Religious and Secular Perspectives on the Value of Suffering

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Abstract. Advocates of active euthanasia and physician-assisted suicide argue that a patient's intractable pain and suffering are a sufficient justification for his life to end if he autonomously so chooses. Others hold that the non-utilization of life-sustaining treatment, the use of pain-relieving medication that may hasten a patient's death, and palliative sedation may be morally acceptable means of alleviating pain and suffering. How a patient should be cared for when approaching the end of life involves one's core religious and moral values, particularly concerning whether pain and suffering can have some sort of instrumental value. The author reasons why a patient who is terminally ill can find his suffering valuable for both religious and nonreligious goals. *National Catholic Bioethics Quarterly* 12.2 (Summer 2012): 251–261.

A number of issues surround the care of patients, particularly patients who are terminally ill, to minimize their experience of pain and suffering. Advocates of active euthanasia or physician-assisted suicide argue that a patient's intractable pain and suffering are a sufficient motivation and justification for his life to end if he autonomously so chooses.[1] Others, who deny any justification for active euthanasia or

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[1] See Derek Humphry, "The Case for Rational Suicide," letter to the editor, *Euthanasia Review* 1.3 (1986): 172–175.

physician-assisted suicide, nonetheless hold that the non-utilization of life-sustaining treatment, the use of pain-relieving medication that may hasten a patient's death, and the use of palliative sedation may be—under certain conditions—morally acceptable means of alleviating pain and suffering.[2]

The discussion of how a patient should be cared for as he approaches the end of his life and of what he or others may justifiably choose as treatment or nontreatment concerns the patient's core religious and moral values as well as those of the society in which he lives, particularly with respect to the question of whether pain and suffering can have some sort of instrumental value. I present reasons why a patient who is terminally ill and enduring extreme levels of pain and suffering can nevertheless find his suffering valuable for both religious and nonreligious goals.[3] I conclude with guidelines for how patients and their caregivers can respond to the experience of extreme pain and suffering with these goals in mind. Although the goal of this article is not to mount an argument directly against active euthanasia and physician-assisted suicide, serious consideration of the potential instrumental value of pain and suffering should prompt caregivers and policy makers to leave the door open for such potential to be realized in a properly oriented clinical-care environment.

Pain and Suffering

"Pain" and "suffering" are distinct concepts that are often judged to be intrinsically bad. Pain is primarily a physical sensation. It is what follows beyond this sensation that constitutes suffering:

> Suffering would seem to involve a rational awareness of pain and as a consequence the frustration of many of one's life-projects.[4]
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> Suffering … ordinarily refers to a person's psychological or spiritual state, and is characteristically marked by a sense of anguish, dread, foreboding, futility, meaninglessness, or a range of other emotions associated with a loss of meaning or control or both.[5]
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> In sum, people in pain frequently report suffering from pain when they feel out of control, when the pain is overwhelming, when the source of the pain is unknown, when the meaning of the pain is dire, or when the pain is apparently without end.[6]

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[2] See Jason T. Eberl, *Thomistic Principles and Bioethics* (New York: Routledge, 2006), ch. 5; and Jason T. Eberl "Aquinas on Euthanasia, Suffering, and Palliative Care," *National Catholic Bioethics Quarterly* 3.2 (Summer 2003): 331–354.

[3] I concern myself here only with the case of terminally ill patients who are conscious and able to experience and respond to their pain and suffering. "The patient" should be understood as one who is terminally ill but is not in a comatose or palliatively sedated state.

[4] John Donnelly, "Suffering: A Christian View," in *Infanticide and the Value of Life*, ed. Marvin Kohl (Buffalo, NY: Prometheus Books, 1978), 166. See also Mary C. Rawlinson, "The Sense of Suffering," *Journal of Medicine and Philosophy* 11.1 (February 1986): 39–62.

[5] Daniel Callahan, *The Troubled Dream of Life: In Search of a Peaceful Death* (Washington, DC: Georgetown University Press, 2000), 95.

