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Theo Boer

Remembering St. Augustine on suicide

Is the body of the wise man exempt from any pain which may dispel pleasure, from any disquietude which may banish repose? The amputation or decay of the members of the body puts an end to its integrity, deformity blights its beauty, weakness its health, lassitude its vigour, sleepiness or sluggishness its activity – and which of these is it that may not assail the flesh of the wise man? [...] What if a man suffers from curvature of the spine to such an extent that his hands reach the ground, and he goes upon all-fours like a quadruped? Does not this destroy all beauty and grace in the body, whether at rest or in motion? [...] Where are reason and intellect when disease makes a man delirious? [...] And who is quite sure that no such thing can happen to the wise man in this life? [...] As the apostle says, »The flesh lusts against the spirit« [Galatians 5:17]. [...] There is a mighty force in these evils to overcome this natural instinct by which death is by every means and with all a man's efforts avoided, and to overcome it so completely that what was avoided is desired, sought after, and if it cannot in any other way be obtained, is inflicted by the man on himself. [...] The wise man, I admit, ought to bear death patiently, but when it is inflicted by another.

Augustinus: De civitate Dei XIX, 4 (A Select Library of the Nicene and Post-Nicene Fathers of the Christian Church 2, ed. by Philip Schaff)¹

¹ Downloaded from: <http://www.clerus.org/bibliaclerusonline/en/cdk.htm>.

One of the most important tasks of scholars in history is to discern between things memorable and things unmemorable. Scholars in the sources of Christian theology face the challenge that the canons of Scripture and tradition already contain a limited selection of writings and events. Generations before us have made a selection that we cannot reverse. However, if historiographers have done their task properly, they would not only have left us with their construals of history, but also with an arsenal of knowledge that is potentially relevant. Events, ideas, and data that were once considered obsolete or self-evident may at a later stage in history prove to be crucial – crucial for understanding past events, crucial subsequently for understanding their relevance for new generations.

In ›The Problem of Pain‹ (London: The Centenary Press, 1940), the British writer and lay theologian C.S. Lewis encourages us to be aware of one of those self-evident details that scholars may tend to forget. When arguing for the truth of religion, he says, »Lay down this book and reflect for five minutes on the fact that all the great religions were first preached, and long practiced, in a world without chloroform.«² Lewis passes on a wisdom that is as simple as it is crucial: religious writings – most of which address problems connected to human suffering – were not written in isolation from human misery, but originated in the very midst of it, with little means to ease the suffering. For Lewis, awareness of this historical context contributes to a religion's credibility and usefulness – its truth and value.

In fact, learning from the past when we reflect ethically, and try to cope personally, with tragedy, sickness, and ageing may be one of our more urgent contemporary needs. In the last century medical advances and increased hygiene have led to a strongly increased life expectancy and to a significant improvement of our quality of life. We live longer and much more comfortably. Recent developments in oncology, for example, have turned many forms of cancer from certain pathways towards death into chronic diseases. For patients whose illnesses cannot be cured, an array of palliative options has opened up: painkillers, sedatives, oxygen, medications against nausea and apnoea, as well as a range of technological solutions which restore some of the autonomy of the stricken patient. For the more daily physical and psychological complaints the modern citizens have their own home pharmacy. These accomplishments, however, are far from solving the condition humaine. Discomfort, suffering, and dying are pushed back only to re-emerge in different shapes: death comes later, happens slower, and is caused by other diseases than the diseases we have mastered. A person who would previously have succumbed to cancer may now die from dementia; and if ever a cure for dementia is found, another fatal illness will emerge. What goes for illnesses also holds for suffering: unbearable physical causes such as pain, dyspnoea, or nausea that are successfully fought make place for nonphysical suffering such as meaninglessness, care dependence, loneliness, and detachment.

² Downloaded from: <http://www.studynovels.com/Page/Story?bookId=546>

Medical advances that are hailed for their role in preventing suffering also receive blame for causing new tragedies.

