Compassion and love: The antidote for sentimentalism at the end of life

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The author identifies an increasingly common phenomenon of sentimental “pro-lifers” who embrace physician-assisted suicide and euthanasia because sentimental pro-life slogans readily lead to acceptance of these acts. A more principled and rational opposition to various manifestations of the culture of death including assisted suicide and euthanasia is needed. The author proposes that a robust understanding of compassion and love provide an entry point into the discussion that is both rational and emotional. Drawing upon the magisterial teaching of the Church and lived witnesses to that teaching, the essay shows how suffering with the sufferer is the only fitting response to those who suffer at the end of life. A compassionate presence in which caretakers become co-sufferers treats the patient as a subject with great dignity, while euthanasia and assisted suicide treat him as an object to be discarded.

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Ours is a sentimental world. Though sentiments may often lead to a proper appraisal of the moral quality of an action, sentimentalism (excessive reliance upon feelings and emotions) can be deeply problematic. Though a constitutive element of the person, emotions do not provide a steady principled basis for truly consistent and moral choice and can lead to wrong-headed ethical conclusions especially where it pertains to the sick and suffering. A robust understanding of compassion, rooted as it is in love and truth, provides an antidote and entry point to move the sentimentalist toward a more grounded appraisal of interventions made on behalf of the sick and suffering.

After delivering a presentation on the Affordable Care Act and abortion-inducing drugs, a student who leads the pro-life group at her campus pulled me

aside to ask about euthanasia and physician-assisted suicide (PAS). The young lady assured me she was thoroughly pro-life and against abortion in all cases, but she had a hard time understanding opposition to euthanasia and PAS. It became clear that her anti-abortion stance was based on an understanding that “abortion is mean.” This sentiment made it difficult for her to be against euthanasia and PAS. Like abortion, it just seemed mean to let someone suffer at the end of life. Such a viewpoint, from pro-life Christians no less, is increasingly common on college campuses, medical schools, and parishes where I speak.

For many, pro-life views concerning the beginning of life will begin with an emotional revulsion to the idea of killing a living innocent human being. Ultrasound images and photographs of children born

prematurely pull on the heartstrings. More people now know mid- and late-term abortions cause the unborn child pain, hurt women, and stop a beating heart. And they recognize that it is just plain mean to take the life of such an innocent. Self-identification as “pro-life” has enjoyed increased favor, especially among young people, in part because of the emotional response elicited by pro-life slogans or images. Consider the slogans one might see on signs at pro-life marches:

- “It’s a life with potential, not a potential life.”
- “I was once an embryo and my mom chose life.”
- “A woman has a right to her body, even if she’s still in the womb.”
- “Abortion is mean.”

Such slogans (and accompanying images) have an important place in building a culture of life because we are emotional beings, and experience has proven that effective arguments in the public square often will have an emotional appeal. There are significant risks, however, if we leave the pro-life viewpoint at the level of emotional slogan or sentiment. Consider the admonition of Blessed John Paul II:

Let us now look more closely at your situation, dear young people. You—especially you adolescents—are living in a difficult age, full of enthusiasm, but also exposed to dangerous confusion. Your limited experience threatens you with the *risk of falling prey to those who play on your emotions*, who, instead of fostering a critical conscience in you, tend to exalt uninhibitedness and to present immoral choices as values. They blur every distinction between good and evil and present truth with the changing features of expediency (John Paul II 2001).

Sentimentalism leads to elevating ambiguous slogans to the level of

fundamental principle. Such was the case with my conversation partner: if it is mean, I’m opposed to it.

Those who are pro-life initially due to the emotional appeal of a slogan or an image must move beyond that emotional attachment or emotional revulsion, as the case may be, otherwise they (like the young lady I mention above) are more inclined to adopt positions that are inconsistent with the good that is human life. As Pope Benedict wrote,

In fact, without knowledge of the *true human good*, charity lapses into sentimentalism (cf. n. 3); justice loses its fundamental measure (Benedict 2011).

Like society around them, some fail to articulate or appreciate a reasoned case for the rights owed to every human being. Arguments rooted in natural law, a rich understanding of the virtues, an appreciation for rights linked to concomitant duties, or a deep sense of authentic human goods are never adopted. They become pro-life because of sentiment, and then they stay that way—steeped in sentimentalism in an age that is ready to prey upon the sentimental. Though a defender of the unborn, those who do not delve beyond the emotional response become more inclined to “surrender to the twin tyrannies of sentimentalism and relativism that overwhelm our society” (Scalia 2013). They become more willing to accept other manifestations of the culture of death and assume such a view is consistent.

