism)…The existential vacuum manifests itself mainly in a state of boredom.[202]

And thus we can presume it is exacerbated by languishing in a suffering state waiting for death. It is a moral crisis for Frankl, one where the very humanness of humanity is up for grabs. Moreover, "sometimes the frustrated will to meaning is vicariously compensated for by a will to power." Frankl goes on to say this "mass neurosis of the present time can be described as a private and personal form of nihilism; for nihilism can be defined as the contention that being has no meaning." Ignorant of the possibilities of a search for meaning beyond material or psychological pleasures, people turn to all sorts of substitutes to conceal the lack of meaning in their lives. Existence itself becomes a source of suffering when we live as closet nihilists.

Perhaps, in clinical terms, one could consider Frankl's "existential vacuum" a predisposition to demoralization syndrome, though I am less concerned about comparing phenomena than examining them in the light of assisted suicide. At present, neither are DSM or

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[200] Quoted in Clarke and Kissane, "Demoralization," 734. Emphasis original.
[201] Ibid., 737-38.
[202] Frankl, *Man's Search for Meaning*, 106.

ICD diagnoses. David Kissane, an Australian psychiatrist leading efforts to characterize demoralization syndrome, argues for adding demoralization syndrome to the DSM and is frank in his rationale: a loss of meaning or despair frequently stimulates desires for physician-assisted suicide. Kissane argues, however, that the syndrome prevents full decisional capacity, and thus ought to be an exclusion criteria for physician-assisted suicide.[203] They should be classed similar to depressed patients in that the condition precludes truly rational suicide. This vulnerable class– who tend to be elderly, disabled, disfigured, dependent, socially isolated, etc. – cannot perceive reality clearly when falling into despair.

The ethical challenge of decisional capacity notwithstanding, Kissane's appeal is circular and self-defeating. Those for whom remaining life has become meaningless, riddled with suffering, and desire escape seem to be precisely those for whom assisted suicide is proposed as an option, especially if we accept Marcia Angell's observation that existential suffering underlies the right to die movement.[204] Pathologizing their failed search for meaning – something Victor Frankl was very hesitant to do – may simply define a class for whom assisted suicide is the preferred intervention. Perhaps they are not fully autonomous, but literature has been abundant to cast doubt on aspirations of totally informed consent paired with rationally pure decision making. And considering the premium placed on control of the dying process, perhaps describing the phenomenon of demoralization only demarcates a category of sub-autonomous people in a state worse than death who ought to be offered the chance to impose meaning into their dying by imposing choice into it. Existential suffering can be met by a truly existential "treatment." Meaning could be further amplified by giving the gift of life and dying by organ donation. Or, it could be meaningful by relieving family, friends, and the healthcare system of the burdens of care. As John Hardwig has said, we can conquer death only by finding meaning in it. One can imagine a duty to die that, paradoxically, would grant dignity to the terminally ill.[205]

I am suggesting that physician-assisted suicide is or will be invoked precisely to alleviate existential suffering – a kind of passive nihilism – by empowering the will – transforming it into a kind of active nihilism. Given the noted inextricable link between spiritual or existential pain and the human condition, assisted suicide begins to look like a sort of solution to the age-old problem of suffering and the meaning of life and death, that is, a solution to the human condition. Put

[203] Kissane, "Demoralization and End of Life Decisionmaking."
[204] Angell, "The Quality of Mercy." See also Cassell, "Suffering Patients."
[205] Hardwig, "Is There a Duty to Die?" 40.

differently, it begins to resemble a cure for suffering from existence, though in the most paradoxical way by bringing about non-existence. What if physician-assisted suicide today is really intended to be a palliative, cover, and conceal nihilism especially via euphemisms of compassion? Or, what if assisted suicide is a new religious rite for the terminally ill, offering a script for a good, meaningful death that seems to offer transcendence?

4.3. Curing Being, Causing Death: Germany's Triumph of Autonomy

Germany's recent supreme court decision to legalize physician-assisted suicide suggests just this, and ought to make other jurisdictions wonder about the meaning of death with dignity. Following an advocacy campaign, the court struck down a law prohibiting suicide assistance on February 26th, 2020.[206] The 2015 law in question had permitted private assisted suicide for "altruistic motives," but forbade organized or commercial assistance. Physicians had thus been very hesitant to participate. Now, though, the court has established a fundamental human right to self-determined death irrespective of one's illness, health, or stage in life. Only an individual may evaluate the meaningfulness of their existence. And when that meaning seems to slip away at the end of life – or any time, in the court's libertarian logic – ending it all may be the most rational decision. Their atheist existentialism is fixed on imposing meaning into death by defeating it with autonomy.

According to the summary released in English, there is no constitutional justification for obstructing access to assistance in suicide (or the right to provide assistance). The state has a legitimate interest in protecting life and preventing suicide from becoming a common occurrence; however, this interest is far outweighed by the "highest value in the constitution": freedom of personality.[207] The law in question provided insufficient space for the exercise of personal freedom and so was unnecessary in protecting legitimate interests. It offered people no reliable alternatives when they could not find a willing physician or family member to assist them, trapping them existentially to wait for death to come on its own.[208] This is too terrible, and improved palliative care cannot change the overriding importance of individual freedom to choose one's death.

