

Defending Life by Embracing Death: Caring for Health by Recovering the Ars Moriendi. Paul J. Griffiths, Duke Divinity School. To be delivered at Baylor University in Waco, Texas, on 30 October 2010.

"nihil sit aliud tempus vitae huius quam cursus ad mortem" (Augustine, De civitate dei, 13.10)

Let me begin by asking you to perform a thought-experiment. Imagine that you have a friend, that this person has been your friend for as long as you can remember -- as long as you've had any sense of yourself as a person -- and that this friendship has largely defined your character and the sense you have of what it is like to be yourself. Without this friend's friendship, it seems to you, you would be a different person, and you find that person hard to imagine. But that's not all. In addition to anticipating this friend's visits exactly as the visits of a friend, another self as Montaigne puts it, you also dread them. Your anticipation of them causes trembling and sleepless nights, and you know that when they happen, when your friend is with you, you will lament and wail and rend your garments at the same time as rejoicing in the friend's presence. Lament and delight are inextricably bound together when you're with this friend; that close braiding belongs, as well, to your anticipation of keeping company with your friend.

This is an unusual friendship. Most of the time we understand our friends to be those whose company we seek and enjoy, not those whose visits we dread. Most of the time we like our friends. But not always. Some friends, though still friends, tied to us by a deep and long history of love and delight, have in one way or another traits or behaviors we don't like. Perhaps, when we're with them, we see unpleasant truths about ourselves; or perhaps, before their gaze, we see things about the human condition that we'd rather were not the case, but that we're forced, by their gaze, to acknowledge as being so. I'm asking you to intensify, imaginatively, your vision of this kind of friendship as much as you can: to imagine a friend who is fully a friend but whose presence you also dread.

Now, with the imaginative act in place, give your dread-inducing but beloved friend a name. That name is death. Death will visit you fully, embrace you finally, only once; but there will have been other, less intimate, anticipatory visits before that final one -- visits in which you're present when death embraces others; and visits in which death is there with you, close to you, caressing you, but without consummation.

Please keep this thought-experiment in mind as we move together through the remainder of what I want to say this evening. It may be illuminating, because what I shall be centrally concerned with is the relation between the grammar and syntax of Christian thought about death and the grammar and syntax of Christian thought about health-care.

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The central question before us in this conference is that of the relation between human dignity and the future of health care. This is an important question. We humans are *imago trinitatis*, made in the image and likeness of the triune Lord whom we worship and love, and that fact about us, I suppose, can be interpreted to mean that we have a certain dignity. I say 'I suppose' because I've not much affection for the word 'dignity': it is too solemn, too insensitive to the laughable absurdity of the human. 'Dignity' connotes, even if it does not denote, gravitas, order, ceremony, worth, and control. It's an adult word: the dignified appear to good effect in the assemblies of the great and powerful, and they do so by contrast with the less dignified. The dignified are well dressed, carefully coiffed, masters and mistresses of the well-turned sentence and the graceful gesture and the well-padded bank account. They are not, emphatically not, babies born in blood and shit to the echo of their mothers' screams, lovers copulating sweatily in procreative passion, illiterate and hungry day-laborers desperate for a job, or torture-victims dying in agony. Human existence is not very dignified, and even when, for a moment here and there, it seems to be, dignity is a short-lived scrim through which can be seen the bloody indignity of our beginnings and our ends and much of what lies between. The final act, Pascal writes, is bloody, no matter how fine the play, and of course he is right. Better, then, rhetorically and theologically, to relegate talk of human dignity to the margins and to speak instead of the Lord's image that each of us is -- an image that includes, ineradicably, a bloody and painful birth, and a feared and usually painful death. The real question of our conference, I suggest, should be the relation between the sheer indignity of the human and the provision of proper health-care.

Central to, indeed almost definitive of, us as undignified image-bearers is the fact that we shall die, as Jesus also did. All care of health, whether of body or soul, circles around this fact. Caring for sick bodies is care for mortal bodies; care for sick souls is care for mortal souls -- even if mortal in a different sense. Thinking well about health-care requires thinking well about death, for if we try to avoid thinking about death at all, or think about it only as something to be staved off at all costs, an opponent to be battled to the end (an end, remember, in which the opponent always wins), then the practices by which we care for the dying -- and we are all dying, from the moment we are conceived -- will be less than they ought be and might be. I hope, then, in these brief remarks to gain some clarity first about how Christians should talk and think about death and care for the bodies and souls of the dying; and then, by extension, to make some modest suggestions about what we need to say to the pagans -- by that term I mean simply those who are not Christians and not Jews -- about these matters. I speak with you tonight as a Catholic who takes seriously the magisterial teaching of his Church on these matters, so some of what I say will unavoidably be inflected in ways that might seem peculiar to Protestant Christians, and even more so to pagans. Those difficulties, perhaps, we might be able to take up in discussion; here I can only note them.