[6] Eric J. Cassell, *The Nature of Suffering and the Goals of Medicine* (New York: Oxford University Press, 1991), 36. See also Stan van Hooft, "Suffering and the Goals of Medicine,"

Pain perception includes physical and conscious mental factors that can be constitutive of suffering. Suffering, however, is a psychological state that goes beyond the perception that one is in pain.[7]

Pain and suffering are intrinsically bad in the sense that they have no value in themselves to a person who experiences them or to those who observe him experiencing them. Rather, the only value found in physical pain and psychological suffering is the instrumental value they may have for the sake of some desirable goal. For example, pain may serve as a warning signal that one's body is not functioning properly, and the subsequent suffering may motivate a person to have the malfunction corrected, although often one may treat his pain symptoms while neglecting the underlying illness that is causing the pain.[8] If, however, no such instrumental value is present, then pain and suffering have no purpose or value and thus ought to be avoided as they are inherently distressing.[9]

It is apparently the case that patients who are terminally ill endure pain and suffering that have no instrumental value. For example, while an otherwise healthy person's physical sensation of chest pain when he breathes may be useful in indicating to him that his lungs are not functioning properly, a patient at the end-stage of lung cancer is already well aware that his lungs are not functioning properly. The tremendous pain he experiences with each breath no longer serves the instrumental function of informing him that his lungs are malfunctioning. Furthermore, he experiences suffering as a result of the pain sensation. In other cases, the pain would motivate a person to seek medical treatment, but it does not serve such a purpose here; the patient has already sought treatment and has reached the limit of what medicine can do to correct the malfunction. Hence, pain and suffering in the case of the terminally ill seem to lose their instrumental value and thus appear to be nothing other than harmful.[10]

Medicine, Health Care, and Philosophy 1 (1998): 125–131; and Steven D. Edwards, "Three Concepts of Suffering," *Medicine, Health Care, and Philosophy* 6.1 (March 2003): 59–66.

[7] See Erich H. Loewy, *Suffering and the Beneficent Community: Beyond Libertarianism* (Albany, NY: SUNY Press, 1991); Franco A. Carnevale, "A Conceptual and Moral Analysis of Suffering," *Nursing Ethics* 16.2 (March 2009): 173–183; and John Ozolins, "Suffering: Valuable or Just Useless Pain?" *Sophia* 42.2 (2003): 53–77.

[8] See Ozolins, "Suffering," 58.

[9] In the most technical understanding of the term, "suffering" is not inherently distressing or unpleasant: "To suffer… is simply to allow, to be open, not to impose the ego-will or interfere, to suffer reality to be and to show forth." Herbert Fingarette, "The Spiritual Value of Suffering," in *The Aesthetic Turn*, ed. Roger Ames (Chicago, IL: Open Court, 2000), 79. The particular form of suffering of interest in this paper, however, is that which is harmful or potentially destructive to the sufferer.

[10] Troy Jollimore contends that at least some forms of suffering, for example, the experience of grief, may be intrinsically meaningful and thus valuable; see "Meaningless Happiness and Meaningful Suffering," *Southern Journal of Philosophy* 42.3 (Fall 2004): 333–347. With the exception of grief and perhaps certain other forms of suffering for which one may make a similar case, the vast majority of types of experiences of pain and suffering, particularly those experienced by the terminally ill, seem to offer nothing of intrinsic value.

Instrumental Value of Suffering

According to St. Thomas Aquinas, suffering is not the greatest evil nor is it to be avoided at all costs. He holds, rather, that at least some suffering is "from something apparently evil, which is truly good"; hence, such suffering "cannot be the greatest evil, for it would be worse to be entirely alienated from what is truly good."[11] But the value of suffering is relative to its usefulness for producing some good: "Someone's suffering adversity would not be pleasing to God except for the sake of some good coming from the adversity. And so although adversity is in itself bitter and gives rise to sadness, it should nonetheless be agreeable [to us] when we consider its usefulness, on account of which it is pleasing to God. … For in his reason a person rejoices over the taking of bitter medicine because of the hope of health, even though in his senses he is troubled."[12] Commenting on this passage, Eleonore Stump notes, "On Aquinas's view suffering is good not *simpliciter* but only *secundum quid*. That is, suffering is not good in itself but only conditionally, insofar as it is a means to an end. 'The evils which are in this world,' Aquinas says, 'aren't to be desired for their own sake but insofar as they are ordered to some good.' In itself suffering is a bad thing; it acquires positive value only when it contributes to spiritual well-being."[13] I will illuminate various religious views—representing Western and Eastern traditions—that concur with Aquinas's conclusion that suffering has the potential to contribute to "spiritual well-being." I will then discuss how one may locate value in suffering without an appeal to religious premises.