The German legislature is permitted to develop procedural safeguards to the practice so long as they conform with the court's notion of "humans as intellectual-moral beings capable of

[206] Previously, many citizens desiring assisted suicide had traveled to Switzerland. Schuetze, "Germany's Highest Court."
[207] Federal Constitutional Court, "Criminalisation of assisted suicide," Part I.3.c.bb
[208] Cf. Flew, "The Principle of Euthanasia;" Dworkin, "Do We Have a Right to Die?"

pursuing and exercising their freedom in self-determination."[209] In the opinion, individual autonomy accords with the essence of humanity, not only the highest value in the constitution. It cannot simply be tolerated or respected as in a liberal, pluralist society; it must be affirmed or at least enabled. This enacts an anthropological vision of individuals with a personality seated in their willed decisions and whose ethical good is self-determined choice. Access to assistance in committing suicide, in the court's eyes, is thus necessary for autonomous individuals to seek their good in making the ultimate choice. Therefore, the fundamental "right to suicide" – "in line with the European Convention on Human Rights and the values enshrined therein" – cannot even be linked to substantive criteria like terminal diagnoses or particular reasons, lest the right's fundamental nature be undermined.[210]

While attempting to delimit the legislature's procedural restraints minimally, the court has quite substantively already supplied content. Nearly anything that is freely chosen is good "in all stages of a person's existence." The court is blind to their own substantive evaluation.[211]

> The individual's decision to end their own life, based on how they personally define quality of life and a meaningful existence, eludes any evaluation on the basis of general values, religious dogmas, societal norms for dealing with life and death, or considerations of objective rationality. It is thus not incumbent upon the individual to further explain or justify their decision; rather, their decision must, in principle, be respected by state and society as an act of autonomous self-determination.[212]

Respecting autonomous choice, in the justices' eyes, reflects a commitment to respecting human dignity. A person's "inalienable dignity" requires them to be "unconditionally recognized as an individual with personal autonomy," necessitating a supremely wide expression of freedom in the "development of one's personality."[213] Maintaining one's personality by self-determination requires an individual be permitted to control their own life and not be "forced into ways of living" irreconcilable with their self-determined identity. Autonomous suicide means both a positive development of personality and negative escape from undignified ways of being. Enacting death is doubly dignified, though judged only by the individual.[214]

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[209] Federal Constitutional Court, "Criminalisation of assisted suicide," Part III.
[210] Ibid., Part I.4
[211] Cf. Bishop, "Arts of Dying;" Elliot, "Institutionalizing Inequality."
[212] Federal Constitutional Court, "Criminalisation of assisted suicide," Part I.1.a.bb. Cf. Battin and Quill, "Argument over Physician-Assisted Dying," 2.
[213] Ibid., Part I.3.c.bb
[214] Cf. Singer, "Rethinking Life and Death". The court has declared "that generations of German people, politicians, and justices did not fully appreciate how free, responsible, and sovereign the individual truly is." Feichtinger, "Tyranny in Germany."

> Despite the sensitivity of euthanasia in the memory of Nazi Germany, the court reasons…
>
> The decision to end one's own life is of the most fundamental significance to one's existence. For the individual, the purpose of life, and whether and for what reasons they might consider ending their own life, is subject to highly personal beliefs and convictions. The decision to commit suicide concerns basic questions of human existence and bears on the identity and individuality of that person like no other decision.[215]

Germany has affirmed existential solipsism. The court imagines naked individuals contemplating the meaning of their life liberated from community, societal norms, religious dogmas, and objective rationality. At any moment, one may decide their life is not worth living – perhaps just boring? – and seek assisted suicide without substantive hindrance. Presumably the procedural constraints will preclude the incompetent, those with remediable depression, and the very young, at least for now, but this leaves most of the population – rational persons – to contemplate the meaning of their life in solitude. Suicide is the prism through which Germans will evaluate their lives, and no priest, chaplain, existential psychiatrist, hospice physician, ethicist, or family member can sway them.

Moreover, affirming access to suicide as a fundamental right subtly suggests there are individuals for whom life is not worth living. Obviously this is not within a fascist regime with the state determining which lives may continue; however, the liberal regime enacts a very similar logic, only under what is presumed to be a superior moral-political philosophy. A subtext of the court decision is that what was wrong about National Socialist euthanasia of disabled children and the mentally ill was a lack of individual autonomy. Nazi physicians like Karl Brandt or Joseph Mengele would have been justified if they utilized informed consent.[216] There is little to fear in a liberal regime.

Germans, now, are officially to be post-Cartesian, meaning-ascribing subjects, reframing "I think, therefore, I am", to "I think my life is not worth living, therefore, I shall not be." Those subjects must balance the good of autonomous choice accessible while living against the possibility of autonomous choice in suicide. Put in Heideggerian terms, the court refers to one contemplating the meaning of their life as an "isolated subject-Thing in an innocuous, empty, worldless occurring," i.e., the Nietzschean self-assertive subject.[217] Granted, Nietzsche himself did not condone suicide as a pessimistic denial of life. Zarathustra preaches "free death" at "the right time"

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[215] Federal Constitutional Court, "Criminalisation of assisted suicide," Part I.a.aa

[216] See Crum, "Nazi Bioethics."55-69.

