Negotiating Questions of Spiritual and Moral Integrity: Reflections of a Hospice Chaplain on What it Might Mean to Accompany Patients in Assisted Dying

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Abstract
This article uses autoethnography and theological reflection to explore how the palliative care chaplain might pastorally and spiritually care for a person requesting death by assisted dying, when that choice is contra to the chaplain's personal beliefs as to its moral permissibility. In present day Scotland (May 2023) this is a current issue, as debates about the legality of assisted dying loom in view of a proposed parliamentary bill. Reflecting on the Parable of the Good Samaritan and the theme of kenosis, the article concludes that God's self-emptying, kenotic 'neighbour' love offers this chaplain a model of kenotic pastoral care through which they can remain present, whilst maintaining spiritual and moral integrity. The self-emptying of kenotic pastoral care, which includes the setting aside of our own egos, invites and allows room for God in the pastoral encounter and keeps the relationship open for invited dialogue with the patient.

Keywords
Accompanying; kenosis; assisted dying; pastoral care

Introduction

The Scottish Parliament accepted the 'Proposed Assisted Dying for Terminally Ill Adults (Scotland) Bill' in September 2022.[1] It was two days before I was ordained as a Baptist chaplain and my first year of working as a chaplain in palliative care. The Scottish Parliament's acceptance of

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* Content advisory: Please be aware that in addressing the theme of assisted dying, this article contains a description of suicide, which some may find disturbing or distressing.

[1] Liam McArthur, *Proposed Assisted Dying for Terminally Ill Adults (Scotland) Bill,* September 2022 <https://www.parliament.scot/bills-and-laws/proposals-for-bills/proposed-assisted-dying-for-terminally-ill-adults-scotland-bill> [accessed 1 September 2023].

this proposed bill serves as a precursor to the Member of the Scottish Parliament (MSP) Liam McArthur submitting a proposal for legislation to make assisted dying legal for terminally ill people in Scotland. If this legislation is passed, its practical outworking will undoubtedly have an impact on chaplains and other Christian healthcare professionals working in the field of palliative care. Whether those professionals think assisted dying is morally permissible or not, reflection will be required as to how the new legislation intersects with their personal beliefs and its practical implications.

Before becoming a chaplain, I worked in the field of NHS Research Ethics[2] and studied philosophy and theology as an undergraduate at the University of Leeds. I had a good grasp of the theoretical arguments for and against assisted dying, but in the hospice, faced with patients in the final days, weeks, and months of life, those arguments held little sway.[3] Robust, theoretical, ethical arguments paled into insignificance at the bedside of a dying patient, and I experienced a dissonance between this theoretical learning and the experiential learning of being at a patient's bedside. Despite having theoretical arguments to defend my belief that assisted dying was morally impermissible, when faced with a patient in the last days of life, desperately wanting their life to be over, the immediate question was not one of permissibility but rather, 'How can I best journey with this patient in their final days?'

As such, this reflection is not concerned with the moral permissibility of assisted dying, the ethical arguments for and against, neither is it about the very real concerns about safeguarding and the practical outworking of the legislation. These questions are important and have been considered before at length by others. The focus here is on the act of accompanying the dying patient, journeying with them, spiritually caring for them when the choices they make are not choices that I as chaplain might choose for them, for myself, or my loved ones.

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[2] The NHS denotes the National Health Service of the United Kingdom, with responsibilities devolved from the UK Government to the Scottish Government, the Welsh Government, and the Northern Irish Assembly.
[3] For a summary of such arguments see Tom L. Beauchamp and James F. Childress, *Principles in Biomedical Ethics* (Oxford: Oxford University Press, 2001), pp. 144–158.

This reflection will seek to avoid 'casting out' the patient, an action which rejects them for the choices they have made. Neither is it looking to impose the chaplain's beliefs on the patient, condemning the patient for making choices contra to the beliefs the chaplain might hold themselves.[4] Instead, this reflection seeks to find a way in which this chaplain can maintain personal, moral, and spiritual integrity in the act of accompanying the dying patient who requests assisted dying. Whilst I situate this reflection within the field of palliative care, the act of accompanying those with whom we disagree is not unique to palliative care chaplaincy. Chaplains working with people involved in prostitution, substance use, seeking abortion, or refusing life-saving treatments may also face similar personal and theological dilemmas.