Suppose we begin with a fundamental question: May Christians think about death as a good thing, even as a friend or lover, as my opening thought-experiment suggested? The answer is double, both yes and no.

On the one hand, the answer is no. Death is among the results of the fall. It is the reward of sin, part of the curse laid upon Adam and Eve and thus on us all; and its omnipresence is the clearest evidence we have that things are not as they should be, that both we and the world we find ourselves in are profoundly damaged, that they suffer from the after-effects of an aboriginal calamity. Death is a horror and an offence, something we do and should make efforts to postpone in both our own case and that of others, and something we do and should lament when it comes to others. Jesus, in this as in everything the principal guide for Christians, beseeches the Father that he might avoid his own imminent and painful death; and Mary, his mother, laments the death of her son at the foot of the cross, in a scene whose representations are the Christian sublimity of proper response to the death of another.

On the other hand, the answer is yes: the body's death marks a transition to a new condition which we hope will be immeasurably better than the agony of this life; and so it has been a commonplace of the Catholic tradition to welcome death exactly as the gateway to eternal life. The day on which a saint is remembered in the Catholic calendar is her death-day, her dies natalis, which means, literally, birthday, day on which she is born to eternal life. And so death is to be welcomed, even if not sought. And although Jesus was reluctant to die, he willingly accepted death and died by violence and with great suffering; this makes it possible for Christians to see their own deaths, together with the sufferings that ordinarily accompany them, as participating in his and themselves as thereby conformed to him. The acceptance of death in this way can become a mode of imitating Christ, and this fundamentally important fact, evident everywhere in the Church's iconography, liturgy, and hagiography, is the central ingredient in the standard Christian claim that the ideal death is that of the martyr, a Christian who joyfully accepts death when it is offered as a mode of witness to the truth of the faith.

There's an ambivalence here, clearly. Death is a friend and death is an enemy; death is a cause for lament and a cause for rejoicing; death is to be embraced and death is to be avoided. Ambivalence is often a good thing. It certainly is in this case. To jettison the view that death is a horror to be lamented, with its concomitant that life is a good to be embraced and delighted in, easily leads to support for suicide, assisted or not, euthanasia, the refusal of medical treatment to those who might benefit from it, and all the other life-ending unpleasantnesses that moral theologians rightly worry about. To jettison the view that death is a friend to be welcomed, a friend who will greet you one day whether you like it or not, suggests blindness to life eternal and a fixation on postponing death at all costs and for as long as possible. That fixation, because of our ever-increasing capacity to keep the body alive, now often leads to tormenting the body, and thus the person, by refusing to permit death to do its work. The wealthy, because they can afford the treatment, are now approaching the unenviable situation of being able to die only if they are killed: once in the grip of a doctor determined not to let you die, it is not easy to escape even if you want to. Both sides of the ambivalence need to be held together if the fabric of Christian thought about death is not to begin to unravel -- and we are in danger of losing our grip on the positive aspect of Christian judgments about death, in part because of a deeply pagan cultural consensus that death is without remainder an evil, and that we should seek immortality here below, eternal life without passage through the

body's death; and in part because of Christian worries about an excessively narrow definition of those who ought be considered alive to begin with, and thus a focus on the importance of defending and protecting the lives of all those who are in fact alive. It is hard to find, now, whether among pagans or among Christians, a good word said for death.

It wasn't always so. Christians have often celebrated death, even if always with reservations. Let me offer you some vignettes to show this.