[217] Heidegger, *Being and Time,* §53, 310. "[The sovereign] evidences his power over life only through the death he [is] capable of requiring." Foucault, *The History of Sexuality, Vol 1,* 136.

to be the crowning achievement of life through a meaningful death. "In your dying, your spirit and virtue should still glow like a sunset around the earth: else your dying has turned out badly."[218]

> Everybody considers dying important; but as yet death is no festival. As yet men have not learned how one hallows the most beautiful festivals. I show you the death that consummates – a spur and a promise to the survivors. He that consummates his life dies his death victoriously, surrounded by those who hope and promise. Thus should one learn to die; and there should be no festival where one dying thus does not hallow the oaths of the living. To die thus is best.[219]

In *Twilight of the Idols,* he speaks of a new morality for physicians: mediating societal contempt for the terminally ill and instituting a new style of dying beyond good and evil deaths.

> To die proudly when it is no longer possible to live proudly. Death freely chosen, death at the right time, brightly and cheerfully accomplished amid children and witnesses: then a real farewell is still possible, as the one who is taking leave is still there; also a real estimate of what one has achieved and what one has wished, drawing the sum of one's life – all in opposition to the wretched and revolting comedy that Christianity has made of the hour of death…Here it is important to defy all the cowardices of prejudice and to establish, above all, the real, that is, the physiological, appreciation of so-called *natural* death – which is in the end also "unnatural," a kind of suicide. One never perishes through anybody but oneself. But usually it is death under the most contemptible conditions, an unfree death, death *not* at the right time, a coward's death. From love of *life,* one should desire a different death: free, conscious, without accident, without ambush.[220]

The sovereign individual, who, according to *The Genealogy of Morals,* is "liberated again from morality of custom, autonomous and supramoral" (II 2), affirms freedom and will supremely in voluntary death.[221] Natural death is irrational, as it is subject to the body. Moreover, it is linked to a religious, especially Christian, or Platonic worldview requiring one to submit to a higher reason. Suicide need not merely be an escape, as Seneca said long ago. "He is truly great who not only has given himself the order to die, but has also found the means." Though physician-assisted suicide differs critically from the moralizing Stoics in that is to be neither moral nor immoral, only rational and willed, he reasons, "Must I await the cruelty either of disease or of man, when I can depart through the midst of torture, and shake off my troubles?"[222] It shows freedom over the body, it shows freedom over death, and it shows freedom over Christian morality.

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[218] Nietzsche, *Thus Spoke Zarathustra,* 185.
[219] Ibid., 183-84.
[220] Nietzsche, *Twilight of the Idols,* 537.
[221] Stellino, "Nietzsche on Suicide."
[222] Seneca, Letter LXX, §24, 15.

When a nation's citizenry are considered as a class of overmen, staying alive is a daily decision contingent upon an individual's will to live. Is life worth living in an ultimately meaningless universe? Ought I just end it all rather than suffer in a senseless world? This is the question of Albert Camus reflecting on the Myth of Sisyphus. The court would answer, "Maybe, if you think so. But the moment you stop thinking so our suicide clinics will gladly relieve you of the burden of existence with the greatest efficiency. Our thanatologists won't judge your decision or even ask you to share your solipsistic ruminations. Non-being is your choice, Prince Hamlet. Perhaps we can make it a celebration of life for you, a new kind of ritual, a coronation of your autonomous life." The meaningfulness of future existence, and it seems thus all of life, is predicated upon the absolute possibility of death by suicide. When Being is taken hostage and executed, techno-logic is complete.

Nietzsche was at least more forthright with his answer to Camus's question: after the death of God, joy, enthusiasm, and creativity ought to be affirmed. The weak can endure the eternal recurrence of a meaningless universe through illusion; concealing its lack of truth makes it palatable. The strong endure it through revaluation, creating and imposing their own immanent meaning. Absent a grand narrative one can construct a personal narrative culminating in a free death beyond good and evil. Creating new rituals around the deathbed with physician-assisted suicide thus seem part and parcel to the end of life in a nihilistic world after the death of God. The medieval *ars moriendi,* those Christian arts of dying sending the soul on its cosmic journey, can be replaced with new last rites befitting the new subjective spirituality, an *ars ad mortem:* technique toward death.[223]

4.4. *Ars ad Mortem*

The United States may not be far behind German case law. Legal scholar Yale Kamisar and others are right to point out there is no principled way to limit the right to die to the terminally ill if it comes down to a matter of personal autonomy.[224] The sweeping language of *Casey* picked up by the *Quill* and *Glucksburg* trial courts in 1996 suggest an opening for assisted suicide to become a mode of defining one's own meaning and concept of existence, that is, a post-modern liturgy of death.

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[223] Bishop, "Ageing and the Technological Imaginary." Bishop, "Technics and Liturgics." Cf. Schimmoeller, "Martyrdom, Suicide, and Christian Bioethics."
[224] Kamisar, "The Right to Assisted Suicide," 70.

> At the heart of liberty [in the Fourteenth Amendment] is the right to define one's own concept of existence, of meaning, of the universe, and of the mystery of human life. Beliefs about these matters could not define the attributes of personhood were they formed under compulsion by the State.[225]

The sphere of privacy wants to grow. Though the federal Supreme Court rejected the extension of this legal rationale from the beginning to the end of life, states are welcome to continue re-defining death with dignity as a free death while advocates continue to cite the rejected *Quill* and *Glucksburg* appellate decisions with approval. Only an individual may evaluate the meaningfulness of their life. However, it is not all about personal autonomy in reality. It is about compassion, though certainly a compassion denuded of Christian faith or even its etymological roots in co-suffering.