I adopt an autoethnographic approach because the purpose of this reflection is to discern how I might best maintain *my* moral and spiritual integrity in these circumstances. My personal integrity is as individual to me as your integrity is to you. There will be commonality between us, but as James McClendon argues, 'the line between the church and the world still passes through the heart of every believer'.[5] In the believer's moral decision making there exists a line of the heart representing those things that we can accept with integrity as a faithful believer and those which we cannot. Maintenance of our spiritual and moral integrity rests on our discerning whether an act transgresses that line. Our lines may be different, we all need to discern what we will be accountable for before God.

An auto-ethnographical approach comes from a place of personal experience, essentially an embodied experience of the emotional and physical self.[6] This methodology situates the chaplain's

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[4] We cannot assume that all chaplains agree on the moral permissibility of assisted dying. Healthcare and Palliative Care Chaplaincy is a multifaith arena with chaplains from a wide range of faiths who are called to care for patients, families, and staff of all religious faiths and none. See Elizabeth Goy, B. Carlson, N. Simopoulos, A. Jackson, and L. Ganzini, 'Determinants of Oregon Hospice Chaplain's Views on Physician Assisted Suicide', *Journal of Palliative Care*, 22, no. 2 (2006), 83–90.
[5] James Wm. McClendon Jr., 'The Practice of Community Formation', in *Virtues and Practices in the Christian Tradition: Christian Ethics After McIntyre*, ed. by Nancey Murphy, Brad Kallenberg, and Mark Nation (Notre Dame, IN: University of Notre Dame Press, 1997), pp. 85–110 (p. 103).
[6] Tony Adams, *Autoethnography* (New York: Oxford University Press, 2015), p. 5.

embodied emotional and physical presence to the fore, which resonates with the subject of accompaniment at the end of life.[7] Tony Adams describes the following features of autoethnography which suit the method of reflection here: an acknowledgment and valuing of the researcher's relationship with others; the use of deep and careful reflection; and demonstrating the process of someone working out what to do.[8] This is very much where I find myself as I approach this reflection; trying to work out what to do if assisted dying legislation is brought into Scottish law. I bring to this reflection personal spiritual beliefs, within the broader Christian tradition, including the belief that there is inherent value to every individual's life, a worth that lies in the virtue of being human and is not conferred by any social standing or level of cognitive or physical ability.[9] These theological beliefs stand alongside experiences of witnessing people who feel that there is no quality to their lives, that their lives are not worth living, and who just desperately want their lives to be over.[10] These beliefs and experiences lead to a place of genuine openness to the question 'What do I do here?'. I hope the process of reflection will illuminate new learning to inform future practice.[11]

> It [reflection] becomes the 'I notice, I wonder' of Value Based Reflective Practice, seeking to engage with the messiness, the unpredictability, the uncertainty of practice, focussing not on abstract theory but on […] real experiences of practitioners and the skills they develop as they try to make sense of these experiences.[12]

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[7] Steve Nolan, *Spiritual Care at the End of Life: The Chaplain as a 'Hopeful Presence'* (London: Kingsley, 2012), p. 37.

[8] Adams, *Autoethnography,* p. 2.

[9] Daniel Sulmasy, 'More than Sparrows, Less than Angels', in *Living Well and Dying Faithfully: Christian Practice for End of Life Care*, ed. by John Swinton and Richard Payne (Grand Rapids, MI: Eerdmans, 2009), p. 229.

[10] For further reflection, though outside the scope of this article, are considerations surrounding whether a person's desire for a hastened death is influenced by societal worldviews of self-determination and individualism.

[11] Ewan Kelly, 'Introduction', in *Invitation to Chaplaincy Research: Entering the Process*, ed. by Gary Myers, Handbook of the Healthcare Chaplaincy Network (September 2014), pp. i–x <https://www.transformingchaplaincy.org/2017/10/04/an-invitation-to-chaplaincy-research-entering-the-process> [accessed 1 September 2023] (p. i).

[12] D. Saltiel, 'Judgement, Narrative and Discourse: A Critique of Reflective Practice,' cited in Michael Paterson and Ewan Kelly, 'Value Based Reflective Practice: A Method Developed in Scotland for Spiritual Care Practitioners', *Practical Theology*, 6, no. 1 (2015), 51–68 (p. 54).