Religious Perspectives on Suffering

Different religions have embraced the spiritual value of suffering and the acceptance of it as an essential, and thus unavoidable, aspect of human existence. For example, "It is well established in Jewish writings that there is no human being without suffering."[14] St. Ignatius Brianchaninov, a nineteenth-century father of the Russian Orthodox Church, stated, "A sorrowless earthly life is a true sign that the Lord has turned his face from a man, and that he is displeasing to God, even though outwardly he may seem reverent and virtuous."[15] Eastern religious philosophies concur with this view that suffering has a central role in the drama of human existence. Hindus, for example, understand suffering "as a relationship between two

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[11] Thomas Aquinas, *Summa theologiae* I-II, q. 39, a. 4, my translation. See also http://www.newadvent.org/summa/2039.htm.

[12] Thomas Aquinas, *Expositio super Job*, ch. 1, vv. 20–21., trans. Eleonore Stump.

[13] Eleonore Stump, "Aquinas on the Sufferings of Job," in *Human and Divine Agency*, ed. Michael F. McClain and Mark W. Richardson (New York: University Press of America, 1999), 201–202, quoting Thomas Aquinas, *Commentarium super Epistolam Primam ad Corinthios*, ch. 15, lect. 2, §925, trans. Eleonore Stump.

[14] Avraham Steinberg, "The Meaning of Suffering: A Jewish Perspective," in *Jewish and Catholic Bioethics: An Ecumenical Dialogue*, ed. Edmund Pellegrino and Alan Faden (Washington, DC: Georgetown University Press, 1999), 78.

[15] Quoted in Alexey Young, "Natural Death and the Work of Perfection," *Christian Bioethics* 4.2 (1998): 171.

conflicting principles, the urge to life and the urge to death," which are dual aspects of each individual human life; and, according to Buddhism, "suffering is life … characterised by pain, impermanence and dissatisfaction."[16] In the samurai moral code, "*Bushido*, the chivalric way of the warrior, embraced extreme suffering as the ultimate badge of … personal integrity."[17] In the Christian tradition, the spiritual value of suffering lies primarily in its redemptive character, by which individual human persons and humanity as a whole achieve salvation.[18]

The redemptive character of suffering can take many forms. In some religious traditions, particularly in Judaism, suffering is seen partly as a punishment and a source of atonement for sins.[19] Representing the Roman Catholic tradition, Pope John Paul II emphasizes the spiritually healing nature of suffering in characterizing it as redemptive: "Suffering must be *for conversion*, that is, *for the rebuilding of goodness* in the [sufferer], who can recognize the divine mercy in this call to repentance."[20]

Besides the redemption of an individual person, suffering also plays an essential role in the Christian understanding of the redemption of sinful humanity. Referring to Christ's crucifixion and death, John Paul II states, "Precisely *by means of this suffering* he must bring it about 'that man should not perish, but have eternal life.' Precisely by means of his cross he must strike at the roots of evil, planted in the history of man and in human souls. Precisely by means of his cross he must accomplish *the work of salvation*. This work, in the plan of eternal Love, has a redemptive character."[21] On this understanding of the universally redemptive character of Christ's suffering and death, human suffering is redeemed such that it also has salvific power: "In the cross of Christ not only is the Redemption accomplished through suffering, but *also human suffering itself has been redeemed*. … Every man has *his own share in the Redemption*. Each one is also *called to share in that suffering* through which the Redemption was accomplished. … Each man, in his suffering, can also become a sharer in the redemptive suffering of Christ."[22] St. Paul writes, "I am now rejoicing in my sufferings for your sake, and in my flesh I am completing what is lacking in Christ's afflictions for the sake of his body, that is, the church" (Col. 1:24). Although it may thus be laudable for a person to elect to experience fully his suffering and avoid its alleviation, this does not imply that it is

[16] Ozolins, "Suffering," 57.

[17] Lonnie Kliever, "Dax and Job: The Refusal of Redemptive Suffering," in *Dax's Case: Essays in Medical Ethics and Human Meaning*, ed. Lonnie Kliever (Dallas, TX: Southern Methodist University Press, 1989), 192.