Empowering autonomy would seem a mode of existential compassion, enabling the terminally ill to overcome the contingencies of the body, waiting for death, but especially the old values related to patient suffering and humility. Put differently, it is a spiritual therapy to revalue all values, especially the highest ones reflecting our deepest held beliefs about how to live and die. It can offer demoralized patients, most of all, the kind of free death normally only possible for the strong in spirit. Lethal prescriptions strengthen the spirit. The possibility of suicide, as many say, is a comfort. One can remain the captain of their own ship and author of their own personal story.

Dutch euthanasia physician Herbert Cohen is fond of emphasizing this. "I like the spiritual to play a role," he says. It should not be a strictly medical event where the patient at the center of it is forgotten. It should be a solemn ceremony, a liturgy, he says.[226] After God and after the Holy Spirit, the human spirit of self-assertion ought to fill the sacred role to inscribe death with meaning. Christian rites for the sick and dying used to embrace them in a grand, transcendent narrative, celebrating the incorporation of a suffering soul into the economy of salvation and spiritually preparing them for death; the new rites embrace them in a personal, immanent narrative celebrating their overcoming vitality and individual triumphing over death – while affirming the decadent nihilism of modernity. The latest spirit – the last spirit? – haunting hospice and palliative care appears to be Dionysus with generic chaplains ministering at the altar under the guise of subjective spirituality. Remembering the power of chaplains to create meaning and thus dictate which lives are worth living, we can rightfully ask: Is this human sacrifice? Is this the newly decreed German state religion after Christendom?

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[225] Planned Parenthood V. Casey, 505 U.S. at 851 (1992)
[226] Putnam, *Hospice or Hemlock?,* 131.

Spiritual care in hospice and palliative medicine should thus be reconsidered and reoriented around the overman, not the all-too-kind last men. The present veil of religious sentiment in generic spirituality appears simply a transition stage toward fully secular – that is, post-Christian – 'spirit-filled' deaths more amenable to a Dionysian temperament.[227] Or, lingering religious sentiment can be viewed much the way Nietzsche viewed art: a concealing pall over the lack of ultimate meaning in life and death for those too weak to stomach the truth that there is no truth. At least for now, the rags of religion still serve an instrumental purpose. Perhaps the utilization of the human sciences performs a similar duty, though with the mantle of science and objectivity. Chaplains, perhaps, then, should engage in developing more creative, artistic spiritual visions to help create the appearance of meaning at the end of life, knowing full well that after death all is gone. The most creative and artful end of life is a free death. Surely it should be suggested, if not fully prescribed, for those whose meaningful life runs short, for the sub-autonomous, even. Suicide can be the most potent of spiritual treatments.

This is not so different from Dr. Timothy Quill's relationship with Diane. After her conversation with the Hemlock society, she obtained barbiturates to treat insomnia and her fear of languishing in suffering. The pills in hand gave her a certain security, signifying that death was in her hand. She need not fear losing control in an involuntary death, and was thus freed from that trouble to concentrate on a meaningful present. "I was setting her free to get the most out of the time she had left, and to maintain dignity and control on her own terms until her death."[228] He became a doctor to Diane's soul, in Dan Callahan's words.[229]

Before long, Diane's death would come to pass, but, before that, they exchanged tearful goodbyes at a final meeting. "She promised a reunion in the future at her favorite spot on the edge of Lake Geneva, with dragons swimming in the sunset." She took the deadly prescription in solitude. Dr. Quill was called to her family home an hour later. She appeared peaceful. Her husband, son, and physician talked about her, and the horrible finality of death. "Acute leukemia," her death certificate would read, a fiction told to conceal what had happened. Medicine, society, and the law could not yet handle the truth: prolonged dying is rarely peaceful or dignified. It takes a fringe rite to create a meaningful death for now. And Quill concludes on a fittingly transcendental note, "I wonder whether I will see Diane again, on the shore of lake Geneva at sunset, with dragons

[227] Cf. Bishop, "The Idolatries of Spiritual Assessment."
[228] Quill, "Death and Dignity," 693.
[229] Callahan, *The Troubled Dream of Life,* 100.

swimming on the horizon."[230] Another fiction told to conceal the truth. Illusions can be easier to stomach.

Many will scoff at the grandiose Nietzschean language – only medicine at the fringes remotely resembles that. That may be the purview of Jack Kevorkian and Hubert Humphrey but not of the average doctor and patient. Perhaps it is on the fringes for now; the absolute rate of assisted suicide in Oregon is quite low. Yet I have argued in this thesis that medicine and bioethics are set up for this fringe, extreme worldview and practice to be the mainstream. Medicine's ontology and the *ethos* articulated by bioethics are set up to make assisted suicide the most rational of choices, and this is a profound change in our collective appraisal of death and care for the dying. In other words, Timothy Quill is not so different from less likable thanatologists like Kevorkian or more flagrant philosophers like Nietzsche. It is supremely naïve to imagine physician-assisted suicide as one morally neutral palliative option of last resort among many, as if one were choosing between varieties of bread at the grocery store. Free death, willed and chosen, already seems the good death within the most rational and kind – though violent – techno-logical religion. As Jacques Ellul has said, we have yet to break free from primitive rites, prohibitions, and taboos.[231] We merely fashion ersatz ones. Physician-assisted suicide imposes on us the ways it should be used.

