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*Samaritanus
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In September 2020 the Congregation for the Doctrine of the Faith published a *Letter, Samaritanus bonus – on the care of persons in the critical and terminal phases of life*¹, composed of an Introduction and five Chapters. The final Chapter is twice as long as the preceding four put together and presents *The Teaching of the Magisterium* in treating the topics of euthanasia and assisted suicide. Two-thirds of the references/footnotes are dedicated to this final Chapter. This article aims to give an account and analysis of the first part of the *Letter*, viz. Introduction and Chapters I-IV.

The opening line of the *Introduction* identifies the Good Samaritan as Jesus Christ who, encountering the human need for salvation, expresses his care with ‘the oil of consolation and the wine of hope’. This first quote is taken from *Common Preface VIII* of the *Missal* (Italian edition). Filling out the figure of the Good Samaritan Jesus is featured as ‘the physician of souls and bodies, “the faithful witness” of the divine salvific presence in the world’. This Christological proclamation is followed by the posing of a number of questions, about the concrete communication of this message in the contemporary world and the challenge of accompanying those who are terminally ill ‘in a way that respects and promotes the[ir] intrinsic human dignity, their vocation to holiness, and thus the highest worth of their existence’. Identifying the inherent value of individual human life and integrating it into the universal call to sanctity thus undermines any utilitarian calculus and its commercial companions. Searching for and stating the spiritual significance of human existence is seen as ultimately the greatest service that can be shown to the sick and dying.

Referring to the rapid development and complexity in delivering healthcare the *Letter* identifies the threat to the traditional ‘bond of trust between physician and patient’, especially with the enactment of ‘legislation to legalise forms of assisted suicide and voluntary euthanasia among the most vulnerable of the sick and infirm’. By

¹ Text at <https://press.vatican.va/content/salastampa/en/bolletino/pubblico/2020/09/22/200922> [accessed 02/10/2020]

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THE FURROW

the breaking of boundaries that ‘protect the self-determination of the sick person’ and blurring ‘the value of human life during times of illness, the meaning of suffering and the significance of the interval preceding death’ such an approach to ethics and law bears the burden of bringing the notion and norm of being human to the brink of nothingness. Therefore, the *Letter* proposes ‘to enlighten pastors and the faithful regarding their questions and uncertainties about medical care, and their spiritual and pastoral obligations to the sick in the critical and terminal stages of life’. Acknowledging the efforts of certain Episcopal Conferences ‘to address the challenges posed to healthcare professionals and patients especially in Catholic institutions by the legalisation of assisted suicide and voluntary euthanasia in some countries’, it adds that ‘the celebration of the Sacraments for those who intend to bring an end to their own life’ and access to other forms spiritual assistance ask questions that the Church must seek to give answers to for all concerned. This will require the provision of ‘precise and concrete pastoral guidelines to deal with these complex situations’ with the purpose of practically promoting ‘the patient’s personal encounter with the merciful love of God’.

CARE FOR ONE’S NEIGHBOUR

This first Chapter is an extended reflection on an ‘ethics of care’ emerging from human vulnerability, ‘especially in the medical field, which is expressed in concern, dedication, shared participation and responsibility towards the women and men entrusted to us for material and spiritual assistance in their hour of need’. With its Latin roots in *vulnus* wound/injury, this is the experience of frailty and fragility which finishes in death for everyone. The ethical vision elaborated here embraces the person/patient as embodied spirit in his/her ‘unified totality’ within the exercise of medicine envisaged as a ‘therapeutic art’ that draws from many different sciences and skills. Envisaged as extending to the natural end of life, this care is elaborated as ‘to cure if possible, always to care’. (The full version of this French proverb – *Guérir quelquefois, Soulager souvent, Consoler toujours*/Sometimes to cure, often to relieve pain, always to give care and console – is found in a window in the New York Academy of Medicine and is part of the nurses’ window in Guildford Cathedral.) Rejecting vitalism, that is, the preservation of life at any price or procedure, the *Letter* presents and promotes its protection at all stages, personally and publicly.