I bring to this reflection ten years' experience as a Samaritans Listening Volunteer. Samaritans is a UK charity providing non-judgemental, confidential support for people experiencing suicidality. The organisation provides support via the telephone, in person, email, by post, or text messages and is available twenty-four hours a day, 365 days a year. During my time as a listening volunteer, I would occasionally be engaged in calls where a person was attempting suicide. On these occasions I would be present at a distance over the phone, callers were anonymous, and we did not know their location. Not being physically present meant that, as listening volunteers, we were never certain whether that suicide attempt had been fully carried through. It occurred to me as I approached this reflection that I had, in fact, likely been present as someone died through their own choice. The difference in the case of assisted dying would be that I might be asked to be present physically and the dying person would not be anonymous.[13]

The aim of this reflection, then, is to better understand how (and whether) I might accompany and provide spiritual care for individuals who make the choice to end their own life by assisted dying. Whilst essentially personal in nature, I hope these reflections will prove useful to other chaplains in palliative care and other spheres.[14]

The Current Situation

After the 'Proposed Assisted Dying for Terminally Ill Adults (Scotland) Bill' was passed, Liam McArthur (MSP) invited a medical advisory group to scrutinise the proposal and make recommendations before the Bill moves to the next stage, which is a Proposed Legislation Bill. The medical advisory group consisted of eleven medical professionals, three

[13] The position of the chaplain in this scenario is that of witness and accompanier. I acknowledge that moral and ethical considerations will differ for the medical professional, who under the prescribed legislation will be asked to assess, 'approve', and prescribe the life-ending drugs for the patient.

[14] The issues raised in this reflection may prompt consideration of situations in the wider context where a person seeks voluntary death, including reflecting on the role of the 'passer-by'. In the case of assisted dying, the hospice chaplain, employed by the organisation, and with access to patients by virtue of that employment, has constraints and responsibilities placed on them which the person witnessing a suicide attempt on the street does not.

of whom were actively involved in palliative care. Among recommendations relating to safeguards, coercion, and scrutiny regarding eligibility to request assisted dying, were proposals relating to conscientious objection. The medical advisory group recommended that conscientious objection should be limited to healthcare practitioners, in this case defined as physicians, nursing staff, and pharmacists, and that this was only applicable on an individual basis, not at an organisational level. In effect, this means that should assisted dying be brought into law, hospices could not refuse to conduct assisted dying on the grounds of conscientious objection. Similarly, by restricting individual conscientious objection to physicians, nurses, and pharmacists, other healthcare professionals (such as chaplains) would be unable to object on the ground of conscience. Given that chaplains in the healthcare environment are called on to provide spiritual care for patients of all faiths and none, chaplains would be in a position of being unable to refuse spiritual care to individuals engaging in assisted dying. This highlights the relevance and context in which these reflections are situated. Notably, the report of the medical advisory group does not consider the spiritual and existential needs of the patient. This neglects the holistic model of person-centred care as espoused by NHS Scotland and the World Health Organisation, both of which hold spiritual care as one of its core values.[15]

Many people, including those who profess no faith, face spiritual and existential questions as they approach the end of their lives. It is unreasonable to think that those considering assisted dying would have no such spiritual or existential concerns, and so the option of spiritual care during this time should be an important consideration.[16] This provision should not be misconstrued as an attempt to persuade the patient one way or the other, but rather to help them think through for

[15] NHS Education for Scotland, *Spiritual Care Matters* (Edinburgh: NHS Education for Scotland, 2009) <https://www.nes.scot.nhs.uk/media/23nphas3/spiritualcaremattersfinal.pdf.> [accessed 1 September 2023] (pp. 6–11).

[16] See the case of Myra in Renne S. Katz and Therese A. Johnson, *When Professionals Weep: Emotional and Countertransference Responses in Palliative and End of Life Care* (New York: Routledge, 2016), pp. 157–158.

themselves the spiritual, emotional, and existential questions that arise from making a decision of this magnitude.

If conscientious objection, be it organisational or individual, is curtailed, the risk of moral distress to both chaplains and other healthcare professionals is high. Moral distress is defined by the British Medical Association as

> psychological unease where professionals identify an ethically correct action to take but are constrained in their ability to take that action. Even without an understanding of the morally correct action, moral distress can arise from the sense of moral transgression. More simply, it is the feeling of unease from situations where institutionally required behaviour does not align with moral principles […] The individual suffering from moral distress need not be the one who has acted or failed to act; moral distress can be caused by witnessing moral transgressions by others.[17]

This correlates with a survey done in 2022 by the Association of Palliative Medicine in which 90 percent of doctors surveyed stated that should assisted dying be brought into Scottish Law it would have an impact on their career sustainability; 84 percent said it would negatively impact their personal and family life; and 79 percent said that it would negatively impact their mental health. Forty-three percent of palliative care doctors participating in the survey said that they would resign if their organisation chose to undertake assisted dying.[18] To date, research has focused on the impact of assisted dying legalisation on medical professionals, rather than the impact on allied health professionals and others in palliative care organisations. Given this background, it is a pressing issue to consider how chaplains might continue to practise in such an environment. Theological reflection offers us a constructive starting point for these deliberations.