The very same sentiments, phrases, and intuitions can easily be used—and often are—to justify euthanasia and PAS.¹ Apply the slogans I mention above to the issue of the dying and suffering patient at the end of life.

- “That’s no way to live—this is no life with potential.”

- “I will one-day be suffering and dying—I have a right to choose how I die.”
- “As long as I don’t hurt someone else, I have a right to do what I wish with my own body.”
- “Forcing someone to suffer or live a meaningless existence is mean.”

One can see how these slogans might be readily appealing to a person immersed in sentimentalism, even a Christian pro-lifer. On the surface, these slogans are quite similar to the “pro-life” slogans quoted above. This sort of slogan that preys on human emotion remains a powerful force in public discourse today and has led to a change in public sentiment where it pertains to end of life issues.² Such slogans have been employed by the likes of Derek Humphry who included in his book *Dying With Dignity: Understanding Euthanasia* the following chapter headings: “Offering Euthanasia can be an act of love,” “Don’t deny each other the right to choose,” and “Helping people to die is the right thing to do” (Humphry 1992). The slogans mentioned above play right into Humphry’s euphemisms and his false presentation of love, rights, and helping one another.

We must move beyond sentimentalism. Slogans and sentiments have a rightful place in public discourse, but they are only so helpful. A more principled and rational opposition to abortion, euthanasia, and PAS is needed. We need, in the words of Pope Benedict “moral thought capable of overcoming the structure of secular ethics.”³ We need to encourage the people of today to pay greater attention to the kind of action that is being proposed as a human good. We can do this without appealing exclusively to the intellect. We can draw attention to the consequences of societal acceptance of euthanasia and PAS, but more importantly (and lest we lapse

into consequentialism) we must draw attention to the actions themselves in a way that speaks to the audience.⁴

Where it pertains to old age, suffering, and the end of life, what initial approach can be taken to overcome sentimentalism and encourage moral thought? What approach, while appealing to emotions, draws one out of sentimentalism into a more mature and genuinely consistent pro-life position?

An entry point into the discussion that is both rational but that also readily appeals to the emotions is approaching the matter from compassion and love. These virtues carry with them a great deal of emotional weight but also center upon human relationships and when understood deeply free one from the trappings of sentimentalism.⁵

COMPASSION AND LOVE

Those who promote suicide and euthanasia have conscripted the word “compassion” employing it as a euphemism to make more palatable and praiseworthy the grave offenses that are euthanasia and suicide. We are told that helping someone take their life, or even ending the life of one whose “life is no longer worth living” is an act of compassion and love. Such a view becomes increasingly popular especially as emotional stories are told that purportedly prove that suicide and euthanasia are both loving and compassionate. Emotional stories have been a major component of the campaign to normalize PAS and euthanasia.⁶ In the face of such manipulation of sentiment and cultural conditioning, recovery of a robust understanding of compassion and love is paramount.

Compassion is more than empathy or sympathy. The compassionate person is

not removed from the suffering of the other—there is no distance between them. He is sensitive to the physical, emotional, and spiritual needs of the one who suffers. The person who is compassionate before and with the sufferer enters into their suffering, shares in it, and helps to bear the cross endured.

Indeed, to accept the “other” who suffers, means that I take up his suffering in such a way that it becomes mine also. Because it has now become a shared suffering, though, in which another person is present, this suffering is penetrated by the light of love.⁷

He is available, present, consoling, and suffers in solidarity with the sufferer. In his compassionate presence as a co-sufferer love deepens the relationship and illuminates the meaning and purpose of suffering.

Suicide, we are told, is compassionate relief from the undesirable. But, as John Paul taught, “In reality, what might seem logical and humane, when looked at more closely is seen to be senseless and inhumane.”⁸ Euthanasia and assisted suicide are recognized as “senseless and inhumane” when one recalls that compassion is an act of love, and that man cannot find himself except through sincere gift of self—man is made by love and for love.⁹ Love cannot be expressed by an act of assisted suicide because no gift of self is given. Further, love does not despair. Assisting in a suicide is an act of desperation and a sad submission to despair. Suicide is the very antithesis of the love that is man’s high calling. In no way can assisted suicide or euthanasia be described as compassionate because these acts, by their very nature, make suffering with the beloved impossible.

Recently the *Los Angeles Times* reported that an 84-year-old man, Alan Purdy “laced his sick wife’s applesauce with 30

sleeping pills and then placed a bag over her head” (Chawkins 2013). In an interview Purdy said, “Yes, I sat beside her as she died. I didn’t want her to feel abandoned. I wanted her to know that I loved her.” The sentimentalist might see Purdy’s act as loving. But did his continuing presence with her as she died at his hands really say, “I love you” to his bride?

