

MAID, Euthanasia, and Suicide:  
Examining MAID from Contemporary, Historical, Theological, and Biblical Lenses

Jared Borders

RCSA Academic Symposium 2025

Vancouver, British Columbia

March 28, 2025

4600 Words

## *Setting the Stage – Where Are We Today?*

When Bill C-14 was passed in Canada in June 2016, Canadian society was forced to quickly move from theoretical discussions regarding the ethical implications of euthanasia to grappling with its legalized reality.<sup>1</sup> The resulting program, Medical Assistance in Dying (more commonly known as MAID), provides two forms of physician-assisted-deaths: voluntary euthanasia<sup>2</sup>, where the physician actively hastens death<sup>3</sup> at the direction of a patient through lethal injection or similar means, and physician-assisted-suicide (or PAS), where the physician prescribes lethal drugs for the patient to self-administer.<sup>4</sup> Both methodologies involve voluntary suicidal intent, yet differ in who delivers the lethal substance. When considering matters of bioethics, these are the two main channels of physician-assisted-deaths debated and potentially implemented in other countries, but effectively, in Canada, the MAID program is synonymous with the euthanasia methodology, which comprised 99.97% of the program in 2023 (the most recent full year of federal reporting).<sup>5</sup>

With this background in mind and to continue any sort of discussion regarding MAID, it is helpful to grapple with its scale. From the program's implementation in 2016 to 2023, 60,301 people have been euthanized, with an average annual growth rate of 31.1% from 2019-2022 and

---

<sup>1</sup> Ricarda M. Konder and Timothy Christie, "Medical Assistance in Dying (MAiD) in Canada: A Critical Analysis of the Exclusion of Vulnerable Populations," *Healthcare Policy*, vol. 15,2 (2019): 28-38.

<sup>2</sup> James B. Tubbs Jr., *A Handbook of Bioethics Terms* (Washington: Georgetown University Press, 2009), 55.

<sup>3</sup> Quentin I. T. Genuis, "Trust, intent, authenticity, and good dying: Beyond the autonomy debates and towards a philosophy of palliative care," *Progress in Palliative Care* (2017), 25:6, 286-290.

<sup>4</sup> "Medical assistance in dying: Overview," Government of Canada, accessed March 11, 2024. <https://www.canada.ca/en/health-canada/services/health-services-benefits/medical-assistance-dying.html>.

<sup>5</sup> "Fifth Annual Report on Medical Assistance in Dying in Canada, 2023," Health Canada, December 2024. <https://www.canada.ca/en/health-canada/services/publications/health-system-services/annual-report-medical-assistance-dying-2023.html>.

a 15.8% growth rate from 2022-2023.<sup>6</sup> In 2023, 15,343 people were killed in the program, comprising 4.7% of all deaths in Canada.<sup>7</sup> Of those, there were 14,721 MAID provisions for “individuals whose death was reasonably foreseeable,” a designation that is labeled as “Track 1.”<sup>8</sup> The remaining 622 cases where “death was not reasonably foreseeable” fall under “Track 2,”<sup>9</sup> which is number likely to increase over time given the planned March 17, 2027 expansion of MAID to those whose “sole underlying medical condition is mental illness.”<sup>10</sup> Behind all these numbers and statistics are individual people that are then connected in a dense web of relationships with families, coworkers, friends, and neighbors. Given MAID’s scale, it is difficult to emerge untouched by a program that did not exist more than nine years ago.

Yet, despite the modern medicalized setting of MAID, its implementation marks specific theological and anthropological claims that get to the heart of the meaning and interpretation of human life, suffering, pain, and death. As such, this paper will seek to explore some of the contemporary, historical, theological, and biblical implications of euthanasia and suicide as it relates to its contemporary Canadian usage in order to inform practical ministerial outlets. The core of this exploration revolves around the claim that human life is given and limited and seeks to move beyond pure legal objection to cultivating a sense of what it means to die well in the land of the living.

---

<sup>6</sup> “Fifth Annual Report.”

<sup>7</sup> “Fifth Annual Report.”

<sup>8</sup> “Fifth Annual Report.”

<sup>9</sup> “Fifth Annual Report.”

<sup>10</sup> “Canada’s Medical Assistance in Dying (MAID) Law,” Government of Canada, accessed March 20, 2024. <https://www.justice.gc.ca/eng/cj-jp/ad-am/bk-di.html>.

