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Can End of Life Narratives Help Shed Light on Faith?

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A Thesis

in

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of

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ABSTRACT

Can End of Life Narratives Help Shed Light on Faith?

Peter Hamilton Gruner

This study is a theological exploration of a person's narrative during the terminal phase of his life. The rationale for using end of life narrative in a theological study is discussed. The subject of the narrative, William suffers from advanced Amyotrophic Lateral Sclerosis (ALS). In recording William's narrative, a particular focus was given to his reaction to the angina he had developed earlier in his life. This reaction was pivotal in his prayer life and paved the way to his acceptance of his ALS. The study considers theological aspects of his life in light of current Christian theological thinking. Among the Christian theological aspects of the study are the mysteries of the Trinity, Incarnation, Redemption and the Communion of Saints. Because it is an exploratory study, further work would be required to assess the value of end of life narratives as a means of understanding faith.

Can end of life narratives help shed light on faith?

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Can End of Life Narratives Help Shed Light on Faith?

Introduction

Oncology and Theology

My career as an oncologist has taken me on a journey which has had several side trips. In 1960, I did a residency in medicine at the New England Deaconess hospital under the directorship of the late James E. Tullis, a hematologist and oncologist. There were only a few active chemotherapeutic agents available at the time.¹ A then new drug, 5-fluorouracil² was being tested. It was supposed to be effective against various cancers. It was given to several investigators including Tullis for trials. The whole process of drug testing is much more elaborate now than it was in the 1960s, however that is another story. Suffice it to say that one patient, a Mr. Farrell who I will forever remember, had an incredible response to 5-fluorouracil. He was a man in his sixties who had advanced colorectal carcinoma. He had widespread liver metastases. Within a month on 5-fluorouracil treatment these metastases dissolved. I was profoundly impressed with the anti-cancer response in Mr Farrell. I was in my first year of training in internal medicine in 1960. I decided then that my sub-specialty choice in internal medicine would be cancer and its treatment.

¹ The only effective agents were nitrogen mustard and mercaptopurine.

² 5-Fluorouracil was initially developed by Hoffman-Laroche Pharmaceuticals

Oncology, the branch of cancer care was not yet a specialty in the early sixties.

In the course of my career, a vast number of progressively more effective chemotherapeutic agents for different cancers were developed. Early on in the sixties, there was the promise of cure for some pediatric leukaemias. In the late sixties there was promise of effective chemotherapy for Hodgkin's disease. Significant help for non-Hodgkin lymphomas followed. Management of breast cancer, and testicular cancers as well as some lung cancers was significantly aided with chemotherapy. There has been an evolution in the whole process of cancer research over the past forty years. In the late eighties and nineties, meta-analyses of cancer therapies compared results of cancer research both in Europe and in America. Parallel with the development of anti-cancer therapies, there was progress in the development of ethical considerations of research. This development reflected respect for individual human rights.

Over those past forty years oncology developed as a science in itself with many sub-specialties. However, despite great progress in the field, cancers overall did not behave in the dramatic way that helped shape the direction of my medical career. In fact, my experience was quite sobering. People largely died of their cancers. My therapeutic interventions initially involved using the most effective regime against the specific cancer. However, due to the inevitable failure of chemotherapy to cure cancer, a large amount of therapeutic energy was directed at helping support patients to live and die with their cancers. A certain number of patients did survive their cancers, mostly with scars of either

a physical or a psychological nature. Throughout my medical career a large component of my medical care was directed to supportive care of patients who were dying.

The care of patients focussed my concern on the essential personal and interpersonal relationships those patients had. Most times it was getting help to have the patient live in peace with him or herself. Often support for the 'significant-other' of that patient was required. Frequently, support was required for the patient's relationship with God. For many people, there was sheer terror in the prospect of death, while others experienced a keen desire to be reconciled with God and family. For others, there was an indifference. It seemed that any support given in that special end-time had to be spoken in theological language, that is, language that acknowledged mystery regardless of whether or not the person was a believer. What other language could meaningfully express what was unknowable by human intellect of life and death? What other language could speak to the essential meanings of life and be intelligible in a way that no scientific language could address? I resolved to study theology. I wanted to study the role of faith at the end of a life and its role within the current cultural framework. That framework has been shaken by the recent suicide bombings of the Twin Towers in New York City.³ This event has caused much reflection on the meaning of our lives. It has made us aware of our commitment to life despite our diversity. It has brought home to our consideration in a very painful way,

³ On September 11, 2001 two airliners fully fueled for long flights crashed into the World Trade Center Twin Towers Building in New York City killing all aboard the flights and several thousand people trapped in the Twin Tower buildings.

how closely related all of us are on this planet.⁴ As well, the event has had some profound economic consequences.

Culture may be thought of as a dynamic, ongoing process. Theological enquiry as to a faith seeking understanding is also a process. I wanted to examine how a person of faith, considering his or her cultural milieu, sought understanding at that most precious time of life, its ending. We have to be aware that the socio-cultural matrix that is present at the beginning on one's life may be totally different as one reaches the end of life.

The subject of this study, William⁵, was born into a pre-World War II society and brought up by grandparents who were products of a pre-World War I privileged Anglo-Canadian society. The grandparents insisted on a religious upbringing for their grandchildren, as they had for their children. In the world in which William grew up, that kind of religious upbringing was changing radically. The post-World War II socio-cultural upheavals, the influx of Displaced Persons, the cultural changes that have evolved with the incoming of persons from Asian, African, European and Caribbean countries will not be discussed here. Since the 1960s, there have been profound cultural changes noted in the Christian

⁴ Since the September 11 bombing, reportedly the project of fundamentalist Moslem sects, the Koran has become almost a best seller. Many people have tried to understand what motivated such devastating suicide bombing of innocent people.

⁵ William is the name given to the subject to preserve his anonymity. The study was conducted by interview and his words are recorded with minimal editing.

Churches of Montreal, both Catholic and Protestant. The profound cultural changes in Quebec of the “Quiet Revolution”⁶ are well understood by students of Quebec political history. Many traditional Montreal parishes have changed profoundly since the early sixties. The people base has changed with migration from the province, or to the suburbs where people feel they have a certain linguistic security. Fostering faith in such communities has been profoundly affected by the separation of families who have moved for economic or linguistic reasons.

Palliative Care

The modern hospice movement began in the mid 1970s with Cicely Saunders⁷ and her hospice St.Christopher’s Hospice in London, England. Soon after, Dr. Balfour Mount developed palliative care at the Royal Victoria Hospital in Montreal and the movement has since become world wide. Mount, early on, established a network of Montreal hospitals dedicated to appropriate management of pain and other symptoms associated with terminal cancer. The concept of ‘total pain’⁸ which includes emotional and spiritual dimensions of pain was developed. The understanding of suffering and the notion of healing even in the

⁶ The “Quiet Revolution” refers to the linguistic, cultural and social changes that began during the Quebec Liberal regime under Jean Lesages.

⁷ Dame Cicely Saunders is credited with being the founder of modern Palliative Care.

⁸ ‘Total Pain’ encompasses physical, social, psychological, and spiritual factors. Saunders C. *The Management of Terminal Illness*. London, Edward Arnold: 1967

face of dying was paramount. Palliative care is that care given to the patient whose primary disease is no longer treatable. There can be for that patient issues of pain as well as other symptom control problems. It is imperative that good palliative care be available to keep the patient from distressing symptoms as much as is possible. In addition there are social and spiritual needs that require caring attention. In essence, end of life care can be a precious-opportune time for the patient to be able to reflect on important human issues. It is a time for fostering relationships with family, friends and God.

In July of 1993, I had occasion to explore palliative medicine at the Te Omanga hospice in Wellington, New Zealand. One feature of this hospice was the 'biography therapy' program promoted by Dr. Ivan Lichter, the hospice medical director at the time. Lichter thought it was important to celebrate the meaning of individual persons. When all the other dimensions of palliative care were attended to, the patient would be encouraged to write his or her story. When patients balked because they had 'no writing skills', Lichter would invite a volunteer writer to assist in writing the biography. The term 'biography therapy' was coined by that team. At the time, the biographies were seen as a way of reflecting on the meanings of the lives of those individuals, as well as leaving a legacy for their families when they had passed on. I was impressed by the impact that telling one's story had on the individual⁹. It gave a sense of purpose, meaning and reason to live, even at the end of life.

⁹ Heinz Donald *The Last Passage* New York: Oxford University Press, 1999. Heinz makes a great plea for re-investing our death with meaning and prevent it from becoming a meaningless biological event. He argues that it is important to integrate our death into the larger human story.

It was also a useful document for a priest or minister conducting the funeral service of a person they might not have known personally.

Narrative

The use of 'narrative' is a very important tool to acquire knowledge. The use of stories in the field of anthropology and sociology has been one approach to acquiring information.

This approach is part of what is called "qualitative research." Qualitative research also includes case studies, participant observation, action research and ethnographic

descriptions of cultures and institutions.¹⁰ Anna Towers and others have recently published

a text entitled "*Crossing Over*"¹¹ which gives narratives of palliative care patients. The

book describes the journey with 'the dying'. The goals of palliative care are simple: "time while dying and near death should be comfortable, supportive of independence and

function, enhancing of family relationships, and meaningful."¹² The 'participation-

observation' method of fieldwork in non-industrialized communities has produced sets of data invaluable in these fields of research.

Qualitative methods explore questions of meaning. Qualitative methods allow us to explore

¹⁰ There has been much written about the scientific value of these studies which will not be discussed here. Patton M.E. *Qualitative Evaluation of Research Methods* 1990 Newbury Park, California, Sage

¹¹ Barnard D., Towers, A., Boston P., Lambrinidou, Y. *Crossing Over: Narratives of Palliative Care*, New York: Oxford University Press 2000

¹² Caron, Lynn, Keaney *End of Life Care in Medical Textbooks* *Annals of Internal Medicine* 130(1): 82-86 1999

not only the social and cultural, but also the theological world. Just as the daily realities of a lived relationship with persons are variable and complex, so too, those lived relationships with God are much more so. Theological narratives should enable us to understand everyday experience and how people organize and interpret various aspects of a relationship with God. Human actions are based on human intentionality, beliefs and attitudes. In assessing the relationship with God at the end of life the observer becomes an instrument of study. In order to understand a person's relationship with God at the end of life, we need to know about that person's relationship with God in their daily life and bear witness to their experience. It is this technique that I would like to use to approach a theological understanding of that 'charged time' called 'dying'.

This study then is an investigation of a narrative of a person, William, in the perspective of his end-time. It seeks to focus on issues of his belief that were initially front and center, then somewhat submerged in his life. After a life threatening event, these issues resurfaced and are now, toward the end of his life, central. In focusing on these issues I wish to look at the dialectics of faith amidst disbelief while searching for meaning. William experiences physical loss yet remains mentally clear. His story is that of a man whose faith is very important in his life. His narrative examines how the profound core Christian mysteries of the Trinity, Incarnation and Redemption have engaged him at different times of his life. This is especially true of his end-time where he is still struggling with elements of the Apostle's Creed. The understanding of the creed has involved William as he thought about the Trinity. Reviewing the Apostle's creed has also absorbed William as he recited that

part of the creed which addresses the Incarnation. The mystery of the Redemption is understood as God's liberating gift to man¹³ which requires man's accepting response. The Communion of Saints addresses humanity's interconnectedness and responsibilities to each other. It tells of our links with generations that have gone before as well as those to come.

William

The narrative was obtained by interviews, so it is written as spoken essentially in William's words. I will make some comments about William, but the text will be clear as to what are William's words and what I say about him. William was diagnosed as having Amyotrophic Lateral Sclerosis (ALS) in June of 1999 at the age of 58. This is a disease involving the lateral columns of the spinal cord. These columns contain nerve connections which allow messages from the cortex to communicate with the motor endings in the various muscles. The disease tends to involve the peripheral muscles of the hands and feet and then work centrally to the point where respiratory muscles and muscles of chewing are affected. The disease terminates in death because of the inability to sustain respiration, or in bronchopneumonia because of the inability to cough effectively and therefore to clear sputum¹⁴.

¹³ I am aware of gender issues that require distinctions. When I use the term 'man' in this work I refer to mankind with no intention of diminishing woman. When the specific need arises to differentiate genders, I will use the term woman as distinct from man.

¹⁴ This refers to the mucous secretions of the bronchial tree in response to irritants be they chemical, viral or bacterial.

As of this writing in November of 2001, William's functionality has markedly diminished. He is unable to use his hands for any fine functioning. In June of 2001, he could with difficulty, pick up a cup with two hands. In July 2001, he had to use a straw to take in any fluid as his motor ability was, and still is, diminishing. He tires very quickly. He has trouble holding up his head and walks slowly with his head hanging on his chest. He sleeps poorly. As a result of this, his energy is markedly restricted. He has fallen at his home suffering bruises and lacerations. His breathing is labored at times. This decrease in function is progressive and pervasive.

This narrative started with a conversation with William on April 11, 2001. William had just stopped practicing medicine. He had trained in and worked almost entirely in a medical sub-specialty. The interviews have gone on over the subsequent months to the current time, November 2001. His spirits remain generally good although he does have his 'bad' days.

Method

The following comments on methodology will provide a quick view of my approach to narrative enquiry in this theological study. I will outline:

1. the rationale for narrative study;
2. techniques used to gather and analyze data;
3. the role of the participant-observer;
4. the associated ethical issues related to research in a palliative, theological setting

study.

1) **Rational for narrative study.**

The techniques of quantitative measurements, analysis, and statistics are paramount when doing clinical research in cancer therapy. Most cancer therapy research depends on clinical trials using adequate numbers to give a statistically reliable answer. However, stepping outside the domain of quantitative research into some specifically human study calls for other methods. This study method focuses on meaning rather than measurement. The qualitative research method has been used in the fields of anthropology and sociology.¹⁵ It allows for the impact of a person's experience. The method of the "participant-observer" has been described as probing with expressions such as "I'd like to discern more about ..." or "Help me understand your beliefs about...". Sociology, social work, nursing and certain branches of medicine have made use of this methodology.^{16 17}.

The object of this methodology in theology is to explore a particular person's experience in his search for meaning in faith. Stanley Hauerwas and Gregory Jones have edited an

¹⁵ Patton M.E.. *Qualitative Evaluation and Research Methods*. Newbury Park, California: Sage, 1990.

¹⁶ Ibid

¹⁷ Marty, M.E. "Religion, Theology, Church and Bioethics." *Journal of Medicine and Philosophy* 17 (1992): 273-89.

interesting collection called "*Why Narrative? Readings in Narrative Theology.*"¹⁸ ¹⁹ This work explores the method and its applications in theological studies. Marty has also written on similar themes.²⁰

2) **Techniques used to gather data.**

The data were obtained by interviews with William. The interviews started on the 11th of April 2001 and have carried on over the months to November 15, 2001. There were twenty hours of interview in all. Eight hours of the conversation were tape recorded, then transcribed. The documents were then submitted to William for verification and editing. I did a preliminary editing. This involved breaking up sentences which were linked by the conjunction *and*. The interviews were then typed up and given to William. My purpose in writing was explained to him. Permission to interview him for his story as well as his Christian life was obtained. It was also explained that for his protection, his identity would be disguised and any details that might identify him would be altered. The understanding would be that if there were a serious challenge as to the veracity of the interview, the tape would be available for examination.

¹⁸ Hauerwas, S., and Jones. *Why Narrative? Readings in Narrative Theology*. Grand Rapids, Michigan: W.B. Eerdmans, 1989. pp1-18

¹⁹ Metz J.B.,. *A Short Apology of Narrative Why Narrative* p 251-262, Grand Rapids, Michigan, W.B. Eerdmans, 1989

²⁰ Marty, M.E. "Religion, Theology, Church and Bioethics." *Journal of Medicine and Philosophy* 17 (1992): 273-89.

3) Role of a participant observer

The essence of qualitative ethnographic research involves interacting with persons one wants to learn about. This study would not have been able to proceed without my being able to participate in the interview. Although the story is ultimately William's life story, focusing the narrative with questions was important. When it came to issues of faith there was some understanding that we shared common beliefs about the core of the Christ-Event story. Sometimes there was discussion as to the nuances of understanding. As well, both William and the writer share a common medical background and understand the process of his current disease.

4) Associated ethical issues

The principles of medical ethics were understood to be operative. The principle of anonymity was respected. This meant that William was not identified. His privacy was to be ensured as a condition of the study. Areas of William's life which were painful were not discussed and were deemed not relevant for this study. No medical waivers were required for this study. The other ethical principles of non-injury, beneficence and justice were observed in this work.