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[17] British Medical Association, 'Moral Distress in the NHS and Other Organisations', Advice and Support, British Medical Association, last updated 30 Nov 2021 <https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/creating-a-healthy-workplace/moral-distress-in-the-nhs-and-other-organisations> [accessed 1 September 2023].

[18] 'Proposed Assisted Dying for Terminally Ill Adults (Scotland) Bill – Potential Impact on Palliative Care Services', Association of Palliative Care Services, February 2023 <https://apmonline.org/wp-content/uploads/2023/02/APM-Survey-of-AD-Impact-on-PC-FINAL.pdf.> [accessed 31 May 2023].

A Kerygmatic Approach

In September 2020, the Vatican issued a Letter entitled *Samaritanus Bonus* which uses the story of the Good Samaritan (Luke 10:25–37) to reflect on the care of the dying person.[19] In the parable, the Samaritan looks on the victim with eyes of compassion and delivers him to a place of safety. Using midrash to approach the parable we can examine its relevance to the context of accompanying a person at the end of life. Midrash is an ancient Jewish practice which involves entering the story creatively as a way of finding meaning within the story that might be transferable to different contexts. The practice involves 'exploring the gaps in the story, the missing voices, the silences, the wondering that is sparked […] In midrash we are invited into the cracks and spaces of the story to see what is revealed to us.'[20] The wondering, the missing voice, the space between the words in the context for consideration is contained in the question, 'What if the beaten man died after being delivered to the inn?'

A man was going down from Jerusalem to Jericho, when he fell into the hands of robbers. They stripped him of his clothes, beat him and went away, leaving him half dead. (Luke 10:30)[21]

Diane Chen underlines that in the parable the beaten man is 'half-dead' or 'looks dead'.[22] A traditional reading assumes that the victim survives — using midrash we can bring the text to the context of palliative care, considering instead that the victim dies. The parable details the dire predicament of the beaten man. The Samaritan tends his wounds, before delivering him to a place of safety. These actions demonstrate that the Samaritan views the beaten man's life as valuable and he chooses to accompany him to a place of safety, rather than leaving him in the ditch as the Levite and the Priest had done. Once delivered to a place of safety the Samaritan leaves, promising to return

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[19] Offices of the Congregation for the Doctrine of the Faithful, 'Samaritanus Bonus', Letter 14 July 2020, The Vatican <https://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_20200714_samaritanus-bonus_en.html.> [accessed 31 May 2023].

[20] Christine Valters Paintner, *The Soul of a Pilgrim: Eight Practices for the Journey Within* (Notre Dame, IN: Sorin Books, 2015), p. 24.

[21] Unless otherwise stated, all biblical quotations are from the New International Version.

[22] Diane Chen, *Luke: A New Covenant Commentary*, New Covenant Commentary Series (Eugene, OR: Cascade Books, 2017), p. 152.

to pay the innkeeper's bill. Here the story ends; we are not told what happens when the Samaritan returns, so we cannot know what happened to this beaten man. We might imagine here that the Samaritan accompanies the beaten man to the end of his life. The robbers who beat the victim can be said to be those engaged in 'assisting' the victim to die. The Samaritan, motivated by compassion, delivers the victim to a place of safety, into the care of a person who will look after him. The Samaritan becomes an accompanier, noticing the needs of the victim, binding the most immediate of wounds, before accompanying, delivering, and going with the victim to the innkeeper's house. In a similar vein, we can imagine the palliative care chaplain accompanying the dying person. Noticing the spiritual and existential distress of the dying person, attending to those most immediate distresses through compassionate listening and careful attention, before agreeing to accompany them, to walk with them towards their death.