The exemplar of this ethic is the Good Samaritan, the eponymous figure of the parable placed in the first chapter of

the evangelist's Travel Narrative which, according to David Lyle Jeffrey, 'in Luke's schema for his Gospel, comes near to the midpoint of his symmetrically organised narrative and is in the spiritual sense a synecdoche, a précis of the whole biblical story of salvation'.² This theological interpretation builds on the care given to the badly injured man found at the side of the road by the anonymous traveller. Countless instances of involvement and intervention, both humanitarian and religious, have been inspired by this parable which concludes with the command of Jesus in answer to the lawyer who initially interrogated Jesus about the identity of 'the neighbour', 'Go and do likewise' (Lk10:37). William Spohn comments that 'the surprising alacrity and intensity of the Samaritan's response is typical of Jesus' parables, where the extraordinary keeps breaking out of the ordinary'.³ An example of the 'extraordinary' is what the *Letter* refers to as the 'contemplative gaze'. Grounded in unconditional respect for the uniqueness of persons, its goal is governed by 'openness in faith to a supernatural horizon'. This gaze 'calls for a wider notion of care' in circumstances 'when it is clear that specific medical interventions cannot alter the course of an illness that is recognised to be terminal'. Guided by Christian values this care draws on the faith of all involved 'to help the patient to persevere in sanctifying grace and to die in charity and the Love of God'. This Chapter ends with the opposite scenario of the absence of faith 'in the face of the inevitability of illness, especially when chronic or degenerative, fear of suffering, death, and the discomfort they entail is the main factor driving the attempt to control and manage the moment of death, and indeed to hasten it through euthanasia or assisted suicide'.

THE HEALING OF HOPE

The second Chapter starts with the statement: 'If the figure of the Good Samaritan throws new light on the provision of healthcare, the nearness of the God made man is manifest in the living experience of Christ's suffering, of his agony on the Cross and his Resurrection: his experience of multiple forms of pain and anguish resonates with the sick and their families during the long days of infirmity that precede the end of life'. This is more than a Christological interpretation of the parable, plunging into the depths of the paschal mystery and proclaiming the identification of the Incarnate Word with injury and illness, notwithstanding the insult and injustice of the crucifixion. The existential tone of the *Letter* expresses 'the emotional and spiritual difficulties

2 *Luke*, (Grand Rapids, Michigan: Brazos Press, 2012), 151.

3 *Go and Do Likewise – Jesus and Ethics*, (New York: Continuum, 1990), 90.

THE FURROW

associated with pain' entered into by Jesus on earth. The *Letter* lists that 'to gaze at the crucifix is to behold a choral scene'. While not drawing out the theological depth of an artwork like Albrecht Dürer's *Allerheiligenbild*, the All Saints Altarpiece that depicts the crucified Christ supported by the heavenly Father with the Holy Spirit hovering above and surrounded by the holy men and women of all ages, the *Letter* develops the previous 'contemplative gaze' in a number of inter-related images, including the gaze of Mary and the disciples who remain with Jesus at the foot of the cross and the interpretation of hope as 'not only the expectation of a greater good but a gaze on the present full of significance'. Generated by the 'light of faith [which] enables us to discern the trinitarian presence in the brief, supple description provided by the Gospels', to gaze on 'the scene of the Cross provides a way of understanding that even when it seems there is nothing more to do there remains much to do, because "remaining" by the side of the sick is a sign of love and of the hope that it contains. Tracing and tying together the theological virtues the *Letter* teaches that 'the proclamation of life after death is not an illusion nor merely a consolation'.

SEEING WITH THE SAMARITAN'S HEART

The heart of the parable is the line 'when he saw him, he was moved with pity', which leads the Samaritan to help a stranger in the hope of healing. Here the evangelist repeats the deep emotion experienced by Jesus and expressed earlier in his encounter with the widow at Nain who had lost her only son. Joseph Ratzinger/Pope emeritus Benedict XVI expresses the effect on the Samaritan emphatically: 'Seeing this man in such a state is a blow that strikes him "viscerally", touching his soul. "He had compassion" – that is how we translate the text today, diminishing its original vitality. Struck in his soul by the lightning flash of mercy, he himself now becomes a neighbour, heedless of any question or danger'.⁴ The spirituality that supports this stance and succour is the subject of the first half of the third Chapter which, speaking of the 'Church of the Good Samaritan', states that 'the compassionate heart sees where love is needed and acts accordingly'.

