“I do not control your Spirit, so I cannot control my dying.” Written by author and theologian John Tully Carmody shortly before his death from multiple myeloma, this reflection, grounded in the spirituality of St. John of the Cross, is antithetical to the beliefs of many “right-to-die” groups springing up around the country.

In light of the demand for the legalization of physician-assisted suicide, such sentiments may seem antiquated and fatalistic. With new technological advances appearing daily in the medical milieu, it is quite tempting to be swept along by this tide. While we place our faith in these new methods, we may at the same time be losing our spiritual bearings. Professionals in caregiving positions need to draw back from this onrush and regroup their spiritual forces. If we fail to do so, we may sell out to those with “easy” answers to life’s most difficult questions.

The spirituality of St. John of the Cross, a sixteenth-century Carmelite friar, may be one spiritual resource applicable to the profession of hospice and palliative care. Written as teaching tools for his students, the spiritual treatises *The Ascent of Mount Carmel* and *The Dark Night of the Soul*, and the poem which inspired them, can serve as models to those in ministry to the terminally ill.

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In end-of-life care, the limits of personal and professional ability are often reached. Caregivers, no longer able to hide behind tasks, intravenous machines, blinking monitors, and rushing ventilators, routinely encounter other human beings who are facing their lives at both their earthly limits and their spiritual depths. Stripped of reliance on fancy technical tools, these professionals meet an intense challenge—the care of another human being facing a terminal illness. Perhaps here they finally see the importance of true human presence, one to another.

In such situations there is a vital need for a soundly developed spiritual grounding. Groups promoting physician-assisted suicide, euthanasia, and the “right-to-die-with-dignity” have missed an essential piece of the ethical puzzle. The postmodern world, steeped in the relativistic approach to ethical issues, lacks eternal spiritual and moral values. But it is this set of values that must be integrated into a competently practiced professional life of hospice and palliative care. Emphasizing only certain aspects of the principle of patient autonomy and self-direction, “right-to-die” groups have quite skillfully and subtly omitted consideration of the morality of the final acts they so strongly promote.

Restating Certain Principles

I intend in this essay to explore one possible application of spiritual practice whereby practitioners might maintain personal and professional integrity in the face of the daunting task of ministering to those with terminal illnesses. Nearly ten years of professional hospice nursing, and a lifelong study of theology, have shaped my perspective on the integration of spirituality and professionalism. Transcending denominational boundaries, this perspective acknowledges the awareness of the sacredness of life that permeates other spiritualities. I write from the perspective of a Roman Catholic who recognizes the Jewish roots of my own faith as well as the value other spiritualities place on our earthly life in relation to its eternal goal.

Certain professionals promote “covert assisted death” as part of their own professional organizations’ policies. This flies in the face of the originally stated goal of hospice practice, which is to be present to terminally ill patients from diagnosis to death, neither prolonging life unrealistically nor actively facilitating the death process. But such statements make professionals wonder how they may carry on their practice without engaging in acts which actively provide “merciful release” to their patients.

Trained to cure, medical professionals have, in the past, approached terminal illness as a “failure.” In her early research in Chicago with dying patients, Elisabeth Kubler-Ross found herself seeking out other physicians’ terminally ill patients in the farthest reaches of the wards. Death was not to be “seen.” It has now been clearly recognized that terminally ill patients need dedicated, courageous professionals to walk with them through the final stages of their illness. Such professionals enter hospice and palliative care work. Studies on practitioners of this type of work indicate that they are often “more forthright and spontaneous; more confident, assertive,

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and strong-willed; more imaginative and creative; more freethinking and independent, not only than their colleagues working in traditional settings, but in many cases, more so than normal [professionals] in the general population.\textsuperscript{3}

Since much confusion exists about end-of-life options, there is a need for a restatement of certain principles. It would seem that we have become so attuned to the “efficient” methods of modern technology that we have lost sight of the importance of spending time with those who have reached the end of their earthly lives. We fear what we cannot control, and thus we take things into our own hands in order to eliminate the natural uncertainty, fear, and suffering which may exist in end-of-life situations. When sentiments such as those propagated by the “right-to-die” movement infiltrate even hospice organizations, it seems time to employ methods which can give us practical instruction in managing our own spiritual outlook within a highly challenging professional milieu. It is here that the spirituality of St. John of the Cross may be of some benefit to professionals in the field of hospice and palliative care.