[230] Quill, "Death and Dignity," 694.
[231] Ellul, *The Technological Society,* xxix.

5. Timothy Quill, Meta-Physician

If you live today, you breathe in nihilism. In or out of the Church, it's the gas you breathe. If I hadn't had the Church to fight it with or to tell me the necessity of fighting it, I would be the stinkingest logical positivist you ever saw right now – Flannery O'Connor[232]

But where the danger is, so grows the saving power – Friedrich Hölderlin[233]

I have referred, in this thesis, to metaphysics in two complementary ways. First, metaphysics in a descriptive sense regarding our fundamental beliefs about the structure of reality, why there is something rather than nothing, where we come from, and what happens after death. In this sense, we discussed the meta-physical assumptions within Isaac Newton's novel mathematical physics, where the real is essentially the physical universe that can be mentally mapped in time and three-dimensional space. Similarly, this thesis has been an extended exploration and critique of the fundamental assumptions of physician-assisted suicide. Timothy Quill, for example, says, "one of medicine's most important purposes is to allow hopelessly ill persons to die with as much comfort, control, and dignity as possible."[234] Physicians thus have an obligation to help patients achieve a "noble, dignified death," like those exalted in literature and art, "with a meaning that is deeply personal and unique." Assistance in such a death is "one of the most profound and meaningful requests a patient can make, offering escape from "dying in an undignified, unesthetic, absurd, and existentially unacceptable condition."[235] Autonomy and choice provide a route from a state "potentially far worse than death."[236]

Second, metaphysics connotes a Heideggerian critique of ontotheology and technology. Beginning subtly with Plato and concluding luridly in Nietzsche, the metaphysical tradition has been ostentatious towards Being in progressively making it subject to man's machinations. Today it threatens to subsume the essence of mankind as a meditative, artful creature to crude calculations of efficiency and domination. Turning toward the end of our lives, it aims to overcome death in futile demonstrations of will, remaking medicine and ethics in its image. It sets up assisted suicide

[232] Fitzgerald, "To A.," 949.
[233] Friedrich Holderlin, "Patmos." Quoted in Heidegger, *The Question Concerning Technology,* 28.
[234] Quill, Cassel, and Meier, "Care of the Hopelessly Ill," 1380.
[235] Ibid., 1383; Quill and Cassel, "Nonabandonment"
[236] Quill and Miller, "Physician-Assisted Death," 251.

as the solution to the human problem by assassinating Being. Whereas Heidegger phenomenologically understood *Dasein* as a finite being-toward-death, the right to die metaphysically understands him as a being-towards-overcoming.

This is not quite to accuse assisted suicide advocates of being nihilists, but rather to bring to light the rotten nihilistic logic at its heart that threatens to destroy hospice and palliative care. Assisted suicide is rightly called a death of despair whether it takes the form of escaping suffering or a coronation of autonomous life. It need not be equated with suicide of the depressed or psychotic; however, there is a common thread of despairing of life and completing one's own death. 'Mercy killing' is an oxymoron; language of *compassion* or *love* deforms our diction and borders on linguistic abuse. In no existing tradition can enabling deaths of despair be considered an act constituted by love. *Mercy* may be more palatable, but it serves only to conceal and, paradoxically, affirm despair. 'Compassionate killing' is a nihilistic fiction.

We can recall Brett Waters' exploration of transhumanism once more. The west was once guided providentially toward a heavenly goal, at least until that goal became an earthly one in the spirit of Enlightenment. Techno-logic, however, eschews goals for process, change, and efficiency, and these for their own sake. Such a "telos of techne" is enlightening when considering despair and the end of life. It requires a hope that whatever comes next is necessarily better, all the while sparing any attention on what actually comes next. There is no goal, no beginning, and no telos to raw techne beyond the bare efficient elimination of suffering, nor is there any foundation for hope. Only despair. Lest a man come back from the dead and report his observations, we have no empirical access to claim there is any less suffering after death. Our aspirations are fragile, crumbling in the nihilating power of death and march of history absent a transcendent link beyond history. Finding love, hope, or faith at the end of life seem to require their creation *ex nihilo* when we deny a foundation for them.

5.1. The Triumph of Nihilism

The triumph of autonomy is equally the triumph of nihilism. Assisted suicide might just be the new 'good death' received from a liberal tradition after God, but we should be clear, patients do not so much choose suicide as suicide chooses them. In other words, assisted suicide signifies an execution. The sovereign individual may remain the immanent cause of death so long as euthanasia remains proscribed, sustaining an accurate usage of sui-cide as self-killing; however, might it be more true to understand it as techno-cide, that is, might it not be the case that our

modern assumptions execute the weakest among us, while liberalism pretends it was their choice? Might this not be the most violent solution imaginable to the human condition?

