

# THE ALTERNATIVE

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Dear Reader,

This issue of the Newsletter is a little different. Its subject is death but it is in part a tribute to Maria Harris. Maria had not been writing in recent years because of the disease that afflicted her. She died on Feb. 1, 2005. She was a guiding spirit of this Newsletter from its inception thirty-two years ago.

The first essay on assisted suicide is by Garret Keizer. It is excerpted from Harper's for February, 2005. The essay is followed by some reflective comments from Gabriel Moran. The third entry consists of excerpts from the eulogy for Maria Harris.

## LIFE EVERLASTING By Garret Keizer

Like the religious right, I believe in moral absolutes. At the very least I believe in two that were articulated some years ago by the theologian Paul Tillich, those being ~~A~~the absolute concreteness of every situation in which a moral decision is required~~@~~and ~~A~~the command not to treat a person as a thing.~~@~~ Presumably the latter of these would preclude vitalizing the body of a vegetative person (of which there are at least 15,000 in this country at any given time) by plugging him into a wall, but I may be taking my absolutes too far.

In contrast, the wisdom of the right consists of knowing how to take its absolutes just far enough, which is to say never so far as to relinquish the prerogatives of wealth and power. The achievement amounts to an ethical sleight of hand. You work the trick by shifting the domain of moral absolutes to those areas of life where they least apply. You treat the gray areas of existence as though they were black and white, the better to disguise one's self-interested smudging of black and white to gray. You erect castles of rectitude on the frontiers of morality in the hopes that the murder and rapine taking place in the

town square can go on undisturbed. You accept the death of a six-year-old child by aerial bombardment or economic sanctions and defend the life of a six-week-old fetus. Think of it as taking the high road to Lilliput.

From that exalted vantage point, consider the criticism of the physician who hastens the death of someone by five minutes or five hours. Should you perchance check a mortality table, you will discover that life expectancy at birth is roughly five years shorter for an African-American baby than for a white baby. This is true for both genders. In the interests of brevity we will not go into the life expectancies of Creoles born downstream from Louisiana power plants or Pacific Islanders born on former nuclear test sites.

What I find especially interesting is the way in which the cold-blooded calculation that launches an invasion in which thousands of children suffer and die is imaginatively transferred to decisions seldom undertaken without struggle and seldom concluded without remorse. The woman who deliberates, procrastinates and prays into the night over discontinuing her comatose grandmother's life support is reconceived as an inheritance-mongering opportunist, rubbing her fly-like hands together in the expectation of getting granny's insurance policy five minutes and a potential lawsuit sooner. The family doctor who ventures to ask if there are instances where a too-literal adherence to the Hippocratic vow *To do no harm* might in itself be a form of harm is recast as a hypodermic-wielding assassin, making his house calls on apprehensive old ladies with the remorseless efficiency of a cruise missile.

The cool devils of the war room and the think tank are thus fictiously exorcised and driven out to possess the swine, namely those put-upon people who face extraordinary dilemmas with ordinary resources, people, who in my experience as a rural minister, are seldom cool and almost never calculating, though they can sometimes be astonishingly brave. To slander their moral courage in defense of moral dogmatism is one of the shabbier tactics of the right. Another is to prey on the fear of consequence that comes naturally to people who live a put-upon life. With the help of some homiletic oratory, put-upon people can be led to believe that even a democracy is not governed by universal suffrage so much as by an implacable logic. One misstep and down to hell we go.

Dr. Ira Byock, who describes himself as a lifelong progressive and who has recently taken charge of the palliative care program at Dartmouth-Hitchcock Medical Center with a goal no less ambitious than that of *Changing the world*, says that physician assisted suicide laws are really an apology for a failed medical system. Byock advocates a change that he considers more

controversial than assisted suicide, which is to require medical residents to do a rotation in palliative care and pain management at least half as long as the 200 hours many now do in obstetrics (though most of them will never deliver a baby in future practice). As things stand now, he says, physicians can graduate and be licensed and really have no training in pain management, a factor not without relevance to the estimated 50 million Americans who live with acute and chronic pain.