Revisiting St. John of the Cross

Though only one of many possible avenues available to us, the spirituality of this sixteenth-century mystic came to be a source of strength to me in my own professional practice. A highly educated man, St. John used his training in systematic analysis to delineate the steps of the spiritual life for his students. True to the form of his day, he employed the academic categories and questions of his age, sometimes losing his original focus in order to try to explain what he himself acknowledged was impossible to explain adequately. The poetic elements of his work may allow us a vision of the heart of this man. We discover a kinship with him as caregiver when we note that he himself had worked in the Hospital of the Conception, caring directly for those with venereal diseases, much like the work performed in our modern AIDS hospices. Thus, this highly trained academic was not above placing himself in the presence of the incurables of his day.\textsuperscript{4}

Modern medical settings do not routinely allow professionals the opportunity to withdraw momentarily to regroup their spiritual forces. Daniel Sulmasy states it this way: “It is not easy for physicians or other health care professionals in the late twentieth century to find time for prayer.”\textsuperscript{5} He writes of the reality of the modern medical milieu, its frenetic pace and orientation toward efficiency and speed. “Perhaps this is why contemporary culture, fanaticaly oriented towards results, has such a difficult time with spirituality. And all of this is made much harder by the tremendous emphasis on outcomes in medicine today.”\textsuperscript{6}

\textsuperscript{3}Madalon O’Rawe Amenta and Nancy L. Bohnet, \textit{Nursing Care of the Terminally Ill} (Boston and Toronto: Little, Brown and Company, 1986), 15.

\textsuperscript{4}Patricia Kobielus Thompson, “The Dark Night of the Soul: A Metaphor for Understanding the Ethics and Spirituality of Hospice Care” (Ph.D. diss., Duquesne University, 2000), 134.

\textsuperscript{5}Daniel P. Sulmasy, O.F.M., M.D., \textit{The Healer’s Calling: A Spirituality for Physicians and Other Health Care Practitioners} (New York: Paulist Press, 1997), 7.

\textsuperscript{6}Ibid., 34.
It is into this situation that I propose we might integrate the teachings of St. John of the Cross. Where his reflections might seem to some in the modern world to be highly impractical, I discovered by sitting at the bedside of dying patients that my own professional practice was enhanced and deepened by my awareness of his spiritual writings. Though the scope of this essay does not permit a complete analysis, perhaps a few examples may provide a hint of the wealth of insight St. John gives to us.

St. John’s image of the “dark night of the soul” included three phases. First, he spoke of the “night” in its beginnings as that of a time of early evening, the “twilight” time.7 Corresponding to the initial period of dealing with terminally ill patients, practitioners may discover in their encounters that the patients themselves enter into a darkening of their usual outlook on life. Likewise, professionals find the techniques usually employed begin to lose their certainty. They have entered into a new phase of their practice.

The second phase of the dark night corresponds to complete darkness. In this phase both professionals and their patients are faced with the limits of modern technology and are left in a faith mode, trusting in a power that remains unseen. For those without the gift of faith this can be perhaps the most terrifying period of the illness. All former supports removed, they attempt to cling to the known elements of life, with paralyzing results. What St. John calls “appetites” are the normal human attachments to persons and things they have loved. Realistically, these must be released in order for the patient to proceed to the third level of spiritual awareness, which St. John likens to “dawn.” During this period, when patients have accepted the final reality that they will not recover from this last illness, both practitioners and patients may find that they discover the dawning peace which surrounds the proper use of all palliative medications and techniques to relieve pain and anxiety. At this time, as St. John states, “my house being all stilled,”8 the emotions are quiet, and both patient and practitioner may experience the depth of attentive human presence to one another. Perhaps the most healing of all medical encounters, this presence removes the need to “rush to fix” an uncomfortable situation.

We have the technical ability in this modern medical world to alleviate pain in a nonlethal way. Too quickly eliminating the patient because we have encountered the normal emotions of depression, anxiety, or fear of the dying process, we abort the spiritual elements in all of us—blinded by these emotions, we precipitously succumb to our own human inadequacies.

Integrating Spirituality and Practice

St. John wrote that many elements of life are beyond our human understanding. Our Enlightenment thinking has focused us on the scientific process and precipi-


8 Ibid., 50.
aptured the technological revolution in which we find ourselves even now. But St. John’s thought echoes: “[Faith] brings us to believe in divinely revealed truths that transcend every natural light and infinitely exceed all human understanding.” Like-wise, he reflects, “The intellect knows only in the natural way, that is, by means of the senses.”