Relevance of using Qualitative Research in a Theological study

My intention is to explore the impact of Christ on the life of William as he approaches his death. I intend to present a portrait of his life and explore how his life has been shaped by the Christian Mysteries as he understands them. The mysteries of the Trinity, Incarnation, Redemption and the Communion of Saints have been chosen because they are most basic to Christian belief. I will explore the impact of the Trinity on his life. I will explore the understanding of relationship in William's life as a possible reflection of his judgment of relationship as it is understood in Trinitarian thought. I will look at how Christ has impacted on his life in terms of the Incarnation and Redemption. I will present an understanding of the Communion of Saints and its impact on William's life as a Christian person. It will try to elicit and assess themes of his understanding. I will look at these themes in terms of current Christian thinking.²¹

Euthanasia

Finally, this work addresses an issue which is very current. It proclaims the value of human life from its beginning to its very end. At the end of October 2001, the Belgian Senate passed a bill to allow euthanasia in that country. The new law could impact on our society.

²¹ In assessing a Christian person in the light of his belief system, I realize that a narrative study would be applicable to many of the world's religious systems. In choosing a Christian narrative I was influenced mainly by my knowledge of both the theological dimensions of Christianity as well as by my acquaintance with William. Narrative studies of other religious belief systems would be a useful way to come to a responsible understanding of the pluralistic society in which we live.

At its very worst, it could be a step toward selective humanism. The value of life could not have an intrinsic value but rather a value determined by the state. This could mean that the chronically depressed could ask to be terminated rather than to address the illness and live. It could mean that those who fear the possibility of pain and loss of autonomy in chronic illnesses would ask to die rather than to go through the process of dealing with terminal palliative care. It would undermine the truth that intentionally killing a human being is wrong.

It is critical that we palliate terminal disease in the best possible way so that the patient would have no difficulty choosing to live as long as possible. Fostering good palliative care is not only incumbent on the physician, but also medical schools, government and society. Euthanasia is sadly a willingness to totally bypass problems that life presents and exclude the possibility of life. The terminally ill could very well ask to die because of the pressure of 'being a burden' to relatives. It is understood that the practice of 'informal euthanasia' is common in Belgium. A problem with the current bill in that country is that there is no mention of palliative care. It is this writer's belief, along with those who have presented briefs to the Canadian Senate, that good palliative care proclaims and supports the value of human life, right up to the last breath an individual takes.

William's story is a celebration of the value of life, not only his, but those who have come to him as patients and friends. As the functioning of his body deteriorates, he has continued to be thankful for what is left. Celebrating life is not just a human quality; it is Divine. Life

celebrates the inner relationship of God as revealed to us. Life is the celebration of Christ's Incarnation, and His full sharing in our lives. Life is a celebration of the connectedness of humans in the Communion of Saints.

Chapter 1 will provide an overview of the life of William. I will highlight a few pivotal points in his life as they relate to his religious life. As well, I will discuss some of the basic Christ-Event²² themes which have engaged him. The Christ-Event refers to the event of Christ 'breaking into' time in the Incarnation and God's role in the liberation of Redemption. The event includes His life on earth, His interaction with His disciples and through them ourselves. The event becomes a process in that individuals who hear about Christ and understand his message have the opportunity to respond to it. What characterizes a Christian is how he or she responds to the lived message of Christ.

Chapter 2 will be devoted to a more detailed narrative of William's life. It will tell his life's story in mainly his own words. Life stories can take us to encounters and responses that characterize an individual. William's story gives us a background of initial tragedy of his father's death around his otherwise somewhat privileged life. We get a glimpse of William at school, then medical school and his life's experiences. It will give his impressions of the

²² Christ-Event is a term used by Professor Charles Kannengiesser of Concordia University, Department of Theology. He used the term to indicate that there is an interaction between Christ and the person who confesses Christianity. It indicates an acceptance of the reality of Christ as the Second Person of the Trinity and the believer's lived Christ-reflecting response to that belief.

people he has met and the places he has been. It will review some of his thoughts on prayer, on God and his respect for life.

Chapter 3 will consider the basic theological themes of Christianity in greater depth. It will review the mysteries of the Trinity, Incarnation, Redemption and the Communion of Saints with which William has come to grips. It will discuss current understanding of the Christian mysteries and how these have impacted on William's lived life.

Chapter 4 discusses some aspects of William's narrative relative to those faith themes discussed in the third Chapter. It will provide some theological reflections on William's end-life experience. It will indicate that an end of life narrative can help clarify faith.

William's life, as he reflects on it in his end-time, provides an insight into how Christ's message gives meaning and direction. William continues to see each day as an opportunity for growth, regardless of the struggle. Although he does not seek pain and discomfort he tolerates it because life still has much to offer. At this writing, William is still seeking understanding.

In the Conclusion I will review how narratives at the end of a life can shed some theological insight into faith. I will summarize William's religious life and contrast it with the essential Christian mysteries and show how the idea of Christian life informs the words and actions of a believer who faces ambivalence of belief and this in the perspective of a man whose life is ending.

Chapter 1

Sketch of William's life and some pertinent theological themes

I have known William for nearly thirty years. I worked with him during the last phases of his medical training, then as a colleague, finally as a friend and participant in this study.

William's career as a physician and teacher came to an end in May 2001 when his ALS disease made it impossible to carry on as a physician. William is alert but tires easily as of the end of November 2001. His disease is active and he is deteriorating.

William was born in February 1941. His father was overseas with the Black Watch division of the Canadian Army from late 1940. After the Normandy Invasion in 1943, he was killed in action at If, France, in July 1944, never having seen his son. William was brought up with an older brother and a cousin by his mother and an aunt. His grandparents were very involved in his upbringing and ensured a Christian education by having William go to a school with a strong religious background, as well as attending Sunday school. William had a strong devotion to the Christian message and that was reflected in a psalm that he wrote when he was ten years old. (See p.37 footnote) He attended Church regularly and had a regular prayer life up until his residency training in medicine. With the need for being on call, he became somewhat irregular in his church going, although he sustained a spiritual life. He sincerely tried to live the story he had heard in his early years.

As a youth of 12 years he had a bike accident which made a strong impact on him. He was negotiating a turn from one busy street onto another when he was hit by a car. His bike came to an abrupt stop, but the momentum carried him several meters forward. Luckily for him he suffered little more than a few bruises. This was in the days before bicycle helmets were recommended. Although not injured physically, he certainly was awed as he states “by the possibility of deliverance from potential serious injury by the intervention of God.”

When he was fourteen years of age, in the spring of 1955, he developed a severe hemolytic anemia. This disease often follows a seemingly innocent viral illness, but the process insidiously destroys red cells often faster than the body can replace them. If the process is acute enough, a person’s hemoglobin level can become seriously low and interfere with the proper oxygenation of the body with consequent weakness and shortness of breath. The normal values for hemoglobin are in the order of about 14 grams of hemoglobin per 100 cubic centimeters of blood. A person can function, somewhat sluggishly when the values fall to 10 grams of hemoglobin. Below that, a person’s activity is curtailed in proportion to the further fall in hemoglobin. At six grams, a person pretty well stays in bed, below that, any activity is associated with marked shortness of breath. William’s hemoglobin fell to six grams, then to a low of four grams. He lost consciousness as he was taken to the Children’s hospital by stretcher. The then current treatment was to remove the spleen, the apparent culprit in the hemolytic process.

William came under the care of a physician who pioneered in the medical treatment of hemolytic anemia. William was treated with corticosteroids and he recovered. He was for a time quite disfigured by the treatment which produces what has been described as a “moon face”²³ which was so intense that his schoolmates did not recognize him. Even William could not recognize himself from pictures taken at the time. The disease lasted for several months, but it produced long-lasting spiritual effects. It was probably the pivotal point directing him toward his career in medicine. William had a fairly profound respect for life as a gift and he felt he could translate that respect by the study of medicine into a personal mission.

William pursued his career in medicine and did sub-specialty training. During his residency training, it became clear to his mentors that he had ‘teaching skills’. This led to his post in Kenya, teaching medical skills in a developing Medical School in that country. He then taught for a year in Ethiopia in the regime of the successor of Haile Selassie. That experience was unpleasant inasmuch as the regime was one of fear and corruption. It was an experience however that impressed on him the value of human life and how life under very restrictive circumstances can rise above those restrictions.

In 1991, William had his first brush with his own mortality when he developed angina pectoris. This illness struck at William’s core. He was in his early fifties and was not

²³ Moon-face: a typical obvious facial swelling characteristic of prolonged corticosteroid use.

supposed to have angina. His life was about people with various aspects of heart disease, and now he was affected. It took some cardiac therapeutic procedures and psychological guidance to get over his illness before he was able to get back to work. It was at this time that William returned to the faith of his youth. He began to reinvestigate his faith and was involved in the Alpha course²⁴. This course is designed to revisit the articles of the Christian faith²⁵. It is essentially a ten-week course designed to explore the relevance of the Christian faith for anyone including those who have never set foot in a church to those who are regular churchgoers. It explores questions such as Who is Jesus? Why is Jesus important in our lives? Who is the Holy Spirit? The courses originated at Holy Trinity in Brompton, at London England by Reverend Nicky Gumbel. Not only did William take the course, he became involved in giving the course. He joined the parish of a Canadian Army Black Watch padre who was a friend and then became active in the church.

In 1998 William began to note some weakness in his fingers and consulted a neurologist. He was diagnosed with motor neuron disease known as Amyotropic Lateral Sclerosis, or Lou Gehrig's disease. With this news, William did not respond as he had with his angina. He accepted this as a mystery to be endured although he expressed the hope that a touch of ventricular fibrillation²⁶ might get him before the total ALS picture rendered him totally

²⁴ A course started at Holy Trinity Church in Brompton, London for non-churchgoers who wanted to find out more about Christianity.

²⁵ Gumbel Nicky Questions of Life Sussex, England: Kingsway Publications 1966

²⁶ Ventricular Fibrillation is a condition where the ventricles of the heart have erratic muscular function, and unless treated immediately will lead to death in minutes.

useless. He has as of this writing (December 2001) virtually lost the use of his hands, and has a right sided foot drop which had rendered him liable to falling. He also has weakness of his muscles that hold his head up on his shoulders rendering him short of breath at times. The process is progressive and ultimately his ability to breathe will diminish as his chest muscles become weaker. Even now an ordinary cold or bronchitis could have devastating effects because of his inability to cough effectively. His spirit has remained aloft despite the decline of his body. Despite the limitations imposed on William by his disease, he is still able to use his mental faculties to the fullest. It is the narrative of a person's search into the mysteries of faith and meaning as he is dying.

Of interest, in the months of September through November 2001, there have been a series of talks on the Apostle's Creed given at Divinity Hall, McGill on Tuesday mornings. William has been attending these talks. Even as he gets weaker and closer to the end, understanding the truths of the creed is important for William. This writing will show how William's narrative, at this precious time in his life, aids in shedding light on his faith.

The theological themes that present themselves in this reflective narrative of William's life are views of the Trinity, Incarnation, Redemption and the Communion of Saints. These themes are central to Christianity.

The **Trinity** is the basic metaphor for God, as well as God's love and the freedom which humans have to love God. It is the most essential belief of the Christian tradition. This is

certainly an extraordinary teaching which underlies the synoptic gospels' joining of the commandments to love God and to love neighbor as being identical. It is the joining of the two commandments into one in John's gospel: "Love one another; just as I have loved you, you also must love one another" (Jn 13: 34).²⁷ Augustine argues in his 'De Trinitate'²⁸ that God loves because that is the divine nature, not because creation deserves it. The lesson that Jesus gave in parable after parable, is that God is revealed as the One who is perfectly self-giving. The central Christian intuition is that "to exist" and "to be in love" are interchangeable.²⁹ Jesus, through the synoptics, says that to hold on to life is to lose it; to give it away is to gain everlasting life. The core of the doctrine of the Trinity and the deepest claim which Christianity makes about being is the claim that *being* and *loving* are equivalent.³⁰

Man exists in a network of relationships. William is no exception to that statement. The network involves both human and nonhuman beings. To be human is to know and to experience relatedness. The notion of personhood owes much to consideration of the Trinity. The very understanding of personhood involves association with others. One becomes more completely a person by entering more wholly into relationships. A consequence of the reflection on the Trinity is that human selfhood exists in direct ratio to

²⁷ The Holy Bible New Standard Revised Version Nashville Tennessee: Thomas Nelson, Inc., 1989

²⁸ De Trinitate, Augustine of Hippo Williamist Press, 1984

²⁹ Himes Michael J., and Himes Kenneth R. *Fullness of Faith*. New Jersey, USA: Paulist Press, 1993. P57

³⁰ Ibid p 57

relatedness to others. The dimensions of this network extend from the appearance of man on this planet till the very end of time. The reflection on the Trinity provides an insight into relationship for the human; to be fully human means that one embraces as much as possible the relationships that one has in breadth and in depth. Later I will explore the idea of relationship in William's life and its Trinitarian significance in shedding light on faith.

The **Incarnation** is another aspect of God's love for man which has manifested itself in history although it is beyond history. Incarnation is the voluntary acceptance that the Son of God assumes a reality other than his own and makes it the manifestation of his own presence to man.³¹ The Christian interpretation of the world and history is seen in the union of the Trinity and the Christ-Event. This central mystery of faith engages all Christian believers. It is an engaging mystery for William no less than for the person seeking faith who said "Lord, I do believe, help my unbelief!"

The understanding of the two natures in the person of Jesus Christ expresses the mystery of the Incarnation. The assuming of human nature by Jesus, the Person of the divine Logos, is the concept of the Incarnation. The Christ-Event as fundamental theology is expressed in the biblical terms as Son, Word (Logos). Jesus is the real presence of God in the world and the work he did as Man is the redemption of the world. The Incarnation of the divine Word is God's communication of Himself to the world. Christ as incarnated

³¹ Rahner Karl. "Christology." In *Theological Dictionary*, ed. Cornelius Ernst, 78-79. West Germany: Herder and Herder, 1965.

God and redeemer are internally one and the same. The Christian teaching expresses the permanence of Jesus Christ in history, in community. The gift of His redemption in the world requires a person's acceptance of that redemption. The redemption of mankind by Christ is an example for how man can reach out to be fully human. The implications of God's self-communication affect both the communitarian and societal dimensions of man and his attitude to his environment.

Redemption is also another aspect of God's love communicated personally. Bernard Lonergan has indicated that the redemption is the outstanding expression of God to man³². Man, in his deep reflections, sees himself in a state in which he experiences the terror and futility of death as a miserable state beyond any control by himself. It is this state that Ernest Becker talks about in his *Denial of Death*.³³ Redemption definitely overcomes this state. Redemption is a liberating communication of God to mankind. The interpretation of God's Word in the Christian tradition is that the Son's giving of self is redemption. It is an act of communication. Human communication is through our bodies, words, gestures and facial expressions and actions. William's most profound communication has not been verbal, but rather in the way he conducted his life.

Redemption does not consist in the escape from social abuse, or biological catastrophes, or the irrevocable absurdity of existence. Redemption can be seen not only as redemption

³² Lonergan Bernard "Redemption" *Philosophical and Theological papers*
Toronto: Toronto University Press, p5 1996

³³ Becker, Ernest *The Denial of Death*, New York: Free Press, 1975

from sin, or as divine forgiveness but as a fantastic liberation of mankind. The idea of self-redemption while attractive to the ego, falls short of the true nature and depth of our need for redemption. The Christ event indicates to us that the God-Incarnate participates in the work of man's own salvation (1 Tim 2:5). By His redemptive grace Christ gives us the freedom to accept his own forgiving and redeeming self-communication. The content and manner of allocating redemption are the free gift of God. God does not owe man redemption.

Redemption proceeds from the Father and it is wholly bound up in the historical person and work of Jesus (Heb 10:5-9). It is not just in the setting aside of sin and the character of man that redemption takes place. It is the positive encounter that characterizes the Christ-Event by which redemption takes place. Jesus' presence in the world is God's statement that he loves and continues to love us despite our weakness and sin. God's communication of Himself, despite the world's sinfulness and our response to that communication is what is meant by redemption. The reconciliation with man initiated by God applies to all men (2 Cor 5:18). The personal acceptance of this atonement or redemption is secondary to God's gift. In redemption, God's loving communication to us has been a liberation from the darkness. Redemption is uniquely associated with the incarnation, death and resurrection of Christ as a personal communication of God to man.