A Priest happened to be going down the same road, and when he saw the man, he passed by on the other side. So too, a Levite, when he came to the place and saw him, passed by on the other side. (Luke 10:31–32)

Both the Priest and the Levite passed by, refusing to stop. Ruben Zimmermann suggests that the use of the word 'half-dead' suggests that considerations of ritual purity were a factor in the refusal to stop.[23] Others have noted that the burial of a body, or the saving of a life overrode all considerations of purity.[24] Chen asks the question, 'Is showing compassion more important than ritual purity, when acting on one might transgress the other?'[25]

Chen's question leads us to reflect on the complex balance of decision-making in circumstances where correct doctrine comes into conflict with compassionate practice. When a person is met with a situation in which their beliefs about correct doctrine are brought into conflict with compassionate practice, a judgement must be made as to which takes precedence in the circumstances. In this parable, the Priest

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[23] Ruben Zimmerman, *Puzzling the Parables of Jesus: Methods and Interpretations* (Minneapolis: Fortress Press, 2015), p. 306.

[24] Klyne Snodgrass, *Stories with Intent: A Comprehensive Guide to the Parables of Jesus* (Grand Rapids, MI: Eerdmanns, 2018), p. 299.

[25] Chen, *Luke,* p. 153.

and the Levite chose to elevate correct doctrine (in this case ritual purity) over an act of compassion (tending to the victim). We can surmise from Jesus's later command to 'go and do likewise' (Luke 10:37) that following the Good Samaritan's example of compassion is the preferable course of action when such conflicts arise.

But a Samaritan, as he travelled, came where the man was; and when he saw him, he took pity on him. (Luke 10:33)

In contrast to the Priest and the Levite, the Samaritan was moved by compassion.[26] The Samaritan's primary motivation is described as 'he was moved by compassion'.[27] The same Greek word is used to describe how Jesus looked upon the woman at Nain on her way to bury her son (Luke 7:13) and also with respect to the father of the prodigal son (Luke 15:20). We can deduce, then, that it was something within the Samaritan, something of his character which led him to help the beaten man. By explaining that 'he was moved by compassion' we can see that the inner motivation of compassion is what leads to action, rather than ethical deliberations over the morally correct thing to do. Greg Forbes notes that the Samaritan was 'distinguished not only by his response but by his identity',[28] in that the one who helped the victim was the very person whom others did not expect to help.

This seems relevant to my own considerations as I wonder how I might accompany and support someone at the end of their life as they choose assisted dying. The situations are not parallel, some interpretation is required to bring this parable to bear in the modern context of the hospice, as with many other modern pastoral situations. However, important themes have emerged which include compassionate approach to those in need and the nuanced decision-making required when doctrine and compassionate practice come into conflict.

In this situation, I wonder whether I should elevate my belief in the inherent value of a person's life? Perhaps I should conscientiously

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[26] Greg Forbes, *The God of Old: The Role of the Lukan Parables in the Purpose of Luke's Gospel* (Sheffield: Sheffield Academic Press, 2000), p. 65.
[27] Chen, *Luke,* p. 154.
[28] Forbes, *The God of Old,* pp. 63–64.

object, refuse to care for the patient, and have nothing to do with the process, a pressure which I feel from some in the Christian community and from the strident voices of social media. I feel a pressure to noisily refuse to support the dying person in the decision to prematurely end their life by means of assisted dying. It is a pressure to make a stand and say, 'This is a line I refuse to cross.' But the parable offers me a challenge: is it really about me and what I think? Is it even about the opinion of others as they make judgements on how I choose to spiritually care for those who come across my path? Maybe there is some way in which I am 'the one whom the others did not expect to help', which makes it important that I do not walk by on the other side, refusing to be moved by compassion in the face of the suffering of others. Being moved by compassion is not to be interpreted as agreeing with the patient's choices; rather, I understand it as a choice to accompany the patient even when disagreeing with the choices that they make. Acting with compassion and disagreeing with a person's choice are not mutually exclusive.

But he [the lawyer] wanted to justify himself, so he asked Jesus, 'And who is my neighbour?' (Luke 10:29)

Jesus tells the parable within the context of the lawyer questioning Jesus about what he must do to inherit eternal life. The lawyer wants prescriptive answers or rules, in this case about 'who is my neighbour?'. Klyne Snodgrass notes that the parable is further evidence that

> Jesus will not allow boundaries to be set so that people feel they have completed their obligation to God. Love does not have a boundary where we can say we have loved enough, nor does it permit us to choose those we will love, those who are 'our kind'.[29]

In the parable, the lawyer (and by extension ourselves as well) learns through the travellers that 'one must show compassion to those in need regardless of the religious and ethnic barriers that divide people'.[30] Once again, the importance of the compassionate character (in the parable it

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[29] Snodgrass, *Stories with Intent*, p. 300.