### *Contemporary Situation and Anthropological Vision*

In Canada's annual report on MAID for 2023, participating Canadians provided their reasonings for choosing MAID, with each respondent being able to select multiple options. According to the report, the most cited "source[s] of suffering" were: "the loss of ability to engage in meaningful activities" (Track 1: 95.5%, Track 2: 96.3%), "loss of ability to perform activities of daily living" (Track 1: 87.3%, Track 2: 83.1%), and "loss of dignity" (Track 1: 64.9%, Track 2: 70.4%)."<sup>11</sup> Such responses are supported in literature elsewhere, including the State of Washington, where a study noted the top reasons for exploring Washington's PAS program as being the "loss of autonomy (97.2%), inability to engage in enjoyable activities (88.9%), and loss of dignity (75.0%)."<sup>12</sup> Together, these findings reveal a notion of suffering that is overwhelmingly headlined by a sense of "existential distress" rather than specific medical diagnoses.<sup>13</sup> Discussing this phenomenon, Quentin Genuis explains, "such individuals cannot bear to live for non-medical reasons, but expect medical professionals to relieve them of distress via physician-hastened-death."<sup>14</sup>

At the heart of these motivations lie perceptions of autonomy and the nature of suffering. Autonomy is a well-documented concept<sup>15</sup> within the medical realm, marking a sense of "self-

---

<sup>11</sup> "Fifth Annual Report."

<sup>12</sup> Elizabeth Trice Loggers, Helene Starks, Moreen Shannon-Dudley, and Anthony L. Back, "Implementing a Death with Dignity Program at a Comprehensive Cancer Center," *New England Journal of Medicine* (2013): 368:1417-1424.

<sup>13</sup> Genuis, "Trust, intent, authenticity, and good dying."

<sup>14</sup> Genuis, "Trust, intent, authenticity, and good dying."

<sup>15</sup> Genuis, "Trust, intent, authenticity, and good dying."

determination”<sup>16</sup> where “the individual is free to set his or her life direction,”<sup>17</sup> including the manner of death. Autonomy being marked as a core pillar of bioethics consideration is best encapsulated in James Childress and Tom Beauchamp’s hugely influential biomedical ethics textbook, *Principles of Biomedical Ethics*, first published in 1979 and now in its eighth edition. Childress and Beauchamp’s text stakes its defense for autonomy as a corrective to “unhealthy paternalism in medical practice” and to reorient the source of power to the patient over the physician.<sup>18</sup> From this vantage point, Childress and Beauchamp defend the ethical right of suicide for individuals they deem to be fully autonomous, remarking “if the principle of autonomy is strongly relied upon for the justification of suicide, then it would seem that there is a right to commit suicide, so long as a person acts autonomously and does not seriously affect the interests of others.”<sup>19</sup> Each individual’s life is effectively their own to do with as they wish.<sup>20</sup> Yet, autonomy not only helps to redefine death as a choice, but it also reorients how life itself is perceived. When independence, self-sufficiency, and self-determination are positioned as moral rights, something is then deemed at fault in our lived experience if sickness, disease, and pain encroach or hinder upon these rights. Euthanasia, through MAID, is then a form of rights recovery through rallying against our limits<sup>21</sup> and hastening death before our autonomy is too far

---

<sup>16</sup> Gilbert Meilaender, *Bioethics: A Primer for Christians*, 4<sup>th</sup> Edition (Grand Rapids: Eerdmans, 2020), 75.

<sup>17</sup> M. Therese Lysaught, Joseph J. Kotva Jr., Stephen E. Lammers, and Allen Verhey, *On Moral Medicine: Theological Perspectives in Medical Ethics*, 3<sup>rd</sup> Edition (Grand Rapids: Eerdmans, 2012), 1079.

<sup>18</sup> Genuis, “Trust, intent, authenticity, and good dying.”

<sup>19</sup> Tom L. Beauchamp and James F. Childress, *Principles of Biomedical Ethics* (New York: Oxford University Press. 1979), 90.

<sup>20</sup> Meilaender, 75.

<sup>21</sup> Meilaender, 77.

bound in chains, which is helpfully illustrated by the existential suffering rationales listed above in Canada's MAID report.