The **Communion of Saints** points to the relationships we have with the living as well as the dead. It means "that race, nationality, class, gender, even space and time pose no

limitations within the shared life of people.”³⁴ Through our current lives, the dead are respected and listened to. William has had a lifelong desire and attempt to come to know his father, who died before he could know him. The New Testament concept of community expresses fellowship of all people past, present and to come with Christ. The saints are members of God’s holy people who are one in the Holy Spirit, in the grace of justification, in love and in the sacraments and accordingly they intercede for one another in prayer and in deed. Communion of the saints signifies union with the dead who have gone before us. All peoples, in the Christian vision are related to one another in community and by a social ethic of solidarity. Living a Christ like life promotes the goals of a just society.³⁵

The squandering of the resources of our earth denies the sacredness of the created order. Community among humans carries with it obligations which are not canceled by death. A truly vital community transcends the lifetime of its currently living members and so involves the dead and the not yet living. The Christian creed describes the church as one, holy and apostolic. That indicates that there is a connection between unity, universality and time and eternity and holiness. No geographical barriers nor time-eternity boundaries are recognized. Apostolic indicates that the stretch through time does not accept limits to

³⁴ Himes M.J. and Himes K.R. *Fullness of Faith*. New York: The Williamist Press, 1993 p164

³⁵ I do not mean to imply that only living a Christian life can promote the goals of a just society. I believe that a just society can also be reached by living the ideals promoted by the world’s major religions.

its membership by mortality. The church is a communion of the dead and the living and the not yet born, *a communion of saints*.³⁶ Communion among believers is grounded in the person and work of Christ in whom and through whom we participate in the life of God. Our communion with one another is our experience of that communion with God in Christ. With whom are we to have communion? Jesus' answer to "And who is my neighbor?" includes those who live in our own community, strangers as well as those of different races and religions, and in a most radical way, even our enemies.³⁷

³⁶ Himes M J and Himes K.R., *Fullness of Faith* New York: The Paulist Press, 1993 p163

³⁷ Ibid. p 164

Chapter 2

William's Narrative

Early Childhood

I was born in Montreal in the third case room at the Royal Victoria Hospital in February 1941 and lived the first four years of my life with my mother, an aunt and a brother and a cousin who was six months older than I. I lived in our home in Westmount without a father and an uncle because they were overseas fighting the Hun. I don't have a great deal of memory of those years as I was very young. I do know that the first three years I was known as Michael, not William, and never Christened. The hope was that I would be Christened when my father came home from the war. Of course he did not do that because he was killed in action in July 1944. One of my earliest memories was of my Christening. I do have a memory of being very embarrassed standing up in the front of the Dominion-Douglas Church as a three or a four-year-old boy when a couple of other infants were being baptized. I was baptized in front of the church after the death of my father. This was confusing to me because after three years of being Michael, I was switched to William, that having been my father's name.

Grandparents

My Great-grandfather was born in Scotland and came to Montreal as a 17year old lad. That would have been in, probably the 1870s. He got a job in the wholesale dry goods business and worked his way up. He eventually became a very successful businessman,

president of the company. He eventually became a director of the Bank of Montreal. All of this was before the days that income tax was introduced as a temporary measure to finance the war effort in 1916. Great-grandfather accumulated a great deal of money. He was a wealthy man. He built a house in Westmount in 1901. That house had been the centre of my Sunday family life.

It is interesting to note that great-grandfather had a great eye for a bargain. When his daughter (my grandaunt) died in her early forties, as a young spinster in 1922, great-grandfather bought a huge plot in the Mount Royal Cemetery. There, he now lies with his wife, his daughter, my two grandparents, Helen (my aunt) and then my Uncle Al and his wife with their four-month-old infant daughter. All these are in the family plot. There is still lots of room. If people decide to be cremated, there are no bounds to it. That was great grandfather's gift to the family in 1922. So of course, that's where I will eventually be put. We won't have to go looking for a spot. It is not crowded. It is a very quiet part of the cemetery.

I do remember visiting my grandparents in summer home in Pointe Claire. They were very important in my brother's and my life. Not having a father, grandparents took on a more important than average role in our upbringing. Grandmother was very much in charge. She was the matriarch. You didn't mess with Geraldine. She was a tough lady. My Grandfather, I would not say he was henpecked, but I'd say he didn't win many arguments. It is hard to say however because I was not there when they argued.

They were a very central part of the extended family. My family, my mother, brother and I and cousin Sandy, his mother and dad were there virtually every Sunday. There would be the dinner after Sunday's service, then we'd go off to Sunday School. Up to a certain age, you stayed at the service up to the sermon, then went to Sunday School. After that you went to Church and stayed for the whole service including Dr. Jones'³⁸ 45 minute sermon. Then you went and had Sunday lunch at the grandparent's home. Then you walked back to go to Church School. There was nothing frivolous like playing football, or going to a hockey or baseball game. You called your uncle and your grandfather "Sir." When you went to the table, you sat up straight. The seven grandsons would be there most Sunday evenings for traditional high tea in the drawing room. This was the pattern Sunday after Sunday.

I'm surprised that all the grandchildren didn't get lung cancer because grandmother was an awful chain smoker. She smoked Players Plain cigarettes. She smoked one after another after another. Grandfather smoked a pipe, cigars and cigarettes. So almost inevitably he had a pipe going, or cigar or cigarettes. The little library we used to sit in before or after the meal was just blue with smoke. I'm surprised that we didn't all end up with lung cancer, emphysema or any of the smoking related illnesses.

Grandmother got colon cancer, and she had an operation. A few months later she started to become jaundiced. She had hepatic mets and she died in 1965. I actually saw her the

³⁸ To protect anonymity, this is not the person's real name.

night before she died. I went to visit her against instructions of grandfather. Grandmother had curled up in her room and did not want to see anyone. It was a very different way of dying from what we have nowadays. No one ever used the word cancer. It was a dread disease. I don't suppose anyone ever told her she had metastatic cancer because that would have been awful. It does not seem to matter, if you are going to die, you are going to die. I remember seeing her. This was within a couple of months of me graduating from medical school. Which was too bad, as she would have been pleased and proud to see one of her grandsons getting a medical degree.

Grandfather got Parkinson's disease before there was much that could be done about it. He died about a year after grandmother. He had slipped, fell getting into the bathtub, broke his hip, got pneumonia and died at the Montreal General. It is sort of interesting because having got this ALS surprises me a bit because both grandfathers had Parkinson's disease. I've always sort of wondered whether that illness would be my fate. Then the other thing that scares a bit is that grandmother died of metastatic colon cancer. In 1971, the aunt Helen B. had a colon resection for cancer. In 1988, my uncle Al 's surviving son died of colon cancer. I've wondered whether that one would be coming down the pike for me, so to speak.

My Mother

Mom was one of six daughters. Mother was the third daughter. It is interesting that out of

the six daughters, four of the husbands went off to war and three did not come back. Jack was killed at Dieppe. One, who survived the Battle of Britain, did come back. He was awarded the Distinguished Flying Cross. I don't remember my mother talking too much about my father in my early years. In the last 10-15 years however, I have learned a lot about him. I know my father's mother found it terribly difficult to talk about him.

Mother is a remarkable lady. She brought up two sons before it was popular being a single parent. She was remarkably resilient, and strong to have done that. She learned to drive a car two years after my dad was killed. She would take us on long trips unaccompanied by anyone else. She supported us in all our endeavours.

In 1965, when I got my medical degree, and was doing my internship and my brother was getting married, mom remarried. She married a guy named Jan Holm³⁹ who was a widowed lawyer. He and mother had known each other since their young days. She had also known his wife who had died of pancreatic cancer. They married, and that was wonderful. We were all so happy about their union. That was when I acquired my step family, of a stepbrother and two stepsister. Mom wasn't very lucky because seven years later John died of metastatic lung cancer.

She had graduated with an Arts degree from McGill in 1934. So she has had sixty and sixty-fifth year reunions. She is funny about it, she gets these invitations to the

³⁹ Not his real name.

chancellor's receptions after fifty years post graduation. She always laughs and says: it is all very well for them to invite me. I've been a graduate for sixty-five years. But they still charge me for the dinner!"

She is 89 now and reasonably healthy. Her memory is not good and her legs are not good. In January 2000 we had to put her in an active senior's home. Mom was a graduate of McGill University for more than sixty-five years and is resilient despite the sad life in some ways. She has a great sense of humour, and is always laughing, and smiling. She is a remarkable person. She is not thrilled with the idea of her son having ALS because she understands exactly what that involves. She, I think, hopes the Lord might take her before He takes me. But it does not look like that is going to happen, as she is very healthy.

My Schooling

School started for me in September 1946. So I would have been five and a bit when I went to a private boy's school. I remained at that school till the twelfth grade. My brother and cousin were there as well. I believe I have a memory of meeting the founder of the school. He would have known my father as well. I do recall being pulled out of the line up at six and a half years of age to meet the founder because he knew my father. My Dad had a pretty distinguished athletic career at the school. However, as I subsequently learned, not a distinguished academic career to the extent that when he applied to become an officer of the Black Watch he had some difficulty. A lot of strings were pulled to get him into the Black Watch. It was ironic of course, because if he had joined practically any

other regiment, he likely would have survived the war. At the time he was killed, his unit was chopped up very badly.

I do remember the founder. He was particularly interested in sons of old boys that he had taught. So my brother, cousin and I were presented to him. I had a better than average academic career. However, I had a hopelessly bad athletic career because I was uncoordinated. I do remember with considerable chagrin when we used to have noon hour games, I was always the last to be chosen, because no one wanted William on their team. But it really wasn't fair, you know, because if someone had only tried to explain the point of the game, I would have been able to play reasonably well.

Later on, in high-school I was a passably reasonable line man on the Junior Football team. I was good line man but was not heavy enough to be very effective. I can remember we got to the playoffs. We played against Baron Byng and I remember seeing my opposing team member and being struck by the fact that he had virtually no front teeth. I remember thinking I will do my best in this game, but I won't go to that extent. By the end of school, by grade XII, I was actually made a prefect of the school. It was quite an honour. Also was a member of the student council and editor of the School magazine in the final year. Things have changed so much since I was in school those years.

I did have some literary ability. In 1957 I won a prize for English Literature. Up till last year that was the only prize I had ever won. Last year, the Hospital honoured me by

making me The Annual Award Prize winner. In 1957, I received two books one of which was the Oxford book of English verse. The other was called Other Men's Flowers which was a collection of Poetry by Lord Wavell of Battles in the Dessert. It is a wonderful book. I read from them to this day. So that was my only claim to literary ability.

Close Calls

Now that my sojourn on this planet is going to be considerably shorter than I had anticipated, I reflect back to several pivotal episodes in my life.

The Bicycle Accident

I remember coming down Decarie Boulevard on my way home from school one day. When I came free wheeling down one busy street and made a left turn onto another very busy one. All seemed well. At the corner, where I would turn left, a car suddenly turned in front of me and, because I had the right of way I, said to myself, "Well I've got the right of way so I'll keep going," and I did. Well, I almost made it but my bicycle wheel hit the fender of his car and my bicycle came to a very abrupt stop and I didn't. I flew through the air several metres away and ended up on the sidewalk. The point of the story is that because God is good, I landed on my shoulder and didn't even dislocate it. If I had landed on my head we wouldn't be worried about my having ALS in my sixty-first year.

Hemolytic Anaemia

In 1954, in my fourteenth year while still at school I developed a fairly severe hemolytic

anaemia. It was so severe that I remember passing blackwater.⁴⁰ I remember I was lying in my bed. There were roofing people working on our roof so there was a great deal of noise. It was hot and I had the most severe headache. My haemoglobin was on its way downwards to four grams. I remember a friend coming into visit me and he looked me in the eye and said “I hear you are going to miss the exams, you lucky dog.” Two days later I was in the hospital, fainting on the gurney on the way to the ward and about to have 12 blood transfusions. So I didn’t feel like a lucky dog. I was a week or ten days in the Children’s hospital as I was very sick, to the point of death. The disease process lasted for over a year. I remember coming home and my paediatrician said that he would send me to see an adult hematologist. The doctor was obviously not used to pediatric examination which takes some gentler touch. I remember that his exam was very rough and painful. I was put on a heavy dose of corticosteroids. This prevented me from having my spleen removed. However, the steroids turned me into the most Cushingoid⁴¹ kid you’ve ever seen.

The school passed me so my term work must have been reasonably good. So it was quite an experience and one wonders what kind of an effect it had on the psyche and the soma.

⁴⁰ Presence of free hemoglobin in the urine. When red cells lyse, free hemoglobin is released in the plasma, as this filters through the kidneys it changes color, hence blackwater.

⁴¹ Harvey Cushing A Boston surgeon (1854-1934) described the condition resulting from excess cortisone production. Conditions resembling that state due to excess cortisone treatment are characterized by the term “cushingoid”. (Dorland’s Medical Dictionary)

In fact, it almost certainly is relevant to my decision to go into medicine seven years later. School for me was in fact a good experience. I made a lot good friends some of whom have remained good friends right up to the present.

Some Medical School Reflections

I did finish my medical school course in 1965 and interned at the Royal Vic. As a medical clerk on the Howlett Service on 7th Medical, I felt immediately part of the team and very much at home. Therefore when the time came to choose, I put the Vic as the first choice. I was unusually cocky I guess because it never crossed my mind that I would not get to whichever hospital I wanted to. I just thought if you wanted to go to the Vic you'll go to the Vic , so I did. I was pleased that the great professor George Maughan stopped me in the hall one day and said "We are all very surprised and thrilled that you chose to come to intern at the Vic." That was quite something for Dr. Maughan to talk to a lowly intern. That was the reason I went there was that I just felt at home at the Vic, from the very word go.

Reflections on prayer

(Conversation May 23, 2001)

In 1992, I took the Alpha course and discussed it with David S. David as you know, is a regular church goer and organ player. He is very involved in the United Church and plays

the organ at the Anglican Church as well. He made the comment that you had to be very careful while at church that you are not *committing perjury*. What he meant by that was when we go to the Anglican Church in particular and repeat what Nicky Gumbel calls formula prayers, prepackaged ready to eat sort of, he was somewhat disdainful about formula prayer. My point is that when you are in church and we are all standing up saying the Apostles creed, I wonder how many people in the congregation who are all very devout when repeating it, often from memory, how many think what each statement in the prayer means. You know, I believe in God, the Father Almighty, the Creator of heaven and earth and so on. How many really think about what they are saying?

As we were talking I indicated that he had raised a good question. The creed covers the whole Christ-Event. For the Christian, the notion of Incarnation, Trinity, Redemption and the Communion of Saints are all covered in that prayer.

What does "I believe in the Holy Ghost" mean? And how many people could say that they really thought about it since their confirmation classes many years ago? I also wonder about the Lord's prayer. To follow it through, and think through every word would be an interesting exercise. There are formula prayers that speak to our basic beliefs, and there are others which speak from our hearts to God.

In terms of the creed, and it is not just since I have had a repeated reminders of my own mortality, the present one, namely the ALS is the most serious of them all because it

appears to be both inevitable and very proximal. One of the things I've always had trouble with is reconciling what we say in the Apostles' Creed. "I believe in the resurrection of the dead, and that is certainly a belief statement when we say it at the funeral service and we are told that Christ said "I am going to prepare a place for you and...." the implication is that the departed soul has already gone to the place in Heaven, yet in the creed we clearly state that Christ will come "to judge the quick and the dead", so I have always had the problem of wondering what is going on here. You know I was at a funeral last week, where it was said of the person, that he is not dead: everlasting life was the gift of Jesus Christ. Forgiveness of sins and life everlasting. Is everyone going to have to be judged again? A second judgment? I find that very hard and I sometimes find myself thinking about it when we are saying the creed. I say that he is going "to judge the quick and the dead", but I don't really understand it. So that is what I mean about committing perjury. Do we say things we really don't understand just because that is part of a formula? That is a 'Stubby' term⁴², which is a bit irreverent perhaps.

At this point I indicated that there is a lot of speculative writing on the after life, although there are no direct verifiable reports available that describe conditions in that realm. It would seem to me that people who leave our world exit the dimensions we know as time, and matter.

⁴² Dr. David Stubby is a colleague and a mentor of William's who is highly respected in the medical community.

This will be a great discussion because you say, no one has been there and come back to tell us about it. I have been interested in the near death experiences. I have been told about many of those by patients. One such story that I found very interesting was one that involved the concept of the Holy Ghost. Who is He, or She and what is going on?

Anyhow, this particular patient, was resuscitated from a cardiac arrest at the Vic. I remember it well because a number of the doctors involved were hot to get going on an acute heart transplant. I did not feel, as the attending, that this was appropriate for many reasons. There were a lot of other organs that did not work and it was a long time, 20 years ago. Heart transplant was a relatively new thing then and many technical details were not yet worked out. Anyhow, I requested Dr. Compeau, the then dean of Canadian cardiologists, to see the patient. I called him and told him the story because I had one cardiologist and one surgeon who wanted to go ahead with the transplant procedure. I told him I wanted his opinion. I made it clear why I had asked him to consult. He came up personally and reviewed the whole situation and agreed with my opinion.