Byock's objections to assisted suicide derive from his sense of a doctor's proper role. If society is hell-bent on legalizing pre-emptive death, he says, let us suggest that they give it to another profession. I would nominate the judiciary. But while such a transfer might satisfy some members of the medical community, it would hardly satisfy the religious right or those disability groups that have emerged as its staunchest allies on this issue. Groups like Not Dead Yet view any laws for assisted death as a threat to the very existence of the disabled. At least they claim to. After reading some of their literature, I suspect that what they see is not so much a threat as an insult. Death with Dignity becomes a loaded term in the presence of Life with Disability. Complaints about the indignities of terminal illness - loss of control over bathroom functions, complete lack of mobility - are naturally going to seem offensive to those who have struggled to assert their dignity under similar situations.

It is not physician-assisted suicide that poses the greatest threat to the poor and the disabled but physician-assisted eternal life: the desire of the old and the rich to avoid death at any cost, especially if the cost can be passed on to another generation or another continent. The worldwide trade in organs - nine farmers in the Indian village of Rentachintala selling their kidneys to pay off their debts to the pawnbrokers who lend them money to buy seed - is but one of the more egregious examples. The trade in fresh human ova is likely to emerge as another. We already know the classes and the countries from which they are going to be harvested.

Is anything more indicative of the vast chasm that exists between rich and poor, between a minority in surfeit and a majority in woe, than the fact that a few should lobby for deliverance from high-tech medical care while millions clamor for the basics of the first aid kit? It is a well-known statistic that with less than 5 percent of the world's population, Americans consume a quarter of the world's nonrenewable energy. It is considerably less well-known that within that all-consuming sliver, per capita federal spending on the elderly exceeds the amount spent on children by a ratio of 11 to 1.

## COMMENT AND REFLECTION

By Gabriel Moran

In the above essay, Garret Keizer gives qualified support to physician assisted suicide. He is unsure whether he would use the option but he thinks it should be available to someone who would choose suicide. He is wary that this legal change will be done for economic reasons rather than for the comfort of the suffering patient. I am more skeptical than he is of the danger in the government's passing a law to legalize physician assisted suicide. I fear that the country is moving toward a place where people will be killed (pressured to be assisted in suicide) as soon as they are perceived to be a burden. It is a society that I do not wish to live in.

The argument for physician assisted suicide is difficult to counter unless one believes that the timing and manner of one's death are directed by God. Still, the government - or the physician - attempting to play God can also have its frightening side. Contemporary medicine has invented new situations for which our current language is inadequate. In many of these situations, being for or against physician assisted suicide is not the issue. A study a few years ago found that seventy percent of deaths in hospitals are *unnegotiated*.<sup>4</sup> The question most often is not whether to kill the patient or keep the patient alive but how aggressively to treat a person's symptoms.

For tens of thousands of people there is no hope of their being able to participate, even minimally, in the life of the human community. The question becomes the manner and timing of their death. Hospice has the right principle in trying to care for but no longer cure the patient. But even hospice cannot avoid all questions of technology, including drugs. A balance has to be struck between keeping the patient comfortable (which may include being alert enough to communicate with others) and possibly - probably - hastening death. If it seems reasonable to hasten death by 5 minutes but not 5 years, what about 5 weeks, 5 months?

So much of the legal fighting has been over the removal of respirators and feeding tubes. They can be crucial elements in particular situations but they are still ambiguous pieces of the moral puzzle. Hospice is generally opposed to feeding tubes but hospice is now willing to work with them in some situations. Some people are absolute in opposing the removal of a feeding tube, calling that starvation. However, it can happen that when the body no longer tolerates food, the continuance of a feeding through a tube can hasten death.