[18] See H. Tristram Engelhardt Jr., *The Foundations of Christian Bioethics* (Lisse, Netherlands: Swets and Zeitlinger, 2000), 314.

[19] See Steinberg, "Meaning of Suffering," 78–79.

[20] John Paul II, *Salvifici doloris* (February 11, 1984), n. 12, original emphasis. See also Ashley K. Fernandes, "Euthanasia, Assisted Suicide, and the Philosophical Anthropology of Karol Wojtyla," *Christian Bioethics* 7.3 (2001): 379–402.

[21] John Paul II, *Salvifici doloris*, n. 16, original emphases.

[22] Ibid., n. 19, original emphasis. See also Peter Kreeft, *Making Sense Out of Suffering* (Ann Arbor, MI: Servant Books, 1986).

incumbent on one to do so.[23] Rather, the point is that when unavoidable suffering is forced on a person, he may accept this fact of his existence in the hope that it may serve as an instrumental good.

Another aspect of the Christian understanding of human suffering is as a trial by which the virtuous nature of individual human persons can be exercised: "Suffering as it were contains a special *call to the virtue* which man must exercise on his own part. And this is the virtue of perseverance in bearing whatever disturbs and causes harm. In doing this, the individual unleashes hope, which maintains in him the conviction that suffering will not get the better of him, that it will not deprive him of his dignity as a human being, a dignity linked to awareness of the meaning of life."[24] Such an exercise of virtue provides a benefit not only to the sufferer but also to those who witness his display of perseverance: "When this body is gravely ill, totally incapacitated, and the person is almost incapable of living and acting, all the more do interior *maturity and spiritual greatness* become evident, constituting a touching lesson to those who are healthy and normal."[25] Suffering thus allows for virtue to be exercised by the sufferer with respect to both himself and also others by his example, as well as by caregivers with respect to the sufferer.

Nonreligious Perspectives on Suffering

One's ability to recognize a positive value in unavoidable suffering need not require one to accept a virtue theory of morality or adopt a religious perspective that grounds the spiritual value of suffering. Other moral theories, such as that formulated by Immanuel Kant, recognize the possession and exercise of autonomy as central to moral living and happiness. Proponents of active euthanasia or physician-assisted suicide typically argue that a patient's suffering may be eased by his capacity to control his own fate, by determining when and how he dies through an act of suicide or requested homicide.[26] But a patient can also exercise control over his own fate by searching for possible meaning and value in his suffering rather than denying such a possibility: "When I have options to my suffering, suffering is greatly reduced. A sense of impotence, a lack of control over my own destiny, aggravates suffering or, sometimes, can convert pain to suffering."[27] An exercise of autonomous self-

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[23] See G. Kevin Donovan, "Decisions at the End of Life: Catholic Tradition," *Christian Bioethics* 3.3 (1997): 188–203.

[24] John Paul II, *Salvifici doloris*, n. 23, original emphasis.

[25] Ibid., n. 26, original emphasis. For further elucidation of John Paul II's philosophical and theological view of the nature and value of suffering, see J. L. A. Garcia, "Sin and Suffering in a Catholic Understanding of Medical Ethics," *Christian Bioethics* 12.2 (2006): 165–186.

[26] See Humphry, "Rational Suicide," 175. Studies suggest that just having the option of euthanasia or physician-assisted suicide helps some patients regain a sense of control, and they end up not utilizing the lethal prescription once it is provided to them; see Paul B. Bascom and Susan W. Tolle, "Responding to Requests for Physician-Assisted Suicide: 'These Are Uncharted Waters for Both of Us . . . ,'" in *Death and Dying: A Reader*, ed. Thomas A. Shannon (Lanham, MD: Sheed and Ward, 2004), 87.