Professionals trained in the medical art know how to employ their senses in assessment of patients’ conditions. When all specialized technology has found its limit, we are often confronted with the need to use very simple techniques, such as pain control and anxiety relief, yet challenged on personal levels to interact with patients who need our attentive presence much more than efficiently performed “tasks.” Without sound spiritual grounding we may fail as ethical agents and as human beings by our inability to meet one another face-to-face in these difficult moments.

St. John believed strongly that the spiritual resources available to us are received as each of us is capable of receiving them. “Omnia movet secundum modum eorum” (God moves each thing according to its mode). Because professionals are trained to “fix” things, it is quite difficult at times to step back and allow our patients to experience in their own way and with their own perspective exactly what is happening to them. We want to make things “right” for them. Realizing that each will come to his or her own personal spiritual awareness in his or her own time and not on our timetable, our practice will deepen by the application of St. John’s words to our own actions.

Practically speaking, the expert use of our training and ability need not be shelved so that we may enter into a “passive” mode. Quite the contrary, we deepen and integrate our spirituality with our professionalism by a conscious application of the sound spiritual principles promoted by St. John. For example, when intractable pain surfaces, we may employ modern techniques, allowing patients to be pain free and reach a steadier, more peaceful state.

Dr. Ira Byock, a physician who began a hospice program in Missoula, Montana, reached such an agreement with a young woman who was suffering horrific pain. She had two small children and a young husband who was struggling to care for her. Dr. Byock employed the technique of a slow intravenous barbiturate drip, putting the patient into a “twilight sleep,” so that her husband could continue to care for her, she would still be present with them, and the family could allow the young woman to die naturally and peacefully. Done with permission, this allowed for the fully autonomous decision on the part of the patient, and enabled the husband to continue his watchful care in their own home.

Ibid. (2:3, 1), 157.

Ibid. (2:3, 2).

Ibid. (2:17, 2), 206.

The Vatican’s Declaration on Euthanasia (1980) emphasized that “Most people regard life as something sacred and hold that no one may dispose of it at will.” To do so is to disvalue the reality of life as a gift. It is to allow the fears surrounding the end-of-life period to rule our hearts, causing us to be incompetent stewards. St. John valued the gift of human life, with all its senses, emotions, and physicality, but put it in the proper perspective as part of our path to union with our Creator. Though not an “absolute” value, humanity’s gifts were to be treasured and cared for properly. We fail as professionals if we permit our own personal fears to dominate our practice. If, as scientifically trained professionals, we rush about performing our “tasks,” we may find ourselves hiding behind them. By integrating sound spiritual teachings into our own practice, we go against the tide of the present system. We reassert our belief that our ministry to dying patients is one primarily of personal presence and not of frenetic medical activity.

Traditional natural law teaching states that we have within ourselves the ability to know what best promotes human fulfillment. Though not specific to any given cultural situation, this ability is honed through our free, conscious choices, made as we utilize our own intellectual and intuitive capabilities. Granted that the world is quite different from the world of the scholastics who so eloquently described this capability, it is nonetheless true that “the principles of the natural law cannot be abolished from the human heart.” Sadly, the pace of most medical facilities does not allow practitioners to step aside long enough to reflect on and revisit such principles on a regular basis. This fact alone accounts for all too many precipitous decisions to end life on “our” time instead of acceding to God who in faith we believe has granted life to us. St. John’s writings, sensitively applied to our professional practice, teach us the ability to “abide” with one another. This is not an escapist tactic. Rather, it is the most human action we may be privileged to perform.

Mystery of the Unknown

To those who might question that by entering into a spirituality of the dark night, our professional skills are to be set aside, it can be said that such a spirituality enhances, deepens, and draws our professionalism to its heights. St. John’s own intellectual skills, as well as his human capability to interact on a profound level with others, provide an inspiring model for us even today. We are being challenged daily to integrate our training with a finely tuned ability to “be” with others in their final days. We may find ourselves momentarily grasping at the illusion of “control” which our technological advances have given us, but in the final analysis we come to admit that we do not have ultimate control over the dying process. Integrating eternal spiritual and moral values into our practice, we discover the ability to be serene in the face of death. The waning of life in its earthly form may make health care profes-


sionals uneasy for a time. But a sound practice of “sitting with the mystery of the unknown” dissolves that uneasiness and allows us to be professionals who both live and practice with integrity. Perhaps our noninterference in the natural progression of life as it reaches its natural end is the expression of a far greater reverence and “mercy” than we can imagine.