Ira Byock is right in claiming that the first need is for physicians who are competent and compassionate, who can work with patient and family to provide the best care possible. While the patient is struggling to live, every help should be given to support the fight. But when the body is being kept alive with no hope of recovery, then physician and family should be able to ease the person on the final journey. Physicians may have the difficult task of educating family members about the most compassionate course to take. Here is where the physician can earn the title of *Adoctor*, which means teacher. Indefinitely keeping alive someone who has no awareness - or possibly worse, minimum awareness - may be called a *Adefense of life* but one has to consider that it could also be cruel and torturous.

Those of us whom Reynolds Price calls *Athe temporarily abled* have a special responsibility to care for the most vulnerable among us. That does include the aged and dying. The fact that thirty percent of the national health care budget is spent on the last six months of life might not be exorbitant if most of the money were being spent on compassionate care and not invasive technology. Children are the most obvious group that needs care. This country (including the present administration) never seems to match its rhetoric to the actual practice of child care, starting with the scandalous numbers of deaths at birth. People with severe disabilities can have humanly fulfilling lives. They are in danger of being lumped together with the aged who are dying when arguments are made about assisted suicide. If a disabled person really wants to die, who is to say that he or she should not have the possibility? But the further question is always what brings a person to that desperate conclusion. It is obvious from statistics that hundreds of thousands of people attempt suicide each year as a cry for help. Passing a law for physician assisted suicide may seem to be an easy way to avoid confronting the improvement of a medical and social system that leaves so many people depressed.

The ending of the movie, *Million Dollar Baby*, has created a controversy with its portrayal of a man helping a young woman to end her life. Paralyzed in a boxing match, she has no desire to live. Critics have objected that it loads the case for assisted suicide. It is true that the young woman has not had time to consider her possibilities; also the Catholic priest is set up to spout useless dogmas (whereas in notable court tests Catholic church officials have regularly testified on the side of allowing death to occur). *Million Dollar Baby* was not intended as a political statement, if one believes the director. It is a well done movie with brilliant acting and an interesting story. Like art is supposed to do, it provokes thought. We need a lot more provocations to think through our dilemmas before the country drifts further into medical, legal and ethical confusion about life's inevitable end.

(The following are excerpts from a eulogy delivered by Gabriel Moran at St. Lawrence Church, Sayville, Long Island, on Feb.7, 2005 at the funeral of Maria Harris)

If it were solely up to me I would prefer silence at this point, which is mostly what I shared with Maria during the last months of her life. However, for such an articulate woman some few words should be said on her behalf to her friends who are gathered here today.

I know I am biased but I think that anyone who knew Maria would agree that she was an extraordinary person. So often I heard someone say: *Well, of course, everyone loves Maria.* Each time I heard that I would think: What an amazing thing to be said of anyone. People seemed to mean it. She evoked a reaction of joy, admiration and love from so many people - whether women or men, young or old, gay or straight, people in high office or people consigned to menial work.

The reaction of women was especially noteworthy. They seemed to take pride in her accomplishments. I did not sense envy or jealousy. I think it was because Maria saw herself as surrounded by a sea of sisterhood within which and for which she spoke. Women sensed that and delighted in her talents. She treated everyone with respect, as if you were the most important person in the world. And it wasn't superficial. If you were a friend of Maria's, you were a friend for life.

She could cry up a storm on sad occasions. But she had a sunny personality. Her mother called her *Mary Sunshine* which was very fitting. She brought a brightness and enthusiasm to every group she worked with. We often team taught. I could not duplicate her talent for bringing out the best in every group. But I did learn from her and I became a better teacher.

Maria was a Sister of St. Joseph for 23 years. In the deepest sense, however, she never left the community of women; nor did the religious congregation ever exclude her. I was happy to share her with all the friends she had made, especially her dearest friend of 50 years, Joanmarie Smith. I only knew Maria for 39 years. The day she walked into my office I think both of us knew within five minutes that our lives would forever be entwined. How that would happen was not clear. She figured it out pretty quickly; it took me a lot longer.