In the early years of the third century AD (probably in 203), in Carthage, a 22-year-old woman, Perpetua, a catechumen who had not long before given birth to a son, is arrested with four companions. The charge is that she will not perform a sacrifice (*fac sacrum*) "for the well-being of the emperors [of Rome]." She is given several opportunities by the authorities to do this, but she consistently refuses, knowing that the penalty is death. Her father, in the name of her newborn son and of her extended family, makes emotional appeals that she should do what the authorities ask, and thus live to perform her motherly and daughterly duties. She consistently refuses on the grounds that being a Christian makes it impossible for her to do this, and that all other loyalties -- to father, to son, to Rome -- count for infinitely less than her loyalty to Christ. She is condemned to death in the arena. On the day of her execution she survives being gored and tossed by a wild heifer (*ferocissima vaca*), and when it comes to her turn to be dispatched by a gladiator's sword-blow to the throat, she is struck once, does not die, and then guides with her own hand the trembling blade of the unwilling gladiator to her jugular. She understands her death to be a victory and the blood in which she is washed a second baptism, into eternal life. She rejoices when she dies, and cooperates in her own death. She is, as the spectators of her death shout, "well washed" -- washed, that is, in her own blood and thereby also in Christ's, washed in blood as she was at her first baptism washed in water.

A second example. Thérèse of Lisieux, a saint and doctor of the Church, finds herself flooded with joy when she learns, in 1897, that she has tuberculosis, an illness then usually incurable. She welcomes the first blood she coughs up as a harbinger of Jesus' embrace, and as the initial sign of that more intense suffering by which she will be more fully conformed to her savior in painful death like his. She dies at the age of 24, within a few months of her first bloody expectoration, and in considerable pain.

A third example. In AD 387, when Augustine is 33, his mother, Monnica, dies at the age of 56. He feels grief and an urgent desire to weep, but by a violent effort prevents himself from doing so. He is puzzled at his own grief. Has his mother not now been born into eternal life? Should he not be rejoicing rather than grieving? He tries to do that, to present to his friends at the funeral a calm and philosophical face, and to discourse learnedly on the meaning of death for Christians. But later, after the burial, his grief returns, and eventually, when alone, he sets free the tears he had kept bottled up. Their flow, he writes, becomes a pillow for his heart. He cries in solitude, as a mode of address to the Lord: his tears, or at least his depiction of them, are a mode of address directly to the Lord. The tears heal his wound, his *vulnus*—that is, the wound of his separation from his mother, the shattering of the habit of her company. The wound in question is a

humanum, a human thing, part of the human condition; and tears, he now sees, are an element in the appropriate response to that wound, its salve or balm, and a way of deepening intimacy with the Lord -- the Lord's ears, he writes, are in our tears (*ibi erant aures tuas*).

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Now we have the Christian ambivalence about death illustrated. Perpetua delights in the fact that she can die as a martyr; she is eager for this to happen, and the text in which the story is told -- which includes, very probably, some of her own words, in what may be the earliest writing by a Christian woman now known -- celebrates this death. It does not celebrate death simpliciter, however; rather, it celebrates a particular mode of dying, and it does that without avoiding the pain of the temporary separation from human beloveds, in her case from her father and her son and her fellow-martyrs, that dying inevitably involves. Thérèse rejoices without stint in her fatal illness, and this is perhaps the most difficult case for us to endorse. We can see in her -- or at least in the aspect of her I'm emphasizing here; there is more to say about the bigger picture -- a peculiarly pure form of the view that death is a friend whose embrace is to be eagerly returned, and perhaps even sought. This is a death Thérèse has hoped for, even if not one she has done anything to bring about. Augustine's case, as he depicts it in the *Confessiones*, writing twelve or thirteen years after the events he describes, is the most complex: he grieves the death of another and, after some struggle, acknowledges that it is proper to do that. But he is also deeply aware that there is, from a Christian point of view, something odd about such grief. His default position is approximately the opposite of ours. Where we find it hard to imagine a situation in which death should be celebrated, embraced, or sought, he finds it difficult to imagine a situation in which it should be lamented, and has to struggle to see that lament is not simply a compromise with human weakness, but also an element proper to a fully Christian response to death.

These examples, together with the underlying principles earlier canvassed, suggest some syntactical rules for Christian thought about and affective response to your own death.

The first is that your death's inevitability (which is a constant), and its apparent imminence (which varies), are always matters for simultaneous rejoicing and lament. The extent to which you lack one or other of these two fundamental responses is the extent to which you are not responding as a Christian to the ever-present inevitability of your death and its occasional apparent imminence.