Seen in a broader context, this seems the case. Twentieth century secularism proved more violent than any religious war previously waged over absolute truth and eternal realities.[237] The fascists had their bloody days in Hitler's Germany and the Marxists in Stalin's Russia to institute an earthly, rational kingdom by force. The liberals are now having their own days in the United States and European Union, though in a much slower and less obvious fashion. It is impossible to predict how many will die by assisted suicide in the 21st century of the west. Yet if abortion figures provide any glimpse, it could be staggering. There is no reason to believe in principle that assisted suicide will remain a rare palliative option of the last resort restricted to the rational terminally ill with intolerable suffering. Free death is already set up as the good death for all in the nihilating ruins of modernity. This thesis has argued that it is situated to be normal and expected for all.

Perhaps a future body count will highlight the intrinsic violence of secular reason. Or, perhaps more likely, we will continue to hide realities too unpleasant to stomach, just as death has been so effectively hidden. Perhaps we will continue casting illusions over our moral poverty to handle suffering, death, and a life of depending on others by imagining transcendent futures at Geneva lakesides, or by allowing banal bureaucracy to handle suicides efficiently. But for how long can we live a lie?

These are hesitant speculations, at best. Surely physician-assisted suicide could be separated from the nihilism described here. A Stoic like Seneca could affirm suicide as a morally virtuous death striking through the flux of the passions. Yet, ontology grounds an age, as Heidegger says repeatedly, and the practices it produces – or rather the practices producing it – must be taken seriously as constitutive of its grounding. As seen in the German court decision, legislating assisted suicide necessarily legislates to some degree which lives are worth living. This particular court asked its citizenry to evaluate the future meaningfulness of their lives through the lens of autonomous death. Making it totally an individual's prerogative does not empty the law of moral content. This liberal form already proclaims that only an individual may determine whether their life is worth living, not any religious, moral, family, or cultural norm, and once they think not, they need not be. There is at least someone in the polis for whom life is not worth living, and it could be any autonomous individual.

[237] Cf. Asad, *Formations of the Secular*

But what about the sub-autonomous? Why should they be denied an escape from meaningless suffering and forced to tarry in unaesthetic ways of being? The evaluative sense of autonomy described by Foster in Beauchamp and Childress, where the term is used to render a person and her decisions worthy of respect, implies its converse.[238] Without autonomous behavior, one is not worthy of respect. Indeed, such would seem a life not worth living. The sub-autonomous need not refer only to the incompetent, mentally disabled, senile, psychotic, and children. It can include any who do not choose according to the moral law, that is, those who disagree about the demands of morality may be labeled sub-human. Moreover, it would seem crass to deny hastened death to those unable to swallow lethal medications or the indecisive who allowed their lives to tarry unto the point of losing decisional capacity. Should late-stage ALS preclude the possibility of a good death? Should lack of courage in an earlier stage of dementia be punished by forcing one to languish in a meaningless existence? Obviously substituted judgment standards for assisted suicide are very controversial at the present, but it seems arbitrary to permit proxy-consenting for any other medical procedure than what many consider to be the most important decision of all. Free death should at least be accessible for all.[239] The sub-autonomous, incapable of a truly good life, seem most susceptible to the nihilating power of secular reason.

Is this the world we want to live in, where the best answer to the question of suffering and the search for meaning is suicide? Where free death is not only acceptable (though regrettable) but normal and expected? I doubt it. We do not really live as if there is no meaning, though we may struggle and grope around blindly for it while wondering what of all our efforts really remain in the end. We do not really die as if there is no meaning either. When Peter Singer's mother was suffering from dementia, he and his sister famously could not make a pure utilitarian calculus of her quality of life and the cost required to keep her alive, despite the fact that it was their mother's will. Suicide and euthanasia are different when it is your mother or brother or child who seem to have no capacity for living a good life.

Suddenly we are moved to care in unexpected ways. Though we continue to demystify the mechanisms making the world tick, including those that fail to keep the body ticking, daily life and human expressions allow for far more mystery than we usually admit, a mystery, too, more profound than those dimensions of reality science has yet to uncover. Obviously death claims all regardless of their autonomous self-assertion – there even seems to be a biological set-point for

[238] Foster, *The Tyranny of Autonomy*, 8.
[239] Cf. Comins, "Barriers to Medical Aid in Dying." Downie, "A Path to Assisted Dying."

maximum lifespan. In view of this, our finitude, our participation in particular times and places of world history, we build families, communities, and nations; we write laws and craft traditions; we care for the sick and the dying, and all of these things while lacking certain answers to ultimate meaning, at least scientific certainty. We bump up against aporias everywhere, wanting for answers translatable to multiple choice tests: What does it mean to be ill? Why do all die? Why do we crave meaning more than bread? These questions call not for answers but for a response, that is, for *praxis.* Would it not be fitting for human life not only to begin humbly and dependent, calling others to diligent care, but also for it to end that way as well, offering children a chance to reciprocate what their parents had given them? When it is your mother who is sick, all answers fall flat. Speech is vain. This is not the creation of exceptions to the boundless logic of suicide, but the beginning of a totally different ontology. In the words of the German poet Hölderlin, where the danger is, so grows the saving power, a favorite verse of Heidegger's.