Unfortunately the patient died, but during one of his arrests, he said to me “do you know what bothers me doc ?” I said, “no” and he said, “while I was there, or where ever I was, I know that I saw and met a person who was walking on the face of the earth, who has all the solutions of good and evil, and all the solutions into making this into God’s kingdom. I met this person and it is driving me crazy because I can’t remember him and I don’t think I would recognize him if I saw him again.” So I sort of wonder if this character had bumped into the Holy Ghost or what. I found it to be an interesting story.

It was serenity and niceness. We must always remember that what someone experiences is coloured by previous beliefs and teaching. I am trying to remember a singular woman, who threatened me prior to her valvular surgery, she said to me “ I quite agree with all you are telling me about the surgery, but I want to promise you that if I die I shall come in the back window and haunt you wherever you are, every night”. She had a near death experience in which she had seen her father. This man had abused her as a child. She implied, that he was being mightily punished. Mostly though, the experiences have been good ones.

Spiritual Odyssey

(Based on conversation May 23, 2001)

You asked me before about my return to the fold in 1992. The following will be a pretty quick sketch of my spiritual odyssey. At age ten I wrote that hymn which they titled “God’s Providence”⁴³, so at age ten I had some spiritual awareness. I was probably more mature than other ten year-olds. As a young person, my brother and I and my cousin were

⁴³ William’ s Hymn “ God is our help in every need;
 We are his flock, He doth us feed.
 He made the wheat that makes our bread;
 He made the earth on which we tread.
 We are safe for he is near,
 There is no need for us to fear.
 He will keep us in His care,
 We can be thankful everywhere.
 He made the people black and white,
 On them he casts His Heavenly Light.
 Out of His sight we cannot stray,
 He will guard us every day.”

heavily indoctrinated with church as mentioned above. We were so heavily indoctrinated that the potential for church 'overkill' was very real.

I recall very well once, someone had got tickets for a Montreal Hockey game, because this wonderful guy who played for the Quebec Aces was going to be playing in Montreal for the first time. His name was Jean Belliveau. He was still playing for the Quebec Aces at the time. It was amazing the begging we had to do to get permission from the grandparents so that the boys could get to see the hockey game. The irony of it all was that poor Jean Belliveau got the flu so he never did get to play that day.

After school, while in college I remained very involved spiritually. In my undergraduate career at McGill, I was in the McGill chapel on University Street for the morning service every day. When I was in medical school, I can recall taking walks late at night after studying biochemistry and all those difficult things. I remember being struck by the enormity of the stars and the moon, and repeating "*the earth is the Lord's and the fullness thereof....*" The other thing is that I can recall very well, walking down the hill from the General Hospital and in third year of medicine, one of the few deals I ever made with God (some people make a lot of deals with God...if you do this God, I'll do that, etc.) I was not much for doing that. It was a tough time in the curriculum. I think I was facing Dr. C. and his exams, or presenting at rounds or something, I remember looking at my hands and saying "Lord if you get me through third year and help me become a doctor, I promise you that I will be the best doctor that there has ever been. That is all I

promise.”

In medicine I was still very involved although I don't think I was saying my prayers as regularly. There was a certain amount of spirituality still there. Then I guess it lapsed as time went on in terms of regular church attendance and regular prayer. There was certainly a total absence of regular bible reading. In my sub or semi-consciousness, I'm sure I was still in touch. But there was quite a long period that I was not in as close touch as I had been. Then, in later years, Christmas, Easter were the only occasions for church.

Then in 1984, at the age of 43, I joined the Black Watch. The Black Watch was a branch of the Canadian Armed Forces to which my father had volunteered in World War II. Church parade was a command performance. It was definitely in 1992 that I returned to regular worship, bible reading and praying and so on. That was after 1991, when another intimation of my mortality struck me. That year, I had three angioplasties. It had been a very bad year, I had a lot of angina, and a lot of trouble. That is when I started going back to church again on a regular basis. I chose the church St. John because that was where the padre of the Black Watch had taken on his ministry. That was a good opening to go there. That is a resume of my involvement. On this past Sunday when I went, nothing was missing. It was a great experience, fulfilling and calming.

I have a very personal relationship with God. Some people might regard this as quite irreverent. I do periodically just sort of talk to him. When lying in bed, just having

wakened up, I talk to Him and say, *“Thank you very much I made it through another night. I hope You are with me today and help me with this and that during the day”*. I’ll do the same thing inevitably at night. I will say a little thank you ritual, really a formula prayer. I say *“Thank you very much for another good day. I’m still here and I got through all my difficulties you sent me thank you very much for that. And now into your hands I commend my spirit may thy Angels keep watch over me this night both in body and in soul! Amen.”* After that I fall off to sleep.

I have never got angry at God. One of the things that set people off at Alpha courses, during the discussion periods, was how often they got angry at God. I think I can quite honestly say that I never ever remember being angry with God. Even when I walked out of the office of Jim S. in the Montreal Neurological Institute three years ago having been told I had ALS, you know he very diplomatically put it, “you have a form of motor neuron disease”. Even then, and never throughout this three-year period have I been angry or given God “hell”. I have had a couple of things like this morning, it sounds ridiculous, but I was having diarrhoea and had great difficulty getting this belt off. I was in very real danger that I would soil my pants, and the floor and all that sort of thing. It was a terrible prayer I’m sure, but I said *“God please help me with this one. I’ll worry about finding someone to put my pants on later, but please let me get my pants off.”* It probably calmed me enough to stop panicking.

There was a time during ‘the absence’ that I was very bad. I used the name of Jesus

Christ in vain, often. It became part of my standard vocabulary. God damn this and that. It was shortly after the return to the fold that I actually struggled to stop using that language. In our Anglican prayer book we don't actually repeat all the ten commandments at every communion but they are right there for you to see. We repeat "You shall love your God with all your heart, all your mind , and all your soul". And the second is like unto it: " You shall love your neighbour as yourself". And only on special, I call them 'state occasions' do we rehearse all ten commandments. I was very careful to read them. I don't suppose that since 1992, the name of the Lord or His Son has slipped my mouth in a profane manner twice. At least I'd be surprised if it had. I can't get away from saying Holy Moses. That's not very good either I guess.

I've talked about anger with God and lack thereof on my part and we talk about denial, depression and so on. I've noticed a few times in the last few weeks I have been depressed. Like Sunday last, was a very bad day. I sort of had a preview of what is to come. I've said, if asked, even a year ago, "well I'm not having a very good day, but I'm sure I'm going to have a lot worse ones". That has been my approach.

I wanted to bring up the subject of prayer in the setting of serious illness. I am on the prayer chain at St. Raphael's church with Gerry Sinel and I am on the prayer chain at St. John the Baptist and I know from my patients that God is being bombarded by Protestants, Catholics, Muslims, Jews and I think even the Hindus are involved somewhat. I have never throughout this whole thing, felt that prayer is likely to solve my problem.

(And as an aside, which you will remind me to get back to finish the above thought, prayer will not solve other people's problems either!) I used to be on the prayer chain of St. John the Baptist and I would be praying seriously that so and so's biopsy of a breast mass would be benign. Now that is silly because the breast mass is either benign or malignant. And if the mass is malignant, a lot of people will say that my faith let me down. And, if it is benign, they will say, isn't that wonderful, my prayer was answered. *The result was already ordained by the Lord.* My comment is maybe I should have been up to St. Joseph's Oratory more, I've got time now and I may drop by just in case, but my prayer to God since the beginning of the ALS, and one that I repeat very often, goes like this:

Thy will be done. If it be thy will, cure me of this disease, if that is not possible, let it progress as slowly as possible so that I can continue to serve you and enjoy the great blessings of this life. Whatever you send me, may I have the courage to deal with it.

And that has been my prayer. I repeat it often. So it is almost a formula prayer.

I never sort of sat down and prayed, knelt on my knees for 15 minutes and said "now lets have a miracle here" I don't think it is very likely and again, it is sort of counter productive. It can be depressing when it does not come through. It would be wonderful if it did. So there you go. That has been my approach to prayer. A lot of people have said "well you've got a negative attitude: if you think this thing is not going to be cured, it is not going to be cured. I don't think I have a negative attitude, in fact I think I have a positive attitude. I am realistic and therefore I am not going to have any spiritual

disappointments. The going has not got very tough as yet. We'll just see how it is in a year or so. Let me say also that very soon after John S. gave me the diagnosis, I went back to meet him and Colin C., who gave a second opinion, at the Montreal General Hospital. At a certain point I said to John, "You know, John, I've got coronary disease. You never know, God may just decide to send me a nice quick arrhythmic death!" and his comment to me was: "Isn't that terrible way to think when you are under pressure?" I did not think it was so terrible. I am not praying for it but when things got a little more advanced and when my pO₂ starts to fall, and I am having breathing problems, maybe God will decide, this is the time to give William a touch of V-fib⁴⁴!

If you had told me on July 1999 that I would have to have this total stranger come into the house and get me dried after my shower, and get me dressed and as per 'Tuesdays with Morrie'⁴⁵, today, for the first time I asked him to wipe my ass because I was having a bad day and having trouble doing it myself. And I have a bit of diarrhoea. If you had told me in July 99 that I would accept that with equanimity, I'd have said "you're nuts! I'd rather be dead than face that". But that's not true at all. It is not very nice, but it is not all that bad.

⁴⁴ Ventricular Fibrillation a pathological condition where the heart beats ineffectively. It is a medical emergency as in that state the heart cannot sustain circulation and within several minutes death would result.

⁴⁵ Albom, Mitch *Tuesdays with Morrie* New York: Doubleday 1997

So, maybe the idea of a PEG⁴⁶ when the eating gets too difficult is not so bad. Especially as I have checked with the gastro-enterologist who said you can have scotch through a PEG. You can rinse your mouth with it so that you can get the taste and then you can get the effect as there is very quick absorption. The big hurdle will be facing the respirator. But don't tell me about Stephen Hawking's⁴⁷ to try and cheer me up. It does not cheer me up at all. I don't see myself on a respirator. I do see myself trying 'bipap' (partial pressure breathing). It might not be that bad at all. So we will see. Those are decisions that will have to be made. I have made the first step by having a will redone. I also have to arrange for a power of attorney, and mandates. Not doing this up till now is not denial. I have never denied that I have a very serious problem which is going to terminate the whole affair. But I have been busy looking after patients until several weeks ago.

This was based on a conversation with William on May 31, 2001

William was given a beautiful award at last night's University Hospital Centre Dinner. It is called the Physician-in-Chief Award:

Presented to William in recognition of a long and distinguished service to the

⁴⁶ PEG Percutaneous entrogastic feeding tube. A tube is introduced through the skin of the abdominal wall to the stomach. This is for feeding people who have severe difficulty or are unable to swallow.

⁴⁷ Stephen Hawking is a celebrated cosmologist who has a chronic form of ALS which has lasted some 15 years.

department of medicine. This award is given to the individual who personifies the values of the health profession. As a physician who has cared for and comforted the ill, as a teacher who has encouraged young physicians to achieve their best, and as a health care manager who has contributed to the greater good, we your colleagues, honour you.

African Experience

The African experience, for anyone who has been through it is almost always very much a highlight in a person's life. It had been a highlight of my career. I think it is almost universal that people who have had African medical experience, have found it to be a highlight in their lives. Why? You have to start off with saying that Kenya is a wonderful place to live. There is a perpetual summer, and the elevated altitude, which much of Kenya is, moderates that equatorial climate. There are vast expanses of beautiful land with animals like lions and elephants, rhinos, and so on to see. There is a wonderful life style for Europeans who are earning North American salaries. The Africans call us the wasungu. That is the plural of the Swahili word for whites. The wasungu living in Kenya, as well as those living in Uganda in the early seventies, lived a very privileged life with servants, to clean up, to do the shopping, do the laundry. It is quite a different existence compared to living here. So that aspect of life in Africa in the seventies was very attractive.

What it really came down to for me was the clinical experience of looking after people who were really sick. What we do as physicians in North America is largely 'overprotecting' a lot of people who want to be overprotected. The example I like to use

was when I first came back from Africa, to the Johns Service of the Victoria Hospital. The very first clinical presentation I listened to at our hour long service rounds, was a resident who reported that “the patient had a severe anaemia of ten grams!” I couldn’t help but laugh, saying, “Once you are below six it is getting fairly serious, at two you are getting extremely concerned. At ten, forget it! So really sick people would present themselves and quite often, there would be inadequate facilities to look after them. You had to be innovative. We used to get diabetics to whom we could not give insulin because the insulin supply hadn’t arrived at the hospital pharmacy. We would have to look after them with dietary measures. We would have to look after people only with clinical exams because the x-ray facilities or supplies were not available. We had to depend on percussion, palpation, auscultation and inspection. That was another aspect of medicine in Africa, where you had to depend on your clinical and reasoning skills. It was so different to what we were accustomed to here in North America.

Teaching

Another aspect of medicine in Africa was the teaching. I was impressed particularly with the first group of students in Nairobi. I got there in 1971, the first graduating class was in 1972. The whole class was twelve students. There must have been 40 staff members consisting of medical people, pediatricians, and obstetricians. There were Glasgow people were in medicine, Glasgow people in obstetrics and gynecology and surgery. You had a ratio of 3-4 senior staff for every student. You were making hand made, hand-crafted doctors. The students were so receptive and enthusiastic. They were well beyond the cynical people you sometimes run into in the McGill undergraduate and postgraduate level.

It was an extraordinary experience, both medically and non-medically. Ward rounds were amazing. I have a mental picture of us making ward rounds. My chief was Phil H. He was the senior McGill person. There is a picture of us making rounds and someone is reaching under the mattress of a patient's bed. That is where the patient's records and x-rays were filed. So anyone wanting to see the x-rays would find them all there. It was a wonderful filing system. They never got lost. It was an amazing experience.

The bed would have been in the big 30 bed ward. I recall it as being very healthy with the windows wide open, fresh air beaming through. There would be student nurses, staff nurses then the sisters, who were the ward supervisors. Matron was on the top of that caring chain. It was very much a British system.

The teaching experience could sometimes prove to be quite embarrassing. I can recall very well some poor student who presented a case of mitral valve disease. The patient was in heart failure with atrial fibrillation and an extremely rapid ventricular rate. This was very early on in my Kenyan career. The student reported that there was a grade 4/6 diastolic murmur and a 1/6 systolic murmur. The patient was going so fast it was quite difficult to tell. Of course, I had never heard of anything so severe as a grade 4/6 diastolic murmur so I gave this poor student absolute hell. I said, "this is terrible you are really going to have to learn to distinguish systole from diastole because obviously the louder of the two murmurs is the systolic one .

Next morning, when we came back and the patient's heart rhythm had slowed down with some digoxin⁴⁸. It had become clear that the student had been right. It had been the most dramatic case of mitral stenosis⁴⁹ I had seen. I must say I was very embarrassed. But perhaps one of the reasons I seem to have been so popular is that I have never been so embarrassed that I wouldn't call whoever it was and say "Hey doctor, listen, I have to tell you something": last night I was wrong and you were right. It just goes to show you that nobody's right all the time".

Angina in Africa

What was interesting to me with my background in North American cardiology was the rarity of coronary artery disease. I think I saw one patient with angina in Kenya.

Coronary disease and atherosclerosis was almost unheard of. The patient I saw was a twenty-year-old man with angina. He had an anaemia which had three causes. One, he had a hookworm which was draining his iron; two, he had an ulcer which was chronically bleeding ; and three, he was a student and had a choice to make: studying and buying his books or eating good food. He had chosen the study and so had become folate deficient. His anaemia was so severe that he had classical angina with an abnormal EKG. He was one patient we actually did an EKG on. Amazing.

⁴⁸ A cardiotonic glycoside obtained from the leaves of *Digitalis lanata* used in the treatment of congestive heart failure, as well as slowing the heart rate.

⁴⁹ Narrowing of the mitral valve of the heart.

Ethiopia

We will now fast forward to Ethiopia. This is one of the stories I'd really like told. So I'm glad I'm having the opportunity of getting this on tape. Soon after my arrival in Addis I was responsible for taking care of a man who had a combination of fairly typical chest pain and we had managed to get cardiac enzymes which were elevated. He also had an abnormal electrocardiogram. So by all criteria he had a myocardial infarction. The story was that he was a distant relative of the Emperor, Haile Selassie. At the same time that Haile Selassie was overthrown, imprisoned and subsequently murdered, many of his relatives of lesser royalty were imprisoned as well and submitted to the most terrible interrogation and treatment. So here was this guy, he had been released after many years in prison. He was in this room, in the Black Lion Hospital in Addis Ababa. He would look at the walls, then look out the window and feel the fresh air. After a while, he said "Doctor, I understand you have to do your job. You can't imagine what it is not to be in prison and this is like being in prison. Please let me go". So I said "Sure, you can go, you are stable. Come back and see me in a week.."