The second has to do with the gamut of possible responses to particular instances of the perceived imminence of your own death. At one end of this gamut lies the response of doing everything within your power to stave it off, to delay it; at the other is the eager, coöperative welcome, doing what you can to help death along and bring it to consummation, delighting in its approach as you do so. There is no default Christian position with respect to this gamut. In some situations, a well-formed and virtuous Christian would vigorously stave off her own death, using all the resources at her

disposal to do so. In others, she would do quite the other thing by welcoming it with delight. Responding to the perceived imminence of your own death is not, for Christians, like responding to perceived opportunities for blasphemy or idolatry or lying or adultery. In those cases, there is only one place on the gamut defensibly capable of occupation by Christians; in the case of death's approach, there are many -- the only one definitively ruled out is suicide, which we may define, roughly, as intentional self-slaughter. Every other position may be occupied, and every other position may, in particular situations, be required of Christians. The Christian seeks, as a default position, equipoise between immortalism, understood as the desire to stave off death at all costs, and suicide, understood as the desire to seek death no matter what.

The third is that the length of your life has no great or final significance. Augustine is again helpful here: he asks in the title to the eleventh chapter of the first book of the City of God, whether it matters how long you live. His answer is that it does not. What matters is that your life has been well lived, however long it lasts; and that your death is a good one, whenever and however it may occur. Much might be said about what a good life and a good death are; all that needs to be said here is that a good death is neither necrophiliac nor necrophobic. Once again, this is equipoise: the balance-point between seeking death and staving it off. As default, the Christian does neither, and in that way finds balance between the in-principle death-hatred of the immortalist necrophobe and the in-principle death-delight of the suicidal necrophile.

Informing this syntax of proper response to your own death is the central Christian claim that your life is not yours. It was received by you as gift, unasked; and the principal purpose of the gift, given you by the Lord, is that you should hand it on and over to others, as Jesus Christ handed his over for us all, and for you in particular. Suicide is one mode of appropriating your own life which attempts performatively to contradict the claim that your life is not yours: the gesture of self-slaughter is one of mastery and ownership; by it, the suicide attempts final control and possession of his own life, and achieves this in the only way it can be achieved, which is to say by erasure. This is among the reasons why suicide not only makes sense for Stoics, whether ancient or modern, but may in certain circumstances be required of them: if you think that your life is to be mastered, then you will, if you are consistent, kill yourself when every other kind of mastery fails, because that is the only kind of mastery left. Christians ought not enter into this mode of construing their lives, and that is why suicide is not a defensible possibility for us. But suicide is not the only means by which the idea that you are gifted with life can be contradicted. Another, more tempting for contemporary Christians, is the in-principle and no-holds-barred attempt to preserve your life against death. This too is to attempt a kind of mastery that cannot be had: in this case, a mastery over death by grasping for immortality. Those who enter into this pattern of thought and action behave as though death were always to be resisted, and as though the ideal human life were one that did not involve the body's death. To receive life as a gift is not compatible either with the suicide's necrophilia or the immortalist's necrophobia, which are two sides of the same coin. It is, instead, to see life as death-marked from the beginning; to lament this fact while accepting it; and then to discern how, in particular cases, to respond to death's perceived imminence.

The discernment ought in every case resonate to life's giftedness, and to the fact that life is given to you but not for you. When, as in Perpetua's case and arguably in Thérèse's, the gift of life is best handed over and handed on by embracing death, then that is what you do, with lament-ornamented delight. When extending your life by staving off death is, so far as you can tell, the best way of returning the gift to the Lord who gave it, and to others with whom you are intimate, then that is what you do, with delight-filigreed lament.

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This Christian grammar and syntax of death has something to offer to the question of health-care in our current cultural crisis about that matter. I'll conclude by trying to sort out what that offer comes to, and will do so by commending a particular set of attitudes and practices to Christians, rather than arguing for general principles that all might accept. Perhaps, if these attitudes were widely acted upon by Christians, the pagans might say of us not only 'See how they love one another,' but also, 'See how they die.' It might also be the case, though one ought never to hope for too much in this regard, that the death-practices I'm about to commend might become, over time, sufficiently attractive to the pagans that they might begin to imitate them.

It is clear enough, I think, that many of our death-practices in the US are to a considerable extent predicated on what I've called immortalism -- that is, recall, the view that death should be staved off whenever possible, and by all means possible, because death is understood, definitionally, as *malum in se*, intrinsically evil.