Complementing this pursuit of autonomy is a wider medical and societal view on suffering. Commenting on the rise of the medical revolution, Allen Verhey notes a trajectory spearheaded by the philosophy of Francis Bacon that enlisted physicians in a “heroic battle against death...their courage [being] their refusal to call any disease incurable,” and thus, helping cement medicine as a form of resistance against the natural order.<sup>22</sup> Yet, Verhey also notes that the language of the medical industry today has shifted from one purely fighting against death to a “more noble end, the elimination of suffering.”<sup>23</sup> Such language is used explicitly in the criteria for requesting MAID, where the main regulation is that the patient must “experience unbearable physical or mental suffering from [their] illness, disease, disability or state of decline that cannot be relieved under conditions that [they] consider acceptable.”<sup>24</sup> Suffering is effectively eliminated, in a sense, but only through the death of the sufferers themselves.<sup>25</sup> As such, something quite powerful is communicated about the perception of suffering when death is a viable and potentially better alternative. The implication being that suffering's persistence in daily life can effectively end the virtue of living if the goal of human flourishing and ease becomes a losing battle.<sup>26</sup>

---

<sup>22</sup> Allen Verhey, *Reading the Bible in the Strange World of Medicine* (Grand Rapids: Eerdmans, 2003), 336.

<sup>23</sup> Verhey, 337.

<sup>24</sup> “Medical assistance in dying: Overview.”

<sup>25</sup> Meilaender, 78.

<sup>26</sup> Verhey, 321.

### *Historical and Theological Lenses*

Though much of the medical technologies and legal language surrounding euthanasia are new within Canada, debates around euthanasia and suicide range back to antiquity. Verhey notes antiquity's "wide acceptance of abortion, euthanasia, and infanticide in Greece and Rome," where the use of various poisons for the "mortally ill" were commonly accepted practices.<sup>27</sup> With respect to these practices, the Hippocratic tradition makes a clear contrast in its forbidding of the administration of deadly substances to patients. Though the movement started as a minority voice, it grew to be hugely influential in the development of Western medicine.<sup>28</sup>

Christianity, for its part, is no stranger to discussions around death and dying from its earliest founding. Stanley Hauerwas provocatively notes that "the existence of the martyrs is a clear sign that Christians think the value of life can be overridden" and not necessarily needing to be "sustained until the bitter end."<sup>29</sup> Many of the early Christian martyr biopics support this sentiment, including the famed *Martyrdom of Perpetua and Felicity*, which describes the imprisonment and execution of Perpetua and her pregnant slave, Felicity, in AD 203.<sup>30</sup> At its conclusion, the text remarks that Perpetua "herself placed the wavering right hand of the youthful gladiator to her throat" in the Carthaginian arena, and the narrator subsequently venerates her as among "the most brave and blessed martyrs."<sup>31</sup> Through the martyrs'

---

<sup>27</sup> Verhey, 325.

<sup>28</sup> Verhey, 325.

<sup>29</sup> Stanley Hauerwas, "Rational Suicide and Reasons for Living," in *On Moral Medicine*, edited by M. Therese Lysaught, Joseph J. Kotva Jr., Stephen E. Lammers, and Allen Verhey, 3rd Edition (Grand Rapids: Eerdmans, 2012), 1100.

<sup>30</sup> "The Martyrdom of Perpetua and Felicity," in *Readings in World Christian History: Volume 1, Earliest Christianity to 1453*, edited by John W. Coakley and Andrea Sterk (Maryknoll: Orbis Books, 2004), 30.

<sup>31</sup> "The Martyrdom of Perpetua and Felicity," 37.

testimonies, there is a sense, as Verhey puts it, “that they were not their own but belonged to God, the giver of life, from whom not even death could separate them.”<sup>32</sup> Yet, despite this fearlessness around death, many writers in the Christian tradition voice strong opinions against suicidal practices in the wider culture and within Christianity, focusing primarily on individual suicide over the more communally involved euthanasia methodology. For example, both Justin Martyr (d. ca. AD 165)<sup>33</sup> and Augustine (AD 354-430)<sup>34</sup> speak out against those considering suicide in the face of Christian persecution. Justin Martyr, writing in his *Second Apology*, a defense of the Christian faith, remarks to his Greco-Roman audience that Christians would “be acting in opposition to the will of God” if they committed suicide when they are persecuted for their faith.<sup>35</sup> Similarly, Augustine points to the story of Job as a precursor for Christ when advocating for patience among Christians experiencing persecution, rather than “dar[ing] death impatiently” and thereby risking post-mortem punishment because of a moral misdeed.<sup>36</sup>

In *City of God*, Augustine famously revisits the topic of suicide when arguing against the Stoic philosophy prevalent in the surrounding Greco-Roman culture, putting Stoicism within categories remarkably similar to the present language of suffering used in MAID documentation. Augustine argues that Stoics “pretend to find the ultimate good in this life and to hold that they are themselves the source of their own happiness.”<sup>37</sup> However, when “ills” come, and they

---

<sup>32</sup> Verhey, 323.