He returned in a week and was doing very well. It was the most amazing recovery. He said "Doctor, one of the things I really loved to do, when I was younger, and before I was in prison, was to ride my bicycle. Can I ride my bicycle?" I said, "Yes you may certainly ride your bicycle. Be very careful. Avoid the really hilly parts and be very careful because you know what the traffic is like in Addis Ababa". The first day he rode out on his bicycle, he was hit by an out of control army truck and killed instantly. One wonders how much of

an accident it was. I have always remembered that story it is a great example of fate. You just don't know what is going to happen. You should be careful what you say in some ways. In my warning, I was kind of joking. It was one of the most poignant stories in which I was involved.

I was in Ethiopia after what they call "the change" That is to say, it was after Haile Selassie was deposed and murdered. While I was there, Ethiopia was under the control of what was called the Provisional Military Government of Socialist Ethiopia. The boss was a guy called Colonel Mengistou Eli Marion. Colonel Mengistou was the boss. It was a very brutal Marxist military regime. My Ethiopian experience was not a very pleasant six months.

The Ethiopian experience was not as pleasant life style wise as Kenya. I lived for six weeks in a hotel, and travelled back and forth to the Black Lion Hospital. We always walked up the eight floors to where the department was because either the elevators would break down, or there were so many rambunctious military persons on the elevators. The war in Eritrea was raging in full force. There was also a rebellion of the northern tribes in Tigrai. Whole wards of the hospital were filled with soldiers who were casualties. Either the elevator might break down or you might get on the elevator with a group of unruly, drunk Ethiopian soldiers. Neither of these were a pleasant experience. So the safe thing to do was to walk. I was the only North American in that block of physicians. The others were mostly Cubans, and East Germans. They were the 'stazzi', the secret police. That

was their job in socialist Ethiopia. Despite the curfew, all the other people in the compound, did not have to be bound by the curfew. They came and went at all times of the day and night. I was in the midst of a hot bed of secret activity. It was not a pleasant experience.

Medically however, it was wonderful. There the students were really good. They had a good residency program. Our major thing was to see if they could get a local post graduate equivalency of what we have in North America. The name of the medical school was the University of Addis Ababa. Since then, they have opened two new medical schools in Ethiopia. There has been a heavy input of surgery, community medicine and of epidemiology from McGill.

To escape the drudgery of non hospital life, we would go to the Hilton Hotel. This was the highest social point in the country, and so we made our way to the bar. You just escape from all the surrounding unpleasantness when you were in the Hilton. They did have very large, very good dry martinis. There was also a bunch of Canadians there with whom we could chat.

Raynaud's Phenomenon in a Machine Gunner

I remember going on rounds. I was there specifically to teach internal medicine but I used to go on general medical rounds as well. I had a big series of lectures to give to the post graduates, and the undergraduates. At rounds one day there was a patient in the hospital

whose major problem was severe Reynaud's phenomenon⁵⁰ in both his hands. As we asked the question, what was his occupation. Oh, he's a machine gunner, with the Ethiopian Army. I thought about it and said that back in North America, Reynaud's was first described in people who operated jack hammers. If you are shooting a 50 caliber heavy machine gun, it can be like a jack hammer. I've always wanted to write up a short paper on that phenomenon of Reynaud's in machine gunners.

Aortic Stenosis

I have another memory, and I feel somewhat ashamed about it. There was a young fellow aged 19 who had severe aortic insufficiency. It was so severe that it interfered with his growth. He had the appearance of a much younger person. Professor Edamarion had been in contact with a missionary group in the mid Western United States which specialized in taking young Ethiopian children up to age 16 with heart problems and operating on them with a good history of good results.

Edamarion decided that this young man of 19 should go to have his aortic valve fixed. He was old enough that his aortic insufficiency could have been due to tertiary syphilis. But this was highly unlikely. He looked like a little kid. I unwittingly became part of this. I wrote a report in such a way that I did not give his age. I never did hear the end of the

⁵⁰ Raynaud's Phenomenon is characterized by intermittent attacks of severe pallor of fingers and toes brought on by cold or severe emotion.

story as to whether the man had surgery and how he did. It would have been a disaster coming back to Ethiopia, because who would follow up on the coumadin? I thought that it was an exercise in folly.

Subsequently, I made many trips back to Kenya. I was really taken with Africa. I loved Africa, I loved the wild life, the climate, I loved the climbing of Kilimanjaro. It seems to me that one predictable thing about Africa was its absolute unpredictability. You would go into work on a given day and say what should happen on that day, (this is true everywhere of course) but in Africa, it seemed that what should happen on a given day never did happen the way one would think. The early trips were made when many of my former students were still there. I would make rounds with them. I knew the staff and had European friends who were still there farming and so on. I went back almost yearly. The downside of that was that it stopped me from seeing a lot of other interesting areas of the world. The Indian subcontinent for example, and Australia, I guess I probably won't get to see those now.

I stopped going to Kenya in 1989. I was booked for a flight to go in 1990, but something called the 'Gulf war' came up. All reservists, particularly medical reservists in the Black Watch were asked if at all possible to be available as we did have a medical presence in the gulf. So being a good soldier, I said, "Ok I won't go to Kenya," and I haven't been back since.

My Angina Pectoris

The next year was 1991 and I was starting to get intimations of my mortality in symptoms which I tried to call orthopaedic but I knew damn well were those of angina. I was smart enough not to go on rigorous army maneuvers then. It was ten years ago that I stopped smoking, because that was when I was admitted to the CMU⁵¹ with unstable angina. I have told this story often, but it is not on paper so I'll tell it again now. Pain in my left wrist was my first symptom. There was no chest pain whatsoever. I had been worked up by Derek R. He concluded that I had some angina. On one particular day I had a lot of pain, doing my own work as a physician.. My stress level was high. I felt I was in trouble. I said to myself, "I'll just be sure," so I ran up two flights of stairs at St. Mary's and then the pain came, and it subsided after rest. So I knew that it was the angina.

I then decided that I was going to have to turn myself in. Rick H. was the cardiologist on call that Thursday. It was the afternoon prior to the Department of Medicine dinner at the Vic. I asked myself "What are they going to do?". I knew that they would put me in CMU and put me on nitro and heparin and they are not going to let me smoke. So I walked over to the old emergency department, the horrible ramp that came up with the plastic flapping there and lit a cigarette. I smoked it down to the filter and threw it away. I went to Rick H. and told him I needed to get help. He said, "you are admitted, we are not even sending you

⁵¹ Coronary Monitoring Unit

to the emergency department.” The next day I was over at the Vic getting an angioplasty.⁵²

So it is ten years since I stopped smoking. The angioplasty was how I did it. The truth of the matter is that I did smoke twice after that. I smoked the day I got home. I lit a cigarette, and it tasted great. I thought it would make me feel bad. So I immediately put it out ran the cigarette package under the faucet and threw it out. Then, two weeks after that, someone left an open package of cigarettes on the back of the truck, Oh, I said, ‘I’ll take one, it will be awful. I smoked a couple of puffs. It was wonderful. Again I said that this is bad. You have to be serious. Oh yeah, a third time was at a wedding at the Black Watch. Everyone was smoking and someone gave me a cigarette and I had two puffs of it when I said, this is really bad. And I went for a walk.

When I was smoking, I was smoking over a pack a day. Anytime that I couldn’t smoke I was chewing nicotine gum so my nicotine levels were up in the sky. I am very lucky that I didn’t have an arrhythmic death. It could easily have happened with the stimulus of the nicotine.

Black Watch

I would like to talk about the Black Watch Regiment. A very interesting time in my life was my time in the reserves. I joined the Black Watch as the company doctor when I was

⁵² Removal of atheromatous material in blood vessels.

43 years of age. I had been involved with the Black Watch in summer and winter maneuvers. In January of 1991, about four months before I had angina, I went on Winter Indoctrination with the troops. Winter Indoctrination involved being dropped at the side of a road, in a remote area of the country, and then putting on snow shoes, going through dense woods, carrying a heavy pack. The troops would lug a big heavy toboggan with equipment in very cold temperatures and then we could get to a bivouac area and then set up. No tents, just a hole in the snow, make a little shelter and prove that you could survive. I've thought of that particular time, going through with the heavy load on my back, I was fifty years of age. Unknown to me, there was an 80% block of my right coronary artery. There was heavy snow, very cold and then of course, smoking when I got there. I could so easily have keeled over and that would have been very embarrassing for the army, to say nothing of its being very fatal for me.

I stayed with them as the request of the commanding officer for the next year, right up to the beginning of 1992. At that point I declared myself unfit for heavy duties. I was fifty-one by now. They wanted to make me an honorary Black Watch physician. Although they have honorary colonels, and honorary this and that, I did not feel they should have an honorary doctor. I felt they should have a doctor who was prepared to be with them. I told them that I would try and find somebody else to do the work, but the Black Watch did not need an honorary doctor. As it is, I have enough occupying me in my ordinary life.

I remember when my old friend and mentor Louis J. was in deep trouble with metastatic prostatic carcinoma. I had been very instrumental in getting the diagnosis made. This was back in 1989. I got him admitted to the Vic. The bone scan was done and it lit up from top to bottom. Every bone that has a name had a cancer metastasis in it. His PSA⁵³ was in the seven hundreds. It was my lot to go and tell him the diagnosis. So I did, one evening at Ross 5 at the Vic. I never forgot it, he said: “Well, this would have been an awful lot easier if it all happened in the middle of the North Africa in 1941 with a stray shell!” I said: “Yeah Louis, it would have been much easier!” You can see the obvious analogy coming. It would have been much easier if I keeled over dead in 1991 at the Winter Indoctrination, of the Black Watch. I would have missed a lot of fun in between. I would have missed a lot of great experience.

While in the Black Watch, William was able to find out more about his father. He was able to access some of the war documents to learn about his father's life in the army until his death at If, France in 1944.

Inevitability of death

I want to comment about the inevitability of death. One of the quotes that I remember from Shakespeare is: “Cowards die many times before their death;

⁵³ Prostatic Specific Antigen: a test to indicate the degree of activity of prostatic cancer tissue. Usual value: below 4 units.

the valiant do taste of death but once.
Of all the wonders that I yet have heard,
It seems to me most strange that men should fear;
Seeing that death, a necessary end,
Will come when it will come.

I've quoted that to you and Jean McClean at dinner, in December 2000. Death will come when it comes, so why be afraid? The other remark that Shakespeare made is: "The readiness is all!" That is an interesting concept too, which I haven't yet thought through carefully yet.

I will tell you about my friend David T. who was a great family doctor in Cowansville. He and I trained together. I took the specialty route and he went into practice in Cowansville. He turned up about ten years ago, about the time I got sick, perhaps a little before. He came in with what was severe pulmonary hypertension. When they did the full investigation, the severe pulmonary hypertension occurred because all his pulmonary vessels were plugged with cells. These cells turned out to be of pancreatic origin. I remember visiting him on 5 Cardiac and his wife Sarah was there.

We talked about this and that. I remember him saying "We are hoping for the best, but we are prepared for the worst, and I think we know what it is going to be!" I always thought that was a very courageous way of looking at it. I have thought of him often, particularly two years ago in July when I was diagnosed with ALS. I thought David's approach was

not bad. Hope for the best, prepare for the worst, and we think we know what it's going to be.

In the past April, I had been losing a lot of weight. My internist and I were a bit concerned that I was losing more weight than I should be just from ALS. So I was sent to see a gastro-enterologist with the question should William have a colonoscopy because of the family history, the weight loss and the bowel symptoms. Well, I picked my consultant, who was a classmate, Peter Z. I knew that he had good clinical judgment. To my great relief, he listened to the story and said, no you should not have a colonoscopy, it would probably kill you. The preparation for it would be so awful. It is the preparation that 'kills' you.

My Respect for Life

These notes are based on an interview with William done on the 24th of July 2001.

William had a right foot drop due to his ALS which caused him to fall on his face. He was taken to the hospital where several lacerations were sutured. One was above his left eye, and another gash involved his left upper lip area. His hands were losing much of the former strength and he could only awkwardly drink from a glass by holding the tumbler in both hands and bending his neck to the glass. His cough lacks any force. He is aware that any chest cold could have important and possibly catastrophic effects.

In 1946, just two years after my dad had been killed, we were invited to spend some time

at the Webb⁵⁴ farm in Stoneham, Quebec. The place has now been turned into a fashionable resort. Richard Webb had been a pal of my dad, and his wife Kathleen had been a friend of my mom's. We started to go to the farm that year and continued on for the next eight summers. The farm was a source of some of happiest memories I ever had. I think that there were about two hundred and fifty acres of land. There was a lake with three cottages. There was a farm house with a barn and a milk house. It was a great place for a little boy to spend time at. I know it is partly where my love for the country and things pastoral comes from. As I look out of my back yard at the farm land, I can see in my mind's eye the farm of my youth and its rustic living including the ice box in which ice cut from the lake would be delivered several times a week. It was there I met my old and dearest friend Peter. That was fifty five years ago and we are still good friends to this day.

At first, we little jobs to do such as rounding up the cows. Then as we got older, and stronger we would help the farmer in the field gathering in the hay and so on. I had great respect for the farmer Leonard and his wife Ida. Leonard could not read nor write, although he could sign his name. He had worked during the depression of the thirties building roads and drilling by hand the holes in which dynamite would be used to break rocks. He was paid a dollar a day. He gave us, Peter and myself a lot of common wisdom.

At a several hour trip from the farm was Lac Bordeleau at which the Webbs had a fishing

⁵⁴ Not his real name.

camp. We had many good times fishing there. We were particularly careful about the environment and taking only the quota of fish allowed. I remember coming on a bull moose as we were driving in the dark. He started to charge the vehicle we were in and I remember that Leonard in his wisdom, turned off the lights of the vehicle and banged on the car door with his hand. The moose stopped and turned around and took refuge in the bush.

'Uncle' Dick Webb took his family to see Europe in 1958. He announced that he would take my mother and me as well. We traveled on the Cunard liner. We visited Scotland, England and France. It was an occasion for me and my mom to visit the grave of my dad for the first time. Dick Webb was a surrogate father to me, more so than my own uncle. We used to sit up late in the evenings after I became a physician and talk about his family. He communicated his disappointment in his son Peter. Peter did in fact turn out to be a very responsible person. Naturally I did not say anything about those conversations to him. It is ironic however that when I was visiting Peter in Vancouver recently, he chatted about his son Brian, who is my godson. He indicated his disappointment with him saying "he won't study, he won't obey and he does not tell always the truth." I held my peace and said to myself, "Dick Webb wherever you are, I hope you are watching." The wheel goes round and round and I am the father confessor. I only regret that I won't be around to be 'father-confessor' to Brian when he worries about his son. That will be a long way off.

I have had other experiences in the wilderness and can give witness to the beauty of the land and the people who live in harmony with the land. I have done some hunting but was not enthusiastic about it. We were hunting partridge and the little birds would stand still. There was not much sport to that. Eating the birds one would regularly be spitting out lead pellets. I did have occasion to hunt larger game. One patient I got to know during his heart attack, and his subsequent several cardiac arrests was John D. John was a VP of a large corporation. Once he stabilized, he decided he wanted to go on his annual deer hunt. He wanted to have a physician along with him. I agreed to go. I did know that if he did have a cardiac arrest in the bush there would be little I could do for him. We went hunting. We were given spots to hunt from and wait till game came by. I remember being at my spot, leaning against a tall tree. The wind was coming from my back. Then the most incredible things happened. First of all two timber wolves came by, one just beside the tree. I remained quiet, the wolves passed by not even seeing me. Then, I could feel the earth vibrating a little. I wondered what it was, and then, appearing from the same direction up wind of me, was a huge black bear. I remained totally quiet and it too passed within thirty yards of me. Finally, later in the day, sure enough there appeared from the same direction a beautiful buck with a magnificent display of antlers. I never fired a shot in anger at any of them. They all looked so magnificent in their natural habitat. Of course, I have never told this to those hunters even to this day. They would have been absolutely infuriated.

As a young kid of 15, I was taught how to shoot a rifle by my uncle Richard. He took us

up north to a cottage they had in the bush and we would shoot targets. Occasionally we would shoot at crows, but they were very smart and as soon as they could see a rifle, they would fly away. I did shoot a squirrel once and I still feel the guilt to this day. Perhaps this has been a reason why I have reverence for life.