[27] Loewy, *Suffering and the Beneficent Community*, 11. See also Theodore Fleischer, "Suffering Reclaimed: Medicine According to Job," *Perspectives in Biology and Medicine*

determination can also be a virtuous activity in terms of its leading to a richer, more integrated experience of one's own selfhood. Theodore Fleischer contends, "In our response to the mystery of suffering, we define ourselves, find our integrity and ultimately shape our ethos."[28]

The cultivation of virtue and exercise of autonomy focuses on the value that suffering can have for a patient in relation to himself. But value also exists in terms of a patient's relationship to his surrounding community and humanity as a whole:

> We do define ourselves in suffering both as individuals and as participants in the shared human condition. . . . It is in suffering that we sense profoundly that our afflictedness at once is both intensely private and isolative, and yet held in common with all humanity. Our creatureliness, our lack of control, our consanguinity, our individuality and our co-humanity confront us in suffering. . . . Suffering is not ours to control in the sense of its random intrusion into our lives. It is ours to control in terms of how we respond to it individually and collectively.[29]

The autonomy that may be exercised in response to suffering is not a control over whether one is affected by such evil but a control over how one responds to it. Furthermore, suffering affects, and an autonomous response can be exercised by, not only an individual human person but also the human community as a whole.

Every human person suffers and must often individually confront his own suffering: "Suffering, in a sense, separates persons from community. Suffering persons tend to withdraw into themselves and to feel alienated from a community going on with its daily lives and tasks while they suffer. When communities ignore those within their embrace who are suffering and when they treat them uncaringly or callously, the integrity and solidarity of community is shattered."[30] Recognizing the universal suffering of all humanity, though, allows for a universal response to suffering to be autonomously exercised by all human persons. At both the level of recognition and the level of autonomous exercise, solidarity can be formed among human persons. This can lead to an improvement in interpersonal relationships as this feature of the universal human condition is recognized. By communally recognizing the finitude of human life and the universal experience of suffering, a collective response can be formulated and exercised by all persons. Autonomy at the level of the individual does not disappear but is exercised in communion with all other individual persons. In this way, the solidarity of the human community is formed and expressed not only in the universal passive experience of pain, suffering, and death but also in the universal active response to such experience.[31]

42.4 (Summer 1999): 475–488. This presumes that a patient is able to exercise self-control and autonomy, as opposed to being mindlessly swept up in unbearable suffering.

[28] Fleischer, "Suffering Reclaimed," 485.

[29] Marsha Fowler, "Suffering," in *Dignity and Dying: A Christian Appraisal*, ed. John F. Kilner, Arlene B. Miller, and Edmund D. Pellegrino (Grand Rapids, MI: Eerdmans, 1996), 49.

[30] Loewy, *Suffering and the Beneficent Community*, 13.

[31] See W.T. Reich, "Speaking of Suffering: A Moral Account of Compassion," *Soundings* 72.1 (Spring 1998): 83–108.

The formation and expression of a virtuous character, the exercise of autonomy, and the development of communal solidarity all may serve to limit the negative effects of unavoidable suffering upon a patient and open the door for positive influence. Through the expression of his virtuous character and the exercise of his autonomy, a patient may gain or reinforce his sense of self-esteem. By developing a virtuous character and feeling a sense of solidarity with other human persons, a patient is better equipped to have richer interpersonal experiences. He can feel a sense of communion with others and experience mutual love and respect between himself, his caregivers, and his surrounding community. Furthermore, by accepting the finitude of his existence and not fighting against the unavoidability of pain, suffering, and death, he may find that such experiences lose their "sting," so to speak. By exercising an autonomous response to these experiences that is more than an attempt to escape from them, a patient can gain power over them and control, to a certain extent, the degree to which they affect his ability to live his life and have positive experiences.

Such positive effects influence not only the patient himself but also those who care for him. Caregivers are inspired to perform acts of love and compassion toward a suffering patient, which yields the development of virtue in them.[32] Caregivers are also given an opportunity to exercise their duty to serve the needs of the suffering patient. Through recognizing the universal features of pain, suffering, and death as common to all humanity, caregivers experience solidarity and communion with the patient and share mutual love and respect with him.

As a result of this opportunity to develop and express their virtuous character, exercise their duty to serve, and experience mutual love and respect, caregivers can experience an increased sense of self-esteem and overall self-fulfillment. Another positive effect on caregivers is that they are given an example of how to approach pain, suffering, and impending death, which may help them prepare for their own future experiences. A notable example in recent times is the suffering and death of Joseph Cardinal Bernardin, Archbishop of Chicago. Andrew Greeley titled his eulogy, "He taught us how to die."[33] This means much more than just how Bernardin approached his final days; it indicates the important example of how he suffered up to the point of his death. While Bernardin did not want to suffer and certainly did not seek to suffer, he accepted suffering as part of his personal journey toward death.[34] Thus Bernardin performed a great service in teaching us how to properly approach suffering and death; similar words have been spoken about John Paul II as he suffered for years from Parkinson's disease until his death in April 2005.