Linking spirituality and morality, this action leads to an attitude of collaboration with 'all people of good will, with believers of other confessions or religions as well as non-believers' in perceiving and protecting 'the dignity of human life, even in the last stages of suffering and death'. The natural law tradition of Catholic moral theology and teaching is invoked in a number of references, including the 'positive meaning of life [as] something already

4 *Jesus of Nazareth*, (London: Bloomsbury, 2007), 197.

knowable by right reason' and 'a natural inviolable dignity' of human life. Reiterating that 'the unfringeable value of human life is a fundamental principle of the natural moral law and an essential foundation of the legal order' is applied to the absolute protection against direct attack on the life of another with the analogy that 'we cannot make another person our slave, even if they ask to be'. If slavery steals the dignity of another human being, euthanasia 'to end the life of a sick person' eliminates the very basis of such dignity. Rejecting any appeal to personal autonomy in allowing euthanasia, the *Letter* offers a number of moral and theological arguments, viz. the repudiation of freedom 'now under the sway of suffering and illness', removal of future 'possibility of human relationship', rejection of 'sensing the meaning of their existence or of growth in the theological life', robbing the responsibility of God 'in deciding the moment of death'.

OBSTACLES

The full heading of the fourth Chapter is *The Cultural Obstacles that Obscure the Sacred Value of Every Human Life*, of which three are highlighted. The first is an instrumental view of life which issues in 'the notion of "dignified death" as measured by the standard of the "quality of life"'. A utilitarian calculus of usefulness underlies this with benefit(s) and burden(s) indicating well-being as independent of the person and his/her identity. The second involves a false conception of compassion which contends that 'it would be compassionate to help a person to die by means of euthanasia or assisted suicide'. This co-operation in so-called merciful killing contrasts completely with a ministry of kindness that affectionately accompanies the sick in order to alleviate their symptoms and suffering. The third 'is a growing individualism within interpersonal relationships' which includes issues of neo-Pelagianism and Gnosticism⁵ giving rise to an assertion of absolute self-determination and even self-destruction. The weakening of social bonds leads to a loss of a sense of solidarity and welfare resulting in a 'way of thinking about human relationships and the significance of the good [which] cannot but undermine the very meaning of life, facilitating its manipulation, even through laws that legalise euthanistic practices'.

OBSERVATIONS

The following observations are offered on the first part of *Samaritanus bonus*. Fundamental moral theology presents the

5 For an exposition and evaluation of these anthropological tendencies today see my own 'Lord of Living and Dead', *The Furrow*, 69 (May 2018): 287-294.

THE FURROW

following pillars as foundational for both the perception and protection of human life. *Firstly*, focus on the *other*, in his/her full dignity, opens the offer for an objective account of morality. *Secondly*, ‘the nature of the person and his/her acts adequately considered’ is the norm of moral goodness and rightness, albeit ‘adequately’ must take account of ‘absolutely’. *Thirdly*, there is no *a priori* alienation between the so-called ethic(s) of care and duty. Justice and compassion are virtues operating within the ambit of an adequate anthropology of both the moral subject and object. An ethic of care cannot be equated with Emotivism which needs to be explored for its effects in society and evaluated ethically. *Fourthly*, developing the dignity of the human person to dovetail with what the *Letter* terms the ‘theological’ offers the possibility of viewing human existence in terms of a horizon, not a cul-de-sac. Taking the spiritual dimension into account, it opens a dialogue between the human drive to goodness and the divine draw to holiness. *Fifthly*, the moral and theological virtues are not purely parallel processes but intersect, involving the interplay of nature and grace. For instance, in situations of sickness and suffering, the influence of hope on fortitude may be vitally important. Here the enactment of goodness and the embrace of the Gospel can produce an effect beyond the scope of human effort. *Finally*, embracing an eschatological vision eschews any reduction to completely inner-worldly categories for both comprehending and commensurating human life, including its ending.

In his 1990 encyclical *Redemptoris Missio/Mission of the Redeemer* Pope John Paul II quoted from Pope Paul VI that ‘the split between the Gospel and culture is undoubtedly the tragedy of our time’. Sadly in the decades since the split seems to have deepened and if the prognosis of the *Letter* pertaining to legalisation around the disposing of life in many parts of the world proves correct, this split may become irreparable in vital sectors of society. Drawing on both lament and prophecy as part of the church’s scriptural and spiritual tradition, the *Letter* looks to the form of the Good Samaritan for both ethical exemplarism and theological encouragement for the church’s commitment to the ill and injured, individually and communally. In this regard it could also be read in conjunction with another recent document that draws on and out the parable of the Good Samaritan, the ecumenically produced *Serving a Wounded World in Interreligious Solidarity – A Christian Call to Reflection and Action During Covid-19 and Beyond*.⁶ This first part of the *Letter* affirms that the church cannot abandon its accompaniment of and advocacy for all those in need of holistic healthcare, especially at the end of life.

6 Pontifical Council for Interreligious Dialogue/World Council of Churches, 2020.