[30] Anna Wierzbicka, *What did Jesus Mean? Examining the Sermon on the Mount and the Parables in Simple and Universal Human Concepts* (New York: Oxford University Press, 2001), p. 377.

is the Samaritan, in the hospice it is the chaplain) is elevated over the religious beliefs that divide us. It becomes a matter of *my* identity as a neighbour rather than the definitions of who a neighbour is and the limitations that this distinction places on our obligations to others. How we love is as important as who we love. David Jeffery, quoting Paul Ricoeur, reminds us that

> Jesus is not articulating a 'sociology of the neighbour'; he is showing forcefully that 'one does not *have* a neighbour. I make myself someone's neighbour'. [31]

The presence of the chaplain at the end of life, as someone who sees the dying person's life as unique and valuable, even when they may not see that for themselves, is paramount. When the palliative care chaplain is asked to spiritually accompany, to be with a patient in the final moments of their life, the crucial factor is for the chaplain to continue to see that person's life as valuable, that the chaplain does not desert them, does not pass them by due to differences in religious beliefs about the way in which that life was ended. We may hold our own personal convictions about the moral permissibility of an action, we may not agree with that person's choices, but as with the compassionate eyes of the Good Samaritan, what is important here is that we accompany the dying with a heart and eyes full of compassion for the person we have before us. Our focus becomes the compassionate course of action, and how we show mercy, love, and compassion within the context of 'Love the Lord your God with all your heart and with all your soul and with all your strength and with all your mind' and 'Love your neighbour as yourself' (Luke 10:27).

> The Christian response to the mystery of death and suffering is not to provide an explanation but a Presence that shoulders the pain, accompanies it and opens it up to a trusting hope.[32]

A man was going down from Jerusalem to Jericho, when he fell into the hands of robbers. They stripped him of his clothes, beat him and went away, leaving him half dead. (Luke 10:30)

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[31] David Lyle Jeffrey, *Luke* (Ada, MI: Brazos Press, 2012), p. 150.

[32] Cicely Saunders, *Watch With Me: Inspiration for a Life in Hospice Care* (Lancaster: Observatory House, 2009), p. 25, cited in 'Samaritanus Bonus', p. 14.

In closing this section of the reflection, it must be noted, as Ronald Burris does, that as we adopt a compassionate eye for the victim, we must also adopt a compassionate gaze towards the robbers themselves.[33] Burris invites us to consider what happened in the lives of the robbers to make them act in such a violent way. The challenge for those of us working in palliative care is twofold. We might ask what is happening in our medical services, or in society at large that leads people to choose to opt for assisted dying. How do we view those who are terminally ill? What are the options for palliative care, and is it adequately funded? What is happening in the inner life of the patient that they want to hasten their death? These are big questions which cannot be addressed in this short reflection, but they do need to be considered when we look at the wider debate over the ethical acceptability of assisted dying in Scotland.[34] John Swinton argues that one of the primary facets of practical theology is indeed to grapple with questions such as these.

> A major task of practical theology at this moment in time is truth telling. Truth telling enables us to prophetically deconstruct the world, in order that we can faithfully participate in its rebuilding.[35]

We must therefore not be afraid to ask questions, deep questions about the state of the world and why it is as it is. This will involve examining the structures of society itself and the injustice inherent in the power structures that we live by. It will involve examining our own past, present, and future complicity in upholding structures which perpetuate injustice. This will inevitably be uncomfortable and at times painful. As practical theologians concerned with faith worked out in practice, we must be willing to shine a light on these uncomfortable truths, approaching them with an openness of character such that we

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[33] R. Burris, 'Another Look at the Good Samaritan', *Review and Expositor*, 114, no. 3 (2017), 457–461 (p. 460).

[34] I recommend the works of Miro Griffiths for a comprehensive examination of the limitations that society places on those deemed to have a life limiting and progressive condition. See, for example, Miro Griffiths, 'Why I support Better Way', Better Way <https://www.betterwaycampaign.co.uk/assisted-suicide-law-would-heighten-inequality-dr-miro-griffiths/> [accessed 1 September 2023].

[35] John Swinton, 'What Comes Next? Practical Theology, Faithful Presence and Prophetic Witness', *Practical Theology*, 13, no. 1–2 (2020), 162–173 (p. 167).

might allow the Spirit to work in the rebuilding of both our very selves and the structures that we live by.