It was not long ago when the experience of sickness and the deathbed were primarily at home with family, community, a priest, and perhaps a physician. Suffering was surely great, but the response was often greater and seemed to make it all okay. Contemplation proceeds effortlessly when engaged in practice, that is, a different kind of *theoria* than the aged metaphysical gaze, pondering, meditating, and groping amidst the ultimate aporia of death, awaiting and attending the unconcealment of Being, to use Heideggerian language. This is closer to our normal, everyday experience, and it is a dignified one for us to catch sight of the truth. When we glimpse what is coming to presence in assisted suicide perhaps we will begin again to wonder what it means to be ill and what sort of response should be made. Perhaps then we will begin in language to not only communicate information or represent facts but to say so as to gather together in the manner in *logos,* the manner of all saying and Being belonging together. It is this kind of saying which draws near to truth, to *aletheia* in its dynamic unconcealment.

There can be no simple going back in history to a forgone, idyllic age where dying was easy. It has never been easy and never should be. Yet peering into the danger, to borrow another Heideggerian phrase, we glimpse the growth of the saving power, and can say with increasing sureness what it cannot be: more laws and procedures, more specialized physicians, more pain relievers, more psychotherapy, more autonomy. It cannot be anything instrumental.

> There was a time when it was not technology alone that bore the name *techne.* Once that revealing that brings forth truth into the splendor of radiant appearing also was called *techne.* Once there was a time when the bringing-forth of the true into the beautiful was called *techne.* And when *poiesis* of the fine arts was also called *techne.* In Greece, at the outset

> of the destining of the West, the arts soared to the supreme height of the revealing granted them. They brought the presence of the gods, brought the dialogue of divine and human destinings, to radiance. And art was simply called *techne.* It was a single, manifold revealing. It was pious, *promos,* i.e., yielding to the holding-sway and the safekeeping of truth.[240]

Art need not be for simple aesthetic enjoyment or to demonstrate the refined taste of the bourgeoisie. Could it be that arts of caring, which constitute the medical arts most proper, comprise a nidus of a saving power? Could we replace idols with icons? Could we see into the essence of assisted suicide with steadfastness and wonder why our sick friends and family wish to end it all so badly? Could our language, poetically flowing from practice, guard the house of Being, that is, can words be of actual meaningful service to the dying in a more than instrumental way? Could it be that what the dying want – and what we want to give them – is ultimately something poetic? And could it be that questioning the phenomenon of physician-assisted suicide may yet bring its truth to presence?

5.2. Medical Poetics and Noetics

It is difficult, if not unrealistic, for us to imagine medicine poetically. At once we think of reading a few lines of verse between patient encounters to inoculate against burnout. Or, we assert many humanisms to re-narrate medicine and make the deathbed kinder without calling for an ontological conversion. As Atul Gawande, Dan Callahan, and many others have said, does not medicine begin with responding to the primordial experience of illness, finitude, and death? And yet, the difficulty in turning elsewhere lies essentially in the ontological location of the diagnosis. We are totally unfamiliar with allotting poetic attunement a primary status over metaphysical gazing and prescribing. This has been the terrain of this thesis, and, now turning to seek a way forward, we must admit that poetic medicine concerns how we comport ourselves to the sick, to medical knowledge and therapies, to mortality. In other words, it concerns our basic way of being in the world. Poetic medicine concerns ethics – how we live – and the hard work required of us socially and professionally to care for the dying and listen to them. More legislation against assisted suicide, or better funding for hospices, or louder voices for bioethicists will not suffice.

Medical poetics is medical ethics proper inasmuch as it entails how we understand ourselves and thus how we comport ourselves to the world. Seen in such a light, techno-logic and

[240] Heidegger, "The Question Concerning Technology," 34.

its annihilation of the terminally ill appear essentially as a degenerate ethics, as Bruce Foltz has said, inasmuch as it dictates our comportment toward death as an object to overcome and suffering as merely a hindrance to fulfillment.[241] We need to search out a new epoch of Being after the technological where opioids, artificial nutrition and hydration, and palliative sedation may shine forth with new possibilities in the service of a poetic way of being. We need to ponder, think, and respond to our own mortality and the suffering of those around us, however difficult it is to leave techno-logic behind. We need to attend to the wreckage it leaves in its wake without passionately denying the gifts of medicine.

We need to use language for more than metaphysical representations and instrumental reasoning. "Absolute value," that is, ethical value, according to Wittgenstein, evades our attempts to define, corner, and capture it in words.[242] We constantly run up against the limits of language itself by attempting to construct novel ethical schemes or constrict the most intimate moments and experiences into DSM diagnoses. We forget that language is the house of Being. "Ethics so far as it springs from the desire to say something about the ultimate meaning of life, the absolute good, the absolute valuable, can be no science," but it can be apophatic by turning away from what can never be said, by using language for clarity and for formation of the person, for showing the truth already present. The very existence of language is significant.

This is not far from the *logos* of the early Greeks, "the gathering together that allows entities to lie collected before us in such a way that they may be heeded and hence spoken."[243] We may speak only because we are spoken to; listening is the condition of true speech that may draw near to things and bring truth to light. There is an intelligibility prior to our discourse establishing the foundation for any true *techne,* the medical craft included. In other words, the dying themselves speak, and they speak without being asked their pain scores. Ancient medicine may have known little scientifically, but it did know more of poetic attunement than us. The Hippocratics, in particular, may help show the way by modeling for us the unity between medical ethics, *episteme, techne, ethos,* and rhetoric.[244] They form an integrated whole, a whole within which euthanasia was

[241] Foltz, *Inhabiting the Earth,* 157-69.
[242] Wittgenstein, "Lecture on Ethics," 17-19. Vest, "Wittgenstein and Bioethics," 147-168. "The field of bioethics is ripe for the philosophical practices of clarity that Wittgenstein lived and preaches, and such a critique is no small accomplishment for Wittgenstein's method… Moreover, employing Wittgenstein's method we find the space for honest engagements of difference not amidst metaphysical conjuring but within the clarity of language rooted within *Lebensformen*." Ibid., 167.
[243] Foltz, *Inhabiting the Earth,* 69, 158.
[244] Bartz, "Remembering the Hippocratics."

impermissible, especially for Jewish, Christian, and Muslim practitioners inheriting the Hippocratic legacy. Revisiting that legacy may clarify what we have lost in transit to modernity and offer clues for starting anew.