Since that taping, I have visited William regularly. We have discussed points of his ongoing Tuesday morning sessions at the Birks Hall Divinity School. The current series of talks are on the Apostle's Creed. As of the 21st of November 2001, the article of the Creed discussed was the "Forgiveness of Sins" and the "Communion of Saints." We have had discussions on these topics which will be discussed below. As of this writing, November 28, 2001, William has trouble holding his head up and require much rest. He has some shortness of breath even while sitting on his motorized wheel chair. He does manage, with the help of his friend Patricia, to get out and visit his mother. He requires help at night time because he cannot turn himself or get out of bed without help.

Chapter 3

Christian Mysteries William struggled with

William has in the course of our conversations talked about his encounter with Jesus Christ as a young boy. There was a hiatus in his church attendance, then a re-finding of the relationship with Christ in 1992. This made him reflect more fully on the mysteries of Christianity. In addition to the reflection, he became not only involved with the Alpha course but he also developed a spiritual life in fellowship with others. Both the Alpha course and his renewed spiritual life led him to consider the basic mysteries of his Christian faith. The mystery of the Trinity was among the mysteries he pondered. I would like to comment about the notion of mystery first.

Mystery is not an insoluble problem. Problems are soluble when adequate tools are designed to intervene. Gabriel Marcel has indicated that problems are to be solved and mysteries are to be lived. Mysteries are realities that are ordered to a religious dimension. Mysteries are revealed truths which are above human understanding, but not contrary to reason. Mysteries can involve the natural world such as the mystery of how life originates. Fundamental mystery for the Christian includes the Trinity, Incarnation and Redemption. The mysteries are believed by the Christian not because they are understood or can be discovered unaidedly, but solely because they are believed to be revealed by God. The notion of God itself is incomprehensible to human intelligence. We call mystery that in

which man rises above himself in his intellectual and loving transcendence. Lonergan⁵⁵ explains that as unrestricted questioning indicates our capacity for self-transcendence and so being in love in an unrestricted way is the fulfilment of that capacity. The fulfilment of that love is not because we can know it. In that regard, unrestricted love goes beyond the usual horizon we operate on and sets up a totally new one. Lonergan goes on to indicate that because we are conscious of mystery does not mean that we know it.⁵⁶ Mystery is a dimension of total reality since the beginning of time. It is an aspect of total reality which taken as a whole includes the finite as well as the infinite. Spirit, with its openness to the infinite, is the capacity to accept the incomprehensible as such. In other words, man's spiritual nature can accept what is permanent mystery. Teaching of faith does not rid us of the permanence of mystery⁵⁷. The incomprehensibility of mystery is based on the sensible and earthly makeup of our present knowledge.

At the present time the disease Amyotrophic Lateral Sclerosis is known only as a clinical-pathological state. The etiology or the cause of the disease as of May 2001 is not understood. The most recent review article on the subject lists at least 12 etiologies which

⁵⁵ Lonergan, Bernard, *Method in Theology*, Toronto: University of Toronto Press, 1996 p106

⁵⁶ Lonergan, Bernard. *Method in Theology*, Toronto: University of Toronto Press, 1996 p106

⁵⁷ Rahner, Karl. "Christology." In *Theological Dictionary*, ed. Cornelius Ernst, 78-79. West Germany: Herder and Herder, 1965. P 301

means that the cause of this motor neuron disease is not known⁵⁸. I have an expectation that with further precision of the tools of genetic research, and other medical technologies that the etiology of the disease will become apparent. What will be a mystery is what is the nature of man that he should contract this disease? What is the ultimate cause of the 'darkness' of which ALS is a part?

The Trinity

The Trinity is represented in many ways in the synoptic gospels as well as by William. It is the most essential belief of the Christian tradition. In John's gospel is very clear about God being love or agape. (1 Jn 4:8, 16) God is that mystery which undergirds all existence.⁵⁹ The notion of love and being are synonymous in God. God is pure self-gift and we are the recipients of that gift. Augustine in his extensive writing on the Trinity indicates often that God loves because that is the divine nature⁶⁰. God does not love man because man or creation in general deserves it. The precept of the Trinity is an attempt to perceive the freedom of that self-gift. If God is love, then the recipient of that divine self-gift has to be the whole of humankind and creation in general. Creation is necessary for God to be God. "God" is the name of the relationship of an eternal perfect

⁵⁸ Rowland, Lewis P. and Shneider, Neil A. "Amyotrophic Lateral Sclerosis." *New England Journal of Medicine* 344, no. No 22 (May 31, 2001).

⁵⁹ Himes *ibid* p 56

⁶⁰ Augustine, *De Trinitate* 8,14

reciprocal-self gift.⁶¹ In the imagery of our language, the Father gives himself totally to the Son, the Son gives himself totally to the Father, and the Spirit proceeding from both is the bond of that pure love.⁶² Himes clearly indicates that God is the name of the relationship that exists between the Father, Son and Holy Spirit⁶³.

As Augustine in 'de Trinitate' indicates, God is the lover, the beloved and the love between them⁶⁴. To be and to love are interchangeable in mainstream Christian thinking. To exist is to be in a network of relationships. We see this in William's narrative. Relationships extend as does the universe both in space and in time. Relationships extend backwards and forwards in the time-space continuum. The denial of relatedness and the renunciation of relationships is to come to the brink of nonexistence.⁶⁵

The whole notion of personhood comes largely from Trinitarian thinking⁶⁶. Christian anthropological thinking indicates that personhood is connectedness to others⁶⁷. We do not become persons until we relate to others. In reality, the notion of relationship is

⁶¹ Himes, Michael J., and Himes Kenneth R. *Fullness of Faith*. New Jersey, USA: Williamist Press, 1993. P56

⁶² Ibid .p 56

⁶³ Ibid. p 56

⁶⁴ Augustine, *ibid.*

⁶⁵ Himes, *ibid* p57

⁶⁶ Himes, *ibid* p57

⁶⁷ Sachs, John R. *The Christian Vision of Humanity*. Collegeville, Minnesota: The Liturgical Press, 1991.

supremely expressed in the Trinity, and only by extension to creatures. One becomes more fully a person by entering ever more fully into a widening circle of relationships. Personhood exists in a direct ratio to relatedness.⁶⁸ Trinitarian doctrine interprets the Christian experience of human life and underlies Christian anthropological notions of that life. It has been expressed that the Trinity is the summary grammar of our most fundamental experience of ourselves.⁶⁹ The Christian claim that one exists to the degree that one enters into relationship with others, especially in the relationship of self gift, is grounded in the doctrine of the Trinity. The social and political implications for current Trinitarian thinking are tremendous. It means that not only is human existence one of relationship, but that the ground of all being is relational.⁷⁰

If being and loving are identical as spelt out in the Trinitarian teaching, existence does not precede entry into relationship. It is rather relationship that gives existence to being. Being is being with. God is community, relationship and Trinity. Aristotle's notion of man being a 'zoon politikon' can in this sense be applied to God.

Much of Christian anthropology employs the 'imago Dei' (man made in the image of God motif: Genesis). It is used as a theological base for rights-language in contemporary

⁶⁸ Himes, *ibid* p 59

⁶⁹ Himes, *ibid* p 59

⁷⁰ Himes, *ibid* p 59

Christian social thinking⁷¹. If God expresses a triune unity, as the perfect relationship of the lover and the beloved, and the love that unites them, then in arguing that the human is created in the image of God is to indicate the human is capable of self-giving. The human person is that point at which creation is able to respond by giving of self in return. In the eighteenth century, much religious thinking emphasized divine sovereignty to defend God's independence. Religious liberals stressed God's non-intervention in the running of creation. Both accepted God as removed and uninvolved. It was an era of religious individualism and was strikingly unitarian. Some of that thinking is present in William's notion and understanding of prayer.

In contrast, Christian Trinitarian understanding is community based both theologically and politically.⁷² The individual and the community sustain each other. Humanity and relatedness are in direct proportional relationship with each other. The broader and deeper the network of relationship, the more truly human the community and the individual are.⁷³

Incarnation

Another mystery that had grasped William from the Alpha course in the early nineties and

⁷¹ Himes, *ibid* p59

⁷² Himes, *ibid* p 60

⁷³ Himes, *ibid* p 61

more recently while he was revisiting the creed, was the Incarnation. It is central to the information that God has provided to man about Himself. In consulting any text on the Incarnation, one is immediately referred to the section on Christology.

In the prologue of the Gospel of John, there is an account of the Logos, or the Divine Word. The notion of the preexistent Word and its activity in creation fits the pattern of the earliest Christological traditions. In verse 14, John indicates that this pre-existing Word became flesh.⁷⁴

John clearly states that Christ and God were one and preexistent before time. The reference to Jesus' return to the Father (17: 4,24) ensures that the reader makes the connection between the Word and Jesus of the gospel narrative.⁷⁵ The fourth gospel sets the boundaries for an incarnational Christology. The Jesus of John's gospel however was not written to explicate human experience. John's message is clear. Jesus came to reveal the Father.⁷⁶

In fact, John is the only evangelist who makes it very precise about the incarnation in which this divine Word becomes flesh and dwells among us as Jesus Christ.

John's Gospel is oriented to the present. Eschatological judgment of God has occurred already in the sending of the Incarnate Word into the World and the human response to him.

⁷⁴ Perkins Pheme. "The Gospel According to John." In *Jerome Commentary*, ed. Raymond E. Brown, Fitzmayer, 942-85. Bath, Great Britain: The Bath Press, 1996. 951

⁷⁵ Perkins, *ibid* p 949

⁷⁶ Perkins, *ibid* p 949

This is the Christ-Event. Future cosmic objective eschatology is not eliminated in John, but the emphasis has shifted to the life of Jesus and the post-resurrectional life of the Christian community. The major results of the death and resurrection of Jesus are 1) new relationship of believers with the Father (14:12-14 and 2) the sending of the Holy Spirit. (14: 16-17) The presence of the Holy Spirit shapes the life of the Christian Community.

(14:25-26; 16:12-15)⁷⁷

The prologue of John's gospel is a Christological confession and more. The prologue hymn tells the reader of John's Gospel about Jesus. The purpose of the fleshing of the Logos is to tell the story of God. The Logos (Word) exists from all time in loving union with God. (1: 1-2) The penetration in time of the Logos as "life" and "light" (3: 5) and 'flesh' demonstrates the profusion of the Father's gift which is Truth (14: 16-17). It is difficult not to think of Trinity without thinking incarnation. A large segment of John's community agreed with the supposition that the world was caught up in 'a darkness'. That notion is best expressed today in Ernest Becker's book.⁷⁸ The people that John addressed had been unable to see or 'know' what the elements of the mystery of God were. Previous to Jesus Christ, God was made known only through the Law given to Moses. The opening verse of the Prologue indicates the unique union between the Logos and God which reaches out in the

⁷⁷ Brown, Raymond E. "Aspects of New Testament Thought." In *Jerome Commentary*, ed. Fitzmayer Brown, Murphy, 1354-59. Bath. England: The Bath Press, 1996. P 1359

⁷⁸ Becker, Ernst. *Denial of Death*, 1973. p24

darkness to bring an invincible light (1:1-5)⁷⁹ That gift of God's revelation to Abraham and Moses was replaced by the fullness of the Gift of God, ie. the Truth revealed through Jesus Christ. (1:16-17)

The Gospel account reflects how John understood God and his relationship to Jesus, to the world and those in it. (John 6:16-17.) What understanding do we have of God? John tells us that God is love. God's love consist of God's caring and saving action in the gift of his Son. In John 3:16-17, we learn that the earthly presence of the Son flows from the fact that God so loved the world that He gave his Son so that the world would be saved. Here again it is difficult to separate Jesus' incarnation with his redemption. The gift of His Son would ensure that those in the world might have a chance for eternal life. The Son was loved by the Father from before all time (17: 8-24). The love that existed between the Father and the Son from all time has broken into history as the Incarnation.

The logical conclusion to this "Story of God" is that the presence of the Son in the world is a challenge to recognize in him the Father who has loved in this way. (8:42; 14:9-10,23).

⁸⁰ To reveal God who is love to the world is the reason for Jesus' presence. Jesus' final entreaty to his Father was that the love which he showed to Him might be repeated in the lives of his followers. (17:11) That is, the lives of all who would come to believe in the Son

⁷⁹ Maloney F.J. "Johannine Theology." In *Jerome Commentary*, ed. Fitzmayer Brown, Murphy, 1417-26. Bath, England: The Bath Press, 1996. p 1420

⁸⁰ Maloney, *ibid* p 1420

through the preaching of his disciples. (17: 20,23,26) John's Gospel in a way is an account of what Jesus did for God. John writes clearly that Jesus' last prayer to his Father was "I glorified you on earth, having accomplished the work which you gave me to do" 17:4 It is at the moment of death that Jesus can proclaim that he has brought to perfection the task which the Father gave him to do.⁸¹

At Easter, Jesus' disciples encountered the crucified one as alive with God and present to them in a new way. In following this transformed Jesus, and carrying on his mission they discovered what God had intended for human beings as well as the solution to the problem of evil. To grasp the meaning of Jesus and communicate the experience of God's salvation, they needed to articulate who it was whom they followed. At the time when Jesus broke into history, there was in that cultural milieu much symbolic material by which one could communicate. Going through some of the earliest Christian hymns, some of which were preserved in Pauline literature, they took up the image of wisdom, the one who existed before the foundation of the universe and through whom God created the universe. In the apocalyptic context, it took on a connotation of eschatological judge and messiah. The Greek term Kyrios was even more impressive. The bible of the Jews of the Septuagint tradition expressed the idea of God by the word Kyrios. In this discussion, I have focussed on John's gospel. John's Christology is a clear indication of the incarnation. The synoptic gospels in their own way tell the story of Christ as the incarnated-God, as Redeemer and as the Messiah foretold in the Hebrew scriptures. The gospels are not biographies of Jesus.

⁸¹ Maloney, *ibid* p 1420

They indicate the communal recollections of Jesus' deeds, words, life into a characteristic narrative expressing Jesus according to that community's expectations and understandings of salvation.

The Redemption

In 1991, when William was confronted with his angina and the threat to his life, descended into the grips of an existential depression. He struggled with the disbelief of his condition but was soon convinced of its truth. He was treated and found that he had to change, to cope. He developed a new understanding of his mortality and clearly realized exactly how tenuous his life was. In his search for coping, he sought the faith of his youth. In doing so, he had to reconcile his mature cumulative knowledge and understanding of the world with that faith. That reconciliation brought him to the Alpha course to gain understanding. It brought him face to face with the mystery of the Redemption. William soon became aware that the mystery of redemption is integral to the mysteries of the trinity and the incarnation.

Redemption as well as the incarnation are the ultimate examples of God communication to us in our world as we know it. Communication with God in this life is mainly through the incarnation and the redemption. Redemption however is not only a communication

that we have with God, it is the very giving of God himself to us.⁸² The Gospels indicate again and again that the motive for Christ's coming was love. John's epistle indicates that God's love becomes manifest first when he sent his Son to be an *atonement* for our sins. (1 Jn 4: 7-9) St. John immediately follows this up with the constructive entreaty: 'Beloved, if God has shown such love to us, we too must love one another. Saint Paul says "All is this is from God, who reconciled us to himself through Christ, and has given us the ministry of reconciliation; that is, in Christ, God was reconciling the world to himself not counting their trespasses against them, and entrusting the message of reconciliation to us. So we are ambassadors for Christ, since God is making his appeal through us". (2 Cor. 5: 18-19)

Redemption is at the very core of Christian Theology because it expresses the Christian proclamation of Jesus, the Christ, the Redeemer and Saviour⁸³. Redemption is the pivotal concept around which much Christian thought turns: sin, grace, Church, sacraments, creation and eschatology. The literal meaning of redemption is a buying back. Atonement is another term used in bringing back together previously opposed parties. Salvation is a healing, or making whole. The best sense of redemption is liberation from slavery to freedom. Christianity has been referred to as a religion of salvation or redemption. Since the time of Christ to the present there have been various understandings of the state

⁸² Lonergan, Ibid p 6

⁸³ Fiorenza, Francis, S. Redemption, *New Dictionary of Theology*. Collegeville, Minnesota: The Liturgical Press. 1987 P 836

before liberation, as well as the post liberation state. The notion of enslavement to sin, darkness, powers of darkness etc. are some expressions of the state of bondage. The liberated state is described as forgiveness, eternal life, freedom, liberation, light. The bottom line is that humanity has been redeemed through Jesus Christ.⁸⁴

Historically, redemption from darkness and bondage was expressed in the Hebrew scriptures. The redemption of Israel from Egypt becomes the model event that establishes the relation between Yahweh and his people.⁸⁵ Yahweh's act of redemption establishes a relationship of community.⁸⁶ Second Isaiah in talking about the release from the servitude of Babylon, describes the eschatological event as a redemption. "And the ransomed of the Lord, shall return, and come to Zion with singing: everlasting joy shall be upon their heads". (Isa 51:11) So in redeeming the people from the first oppression, Yahweh established Israel; the second exodus is the definitive eschatological redemption of Israel from its enemies.⁸⁷

In the earliest of Christian writings, there is an incorporation of the older traditions as well as the central ideas of the proclamation of Jesus, his life, ministry, death and resurrection. Jesus preached God's coming, the kingdom of God and saving reign which

⁸⁴ Fiorenza, *ibid* p. 840

⁸⁵ Fiorenza, *ibid* p. 838

⁸⁶ Fiorenza, *ibid*, p. 850

⁸⁷ Fiorenza *ibid* p. 838

was central to his ministry. Redemption is present and future.⁸⁸ The proclamation of God's reign was a proclamation of forgiveness. It was the *forgiveness* of sin that was part of the purpose of the coming of God. St. Paul's conceptions of redemption includes elements of *justification* and *reconciliation*. (1 Cor. 15:3)⁸⁹ Saint Paul also introduces the notion of *freedom*: ie the redemption of human reality from the darkness.⁹⁰ The idea of *liberation* from the powers of the world, from sin and guilt make up St. Paul's conception of redemption.⁹¹

Death is presented in the OT as the penalty for sin. It paradoxically by the life and death of Christ that we are redeemed. That salvation is reaffirmed throughout the NT. The transformation of a penalty in the means of salvation can only be seen as the antithesis of the messianic, and apocalyptic expectations current in Judaism at the time of Christ.