<sup>33</sup> Justin Martyr, *Second Apology*, in *Readings in World Christian History*, edited by John W. Coakley and Andrea Sterk (Maryknoll: Orbis Books, 2004), 37.

<sup>34</sup> Augustine of Hippo, *City of God*, in *Readings in World Christian History*, edited by John W. Coakley and Andrea Sterk (Maryknoll: Orbis Books, 2004), 195.

<sup>35</sup> Justin Martyr, 39.

<sup>36</sup> Augustine of Hippo, *Seventeen Short Treatises*, translated by Members of the English Church, vol. 22 of *A Library of Fathers of the Holy Catholic Church, Anterior to the Division of the East and West* (Oxford: J.H. Parker, 1838), 550.

perceive that they are “tried by them beyond [their] obligation or duty to bear, [they think that they] may have no choice but to take the easy way out by committing suicide.”<sup>38</sup> As a counter to this perceived Stoic practice, Augustine again uses the language of patience, commenting that “neither our salvation nor our beatitude is here present, but ‘we wait for it’... precisely because we are surrounded by evils which patience must endure until we come to where all good things are sources of inexpressible happiness.”<sup>39</sup> In so doing, Augustine acknowledges a reality where the world is not as it should be, full of suffering and pain; yet, he also advocates for a kind of patience that sits in suffering through a given hope in eternal healing and “blessedness.”<sup>40</sup>

The nature of Christian hope is situated around a reality that this hope is gifted rather than earned. Paul’s famous words to the Ephesians, “for by grace you are saved through faith, and this is not from yourselves, it is the gift of God,”<sup>41</sup> ring out over a biblical narrative that illustrates how Jesus’s death and resurrection have won the victory over sin and death and look towards a new creation reality. Similarly, as much as Christian hope is framed as a gift, this present life situated within Augustine’s “ills” can also be viewed in giftedness language. Hauerwas remarks that “we should learn to regard our lives as gifts bestowed on us by a gracious Creator,” which he argues creates a sense that “living is an obligation.”<sup>42</sup> To Hauerwas, the fact that life is given signifies relational obligations to “our Creator and one another.”<sup>43</sup> Humans are connected to God

---

<sup>37</sup> Augustine, *City of God*, 197.

<sup>38</sup> Augustine, *City of God*, 197.

<sup>39</sup> Augustine, *City of God*, 198.

<sup>40</sup> Augustine, *City of God*, 198.

<sup>41</sup> Ephesians 2:8, LEB.

<sup>42</sup> Hauerwas, 1100.

<sup>43</sup> Hauerwas, 1100.

as their Creator and sustained by his grace and gifts; yet, they are also in relation to wider humanity as fellow limited creatures.<sup>44</sup> As Hauerwas continues, “our existence is not secured by our own power, but rather requires the constant care of and trust in others.”<sup>45</sup> In the center of human identity thus lies a sense of dependency, where our lives are “not simply [our] possessions to dispose of as we see fit.”<sup>46</sup> Much of this relationship logic fits within the framework Thomas Aquinas (1225-1274)<sup>47</sup> outlines in his famed *Summa Theologica*. Here, Aquinas argues against the morality of suicide through the way it negatively affects relationships people have with natural law (“everything naturally loves itself”), themselves (“every man should love himself”), their community (“every man is part of the community...and by killing himself he injures the community”), and with God (“life is God’s gift to man and is subject to His power”).<sup>48</sup> For Aquinas, ending one’s life prematurely has a cascade of relational impacts on both the divine and human level.

Yet, the language of giftedness as it applies to one’s life becomes murkier with the present MAID program. In Canada, where euthanasia is a legal, government funded, and widespread option, it is worth considering how life as a choice potentially obscures the possibility of seeing life as a gift.<sup>49</sup> Verhey remarks that “when we provide social legitimization of the option of suicide, we may increase options, but we also effectively eliminate an option,

---

<sup>44</sup> Hauerwas, 1100.

<sup>45</sup> Hauerwas, 1100.

<sup>46</sup> Meilaender, 74.

<sup>47</sup> Dale T. Irvin and Scott W. Sunquist, *History of the World Christian Movement: Earliest Christianity to 1453*, (Maryknoll: Orbis Books, 2001), 733.