Then again, it was the *logos* to which Victor Frankl devoted his psychological theory and clinical practice of logotherapy, and it was precisely that which was lost in attempts to bring his thought to bear on the end of life. For Frankl, it is the *logos* which draws man on to a search for meaning, which invites him to engage a forgotten noö-logical dimension of existence. Only a mysterious creature can enter a gas chamber upright "with the Lord's Prayer or the *Shema Yisrael* on his lips;" only such a creature can fashion such horror, too.[245] It is not wrong to say we remain sub-human absent an engagement with the *logos* calling man out of the slumbering materialism of modernity, but we should recall Frankl's unwillingness to situate his theory within tradition. He contributed greatly to strange and blasphemous spiritualities trapped in immanence.

The seeds for a new beginning cannot come from the same barren tree now exhausted of fruit. Where can a new tree be found? The possibility of medical poetics necessarily resides in fringe practices and communities given little attention today, those traditions Frankl hesitated to identify with in fashioning what seemed to be a psychological alternative. He will be of little help. Put differently, the possibility of medical poetics resides in noetic communities retaining a living relationship to the *logos*. Alternative trees have been growing all along, however ignored. We need a name for the *logos,* but, perhaps more importantly, we need to acquire a new, different mode of perception from teachers long experienced in listening to its voice. We ourselves need ascesis.

St. Basil the Great, the 4th century physician and founder of a famous ancient hospital, was such a teacher with vision, *theoria physike,* enlightened by a light other than the sun.[246] By natural contemplation he could see the medical arts properly within their rightful place in the cosmos.[247] With pure spiritual vision Basil could understand the phenomena of sickness and death, but especially the aspirations of all who suffer, having long trained *theoria* with *praxis.* Natural philosophy, the contemplation of *physis* is predicated upon ascetic philosophy.[248] Every art is a gift of God, he says, bestowed by the creator to remedy deficiencies of nature, and medicine was given

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[245] Frankl, *Man's Search for Meaning,* 134.

[246] "When the sun rises and casts its light on the world, it reveals both itself and the things it illumines. Similarly, when the Sun of righteousness rises in the pure intellect [nous], He reveals both Himself and the inner principles of all that has been and will be brought into existence by Him." St. Maximus the Confessor, *Centuries on Love* I.95 in Palmer, Sherrard, and Ware, *The Philokalia, Vol 2.*

[247] Risse, *Mending Bodies, Saving Souls,* 76-87.

[248] St. Maximus the Confessor, *Centuries on Theology* II.94-100 in Palmer, Sherrard, and Ware, *The Philokalia, Vol 2.*

to relieve the sick, at least to some degree. "Now, the herbs which are the specifics for each malady do not grow out of the earth spontaneously; it is evidently the will of the Creator that they should be brought forth out of the soil to serve our need."[249] Not only could sickness, death, and physical healing be seen in a clear light; they provided a model for something better: the cure of the soul.[250] Imagining such a relation to the logos puts us on very different terrain than techno-medicine, suggesting that true autonomy – true freedom and liberty – comes forth paradoxically from obedience to the logos, from heeding nature herself.

How could blind, aimless force produce poppy plants replete with opium biochemically tailored to our endogenous nociception in the central nervous system? This is the question Simone Weil posed to post-war France regarding geometric circles. She concludes, "what is sovereign in this world is determinateness, limit."[251] Our scientific objectifying observes nothing other than the perfect obedience of matter to a mysterious sovereign wisdom reigning supreme over all. Surely some *logos* draws opioids near to our pain to provide a remedy truer than any biomolecular description. Every being, starting with ourselves, is subject to an invisible limit, to mortality, and that obedience to wisdom signifies love – love that is woven into and hidden within our matter and psyche as it obeys and comes to its end. What would we be if not finite and mortal? Something terrible, surely. In Hervé Juvin's words, "alone the body remembers that it is finite; alone, it roots us in its limits, our last frontier (for how long?); and even if—especially if—it forgets, the body alone still prevents us from being God to ourselves and others."[252]

Will our nous join the loving obedience of *soma* and *psyche* to wisdom? When it does join, it finds the *logos.* Or will we prefer to take Being hostage? In the end, this is the question. It is almost as if mortality was prescribed to humanity as a remedy, just as opium was.[253]

[249] St. Basil, "The Long Rules," 331.
[250] Hierotheos, *Illness and Cure of the Soul.*
[251] Weil, *The Need for Roots,* 285.
[252] Juvin, *The Coming of the Body,* 177.
[253] Larchet, Jean-Claude. *The Theology of Illness.* Schimmoeller, "Hospice and the Denial of Death."

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