The prevalence and depth of this assumption is evident, for example, in the ways in which we justify recommendations for preventive and diagnostic care. Suppose, for instance, that there is discussion of whether a diagnostic test should be recommended for everyone who meets certain criteria, whether or not they show symptoms of disease -- say, for men over fifty; or for women with a family history of breast cancer; or for those born to West African parents; or for those who've been exposed to a particular chemical agent. Most often, these discussions will advert to the effect upon mortality-rate of using the test; and those effects will ordinarily be assessed by diachronic clinical trials of as large a population as possible. If it can be shown that there is a significant decrease in mortality-rate causally linked to early diagnosis made possible by use of the test (and always assuming that the test is not impossibly expensive, or in some other way problematic), then this will be taken as a decisive reason to implement the test. There will of course typically be arguments about what counts as a significant decrease in mortality-rate, and about other, usually ancillary, variables. But these do not affect the deep structure of the position, which is that if early diagnosis decreases mortality-rate, then, other things being equal, this is a very strong reason to seek effective means of early diagnosis, and to implement them widely when they've been found. It would sound impossibly quixotic to question this pattern of argument; the obviousness of its rightness is what produces this effect. Arguing that it's not obviously (or at all) a good that

mortality-rate from some disease ought to be decreased makes tilting at windmills seem a harmless hobby.

Another evidence of the depth to which immortalism has entered into our collective souls is the prevalence of the battle-metaphor for talking about illness. We fight cancer; we battle Alzheimer's; we struggle with leukemia. And when we lose, as we always do eventually, the loss is depicted as noble exactly to the extent that the battle has been fought with every resource to hand. We do not say -- and on this Christians are no different from anyone else, no matter what the fundamental grammar of the Christian position -- that someone died after gratefully welcoming cancer into his body; we do not say that she embraced her brain tumor as a friend. That it sounds almost lunatic to say these things serves to show how deeply committed we are to immortalism in one or another of its varieties.

A third evidence of immortalism's importance for us is the fact that we do not age gracefully and happily. The signs of aging, physical and mental, are among the signs of death's approach, and to welcome them would imply a welcome of death, whose harbinger they are. To deny and obscure them, as we try very hard to do, suggests that we do not want to see or acknowledge, much less to embrace, our mortality. I do not know what proportion of our GDP is spent on anti-aging products and activities, but it is certainly both high and much higher than it should be. Here too, welcome should be held together with lament: aging is decay, and as such is loss; the loss is real, and should be lamented. But at the same time, aging signals that life in this present age is approaching its end, and that, because of what it presages, is to be delighted in.

A fourth evidence of immortalism's prevalence is the fact that a startlingly high proportion of what we spend, nationally, on health-care is devoted to medical work done on patients in the last six months of their lives, and to work that those undertaking it and receiving it expect to extend life no more than a few months. Statistics are controversial and controverted, and criteria for amassing them difficult to interpret (one obvious difficulty with this category is that 'the last six months of life' is known to be so only retrospectively), so I won't provide any. It is, however, clear that if a particular treatment, surgical, chemical, or what-have-you, is thought by a particular physician most likely to have the effect of extending the life of someone suffering from what she takes to be a fatal disease for a few weeks or months, that thought will typically provide a presupposition in favor of administering the treatment. That presupposition is defeasible, and sometimes defeated; but it is the default position. It easily leads to the expenditure of large amounts of money and the commitment of substantial resources whose only purpose is to extend insignificantly, and often with pain that would not otherwise have been suffered, the life of a person whose death is imminent. The fact that many offered such treatment are eager to have it doesn't alter these facts.

Immortalism is especially tempting to the American and European middle classes. It is the fundamental grammar of their -- of our -- understanding of and response to death. It is less tempting to the poor because they have neither the time nor the money to consider death in these ways. For them, whether in the developed or developing world, the

question is typically short-term: how can I live through this day, this week, this month? Is it possible for me to get treatment for this immediately pressing pain or bodily damage? Can I help my child to live through this infection, this accidental damage, that environmentally-produced bodily wound? Health-care, for the poor, is largely a question of response to immediate need, whereas for the middle class it is a project, and almost without exception or inflection an immortalist one. It is no accident that the poor are much better at lamenting death than the middle class: the funerary and memorial practices of the middle classes are by comparison impoverished, and that has to do with the immortalist project. If death is something those erasure you seek and at whose reality you cannot look, it is not likely that you will be able either to lament it or to delight in it. Those harmonies and discords will not be in your repertoire. You will, instead, have only the low-intensity fugue of battle, denial, loss, and regret, whether directed at your own imminent death, or that of someone else. None of that is remotely Christian.