<sup>48</sup> Thomas Aquinas, *Summa Theologica: Complete English Edition in Five Volumes*, translated by Fathers of the English Dominican Province. Vol. 3. II-II, Q. 64, A. 5 (Allen: Christian Classics, 1981), 1463.

<sup>49</sup> Verhey, 333.

namely, staying alive without having to justify one's existence."<sup>50</sup> The implications of such a shift essentially reverses the nature of obligation. Life as a choice places the onus on the individual to decide whether their own life is worth living, a choice that is then subject to external pressures. One such pressure is financial, as a 2017 study near the start of Canada's MAID legislation noted that the program "could reduce annual health care spending across Canada by between \$34.7 million and \$138.8 million, exceeding the \$1.5–\$14.8 million in direct costs associated with its implementation."<sup>51</sup> Another pressure could be from medical staff or friend networks that are pained by the suffering they are witnessing in another and want to see it stop.<sup>52</sup> Whatever the situation, the sense of obligation is shifted when life is viewed as gifted. In this situation, living is an obligation that extends outward relationally towards God and others, seeing the individual as dependent on these interconnected relationships for survival and for meaning.

### *Biblical Lens – Philippians 2:5-11*

However, what has not been accounted for in the above historical and theological examination, is how might the life of Christ also shape this discussion of death, suffering, and autonomy. To bring in this biblical lens to bear, I offer Philippians 2:5-11 as presenting a powerful counternarrative to the current world of euthanasia. In this ancient poem, Paul recounts something of the central identity of Jesus and his purpose. This Jesus was "in the very nature God," had "made himself nothing," was "obedient to death," and was "exalted to the highest

---

<sup>50</sup> Verhey, 333.

<sup>51</sup> Aaron J. Trachtenberg and Braden Manns, "Cost analysis of medical assistance in dying in Canada," CMAJ: Canadian Medical Association Journal vol. 189,3 (2017): E101-E105.

<sup>52</sup> Verhey, 333.

place.”<sup>53</sup> Here is a depiction of Christ as higher than can possibly be imagined; yet, he humbles himself, is obedient to something beyond himself, and is brutally murdered in an unspeakably dehumanizing manner. In the poem, Jesus is paradoxically the humbled, abused, and exalted Lord of the Universe. As such, this passage strangely answers for Paul: “who is Jesus, and what is he for?”

In Jesus, the obedient and burdensome sufferer are forever intertwined with the divine and powerful. There is no doubt the mental and physical suffering that Jesus is portrayed to have experienced in the Gospels’ crucifixion accounts. He spends the night crying out to God, desperately wanting the company of his friends and disciples. He is whipped, beaten, and left so weak that a bystander must carry his cross. He cannot take care of his own mother and leaves her under the care of John standing nearby. Jesus clearly does not want this experience. He prays for this cup to pass from him and accuses God of forsaking him. If two of the main bioethical pillars for human beings are based on self-determination and the complete elimination of suffering, the story of Jesus strikes a discordant chord.

The two holiest seasons in the Christian calendar, Christmas and Holy Week, are invitations to remember when Jesus had the least amount of autonomy in his life. The first depicts God as a helpless infant in a feeding trough and born to an impoverished family. The second remembers God, beaten and scourged on his way to an execution device and a burden to his friends, his family, and himself. By the standards of Western autonomy, Jesus is not worth much in Christmas and Holy Week, as his self-rule is severely restricted. This also is what makes Philippians 2:5-11 astounding. There is something inherent in the nature of Jesus that no amount of humbling can remove, and there is something earth-shattering in Jesus’s death that causes a

---

<sup>53</sup> Philippians 2:6-9, LEB.

worshipful response. As Philippians recounts, Jesus has lost none of his value, but rather, if it is possible, he has gained more in his exaltation.

For Christians, Jesus is the one we are called to “have the same mindset as,”<sup>54</sup> as we look to live in community with one another. Gerald Harthorne, when considering Philippians 2:6-11, writes: “[Paul’s] object is not to give instruction in doctrine, but to reinforce instruction in Christian living. And he does this by appealing to the conduct of Christ.”<sup>55</sup> There is nothing easy about Paul’s argument here. If suffering and the loss of autonomy are wrapped up in how Christ defines his purpose and ministry, then in some way, there is an expectation that humble suffering will also be a part of what it means to be his followers and in how we relate to one another. Humans are also, in many ways, holy burdens that walk with Jesus towards the cross, a place where the obedient and burdensome are forever intertwined with the divine and powerful.