A Thematic Approach

Thus far we have looked at a kerygmatic approach, focusing on specific passages of Scripture to explore the issue at hand, examining a particular story of Scripture and asking what the parable of the Good Samaritan might have to say to us about the issue for reflection here. Nancey Murphy encourages us to bring the whole of Scripture to bear on a moral issue, not looking solely at specific passages of Scripture, rather considering its narrative arc and prominent themes.[36] As such, whilst we can draw some useful reflections from our midrash on the parable of the Good Samaritan, we must take care not to take these out of their wider scriptural context. A thematic approach allows us to consider overarching themes in Scripture, and following this approach, I will look at the theme of kenosis — God's humble self-emptying in entering into creation at the incarnation — to take the exploration further.

Kenotic love is expressed in Philippians 2:5–8.

> Your attitude should be the same as that of Christ Jesus: Who being in very nature God, did not consider equality with God something to be grasped, but made himself nothing, taking the very nature of a servant, being made in human likeness. And being found in appearance as a man, he humbled himself and became obedient to death, even death on a cross!

Kenotic love, kenotic pastoral care, God's self-emptying kenosis is expressed in the passage above and is demonstrated in God's own humility as the divine compassionately enters creation in Jesus Christ. Sallie McFague calls this 'radical relationality'.[37] If we embody kenosis in our pastoral care for others, we engage in a self-emptying of our own egos, a setting aside of those certainties to which we (rightly or wrongly hold) and instead allow the Spirit of God to enter into the pastoral encounter. What we set aside in the encounter is our own desire to assert our personal beliefs, instead choosing to listen to the person we

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[36] Nancey Murphy, Brad J. Kallenberg, and Mark Theissen Nation, *Virtues and Practices in the Christian Tradition* (Notre Dame, IN: University of Notre Dame Press, 1997), p. 32.
[37] Sallie McFague, *A New Climate for Christology* (Minneapolis: Fortress Press, 2021), p. 37.

accompany, only offering our opinions when we are graciously invited to do so. Weil describes this as 'a form of self-emptying in which [we] diminish as God grows [in us]'.[38]

Kenotic pastoral care as self-emptying, in the context of accompanying those who make choices with which we disagree, necessarily involves elevating the needs of the person above our own desire to express ourselves and to make our own thoughts and opinions known, and instead asks us to humbly put aside ourselves to make room for God in the encounter. If the chaplain uninvitedly makes their personal beliefs known to the patient, then the chaplain elevates their personal desire to be heard over the needs of the patient, and risks damaging the future of the relationship. Acting with compassion towards a patient allows for the maintenance of relationship between the chaplain and the patient, through which the patient may come to encounter God.

This self-emptying is sacrificial. It is sacrificial because it is difficult and hard, it means responding with 'under-standing' and humility to the needs of the person for whom you are caring. 'Under-standing' referring here to self-emptying by humbly situating our own needs and opinions under those of the person requiring care, by elevating their needs above our own. But most importantly, self-emptying means submitting all these things to God and letting God do the transforming work that God sees fit. Kenotic pastoral care means setting aside all these things and asking what our neighbour needs, to come to understand and experience the loving nature of God. Through relationship and compassionate care, we may even be afforded the opportunity to offer our counsel and opinion. We cannot take this for granted, but if we refuse to care for the patient requesting assisted dying, we can be assured that this opportunity will likely not be afforded. In short, kenotic pastoral care begins with getting us and our opinions about morality out of the way so that God can do the transformative

[38] Simone Weil, *Gravity and Grace*, trans. by Arthur Francis Wills (New York: Putnam, 1952), cited in McFague, *New Climate,* p. 27.

work. In this way we truly demonstrate, not loving our neighbour *despite* but loving our neighbour *full stop*.