What is Christian is the position of equipoise between death-seeking and death-avoidance. People who occupy that position are not especially disposed to postpone their deaths. Neither are they especially disposed to seek those same deaths. What they want is to continue to give their lives away as they have received them, as sheer gift; and doing that may sometimes mean death-welcome, and sometimes death-postponement. But how can people become disposed to equipoise in an immortalist culture? Some recommendations are in order here, and they must be recommendations of practices extended over time: it's much too late to reconfigure your attitude to your own death when you have strong reason to believe that you've only weeks or months to live. Your life needs to be a preparation for death -- which is, you may hope, the precursor to eternal life.

The first recommendation is that death and the dying should be more visible than they are. Children should, as a matter of course and from a young age, be both permitted and encouraged to see dead bodies and the processes that lead to dying. This is especially important when the dying and the dead are in some way intimate with them or their families. The closed casket and the crematorium's flames are in part designed to occlude what should be visible, and Christians should, to the extent possible, and within the constraints of prudence, oppose them. The default position should be that the imminent or actual death of intimates should be matter for table-talk and shared prayer, and that interest in these matters on the part of the young should not be checked. Parents and teachers should talk to children about death -- their own and others'. Death is not, for Christians, a private matter, but rather something that belongs to the economy of the communion of saints.

The second recommendation is that the symbols of death, so visible in premodern Christian art and architecture, should be an ordinary part of every Christian's life. There is a sense in which they inevitably are, because of the mode of death of our Lord and savior: we cannot get far in our lives as Christians without being confronted by crosses and crucifixes and the narratives of the passion. But it is too easy for those symbols, Christ-specific as they (in a sense) are, to become affectively and practically divorced from our understanding of our own deaths. That is why, like S. Jerome, who is typically

depicted in Christian art with a skull on his desk or in some other way before his face, we need to have repetitively before us symbols that bring our own deaths before our faces and to our minds. That might mean the skull; it might mean the coffin; it might mean the body-fragments of dead Christians, which Catholics call relics; and there are many other possibilities. The point is that our symbolic lexicon needs to be reconfigured so that it can foster delight in and lament over our own deaths as a matter of central importance to our self-understanding as Christians. It is not that the Christian tradition lacks such symbolic resources. It is rather that we have marginalized them, and we need to return them to the center.

The third recommendation has to do with funerary practices. These too need to reflect and encourage delighted celebration and deep lament. The liturgy preserves the essentials: it permits the fact of the dead person's death not to be obscured (there may be an open casket or other opportunities for viewing the dead), and both death in general and this death in particular are depicted starkly as horrors. The celebratory aspect of death is also there: its principal liturgical signal is the draping of the coffin in white as recapitulation of clothing the newly-baptized with white. This death, the liturgical action says, is as much cause for celebration as was the dead person's baptism, and for the same reason: she was reborn then as a member of Christ's body; she has been reborn now, we may hope, into eternal life. (These are features of the Catholic funeral liturgy, and may not be present in Protestant forms.) But even though the essentials are present -- the liturgy here carries much weight, as usual -- we may obscure them and we often do. Too often, we do not do well at weeping and rending our garments because we are not good at public lament; and we do even less well at celebrating the fact of death as an inevitable transition to eternal life. What we celebrate, when we celebrate, is the memory of the dead person's life here below. That is good, but it is not the deepest reason for celebration.

The fourth recommendation is of ascetical moderation with respect to the rhetoric of immortalism, and especially with respect to the language of battle against death-producing illness. Such talk is not Christian, being neither the language of celebration nor that of lament. When you are aware that you are ill, you must not, if you wish to talk and think as a Christian, resort immediately to speaking and thinking of your illness as a foe and of your response to it as a fight. If you do that, you rule out immediately the process of discernment which might, and sometimes should, yield the conclusion that this illness might be one to welcome rather than to fight. If discernment does yield the prudential judgment that you should do what you can to prevent this illness from killing you, then, perhaps, you can deploy the rhetoric of battle. But you cannot do so as a default position; and when you hear others use that language it should begin to seem oddly pagan, suggestively immortalist, to you. The extent to which it does so seem is close to the extent to which your ears have become formed in a Christian direction.