Yet, it is also true that the biblical tradition would be mischaracterized if care for those suffering was not deeply reflected in Christian common practice. The laws in the Torah, the prophets’ accusations, Jesus’s own teaching, and the apostles’ letters all denote deep concern from God for the sufferer, while also calling ancient Israel and the church into action. Perhaps, most poignantly, this gets displayed when Jesus recounts the parable of the sheep and the goats, remarking on how the righteous will be marked by their compassion and care to their neighbor through which they are actually serving Christ.<sup>56</sup> However, when these passages are also combined with Philippians 2:5-11, among others, Christian action is reframed away from the elimination of suffering because suffering is not viewed as the greatest enemy. Instead, as

---

<sup>54</sup> Philippians 2:5, LEB.

<sup>55</sup> Gerald F. Hawthorne, *Philippians*, vol. 43 of *Word Biblical Commentary* (Waco: Word Books, 1983), 79.

<sup>56</sup> Matthew 25:37-40, LEB.

Meilaender explains: “The principle that governs Christian compassion...is not ‘minimize suffering.’ It is ‘maximize care.’”<sup>57</sup> For in the human experience that Christians are called to step into, suffering can have “meaning or purpose,” even if we affirm that it is, in itself, not a good that should be invited or sought after.<sup>58</sup>

### *Ministry Practice*

Therefore, a posture of care and compassion towards those suffering is the first and most important step when informing ministry practice. Sickness and death within medical environments are no simple matters. The level of pain, isolation, and fear should pull on our hearts and motivate grace and compassion to those considering MAID. Karen Lebacqz opens up her short defense of the possible morality of voluntary euthanasia by describing the situation of the mother of her friend who “is drugged constantly,” and she poses the question of whether “it is better to be alive and permanently in a drugged state than to be dead.”<sup>59</sup> Hans Küng takes a similar approach when defending his argument that PAS should be allowed and regulated by opening with the description of his brother’s horrific and slow death from cancer.<sup>60</sup> There are no shortage of stories like theirs across Canada and the world at large, and it is in the midst of these stories that the church is called to radical hospitality and radical presence. As Stanley Hauerwas asks: “For what does our God require of us other than our unfailing presence in the midst of the

---

<sup>57</sup> Meilaender, 78.

<sup>58</sup> Meilaender, 78.

<sup>59</sup> Karen Lebacqz, “Reflection,” in *On Moral Medicine*, edited by M. Therese Lysaught, Joseph J. Kotva Jr., Stephen E. Lammers, and Allen Verhey, 3rd Edition (Grand Rapids: Eerdmans, 2012), 1089.

<sup>60</sup> Hans Küng, “A Dignified Dying,” in *On Moral Medicine*, edited by M. Therese Lysaught, Joseph J. Kotva Jr., Stephen E. Lammers, and Allen Verhey, 3rd Edition (Grand Rapids: Eerdmans, 2012), 1090.

world's sin and pain?"<sup>61</sup> Extending welcome through our time, energy, and resources to the sick and dying are not optional for those that have been welcomed into Jesus's steadfast and "unfailing presence."

However, "unfailing presence" is easier said than done. Hauerwas also reminds us that "our pains isolate us from one another as they create worlds that cut us off from one another,"<sup>62</sup> and Verhey comments on how the threat of death has the power to prematurely "[alienate] patients from their bodies, from their communities, and from God."<sup>63</sup> Suffering and death create experiences that are nearly impossible to convey to outsiders and require attention and care that are not easily given.<sup>64</sup> This isolation gets amplified in a medical context that is removed from community and home life.<sup>65</sup> Faced with this reality, Christians actively need to process, reflect, and prepare for what experiences of intense trial and daunting circumstances will entail while they are still well and in community with others.

As such, complementing the necessity of being present with the sick and dying is the need for ministry practices that are shaped at orienting Christians towards suffering and dying. To help address this need, both Christopher Vogt and Allen Verhey offer the *ars moriendi* ("art of dying") literary tradition of the fifteenth through the seventeenth centuries as a helpful starting

---

<sup>61</sup> Stanley Hauerwas, "Salvation and Health," in *On Moral Medicine*, edited by M. Therese Lysaught, Joseph J. Kotva Jr., Stephen E. Lammers, and Allen Verhey, 3rd Edition (Grand Rapids: Eerdmans, 2012), 50.

<sup>62</sup> Hauerwas, "Salvation and Health," 48.

<sup>63</sup> Verhey, 339.

<sup>64</sup> Hauerwas, "Salvation and Health," 48.