Contemporary voices have brought a seemingly logical solution to the fore: ending misery through ending life. In 1969, Dutch psychiatrist Jan Hendrik van den Berg opened the discussion about physician assisted dying with his ground breaking book, *Medical power and medical ethics* (Nijkerk: Callenbach, 1969). The author argues that by fighting death so effectively, physicians are co-responsible for the suffering in the surviving patients. Hence, they should have the courage to terminate the lives of these patients. Leading protestant ethicists such as Harry Kuitert and Heleen Dupuis followed along this path: since much suffering is the consequence of medical interventions, they argued, physicians have a natural duty to help patients **to die**. Medical science has lifted us into the highest tree, and now should take its responsibility to help us down. The consequence, fifty years after Van den Berg's ground breaking pamphlet, is a euthanasia practice **in The Netherlands** that not only features as the first worldwide, but also as one of its most liberal. Euthanasia and physician assisted suicide account for 4.5% of all deaths nationally, up to 12% of all deaths in some regions, and up to around 25% of all deaths caused by terminal illnesses in these regions. This comes together with a practice in which between 18% and 25% of deaths are preceded by palliative sedation – a doctor-induced artificial coma at the end of terminal illness. We can conclude that the influence on the way and the moment patients die in the Netherlands is now larger than at any other moment in peace time. Paradoxically, the physical quality of life in the Netherlands is now higher than at any other moment in peace time. Our quality of life is higher than ever before, and so are the numbers of assisted deaths.

In the midst of this intriguing paradox, we may want to return to the thoughts and practices of theologians long before us, and try to fathom the relevance of their views for current theological discourse. Let us for a moment listen to a theologian who lived in a time in which chloroform was in fact absent.

In the piece quoted above, St. Augustine confronts philosophers who argue that death could be a good remedy against losing one's dignity through a debilitating illness. Death may come in welcome, St. Augustine argues, but on the condition that it is »inflicted by another [cause]«. The author does so only after emphatically portraying the ordeals and hardships of suffering, and he could know: he lived in a time when life could be mean and miserable.

St. Augustine forms a bridge between the Bible and the present time – perhaps even the missing link. To be sure, there is the Biblical sixth commandment, but does this also include suicide? Surely, self-inflicted deaths are found in the Bible – think of the suicides of Saul, Samson, Judas and others – and considered by others, such as Elijah. However, it is remarkable that none of these stories condemns suicide, and that in none of them (Samson perhaps excepted) suicide is justified. Is it because suicide falls beyond the categories of forbidden or the legitimate, namely of the tragedy, in which moral judgment is suspended as it were?

In the three centuries between the latest New Testament texts and the writings of St. Augustine an important development took place: Hebrew and Greek thinking merged in the early church. As absent pleas favouring suicide were in Biblical texts, as vocally present were they in the writings of the Stoics and others – just as they are presently found in many modern (and mostly Western) countries. The point is thus not that St. Augustine did not know about sophisticated arguments in favour of suicide, because he did. Neither is the point that St. Augustine did not know suffering, because he did. Neither is the point that St. Augustine ignored the blessing of dying in the face of severe suffering. In fact, he welcomed death. The point is that in his view death should come from other causes than from the individual wishing to die.

In St. Augustine's days, there were compelling reasons to advocate the right of humans to effectuate their own deaths, but for some reason the bishop of Hippo rejected his contemporaries' pleas for suicide. What could this reason be? Is it his view on the value of patientia, a virtue that is essential to the formation of the Christian's character? Is it the confidence that God will be faithful in whichever adversities? Or is it the conviction that Divine sovereignty and the sixth commandment simply rule out suicide? Whatever the answer is, it is highly relevant for our reflection on contemporary issues in medical ethics. I could imagine that understanding St. Augustine's reasons would provide valuable insights in discussions about an orchestrated death in times in which pain and suffering are so blissfully treated.