The fact that there can be an instrumental value to a patient's suffering for both himself and his caregivers does not entail any specific course of action in approaching a suffering patient. I will thus offer some general guidelines that allow for a wide

[32] Caregivers include medical professionals, family, friends, spiritual advisers, and any others who contribute to a patient's overall well-being.

[33] See Andrew Greeley, "He Taught Us How to Die," *Denver Post*, November 17, 1996, G3.

[34] See Joseph Cardinal Bernardin, *The Gift of Peace* (Chicago: Loyola Press, 1997).

course of actions that are consistent with not prolonging a patient's suffering through extraordinary means that may be burdensome or futile.[35]

Guidelines for Approaching Suffering

As noted above, the possibility of finding meaning and value in one's suffering does not mean that one is morally obligated to forgo pain-relieving treatment or deny it to others. Nevertheless, given the inevitability of at least some forms of suffering that cannot be alleviated easily—if at all—through medicinal treatments, the question becomes how best to approach and perhaps lessen the severity of such suffering by transmuting it into something positive. I offer here two goals that, if striven for and achieved by a patient and his caregivers, may lead to the amelioration of suffering. The goals are (1) the creation of intimate interpersonal bonds between the patient and his caregivers, and (2) the realization of self-fulfillment on the part of the patient, which may include the same realization in his caregivers.

One of the key aspects of a patient's suffering is the loneliness and sense of abandonment he may experience as he seems to face his impending death alone. While it is true that no person can enter into the psychological state of another person who is suffering and facing death, empathy and intimacy do not require that one must share a patient's first-person experience. One can face death alone, in his own mind, and yet have his seemingly solipsistic experience eased by the additional experience of love and intimacy provided by those around him: "To walk into the suffering of another, to name the darkness, to help to give voice to the cry and its hope, and to share in the lament of another is to be present to the one who suffers. It is the first step in facing suffering. … The only real response to suffering, the only answer to the experience of suffering, is found not in doing, but in being—in intimacy."[36] Caregivers are called upon to *be* with a suffering person and thereby ease the sense of abandonment he may feel.

To be intimately present to a suffering patient is not at all easy, however, as there is a natural human aversion both to physical pain and to deeper psychological or existential suffering. John Ozolins, following the work of Simone Weil, notes that confronting extraordinary suffering may take us beyond the limits of pity and engender feelings "of fear and loathing, rather than compassion."[37] Such feelings

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[35] See Pius XII, "The Prolongation of Life," Address to an International Congress of Anesthesiologists (November 24, 1957); Congregation for the Doctrine of the Faith, *Declaration on Euthanasia* (May 5, 1980); President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research, *Deciding to Forgo Life-Sustaining Treatment: Ethical Medical, and Legal Issues in Treatment Decisions* (Washington, DC: U.S. Government Printing Office, 1983), 88; Daniel A. Cronin, *Ordinary and Extraordinary Means of Conserving Life* (Philadelphia: National Catholic Bioethics Center, 2011); and Jason T. Eberl, "Extraordinary Care and the Spiritual Goal of Life," *National Catholic Bioethics Quarterly* 5.3 (Autumn 2005): 491–501.

[36] Fowler, "Suffering," 52. Franco Carnevale describes a complementary concept he terms "empathic attunement"; in his "Analysis of Suffering," 181–182.

[37] Ozolins, "Suffering," 64. See also Simone Weil, *Gravity and Grace* (New York: Routledge, 2002), 4.

may even cause us to want to distance ourselves from suffering patients as we try to distance ourselves from the suffering itself. As Richard Gunderman contends, though, "signal life events such as serious illness and the death of a loved one are part of the human condition and should be treated more as burdens to bear and struggle with than as irritations to be cast off and ignored. To attempt to make them simply go away is to imply that the person confronting them might as well go away. Caring for patients doesn't always mean relieving their suffering; sometimes it means sharing their suffering, helping them shoulder the burden." [38] If a patient is able to perceive love and respect from those who suffer with him, he may come to realize that his existence does have meaning, and an increase in self-esteem with a decrease in his sense of abandonment can occur. This can, in turn, lead to an improvement in the quality of their patient's interpersonal relationships, which would undoubtedly be harmed through his perception of abandonment.