<sup>65</sup> Genuis, "Trust, intent, authenticity, and good dying."

point.<sup>66,67</sup> Christopher Vogt describes this tradition as “a genre of devotional literature written for the laity with the primary aim of preparing faithful Christians for the difficult experience of dying.”<sup>68</sup> The goal is not to provide a check-list that must be achieved to have a good death, but rather, works in this tradition helped “to provide comfort and courage in the face of death.”<sup>69</sup> To accomplish this, *ars moriendi* works incorporate catechesis information, prayers for the dying and for those in their company, advice on care, and perspectives on death and the meaning of suffering.<sup>70,71</sup> Other works also highlight practices of *memento mori*, “remembering the fact of one’s mortality,” as a means of staving off false perceptions of immortality.<sup>72</sup> In a culture that prizes autonomy and seeks to eliminate suffering, concrete opportunities to remember and prepare for death and suffering are invaluable for shaping Christian witness and helping ground us all in what is true in the midst of chaotic waters. With this in mind, there is incredible need for reimagining how concrete materials, liturgies, pastoral care practices, and literature might be reshaped to bring the themes of *ars moriendi* into our present. For we all need active training in the art of dying while in the land of the living. Such intentionality helps ground us in the reality of what life is: something that is given and something that is limited.

---

<sup>66</sup> Christopher P. Vogt, “Dying Well in Historical Perspective,” in *On Moral Medicine*, edited by M. Therese Lysaught, Joseph J. Kotva Jr., Stephen E. Lammers, and Allen Verhey, 3rd Edition (Grand Rapids: Eerdmans, 2012), 1065.

<sup>67</sup> Allen Verhey, *The Christian Art of Dying: Learning from Jesus* (Grand Rapids: Eerdmans Publishing Company, 2011), 108.

<sup>68</sup> Vogt, 1065.

<sup>69</sup> Verhey, *The Christian Art of Dying*, 108.

<sup>70</sup> Verhey, *The Christian Art of Dying*, 87.

<sup>71</sup> Vogt, 1070.

<sup>72</sup> Vogt, 1070.

Altogether, the importance of Christian commitment to unfailing presence and the art of dying cannot be overstated. MAID's anthropological implications through perceptions of autonomy, suffering, and choice are more than mere theory. The program's profound and widespread impact on human lives and relational networks means that any missteps can tangibly shape entire communities. However, offering life as given and limited is not a losing battle. Philippians reminds us that Christ himself sits with us in humble strife. Perpetua, Justin Martyr, Augustine, Aquinas, and other historical figures help connect the Church throughout time in puzzling through together the ramifications of God's provision and creation. Hauerwas, Verhey, Meilaender, and others help remind us that a Christian worldview can practically shape our perceptions and actions. Lastly, contemporary Christians are able to tangibly act, united together in view of the cross and empty tomb. Let us begin.

## Bibliography

- Aquinas, Thomas. *Summa Theologica: Complete English Edition in Five Volumes*. Translated by Fathers of the English Dominican Province. Vol. 3. II<sup>a</sup> II<sup>ae</sup>QQ. 1-148. Allen: Christian Classics. 1981.
- Augustine of Hippo. *Seventeen Short Treatises*. Translated by Members of the English Church. Vol. 22 of *A Library of Fathers of the Holy Catholic Church, Anterior to the Division of the East and West*. Oxford: J.H. Parker, 1838.
- Augustine of Hippo. *City of God*. In *Readings in World Christian History: Volume 1, Earliest Christianity to 1453*, Edited by John W. Coakley and Andrea Sterk. Maryknoll: Orbis Books, 2004.
- Beauchamp, Tom L. and James F. Childress. *Principles of Biomedical Ethics*. New York: Oxford University Press. 1979.
- “Canada’s Medical Assistance in Dying (MAID) Law.” Government of Canada. Accessed March 20, 2024. <https://www.justice.gc.ca/eng/cj-jp/ad-am/bk-di.html>.
- “Fifth Annual Report on Medical Assistance in Dying in Canada, 2023.” Health Canada, December 2024. <https://www.canada.ca/en/health-canada/services/publications/health-system-services/annual-report-medical-assistance-dying-2023.html#a2>.
- Genuis, Quentin I. T. “Trust, intent, authenticity, and good dying: Beyond the autonomy debates and towards a philosophy of palliative care.” *Progress in Palliative Care* (2017), 25:6, 286-290, doi: 10.1080/09699260.2017.1405868.
- Hauerwas, Stanley. “Salvation and Health: Why Medicine Needs the Church.” In *On Moral Medicine: Theological Perspectives in Medical Ethics*, Edited by M. Therese Lysaught, Joseph J. Kotva Jr., Stephen E. Lammers, and Allen Verhey. Third Edition. Grand Rapids: Eerdmans, 2012.
- Hauerwas, Stanley. “Rational Suicide and Reasons for Living.” In *On Moral Medicine: Theological Perspectives in Medical Ethics*, Edited by M. Therese Lysaught, Joseph J. Kotva Jr., Stephen E. Lammers, and Allen Verhey. Third Edition. Grand Rapids: Eerdmans, 2012.
- Hawthorne, Gerald F. *Philippians*. Vol. 43 of *Word Biblical Commentary*. Waco: Word Books, 1983.
- Irvin, Dale T. and Scott W. Sunquist. *History of the World Christian Movement: Earliest Christianity to 1453*. Maryknoll: Orbis Books, 2001. Kindle.