His assisting presence with her only encouraged her to give in to desolation and despair. Mr. Purdy’s actions did not say,

You are worth suffering with. I love you enough to embrace you and share in your sufferings. My continuing consoling presence—as long as it may be necessary—are a sign of my love for you.

His act of ending the life of his wife belied his love for her. Rather than love, his actions showed resignation to the belief that her life was no longer worth living, that her suffering was senseless, and that her continuing presence was a burden. He showed an unwillingness or inability to embrace her suffering as his own, to give everything he had to let her know that her presence—and their relationship—was good even in hard times. Describing such an act as “loving” is to redefine his choice. It is simply false. Pope Francis notes in his first encyclical, *Lumen Fidei*:

Indeed most people nowadays would not consider love as related in any way to truth. Love is seen as an experience associated with the world of fleeting emotions, no longer with truth. But is this an adequate description of love? *Love cannot be reduced to an ephemeral emotion.* True it engages our affectivity, but in order to open it to the beloved and thus to blaze a trail leading away from self-centeredness and towards another person, in order to build a lasting relationship; *love aims at union with the beloved.*¹⁰

As a true virtue, compassion rooted in self-gift gives hope to the one who suffers. Sadly, hope was not given here, but only its antithesis, despair.

It is not only senseless and inhumane to take the life of a loved one but it is inhuman. Assisted suicide and euthanasia are acts of pity, appropriate for a good dog that is put down after a long life, but not for a human being.

To suffer with the other and for others; to suffer for the sake of truth and justice; to suffer out of love and in order to become a person who truly loves—these are fundamental elements of humanity, and to abandon them would destroy man himself.¹¹

How can it be compassionate to end suffering by ending the existence of a loved one? Being in existence is always greater than not. Being with the other in his suffering makes us more human and opens a radical capacity for love and to be loved. A compassionate presence says “the other [is] important enough to warrant my becoming, on his account, a person who suffers.”¹² Assisting in a suicide could not be more harmful, self-centered, and cruel. It is not a gift of self but a withdrawal of self, and it leaves nothing but emptiness, loss, and poverty. To borrow from Flannery O’Conner, “You can’t be any poorer than dead.”

A story might help illustrate how logical and humane true compassion and love is:¹³

In January 1970 Edwarda slipped into diabetic coma. As consciousness faded the teenager turned to her mom, Kaye, and pleaded, “Promise me you won’t leave me.” In response, Kaye O’Bara reassured her daughter, “Of course not. I would never leave you, darling.” Sadly, Edwarda never came out of that coma, and so for 35 years, until Kaye’s death in 2005, she remained by her daughter’s side as primary caregiver.

After Kaye died, Edwarda would continue to need medical and normal comfort care. Her sister Colleen carried on her mother’s promise saying, “I didn’t give it a second thought. She’s my sister and I love her.” Their love was unassuming even as it was exemplary. Their compassion was true compassion. Their response of compassion and love flies in the face of modernity’s reaction to the suffering, sick, and disabled. Love is not just a moment, a one time, or even ultimate decision, but is a day-to-day activity and a life-long process of giving and sacrifice for the beloved. Love is an act of the will that gives oneself for the sake of the other. This is the vision of love that is soaring, that all person’s long for. It is all-encompassing, life changing, generous, and complete.¹⁴ This is the sort of love that suffering persons deserve.

In his encyclical *Salvifici doloris*, Blessed John Paul II taught that as Christians we are called to become a Good Samaritan by cultivating a disposition of the heart—a sensitivity to the one who endures misfortune. But this disposition is a first movement of compassion that is fulfilled in an action—love. Sympathy and compassion become an incentive to come wholeheartedly, in love, to the aid of the person in need. Compassion and sensitivity to suffering encourages the Christian to make of oneself a gift to the other to effectively meet the needs of the one who suffers. As John Paul wrote, “[T]he world of human suffering unceasingly calls for ... that unselfish love which stirs in his heart and actions.”¹⁵ Do not Kaye and Colleen answer beautifully the question posed by Pope Benedict: “Is the other important enough to warrant my becoming, on his account, a person who suffers?”¹⁶

CONCLUSIONS

I began with the problem of pro-life Christians who tend to remain at the level

of sentiment in their convictions, and thus are more inclined to fall prey to the slogans and euphemisms of those who support assisted suicide and euthanasia. Such people are primarily concerned with the person who suffers. The above illustrates—by proper definition and by example—that their primary concern is met by way of authentic compassion and love rather than by suicide or euthanasia, acts that are despairing and inhuman.