What, then, does kenotic love look like in the context under consideration here? It looks like kenotic love in any situation where we are asked to accompany, to walk with someone when we feel that they may not be making choices that are right for them: engaging with them in their own time and on their own terms, maintaining relationship, and keeping the doors open for conversation about their choices. Swinton notes that for Jesus,

> friendships were unbounded by culture or public opinion; in particular, he offered friendship to those whom society marginalized, stigmatized and demonised […] Such a repositioning of the margins challenges [us] by raising the question: *Are we sitting where God is sitting?* [39]

When palliative care chaplains offer kenotic love to the person requesting assisted dying, rather than conscientiously objecting or withdrawing from them, we instead walk towards the patient. We practise cruciform loving by emptying ourselves of our *need* to have our opinions heard in the situation before us. In kenotic pastoral care we empty ourselves of these desires and we make space for the transformative mystery of God to work in the situation. We look on the patient with the compassionate eyes of Jesus, with a heart that sees the value in the person even when they cannot see it themselves. We continue to walk with the person, keeping the relationship and opportunity for discussion open. We are not those who judge, but importantly, are those who will lament when they are gone. Lament is essentially a hopeful practice, one which says, all is not well in the world just now, but I hope that one day it is different.[40] In this way, our presence of kenotic cruciform loving reflects something of the kenotic love that God showed for us in the incarnation.

As I reach the end of this reflection on kenotic love and its relevance to pastoral care, I am taken back twenty years to one of my first shifts as a Samaritans listening volunteer. It is the middle of the night, and I answered the phone, stepping into the booth as a newly

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[39] John Swinton, *Raging with Compassion* (London: SCM Press, 2018) p. 221.
[40] Arthur Cole Riley, *This Here Flesh* (London: Hodder & Stoughton, 2022), p. 101.

trained Samaritan, just twenty years old. The caller, let us call him James, was silent. Slowly he revealed, in slightly slurred speech, that he had taken an overdose. He detailed all the ways in which life events had led him to this decision, all the pain laid bare before this stranger on the phone. He wanted to end his life; this was not a cry for help he assured me. He did not want anyone to find him. But he did not want to be alone. 'I don't know what to say,' I said, silent tears falling down my cheeks. 'I don't need you to say anything,' he replied, 'I just want to know that someone is with me.' The silence echoed around us, me silently lamenting all the events in James's life that had led to this day. Him slowly slipping into unconsciousness. I remember that silence now, pregnant with the weight of the moment, and remember that I have never felt so alive to the presence of God.

Conclusions

I entered this process of reflection to establish how I might be able to accompany a person in the process of assisted dying, whilst at the same time maintaining spiritual and moral integrity in doing so. I expected that this might involve in some way making my opinions known on the matter, whilst still fulfilling my pastoral obligation to remain with the dying person. I had thought that I would make a prophetic stand, demonstrating that I valued their life. Perhaps this might involve saying to them in the face of death, 'You are valuable even when you do not see it.' I imagined that this might be courageous, that it would be bold, that it would speak politically as well as profoundly to the person for whom I was caring. But I see that those things would have met my needs, not the needs of the patient who wanted me to be by their side as they made a hard and difficult choice.

Instead, through reflection on both the story of the Good Samaritan and in particular my reflection on the theme of kenosis, I have come to see that a faithful response which maintains my personal spiritual and moral integrity, is actually less to do with what I think about the person's choices, and more about maintaining the relationship to allow space for God to do the transformative work that God deems necessary for the situation. That transformative work may or may not

involve an invitation for me to dialogue with the patient about their choices. An invitation that would surely never come if that relationship were curtailed due to my conscientious objection and refusal to provide spiritual care.

My reflections have led to a gentler position; I still view that a patient's life is valuable, I still wish that they had a quality of life and could see that their life was valuable, that they would not feel the need to make the choice of assisted dying. But despite this, if the law allowing assisted dying is passed in Scotland, I will continue to journey with those who do make that choice and who wish for me to remain by their side whilst they do so. I will not loudly impose my uninvited opinion on them, alienating them from the spiritual care they need at this time, and creating a barrier between us whereby they possibly might not feel able to ask for spiritual support and advice if needed.

Initially I worried that this accompanying might in some way affect my spiritual and moral integrity, I realise now that in looking at the person with the compassionate eyes of the Good Samaritan, in the putting aside of differences of religious beliefs, and through the adoption of kenotic, loving, pastoral care, my accompanying remains integrated with my theological and moral beliefs. I have come to understand that faithful character expressed through loving faithful practice is elevated above the imposition and loud proclamation of theological doctrine. Therefore, if the Assisted Dying Bill is brought into law in Scotland, I will continue to be present at the bedside of the dying patient, even if they request to end their life by means of assisted dying. My hope will always be that every person feels loved, valued, and supported enough (medically, spiritually, emotionally, and socially) that they do not feel drawn to end their own lives through these means. But until that time comes, I will continue accompanying, supporting, and being with people to the very end, all the while lamenting that things might be different.