I discussed above the instrumental value of suffering as an exercise of autonomy. Those who support active euthanasia or physician-assisted suicide often claim that further acts of self-fulfillment are impossible for an intensely suffering patient and that the only autonomous act left that he could possibly perform is to bring about his own death. Jean Kitchel provides a counter-claim: "It seems to me that a most powerful affirmation of the self-determination, freedom, and transcendence of the person would lie precisely in acting against a natural aversion which is not in itself free or transcendent but rather is shared by every subject. … Paradoxically, to embrace suffering … is to thwart suffering's destructive assault on the sufferer by asserting the very freedom and self-determination which are under attack." [39] The passive acceptance of suffering and inevitable death can lead to a patient's feeling defeated, powerless, and without control over his destiny. Conversely, recognizing the instrumental value of suffering and turning it to a patient's and his caregivers' advantage takes the power and control from suffering and death and puts it in the hands of the patient and his caregivers. It is a profound exercise of autonomy and self-fulfillment for one to promote the value of suffering rather than to allow suffering to devalue a patient.

To deal best with his experience of pain, suffering, and death, a patient must learn how the acceptance of his suffering and death can have instrumental value for himself and others. A patient's caregivers are called to recognize that a suffering patient is a person in need of respect and love and not a broken machine in need of repair—especially since, in the case of the terminally ill, further attempts at repair are futile.

It is also incumbent upon caregivers to assist the patient in realizing that he does not suffer and face death alone; there is value to his suffering, and how he approaches his suffering and death can be fulfilling to both himself and others by expressing virtue. Mary Rawlinson contends that the surrounding community is called "to

[38] Richard B. Gunderman, "Is Suffering the Enemy?" *Hastings Center Report* 32.2 (March–April 2002): 42.

[39] Jean Clare Kitchel, "The Value of Suffering: Pope John Paul II and Karol Wojtyla," *Proceedings of the American Catholic Philosophical Association* 60 (1986): 192.

support the one who suffers in growth, sacrifice, or restitution by encouraging him in his suffering, for this suffering is consonant with and necessary to the production of the autonomous subject in the sufferer." [40] She concludes that "the goal and guide of our assistance ought always to be the restoration in the [sufferer] of the capacity to value, to take ends as his own and pursue them." [41] If caregivers are effective in assisting a patient to have a restored sense of autonomy, and if the patient recognizes that he can exert some measure of control over his suffering by exploiting its instrumental value, then the patient can ameliorate his current existence by his active, autonomous exercise of power over his passive experience of unavoidable suffering for both the benefit of others and his own self-fulfillment.

The Goods of Suffering

There are a number of spiritual goods—recognized in both Western and Eastern religious traditions—as well as various non-spiritual goods that can result from suffering. The former include suffering as a means of personal atonement and redemption and as a sign of personal integrity and honor. The latter include a patient's self-fulfillment, his experience of respect and love in solidarity with his caregivers and the rest of humanity, and his exercise of autonomy over the otherwise passive experience of pain, suffering, and impending death.

Effective means of addressing unavoidable pain, suffering, and death can be utilized by a patient and his caregivers. If a patient is able to experience intimate love, respect, and empathy, he will cease to feel abandoned or forsaken. If a patient is able to recognize the instrumental value of his suffering, he may gain a sense of autonomous control over his experience rather than expending his energy fighting it as an enemy or escaping it as prey. In so doing, he may effectively prepare himself for a "good death"—the root meaning of the term *euthanasia* (from the Greek *eu thanatos*). While not every patient may see his pain and suffering in this positive light, the potential for such meaningful experience remains so long as action is not taken to directly end the patient's life. At the very least, public discussion of proper end-of-life care among religious and secular parties, from both Western and Eastern perspectives, should focus on this question of the potential value of pain and suffering to patients, their caregivers, and the greater society.

[40] Rawlinson, "Sense of Suffering," 59.

[41] Ibid., 60.