Suppose you have begun to cultivate equipoise between necrophobia and necrophilia. Suppose, that is, you have understood the grammar of Christian death-ambivalence, and seen that neither lament nor rejoicing should be abandoned when death is close. One of the things that will follow from this is that you will no longer assume it to be the norm

that you should seek preventive and diagnostic medical care, or that you should seek treatment when a diagnosis has been given you. I, for example, am an American man between fifty and sixty years of age, certainly no longer young but also not yet quite old, and with good medical insurance. As such, there are various standards of preventive care proposed to me as the norm: I am supposed to have an annual physical, and, whether annually or at some lesser frequency, to have various bodily fluids and organs checked to see whether they show evidence of some life-threatening condition, or suggest the approach of some less immediately dramatic possibility of illness. The rationale for this regimen is, first, that if I do it I will likely live longer; and second, that following it will make it less likely that I will become unpleasantly ill. If I do not think it a matter of course that these are good outcomes, then I will have to decide on other grounds whether I should accept the disciplines that the American medical profession offers. Similarly, *mutatis mutandis*, for those already diagnosed with imminently fatal diseases, or with imminently or actually painful conditions.

A population that accepts the underlying rationale of a health-care régime will behave differently from a population that does not. That is because acceptance of the rationale leads to acceptance of the régime as a matter of course, as the default position; and this, other things being equal, leads to a high rate of compliance. Non-acceptance of the régime's rationale will typically be marked by a lower rate of compliance. The grammar of Christian thought about death requires non-acceptance of the health-care régime currently in place in most of the developed world. Christians mostly either do not see this to be the case, or, if they see it, are unwilling or unable to accept it because of the dominance, culturally speaking, of the régime, its rationale, and the sanctions attendant upon non-compliance. The practices I've outlined -- increasing the visibility of death and the dying, training in the use of the symbols of death, reconfiguring funerary practice, and askesis with respect to immortalist rhetoric -- might, if seriously undertaken, make Christians less likely to accept the essentially immortalist rationale of our health-care régime, and, thus, less likely to abide by what the régime commends.

Were this to happen to any significant extent, Christians would begin to be marked off from the population at large by our less frequent adoption of standard recommendations as to diagnosis and treatment. We might begin to be known as a people who, in certain circumstances, would respond to a diagnosis of cancer or Alzheimer's or Lou Gehrig's with an enthusiastic welcome, as Thérèse of Lisieux did to her diagnosis of tuberculosis; we might also become known as a people who would, in certain circumstances, refuse what the medical profession might take to be ordinary life-extending care because we are take it that life here below is not a good always to be extended; and we might thereby contribute to a gradual re-assessment, even on the part of pagans, of what dignity means to mortal but rational animals such as ourselves.

We are far from that at the moment. We Christians should be distinguished from the pagans by our reluctance to end marriages sacramentally entered upon, by our reluctance to slaughter our own offspring, and by our reluctance to serve pagan states by killing our fellow-humans. Statistically speaking, we are no longer, in North America, much distinguished from the pagans in these ways, and that is because we have consented to

norms of action given externally to the Gospel, and often in contradiction to it. The same applies to the position I have been exploring here: we should be distinguished from the pagans by our reluctance to extend our lives beyond the possibility of giving them away, but we are not; were we to learn to be, it is probable that both our death-rates and our consumption of health-care would begin to differ from those of the pagans. This in turn would -- or at least might -- contribute to removing our collective thinking about health-care from the death-spiral of immortalism, which endlessly increases the proportion of effort and money devoted to life-extension at all costs and thereby decreases that devoted to the alleviation of ordinary pain and the prevention and treatment of quotidian disease.

Recall death, your beloved friend whose embraces you dread. Nurture both your love and your dread of him. That will permit you to reconfigure your understanding of what it is to be healthy, and how your health ought to be cared for. It will also permit you to respond more fully to the embrace of Jesus Christ.

## NOTES

- Thérèse: Fr. text from Autobiography
- Augustine: Conf. Bk. IX (O'Donnell)
- Perpetua: Passio Perpetuae et Felicitatis, Musurillo text
- help from & discussion with Allen Verhey (work forthcoming on the ars moriendi)
- help from & discussion with Carole Baker
- medical literature: consult JMH & AN on this??