Her name in the religious order was *Maria Crucis*. She loved the name *Maria* and it seemed to fit her perfectly. I always thought that the name *Crucis* was ironic. She did not give the impression of carrying a cross through life. But in the

last four years she earned that name. From the first moment when she was diagnosed, I never heard a word of self-pity or complaint. There was no *Why me?* or *This is unfair.* I think it was because she viewed all she had as gifts. When she had to relinquish each of life's powers, she could do so gracefully.

In bearing with the disease, she had a strength that I had not known she possessed. And perhaps she herself did not know she had such strength. She had never had a serious illness in her life. When she would get an annual cold and be miserable for a day or two, she would warn me that she would make a terrible patient. As it turned out, she was completely wrong about how she would handle a terrible disease.

In the late 1960s a group of seven older churchwomen gathered in Philadelphia. They decided that the image of the old in this country needed changing. The news media condescendingly called them the Gray Panthers, a name that they ran with. They succeeded admirably in what they set out to do. Maggie Kuhn, the leader of the group, said in an interview that she intended to continue the work as long as she lived. The interviewer said: *How can you say that with such certainty? Suppose you get sick and are lying flat on your back in a hospital?* Maggie Kuhn replied: *Then I will make that my work.*

I believe Maria did just that. While she was in the nursing home and the hospital she was still a dynamo of energy for many people in this country and beyond. And for those of us who believe in the Communion of Saints the work continues.

In teaching about teaching, I have often cited a passage from a talk that Elizabeth Glaser gave at the 1992 Democratic convention. Glaser had become infected with the AIDS virus through blood transfusion and she had passed it on to her daughter who died. Glaser said: *My daughter lived 7 years and in the last year of her life she could neither talk nor walk, but her wisdom shone through. She taught me to love when all I felt was hate. She taught me to think of others when all I wanted to do was think of myself. She taught me to be brave when all I felt was fear.* When I had used that passage in the past, I never dreamed that it could apply to a 70 year-old woman as well as to a 7 year-old child.

When we came to Maria Regina residence a year ago, I told friends that we were received like royalty. It was an unusual experience for anyone entering a nursing home to be surrounded by such warmth and love. She could not have received better care than she did here. When she returned from the hospital two and a half weeks ago, we received a second warm homecoming. She had come

to die but it was the right place for her.

Both times we were greeted with a large sign that said: Welcome to Maria Regina. I read that sign in two ways: It could mean: Welcome into the residence whose name is Maria Regina. It can also read: Welcome to the one who is named Maria; she will be treated royally.

The disease that Maria had was a trial of both body and soul. It was truly a cross to bear. But purified by suffering she has finally transcended the Crucis in her name. No longer Maria Crucis, she is now Maria Gloria, Maria Regina.

I conclude with an Irish prayer. I know she would love me to read this because she chose to read it at two funerals: that of her mother, Mary Tunny Harris, and that of her dear cousin, Brian O'Brien. The prayer expresses the sacramental principle that was the central theme of her writing, her speaking and her life, the belief that God is revealed in all the elements of ordinary life. I cannot read it as well as she could but I don't think she would mind:

May the blessing of the light be on you, light within and light without.

May the blessed sunlight shine on you and warm your heart till it glows like a great peat fire, so that strangers may come and warm themselves at it, and friends.

And may the light shine out of the two eyes of you like a candle set in two windows of a house, bidding the wanderer to come in out of the storm.

And may the blessing of the Rain be on you - the soft, sweet rain.

May it fall upon your spirit so that all the little flowers may spring up, and shed their sweetness on the air.

And may the blessing of the Great Rains be on you, may they beat upon your spirit and wash it fair and clean,

And leave there many a shining pool where the blue of heaven shines and sometimes a star.

And may the blessing of the Earth be on you - the great round earth.

May you ever have a kindly greeting for them you pass as you're going along the roads.

May the earth be soft under you when you rest upon it, tired at the end of the day. And may it rest over you when, at the last, you lay out under it.

May it rest so lightly over you, that your soul may be out from under it quickly, and up, and off, and on its way to God. @

