

Death and Christianity

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Jeffrey P. Bishop's The Anticipatory Corpse has challenged the very foundations of medicine by claiming that the dead body is epistemically normative in contemporary medicine. Founding medicine upon the corpse results in a number of uncanny practices commonplace in medicine today. The normative corpse affects everything from ICU care, the care of permanent vegetative state patients, the push for legalized physician-assisted suicide, and brain death procedures to spiritual techniques employed to control the patient's dying process. Contemporary medicine cannot save itself from creating nihilistic practices for the care of the dying since contemporary medicine is founded upon nihilism. Bishop concludes by asking: "Might it be that only theology can save medicine?" This issue of Christian Bioethics brings together several voices attempting to answer this question. The essays here provide diverse perspectives on how theology might provide a remedy to a philosophically-poisoned medicine. They include reflections on Augustine and Nietzsche, the Psalms and Heidegger, Maximus the Confessor and Watson the Supercomputer. The issue closes with Bishop weaving together wisdom from all four essays in the process of offering his own answer.

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I. INTRODUCTION

Jeffrey P. Bishop challenged medicine to its very foundations, claiming that the dead body is epistemologically normative in contemporary medicine,

resulting in a series of uncanny practices that are commonplace in medical practice today, from ICU care to the care of patients in the permanent vegetative state, to the drive to legalize physician-assisted suicide, to the procedures of brain death, to the use of spiritual techniques to control the patient's dying process (Bishop, 2011). Bishop goes on to claim that medicine cannot save itself from creating cold, indeed nihilistic practices for the care of the dying. He ends his book with a question: "Might it not be that only theology can save medicine?" (Bishop, 2011, 313).

This issue of *Christian Bioethics* brings together several voices that attempt to offer a theological remedy to what Bishop claimed to be an ailing medicine. The essays here are diverse. It is rare indeed to find within a single issue reflections on Augustine and Nietzsche, the Psalms and Heidegger, and Maximus the Confessor and Watson the Supercomputer. Each essay offers a unique vision of how theology might save medicine. One develops Maximus the Confessor's theology of *ex nihilo* to escape nihilism's abyss (Kornu, 2017). Another hopes to put the "lordless power" of medicine in its proper metaphysical place, with the help of Augustine and Barth (Ridenour, 2017). The third author details how the mechanical metaphysic is imprinted on doctors and impoverishes the doctor-patient relationship. The Psalms provide doctors with the perspective to walk alongside patients in their disorientation and catastrophe as persons, not machines (Arriola, 2017). The next piece invites us to see medical nihilism as a symptom of greater socioeconomic forces such as industrialization and the fragmentation of the American family. Christian community is a bastion of human purpose and reveals alternatives to nihilism by creating a new way of life (Dugdale, 2017). This issue closes with Bishop (2017) himself reflecting on what he had in mind when he posed the final question of *The Anticipatory Corpse*. Bishop builds upon the insights of our four authors to offer a first attempt at his own answer.

II. MEDICINE, MACHINES, AND MOURNING: THE FORMATION OF PHYSICIANS AND PRAYING THE PSALMS—DAVID ARRIOLA

David Arriola agrees with Bishop that medicine's metaphysics reduces the patient and the doctor to machines. He weaves Bishop's thought together with McKenny's reflections on the Baconian project to demonstrate that the modern sovereign self is engaged in a project of total self-actualization. The logic of this project attempts to subjugate medicine, since sovereign self-actualization requires that death and disease be ultimately conquered. The Baconian project further mechanizes the body and introduces a new goal for medicine: "Medicine is charged with not just ending suffering, but finitude as well" (Arriola, 2017, 12).

The Anticipatory Corpse depicted how these forces affect the life of the patient, but Arriola argues these metaphysical moves shape doctors by structuring educational experience and curricula. The first "patient" a doctor will

ever see is a cadaver. The doctor will spend more time with a corpse than he will ever spend with any one living patient. Medical students learn to see their own bodies as malfunctioning machines, manifesting in the phenomenon of hypochondria spurred by student self-diagnosis. Medical education takes a willing subject and forms him into a doctor, capable of welding the power of medicine. The virtues required to do so are objectivity, discursive knowledge, and the aloof scientific gaze. Political liberalism furthers the doctors' transformation into a machine: they may not make decisions, only offer efficient methods. They are humans turned into machines to be used at will by the sovereign self-actualizing will. Doctors end up just as reduced as patients under mechanical metaphysics.

The metaphysics of control fails to cohere with human experience on either side of the medical endeavor. Medicine cannot control every contingency. The Psalms allow us to avoid the hubris of total control. The metaphysics of the Psalms respects the rhythm of security, disorientation, catastrophic disorientation, and reorientation that doctors experience. The Psalms reveal how doctors can once again become persons.

III. DESECULARIZING DEATH—LYDIA DUGDALE

Lydia Dugdale (2017) explores the social structures behind why death became an event in a secular hospital under the sway of mechanical metaphysics. In the medieval period, death was a religious event. Death introduced the hardest theological questions, demanded all our religious resources, and occurred in one's community, which was glued together by shared piety. The Industrial Revolution in the late 1700's ripped this social fabric and thereby warped the dying process. Industry forced families and communities to split and relocate for the sake of survival. The dying—now isolated in a mechanical city—could no longer rely on extended family and their lifelong community for support. Sufficient palliative care could only be found in the hospital.

The American Civil War further severed death from religion and community. Death on the battlefield allowed for no ritual or community. Soldiers were ripped away from their relationships. Since the traditional "good death" was no longer accessible to these soldiers, rising patriotism provided a substitute: a good death was dying for one's country.