To be sure neither compassion nor love is easy for the sufferer or caretaker. When suffering is endured, loneliness, depression, and a loss of hope are common. The question is what does this suffering person deserve from family and friends, medical staff, and society at large? They deserve human warmth, a look of love, and genuine attentiveness.¹⁷ They deserve caretakers and families that take time to listen, who pray with them, are genuinely present, who provide comfort, and who will hold their hand for as long as life endures.

Dying persons, torn between hope and agony, especially need our presence, our faithful friendship; they need a psychological and spiritual support adequate to their situation of suffering. In a word, they need our solidarity, as dictated by our common humanity (Kabore 2000).

Such acts of compassionate love and intimacy treat the person as a subject deserving of love and possessing great dignity.¹⁸ Suicide and euthanasia, on the other hand, treat the person as an object to be discarded.

We need to foster in our families, within our patients and coworkers, and in society at large an appreciation for compassion as it is—suffering with the other for the sake of the other. The family member or patient enduring suffering ultimately wants relief—not by ending his or her life but by true compassion and love which endures all things. Always recalling

that the absence of love makes suffering appear meaningless and leads to despair we should heed the desperate cries of those who ask for suicide or euthanasia and meet them with true compassion.¹⁹

There are a great number of challenges to encouraging a greater respect for those who suffer, and there is a great wealth of Church teaching on the nature of suffering and end-of-life care. Such considerations are beyond the scope of this essay. But we can be sure that if we remain merely sentimental in our pro-life convictions generally, and about compassion and love specifically, and if we do not know what these words and actions truly mean, we will be unable to win this battle. A renewed appreciation for and steadfast articulation of compassion and love will make possible the steady words of Blessed John Paul II: “When words and ways of life that contradict the Gospel are presented to you, have the strength to say ‘no’.”²⁰ Christians are called to have the courage to proclaim the true meaning of words, and uphold the ways of life that truly honor the dignity of the sick and suffering person.

ENDNOTES

1. The same sentiments are also commonly employed to justify the redefinition of marriage. “It’s just plain mean to deny equality” or “It is not nice to deny some the right to love and marry the person they love.” Such sentimental claims are the primary argument made in public discourse for redefining marriage today.
2. Slogans that are euphemisms or that are not rooted in truth and goodness are predatory by nature. Conversely, slogans derived from natural law increase the emotional appeal of that law and aid one to embrace truth more fully.
3. Benedict XVI, *ibid*.
4. Consequentialism is an ethical theory that holds that the consequences of an act are determinative of its ethical quality. Human acts do not have an intrinsic moral value but receive their judgment exclusively on the outcomes of the act.

5. See Benedict XVI *Deus Caritas Est*, n. 17, "[I]t is clearly revealed that love is not merely a sentiment. Sentiments come and go. A sentiment can be a marvelous first spark, but it is not the fullness of love."
6. See Compassion and Choices' "Voices of Compassion" series <http://www.compassionandchoices.org/voices-of-compassion/stories/>.
7. Benedict XVI, *Spe Salvi* (November 30 2007), n. 38.
8. John Paul II, *Evangelium Vitae* (March 25 1995), n. 64.
9. cf. *Gaudium et spes*, n. 24.
10. Pope Francis, *Lumen Fidei* (June 29, 2013), n. 27. emphasis added.
11. Benedict XVI, *Spe Salvi*, n. 39.
12. Ibid.
13. The following story draws heavily upon my "The Measure of Humanity" published by *Crisis Magazine* <http://www.crisismagazine.com/2012/the-measure-of-humanity>.
14. Pope Francis writes, "Here we begin to see how love requires truth. Only to the extent that love is grounded in truth can it endure over time, can it transcend the passing moment and be sufficiently solid to sustain a shared journey. If love is not tied to truth, it falls prey to fickle emotions and cannot stand the test of time." *Lumen fidei* n. 27.
15. John Paul II, *Salvifici doloris* (February 11, 1984), n. 29.
16. Benedict XVI, *Spe Salvi*, n. 39.
17. cf. Pope Benedict, *Deus Caritas Est* n. 18.
18. As the Church has reminded us, those who suffer need "love, the human and supernatural warmth with which the sick person can and ought to be surrounded by all those close to him or her, parents and children, doctors and nurses." Congregation for the Doctrine of the Faith, *Declaration on Euthanasia* (May 5, 1980), II.
19. "The pleas of gravely ill people who sometimes ask for death are not to be understood as implying a true desire for euthanasia; in fact, it is almost always a case of an anguished plea for help and love. What a sick person needs, besides medical care, is love, the human and supernatural warmth with which the sick person can and ought to be surrounded by all those close to him or her, parents and

- children, doctors and nurses." CDF, *Declaration on Euthanasia*, II.
20. John Paul II, Address to Youth.

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