- Justin Martyr. *Second Apology*. In *Readings in World Christian History: Volume 1, Earliest Christianity to 1453*, Edited by John W. Coakley and Andrea Sterk. Maryknoll: Orbis Books, 2004.
- Konder, Ricarda M, and Timothy Christie. "Medical Assistance in Dying (MAiD) in Canada: A Critical Analysis of the Exclusion of Vulnerable Populations." *Healthcare Policy / Politiques de Sante*. Vol. 15,2 (2019): 28-38. doi:10.12927/hcpol.2019.26073.
- Küng, Hans. "A Dignified Dying." In *On Moral Medicine: Theological Perspectives in Medical Ethics*, Edited by M. Therese Lysaught, Joseph J. Kotva Jr., Stephen E. Lammers, and Allen Verhey. Third Edition. Grand Rapids: Eerdmans, 2012.
- Lebacqz, Karen. "Reflection." In *On Moral Medicine: Theological Perspectives in Medical Ethics*, Edited by M. Therese Lysaught, Joseph J. Kotva Jr., Stephen E. Lammers, and Allen Verhey. Third Edition. Grand Rapids: Eerdmans, 2012.
- Loggers, Elizabeth Trice, Helene Starks, Moreen Shannon-Dudley, and Anthony L. Back. "Implementing a Death with Dignity Program at a Comprehensive Cancer Center." *New England Journal of Medicine* (2013): 368:1417-1424. doi: 10.1056/NEJMsa1213398.
- Lysaught, M. Therese, Joseph J. Kotva Jr., Stephen E. Lammers, and Allen Verhey. *On Moral Medicine: Theological Perspectives in Medical Ethics*. Third Edition. Grand Rapids: Eerdmans, 2012.
- "Medical assistance in dying: Overview." Government of Canada. Accessed March 11, 2024. <https://www.canada.ca/en/health-canada/services/health-services-benefits/medical-assistance-dying.html>.
- Meilaender, Gilbert. *Bioethics: A Primer for Christians*. Fourth Edition. Grand Rapids: Eerdmans, 2020. Kindle.
- "The Martyrdom of Perpetua and Felicity." In *Readings in World Christian History: Volume 1, Earliest Christianity to 1453*, Edited by John W. Coakley and Andrea Sterk. Maryknoll: Orbis Books, 2004.
- Trachtenberg, Aaron J, and Braden Manns. "Cost analysis of medical assistance in dying in Canada." *CMAJ: Canadian Medical Association Journal / Journal de l'Association Medicale Canadienne* vol. 189,3 (2017): E101-E105. doi:10.1503/cmaj.160650.
- Tubbs, James B., Jr. *A Handbook of Bioethics Terms*. Washington: Georgetown University Press, 2009. Accessed March 19, 2024. ProQuest Ebook Central.
- Verhey, Allen. *Reading the Bible in the Strange World of Medicine*. Grand Rapids: Eerdmans, 2003.

Verhey, Allen. *The Christian Art of Dying: Learning from Jesus*. Grand Rapids: Eerdmans Publishing Company, 2011.

Vogt, Christopher P. "Dying Well in Historical Perspective: The *Ars Moriendi* Tradition of the Sixteenth and Seventeenth Centuries." In *On Moral Medicine: Theological Perspectives in Medical Ethics*, Edited by M. Therese Lysaught, Joseph J. Kotva Jr., Stephen E. Lammers, and Allen Verhey. Third Edition. Grand Rapids: Eerdmans, 2012.