As urbanization has increased, so has secularization and individualism, and this reverberates into medicine. The resulting mechanization of dying is the culmination of these forces. As life and death became specialized fields, doctors became the gatekeepers of new esoteric technology, which promised health and recovery beyond traditional imagination. Kübler-Ross's five stages of dying perpetuated rather than countered the severance between dying, community, and religion. The five stages are not a manual on dying well, but expert guidance to other medical experts for executing the most efficient route to death.

Christian community re-infuses life with purpose and orienting relationships. Thus, Dugdale wants the Christian community to be more integrated with medical spaces. She suggests that Christian leaders become learned in bioethics, doctors facilitate understanding in their congregations, and medical personnel allow patients the spiritual freedom to stay connected with their Christian communities.

IV. ASCLEPIUS AGAINST THE CRUCIFIED: MEDICAL NIHILISM AND INCARNATIONAL LIFE IN DEATH—KIMBELL KORNU

Nietzsche and the pagan Greeks held “positive nihilism,” as Kornu’s (2017) discussion reminds us. Health is the pre-condition for their good life, and medicine is a way to generate a good life out of an otherwise meaningless and tragic universe. The logic of the positive nihilist metaphysic urges medicine to fulfill the Baconian project of sovereign self-actualization, a tendency that Arriola also notices in his essay. Since the universe is ultimately tragic, death is a ubiquitous reality from which the sovereign self must be liberated through medical technology.

Positive nihilism sees all reality, including humanity, as standing-reserve to be manipulated at will. Nietzsche’s nihilism is just Descartes’s and Bacon’s attitude towards the natural world extended to the human world. Couple this attitude with the goals of “relieving the human estate,” and add the death of God. The result is that medicine becomes a project to optimize decaying biological machines for as long as possible in spite of a meaningless universe.

Although Heidegger correctly points out the tragic nihilistic elements in Nietzsche, Heidegger cannot escape from the tragic himself. Heidegger alone cannot rescue humanity or medicine from the nihilistic abyss. Heidegger’s Dasein is defined by death. The human self depends on ever-looming death to define itself and create a coherent life story. Due to his fixation on death, Heidegger is more tragically nihilistic than Nietzsche.

Surprisingly, Maximus the Confessor agrees with the nihilists that we originate from nothing, *ex nihilo*. But Maximus holds that we emerge from nothing and move towards God, instead of moving from nothing unto nothing. Nihilists interpret death and suffering tragically, as a sign that nothing is dragging the self back down into nothingness. Maximus inverts this. Death and suffering unify us with God, despite supposedly being the most tragic human experiences. Because Christ descended to the depths, our most “meaningless” experiences can become the most meaningful.

V. THE MEANING OF DEATH AND THE GOAL OF MEDICINE: AN AUGUSTINIAN AND BARTHIAN REASSESSMENT—AUTUMN RIDENOUR

Autumn Ridenour (2017) draws connections between Daniel Callahan and Bishop on death. Callahan sees human views of death as paradoxical.

Death is a natural part of life, but death should also be fought and hopefully conquered. Ridenour holds that our understanding of death will be unable to balance this tension without a theological foundation of sin and redemption.

Ridenour looks to Augustine for wisdom on life and death. Augustine held that all of creation is good and death is an evil consequence of humanity's rebelling against God. He rejected the Platonic and Stoic outlooks, which were popular in his time and saw death as a good worthy of embracing. Death is not good, according to Augustine; thus, it is appropriate to grieve over it, but the imitation of Christ in death provides us with a way to find beauty even amidst the tragedy. Death is not the metaphysical ultimate; therefore, there are more important matters than obsessively attempting to control it at all costs. Death must instead be approached with reverence and vulnerability towards God. We must avoid the heresies of worshipping death and clinging to life as if either were the ultimate good. Barth adds to Augustine that death is even an appropriate experience for finite beings, because it highlights our boundaries, boundaries created by God and thus good. Death gives us yet another opportunity to worship God, meaning that death should not be fought at all cost as if nothing mattered beyond the grave.

Medicine is what Barth called a "lordless power," a manifestation of human creativity that can either worship God or become a demonic force. Augustine and Barth give us the perspective to realize that death is neither the ultimate good nor the ultimate evil, so medicine should not obsess with the extension of bare life. Rather, we who are medical personnel should ask ourselves how we might enable our patients to worship God. Setting death in its proper metaphysical place allows medicine the freedom to reorient itself to its truly proper goal.

Each of these essays takes Bishop's project in a unique direction in order to illustrate how theology might save medicine. Theology deconstructs the socioeconomic structures behind secularized medicine and offers a new life. Theology humanizes the doctor and patient by orienting both in times of catastrophic disorientation. Theology stops medicine from pursuing idols in misguided pursuits. Theology gives us courage to face the tragic, knowing that even the most meaningless tragedies can reveal that Someone greater than all our suffering.

This issue closes with a reflection by Bishop himself. He sees medical nihilism, secularized death, and the lordless power of mechanical medicine as shoots from the same root: secularized medicine takes the wrong attitude towards its subjects. Secular medicine seeks to master, not grace. Only when medicine begins to see itself as charity will medicine be saved from nihilism and its consequences. And it is only through a community of *religio* bound together by liturgy that modern medicine could find its true orientation. It is liturgy that reveals our existence to be a perpetual act of charity, gifted to us

by Another. And it is the practices of classical Christian *religio* that form us to live as gifts, in thanksgiving to God and self-sacrifice to the ailing. It will take a certain kind of person, someone formed by the habitual pursuit of God, to heal medicine's moral wounds. Thus the end of Liturgy is the beginning of medicine's salvation (Bishop, 2017).

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