Those messianic expectations concerned an instant transformation which would correct the ills of the world, punish the wicked and allow the just to triumph. The Messiah that came did none of those things. He submitted to the evil of the world, to its injustices. So the understanding of the redemption is not like a deductive process, it is rather a dialectical one: sin leads to death and death through Christ becomes a means of

⁸⁸ Fiorenza, *ibid*, p. 838

⁸⁹ *Ibid* p 840

⁹⁰ *Ibid* p 840

⁹¹ *Ibid* p 840

salvation.⁹²

Redemption by the death of Christ is understood as *sacrifice*. Saint Paul speaks of this recurrently. Jesus at the institution of the Eucharist says: “This is my blood which is to be shed for you for the remission of sin”. (1 Cor. 11: 24-25) The understanding of sacrifice is not fully communicated by the word redemption. Redemption conveys the personal relations between sinner and God, but does not exhaust the meaning of this reality. Christ’s sacrifice was not a ritual act but his very own real suffering and death and resurrection into Glory.

The understanding of redemption can also be understood as a *ransom*. Saint Paul indicates (1 Cor. 6.20) that “You are bought with a price”. It also connotes a deliverance for the sake of holiness. *Satisfaction* is another dimension in the understanding of redemption. It puts satisfaction in the context of contrition and confession.

It is God’s action not only in Jesus but in the community and in history that this is redemptive. Redemption concerns not only the relationship between Jesus’ life and his death, but also that between Jesus and the community. The community’s existence and purpose has to be seen as part of God’s redemptive work. The fine lines of distinction between redemption and sanctification, and between redemption and full salvation do not fully speak to the redemptive role of the community and its work. The work involves not

⁹² Ibid p 939

only a redemptive mission to society and the political world. It is a job for all the members of the community whose identity is formed within the community and which relates to society in general.

Modern writing on the redemption of Jesus' life, death and resurrection focusses on a wide variety of viewpoints. These can be roughly grouped into subjective and objective attitudes.⁹³ The subjective approaches criticize the ideas of satisfaction and propitiation inasmuch as guilt and sin are individual and cannot be transferred to others. Redemption is seen as both a cause and effect of personal guilt. The objective approach criticizes the subjective ideas for their individualism and their inability to come to grips with the social nature of sin, guilt and human nature. Both extremes tend to distort the understanding of redemption. Even though the historical traditions spoke of Jesus' suffering and death as redemptive, it went beyond that. It relates Jesus suffering and death to his life, the community and God.⁹⁴

Writing about the redemptive meaning of Jesus' suffering and death makes sense only in that his suffering and death are seen as (1) a consequence of his proclaiming the kingdom of God, (2) his ministry to the sick and sinful, and (3) his very life. His lived life showed a dual solidarity with God and with humans. It is only in the context of his life that the

⁹³ Fiorenza p 849

⁹⁴ Ibid

solidarity of his death has any meaning.⁹⁵

Death is associated with the emergence of the Christian community as a response to Jesus' life and his death. Jesus' redemptive role includes the power of his spirit in the community. It is important to avoid an individualistic conception of sin and guilt. Humans are social and political. In the social context, humans are formed by social interaction and responsibility to others. All members of society are integral to that society where they live, and work. Jesus' redemptive life has significance within human community.⁹⁶

Jesus' death is related to God's gracious love which is embodied in creation, reconciliation, liberation and redemption. Christian belief in God's raising of Jesus brings the identification of God and Jesus into clear focus. The Christian belief in Jesus' life death and resurrection indicates clearly Jesus' identity.

Redemption includes liberation from guilt as well as from suffering. The history of suffering is as old as man, and is very much a current reality. Affirmation of redemption has to take suffering into account.⁹⁷ Suffering has to be eliminated by humans in and by practice. In redemption as a liberation from death and darkness has to include liberation

⁹⁵ Ibid.

⁹⁶ Ibid

⁹⁷ Ibid

from suffering. Individual and political suffering are included in this idea. Redemption has to be both personal and political.

Thomas Aquinas emphasized that the whole life of Jesus was redemptive.⁹⁸ It was not a single event that brought redemption. It is God's process in Jesus as well as the community and history which is redemptive. Redemption involves the interaction between Jesus' life and death and the community. The community's mission and existence is clearly part of God's redemptive work.⁹⁹

The Christian belief in redemption has both a historical and eschatological vision. It is seen as a reconciliation of persons with themselves, with society, with nature and with God as the ultimate source and cause of all reality. The eschatological vision was begun with Jesus when he proclaimed the kingdom, when he cured the ill and when he exorcised. It is a vision of total redemption of life and death as the Christian belief in the death and resurrection of Jesus. It is a view attached to the Christian community as mission.¹⁰⁰

Communion of saints.

The communion of saints has a strong Christological and ecclesiastical base. It has been related to the 'Mystical body' teaching of the Church. One could say that the fellowship

⁹⁸ Ibid.

⁹⁹ Ibid

¹⁰⁰ Ibid p 851

with Jesus is the basis for fellowship in the Church and the Kingdom. Such fellowship is contingent with the fellowship with the Holy Spirit. It is the relation to the Holy Spirit that places the communion of saints specifically where it appears in the creed.

In today's faith understanding there is a need for a closer connection between the communion of saints and the kingdom. Up to now, in both the Catholic and Protestant interpretations, the communion of saints refers to the church and not the kingdom. It is clear that the communion of saints will have little meaning for the church or the kingdom unless it is rooted in a solid Christological base.

In Abraham Lincoln's first Inaugural Address, he spoke of the 'mystic chords of memory' which unite us with preceding generations.¹⁰¹ Lincoln insisted that "the living must be dedicated here to the unfinished work which they who (fell in the civil war) fought here have thus far so nobly advanced." The living are obliged to be "highly resolved that these dead shall not have died in vain." In fidelity to the future the living must determine that the government of the people, by the people, for the people shall not perish from the earth. (Lincoln's address at the Gettysburg Cemetery 1863)¹⁰² For Lincoln, there are profound obligations that link the living with the dead and the unborn. The notion of the continuum of the entire human family is paramount. Community among human beings carries with it obligations which are not cancelled by death. Any truly vital community

¹⁰¹ Himes, Michael J., and Himes Kenneth R. *The fullness of Faith*. New Jersey, USA: Paulist Press, 1993 p. 161

¹⁰² Ibid

transcends the lifetime of its currently living members and so involves the dead and the not yet living.¹⁰³ The creed speaks to the one holy catholic and apostolic church. It indicates that there is a connection between unity and universality and trans-temporality and holiness. The church is a communion of the dead and the living and the yet unborn, a communion of saints.

The communion among believers is grounded in the person and work of Christ, in and through whom we participate in the life of God. Christ established a bond of life with us by sharing our humanity. (Heb 2:14), and so we share in the life of God. Our communion with one another is our experience of that communion with God in Christ. For the living in light means loving your brothers and sisters; anyone who fails to do this still is in darkness. (1 Jn 3:11) The immediate experience of communion with God is living in loving communion with one another. This communion with one another is our union with God and thus the source of holiness.

The doctrine of the communion of saints means that race, nationality, class, gender as well as space and time have no limits within the shared life of people. Membership in the church requires a dynamic relationship with Christ and other believers. The theological vision of humanity as one family and the church as a sacrament of that unity serves to underline the ethical basis in Christian social thought. The communion of saints as a theological statement has its counterpart in the ethical principle of solidarity.

¹⁰³ Ibid p. 162

The communion among believers is grounded in the person and work of Christ, in and through whom we participate in the life of God. Christ established a bond of life with us by sharing our humanity (Heb2:14), and so we share in the life of God. Our communion with one another is our experience of that communion with God in Christ. The immediate experience of communion with God is living in loving communion with one another. This communion with one another is our union with God and thus the source of holiness.

The doctrine of the communion of saints means that race, nationality, class , gender as well as space and time have no limits within the shared life of people. Membership in the church requires a dynamic relationship with Christ and other believers. The theological vision of humanity as one family and the church as a sacrament of that unity serves to underline the ethical basis in Christian social thought. The communion of saints as a theological statement has its counterpart in an ethical principle of solidarity¹⁰⁴. In the Christian context, solidarity is a virtue, it requires conversion of the mind, heart and will. Solidarity has to be a conscious choice of people to seek the betterment of all. This is grounded on the theological claim of the unity of the human family and the moral obligations which arise from a vision of a community of persons.

The communion of saints and a Solidaristic Vision

It is a postulate that a person's moral vision affects his or her action choices. We all see

¹⁰⁴ Himes, *ibid.* p. 171

the world through different eyes and the human reality can be described in various ways.¹⁰⁵ Seeing the other, the neighbour through the lens of an understanding of the communion of saints provides a very different viewpoint than viewing that other through a vision of society as a social contract. The communitarian vision of Christianity promotes a social ethic of solidarity. Isolationism of some political stances is in sharp contrast to the belief in the unity of the human family. The apathy of the secure ignores the call to a common good which embraces all. Unrestricted plundering of our planet denies the sacramentality of the created order. Explaining our responsibilities toward each other and to mother earth in theological terms can help us link the faith in God with how we are to live in society.¹⁰⁶ William's innate love for the earth, its creatures, and man provides some understanding of how faith can translate itself into an understanding.

Summary

The notion of mystery is discussed. The Christian mysteries of the Trinity, Incarnation redemption and the Communion of Saints are discussed. God is the name of the relationship expressed by the Trinity. The mystery of Incarnation is about what theologians call Christology. The Gospel of St. John explicates what we can humanly know about the Incarnation. Redemption is an example of God communication to us in our world. Redemption can be expressed in various ways. The most compelling is an understanding of liberation from 'darkness'. The Communion of Saints relates to Christ

¹⁰⁵ Himes, *ibid.* p. 182

¹⁰⁶ Himes *ibid.* p. 182

and community and has implications for all Christian believers.

Chapter 4

William's faith seeking understanding: a theological reflection

An end-of-life narrative provides a unique perspective from which one can evaluate faith perception. Faith can be the ultimate driving power in some persons' lives. If there is an honest appraisal of the process whereby one comes to understand faith, there is a theological enquiry. The task of Christian theology is to discern and mediate for the culture we live in, the way in which the Christ- Event story interacts with and liberates the story of the person it converts.¹⁰⁷ This is precisely what I have tried to do in discussing William and his struggle in the authentic alignment of his life with his life of faith.

Ultimately, William's full story is known to God alone, but the Jesus story can awaken in William, and in ourselves, flashes of the real William story.¹⁰⁸ When one confronts one's authenticity in the perspective of faith there can be some meaningful insights that relate to a person's position in this life. That process can be a theological process. At the end of life, in a person whose faith is solid, there can be patterns of thought that can lead to understanding. There are also, however, ambivalences of faith that persist even as one approaches the end.

¹⁰⁷ Moore, Sebastian, "Four Steps Towards Making Sense of Theology" *Downside Review*, 111. (1993) p. 81

¹⁰⁸ *Ibid.*

How does God speak to us?

“How can I really know that God loves me so much that he would speak to me?” William asked as he studied Gumbel’s text¹⁰⁹. The Christ-Event story is the ultimate expression of the reality of God speaking to William and all of us. First of all, the man Jesus knew who He was and what His work on earth was about. He was aware and focussed on doing what the Father had sent Him to do. That was consistent with the compassion He showed to the widow of Na’in¹¹⁰ and to so many others. Persons of this third millennium, descendants of Adam or whatever metaphoric language is used to describe human generations from the very beginning to the present time, have been involved with the crucifixion of Christ through participation in humaneness and ultimate sinfulness. Christ was resurrected into a full, glorious new life on the third day of His being in a grave. He speaks to us in His resurrected state and indicates that His life is what the Father had in mind from before the beginning of time.

Jesus reiterated His story to the ‘side-blinded’ disciples on their way to Emmaus. (Luke 24: 13-35) He reviewed what was said about Him by the writers of the Old Testament. He then told the travellers of the events that signalled the New Covenant. He spoke carefully to them making sure they got the story straight. Those disciples felt a “burning in their heart” then they realized they were talking to Jesus Christ, risen from the dead.

¹⁰⁹ Gumbel, Nicky. *Questions of Life*. Sussex, England: Kingsway Publications, 1996. p.82

¹¹⁰ Luke 7: 11-15

Those disciples on the way to Emmaus went from a sense of despondency that the hope of the world had been lost to the burning joyful awareness that the Hope had risen, 'first born of the dead'. They came to realize that the Father had so loved them and indeed all of mankind that He had sent His only Son to tell us in the most radical way that He loved us. Those travellers to Emmaus realized that Christ had come from God, lived as man among us, died a horrible death for us, and was buried. The resurrection was the mysterious answer to the travellers despondency. Its truth to this day is ever freshly the source of our hope.

It is beyond our human comprehension. The Easter part of the Christ-Event story celebrates that exalted happiness of the knowledge of our being loved by God.

William's encounter with angina in 1991 threw him into agitated despondency and despair. One can only surmise the anguish that a life-threatening illness can produce. Even after years of confronting death with patients, I could never get used to the sense of anguish and helplessness that I sensed in a patient at that end-time. The anguish can not be described in words. It can only be experienced. There was not much that can be done about it but acknowledge and support the person by one's presence. When the very life sustaining force is compromised as in angina pectoris, or in a person with cancer, a person will go through the very stages that Kubler-Ross described in her celebrated text

“On Death and Dying”.¹¹¹ The denial, disbelief, anger, bargaining, depression generally gives way to acceptance. This is not to say that one goes through the stages in a special sequence or that one never gets stuck in denial or anger. Each individual reacts in ways that are characteristic for that person. Here, a man at the height of his capacities as a physician was told that his heart was diseased and that his life was so fragile that death could occur at any time. There was in William the experience of hope mixed with gloom affecting his personality. Humour is an essential part of William’s personality which helped as a coping strategy then as it does now. Out of that chaotic darkness he came to an indistinct memory of his past where the presence and significance of the Christ-story was very real.

The structures of his belief systems were resisted. Reverend Nicky Gumbel’s Alpha course caused him to consider Jesus and His relation with the Father and the Holy Spirit and its significance in his life.¹¹² The style of Alpha is a relaxed way to explore the validity and relevance of the Christian faith in today’s cultural matrix. It is a course that reaches to all Christians. Its basic purpose is to start people on their way to a fuller understanding of Christianity and hopefully, to help them in their spiritual path to wholeness. For William, there was a new look at the mysteries of Incarnation , Redemption, and the implications of the understanding of the Communion of Saints. The truths of Christianity

¹¹¹ Kubler-Ross, Elizabeth. *On Death and Dying*. London: Tavistock Publications, 1970 .p264

¹¹² Gumbel *ibid.* p. 23-40

were reexamine and a new spiritual vigour developed, slowly and in a painstaking way. The presence of the risen Christ took hold of him and made him reexamine the ground of his faith. The ongoing dialectical struggles of belief in the face of concern for 'perjury' as he spoke the prayers and creed of his youth drove William into further searching for truth. The Alpha course reconnected him with the unformed faith of his youth and gave it a mature depth and enthusiasm. William became involved in presenting the course after he had taken it. The message of "Go and teach all nations" was taken in a literal sense. His life lived was also a teaching by example.

When the knowledge that we are loved is absolutely secure, then the dealing with life's problems is relatively easy. Profound religious experience involves a rebirth in God, which for the Christian, involves the eternal birth of the Son in the Holy Spirit. This is the Christian conversion. Being secure in the knowledge that God loves us does not eliminate our problems, rather it allows us to accept them somehow as meaningful parts of our odyssey.

It is not simply by adding Christ to one's non-Christian aspect of existence that one becomes a Christian, it is rather making-over one's life totally in Christ. It is recognizing that in our human frailty we often 'miss the mark', and in acknowledging that, we aim higher and straighter for that Christlike existence. What is the significance of Christ in the context of the Trinity?

The essential significance of the Trinity to our lives is often lost. Theology has to say something about the transcendent dimension of our psychology, our politics, our anthropology and our medicine, etc. We are told that we are made in the image of God. The truth of whom we are touches on all dimensions of our existence and should strengthen us. However we often see that God towers over us and bewilders us. He touches the very core of our being, sometimes in catastrophic ways which, in our individual lives, make us wonder sometimes “Whose side is God on?” When the diagnosis of ALS was ascertained, William however did not ask that question. He thought, “OK, I have that, how am I going to manage?” He has prayed to get through each day and to be spared indignity.

All that goes on in or around me or the people I relate with, whether from the sublime to the ridiculous has meaning. All happenings in life have the capacity to bring us closer to the Word made Man. The Trinitarian mystery contains the capacity to make sense out of the chaos. How does the God William searches for, after the psychological chaos of his angina, meet him? What was the spiritual journey that made William seek out the Black Watch Padre and begin to reconnect with Christ once more? This is a moment of conversion: a new arrival of tolerance and being aware of others.

Conversion is the effective integration of the God-in-Person, on a person. It finds its explanatory language in the theology of the Trinity and the Incarnation. The Trinitarian language expresses the divine gripping the human. It expresses the encounter with the

whole of us. It indicates that the Trinitarian language is understood as the language of conversion. Conversion to God awakens our spirit to the whole universe of psyche and cosmos. The freedom expressed in the Trinitarian language truly liberates the human spirit.¹¹³

When the Trinitarian language is not understood as the language of conversion there is no Christian conversion. The biography of the converted person is one wherein the crux of the story is God's coming into his/her life. That converted person's story turns out to be an abstract of the Christian story.¹¹⁴ The Trinitarian language is ultimately the language of conversion, living Christianity. The Christ-Event story indicates an interaction between Christ and humankind. It states that the second person of the Trinity spoke to us about His relationship to the Father and the Spirit and that we have not only heard the story but in our living life have accepted that story. Not only do we accept the story, we live our lives according to it. Without the Trinity, the Christian would have no language of conversion that includes all that is human. Without Christ as being central and pivotal to our Christian life, the Trinity which is essential to all that is human would have no dwelling place. Bertrand Russell described himself as a good Christian gentleman. He made it clear though he did not believe in Christ. The notion of 'Christian' for him was one of civilization, or a kind of culture. Clearly Russell's spiritual nature as a 'Christian' person without Christ, failed to connect with God. There was a failure of consciousness

¹¹³ Moore, S. Ibid p 80

¹¹⁴ Ibid p 81

due to the failure to understand the autobiographical/biographical nature of Trinitarian understanding¹¹⁵. When Jesus in John's gospel prays "That they may be one, Father as you and I are one", William understood what happened during his angina psychic confusion period: he was called to the self-revealed God, alive, wounded and willing to love. His story could begin to take on the proportions of the Christ-Event story.

The Incarnation is God's 'acting out' of information about himself. He does this to reshape our human life by the transcendent influence of Christ's indwelling within. The very fact of Jesus' incarnation speaks to us of love. If the understanding of relationship is given through the mystery of the Trinity, then the depths of relationship are given understanding through the love that gave rise to the Son becoming man. The act of Incarnation is a loving communication which William awakened to especially after his angina conflict. Some of the dialectic ambivalence haunted and continues to haunt William in his belief. William has heard the Christ-Event story from his childhood. He lived a spiritually enriched life which tended to fade during his long internship and residency hours. He has lived with people of unbelief. He has seen evil for what it is. After his angina episode, he re-explored the faith of his youth and brought to it a maturity of a profession that dealt with living and dying. As he reread John's Prologue he understood the crossing of the time-eternity barrier by Christ, Son of God, who in loving union with the Father, became man, and was born. It was the coming of 'light' into the world caught up in a 'darkness'.

¹¹⁵ Moore, S Ibid p 81

As a boy William could understand the darkness that was war and the loss of his father to that war. The darkness is spelled out in so many ways to any person who has lived some sixty years. The potential absurdity of life, and tragedy of life as described in Becker's Denial of Death touches a thread of understanding of that 'darkness'¹¹⁶. The understanding of the Old Testament Law of Moses as a gift from God was replaced by the fullness of the new gift of God namely Christ and his life. That new gift and our response to his self communication is the Christ-Event. Where theology becomes biographical is when one chooses to live the Christ-Event Story. It is in the living of the story that one seeks understanding for what one believes. William's conversion, at the time of 'the-out-of- the- blue-angina' was accompanied with a lot of psychological stress. Here was a healthy person in his early fifties who was suddenly stricken with angina. The passage from there to his conversion was somewhat lengthy but progressive. After relearning the Christian story, William set about to live the story. Over time his language changed. Over time his thinking changed and his respect for others took on a more profound meaning. His capacity for tolerance grew. The recitation of the creed at Sunday Service was not just a rote prayer. It became a glorious believed affirmation of Christ. It was also a prayer which needed continual understanding and updating.

This darkness might have been more fully devastating with the diagnosis of William's ALS. William's reaction on hearing that news was quite different to that regarding his angina. While he was less than happy about the diagnosis of motor neuron disease, he was

¹¹⁶ Becker, E. *ibid.* p. 11-12

able to acknowledge God and to pray for a relatively easy release when the time came. As well, he became thankful for the blessings which most of us take for granted. The Incarnation was an acceptance of the total frailty of our human nature. The mystery of the Incarnation gave some insight as to our susceptibility to the evils inherent in the flesh as well as evil coming from other persons.

Redemption is readily understood in human terms. We make a gaffe in our behaviour toward someone. We acknowledge that indiscretion and want to make amends. We want to redeem ourselves in the eyes of the offended one. This happens often in our lives, even when it is not intentional. We want to be free of it. It does not take much awareness how often we fail in the smallest of things, and sometimes on a very large scale. How does one understand the universal redemption that Christ brought? Redemption from what? The darkness alluded to above certainly covers what our human experience tells about the state of our existence. In a sense, although we can intimately know aspects about our fragile human nature and its capacity for evil, and we can understand some of the mechanisms of physical evils, the whys of those evils are mysterious. The whys of the human capacity for evil reside in our freedom, but there is also a notion of absurdity in evil doing. It is that sense of absurdity that on reflection demands that we do something to redeem ourselves.

In the perspective of freedom to choose for or against God, our initial choice was not a good one. As a result there was a need for redemption. Who could redeem us other than

the God whose nature was that of love? The need for a communication from God to speak that love and to open a line of communication to Him was necessary for us, if not for Him.

The communion of saints suggests that there is a unifying element in the Christian community. The mission of Christianity in the twenty-first century is to acknowledge hope in action. This was the foundational thesis of the scholars that met in the fall of the year 2000 in Decatur/Atlanta Georgia.¹¹⁷ It was agreed by the participants of that meeting that the Christian mission today could only be characterized by emphasizing the designation of hope. The spiritual condition of humankind has to be understood under the auspices of the worst possible human transgression frame of reference: despair. Despair takes many forms from the absolute lack of hope among people whose poverty, hunger, illness, oppression deprives them of the very habit of yearning¹¹⁸. William's Ethiopian experience spoke vividly of this lack of hope. Despair is damaging to human authenticity. Open despair can at least hope to address a condition out of which a new expression of hope can be generated. The most destructive type of despair is that hidden absence of genuine hope concealed by prepared conventions of fluent consumeristic optimism. Hall quotes from Kierkegaard's description of despair from his "Sickness Unto Death". "The

¹¹⁷ Hall, Douglas John, "Christian Mission in the Post-Christendom World" *The Ecumenist*. Vol 38 No 2 Spring 2001 p. 2

¹¹⁸ Ibid p. 3

specific character of despair is precisely this: it is unaware of being despair".¹¹⁹ The despair in so-called developed societies hides beneath a show of technological and economic success and the humming activity of consumerism. There is a connection between the hidden despair of those who have and the open despair of those who do not have. This was forcefully and in a most evil way expressed in the recent World Trade Centre destruction in September 2001. Christians must combine hope with a strong orientation to truth. One of the most damning things that can be said about churches in North America is that they provide a security blanket of middle class hopefulness.¹²⁰ This fosters a continuation of the current way of life on this continent that undergirds the open despair of the majority of the earth's peoples. The real hope is that the believer, in contemplation of the Incarnated One, discloses the false hope of programmed optimism and proclaims the truth in a spirit of Christ inspired generosity. Hope that comes from faith in Jesus Christ cannot remain theoretical. It must do battle with its opposite and turn itself into action. A Christian speaking out can be action. Speaking to the connection of issues of injustice and ecological degradation makes itself responsible for change of behaviour and this requires great courage. Seeing and admitting to the negative dimension of globalization requires courage. Doing something about it expresses the solidarity that is characteristic of the communion of saints. This courage applies to all Christians but especially those in the Western world. The

¹¹⁹ Ibid p 3 (See Kierkegaard, S *Sickness Unto Death*, Princeton, New Jersey: Princeton University Press, 1980 p.21)

¹²⁰ Hall, Ibid p 3

authenticity of their declarations will be the extent to which they are able to incorporate into action the hope they preach. Hope has not only to be professed. It is to be confessed. It has to be translated into actions which transcend any speech.

The Christ Event story has to be remould to the churches themselves.¹²¹ It then has to be lived, consistently with the life of Christ as paradigm. Spirituality, which is understood as the struggle of the Holy Spirit to communicate with our mostly uninterested spirits, is often reduced to a indeterminate feeling of satisfaction or private devotion. In the church one has to tell and hear the story, in the world of our daily life, we have to live the story. As for William, one has to rehear the story so that it becomes the Christian person's story. The communion of saints involves the participation in the mission of Christ as well as participation in Christ's passion. It calls for the participation in the living Christ to people in our world, it has to see and hear Christ in the people of our world and it has to give to our neighbour as we give to ourselves in this world. Our neighbours are a flick of the television switch away.

A final note is a reflection on William's comments about his respect for life. William described some of the events that caused him to respect nature. His turning toward God that he knew as a young person, brought him to another level in his spiritual life. In discussing his ALS he is aware of the various scenarios that can occur in patients as they approach the end of life. He has looked at the possible endings and has felt that he could

¹²¹ Hall, Ibid p 4

still have some quality of life even as he approaches his death. He indicated that he would not mind being spared indignity, but when it came down to the crunch, indignity is a state of mind and in loving circumstance can be coped with. He has never indicated that he would want to be put out of his misery. His life is to be lived to the very end and he relishes what life he has. He has no illusion of wanting to suffer, but he does want to live. His respect flows from the Giver of life. William has become a life cherished also by those in contact with him. William's life is a testimony to the appreciation of that gift of life. Destruction of his life is not an option for him. Despite how bleak things appear on William's horizon, the search for what is beyond is present as hope. There is real hope of what is yet unfolded here in this life and a trust in life beyond the present.

It is in the reviewing of a person's life struggle with faith that can give us some understanding of a person's approach to the God of his/her faith. For William, his story told toward the end of his life is full of reflection on the very mysteries that characterize the Christ-Event story. William has wrapped himself within these mysteries and has tried to align his life with the One who so loved us that he laid down his life for us. It is a liberating process because it allows us to transcend any 'darkness' in whatever guise there may be in our lives.

Summary

End of life narratives provide a unique perspective to evaluate faith. There are faith habits that can lead to understanding as well as pangs of doubt even as one approaches the end.

A question of faith is how can we know that God loves and speaks to individuals? The Christ-Event story indicates how God sent his Son to tell us about the Father. In turn, the Son, sent the Holy Spirit to be with us. While on earth, Christ healed the sick, forgave sinners and lived and died for man. William's despair after his angina turned to an encounter with Christ. He revisited the faith of his youth with a renewed vigor persisting to his life's end time. He reviewed the mystery of the Trinity and has tried to make it part of his life's story. He visited the mystery of the Incarnation and Redemption and gained understanding into the depths of God's love for man. He has tried to understand the communion of saints as a connection between people who have gone before him and of those who will come after he has left this earthly scene. He has a lived answer to the idea of euthanasia. The latter is contrary to his idea of respect for life. It is contrary to his idea of the profound depth of the gift that life is. It is contrary to his idea of hope and the faith he has in Christ's message of love.

Chapter 5

Conclusion

During my medical internship at the Montreal General Hospital in 1960, I experienced some frustration in caring for some of the patients with strokes, and other diseases that seemed to strip patients of their personality. One of the very frustrating things was how to deal with persons for whose medical problems you could do nothing, except being supportive. Many young colleagues at the time would refer to these patients as vegetables, and tried to have as little as possible to do with them. Around that time, I came across Pierre Teilhard de Chardin's book, *Le Milieu Divin*.¹²² The first part of the book gave me a sense of satisfaction that I was on the right path in my life's work. It was a section entitled the 'Divinization of our Activities'. It praised the active life of research as somehow participating in God's work of creation. The second part of the book was entitled the 'Divinization of our Passivities'. In that part of the book, there is a description of the various 'passivities' that humans can be subject to. One can have a stroke: the person could be paralyzed, and/or rendered unable to speak. The person could have a dimming or a deletion of mental capacities. Or, one could develop Alzheimer's disease and deteriorate. De Chardin argued for the intrinsic value of human life even in that passive state. Although I did not fully understand the implications

¹²² De Chardin, Pierre Teilhard, *Le Milieu Divin*. London: Collins, 1960

of the wisdom of de Chardin's words at the time, I used the ideas and eventually they became part of me. Toward the end of my internship year, I was approached by the friend of a college and medical school classmate. She told me that her mother had diabetes, and had a diabetic retinopathy, with a neuropathy¹²³. She had medical and nursing problems which were a source of concern for this young woman. In addition, the mother had some sense of despair about her condition, her worth and her frustration on being dependent on her daughter. The young woman asked if there was something I could do or say to help. I thought about it and decided to write a letter to the woman giving back to her what Teilhard de Chardin had written in his text. The woman was very grateful for my letter. Several months later she died with my letter in her hand. She, according to the daughter, had read and reread my letter with a sense of comfort. The intrinsic value of human life has always impressed me. It is as though each person was a mini-universe system. The human capacity to transcend allows a person to go beyond their own space and consider the infinite. Victor Frankl's book on *Man's Search for Meaning* had given me an understanding of how important an individual's sense of meaning is. The reflecting on meaning at the end of life can allow some persons to die with a sense of accomplishment.

I have also been influenced by Donald Heinz's book *The Last Passage*.¹²⁴ He argues

¹²³ Diabetes can affect the microvasculature of the kidneys, the eyes, and the nerves causing kidney damage and eventual blindness.

¹²⁴ Heinz, Donald *The Last Passage*. New York: The Oxford University Press, 1999

strongly for the value of recording our stories. He talks about the intrinsic value of each human life and the dignity of their lives as 'they write' their last chapters before they die.

In this thesis I have described my intention of looking at the end of life narrative of a person focusing on his faith to gain an understanding. The purpose of this exploration is to seek theological insight. That is to say, an insight into the relationship a person can have with God. Some people will try and make sense of their lives, or seek ultimate meaning during their lives¹²⁵ Among those, there are some whose efforts will intensify at the time just before dying, providing their intellect and strength and freedom from symptoms allow this. (This latter being the goal of good palliative medicine.) Some persons' life's meaning can be interpreted from the lives they lived. I have recorded the narrative of William's life. I have reviewed it in the context of his Christian life and have compared it to basic Christian beliefs. In doing so, I have looked for points where the Christ-Event story has impacted on his life. There are certain areas which are striking in that regard. There is William's notion of prayer. There is his respect for life. Ultimately in the face of his own dying, there is a Christian perspective attached to his respect for life. This respect for life is a lived testimony against the idea of euthanasia. William is however quite open of the possibility that he be spared suffering. He would be grateful, if at the appropriate moment, God were to grant him a peaceful death.

¹²⁵ Frankl, Victor E. *Man's Search for Ultimate Meaning*. Cambridge, Massachusetts: Perseus Publishing, 2000. P 29

The mysteries of the Trinity and Redemption are central to Christian belief. They are human understanding of what is humanly unknowable. The understanding of God as Trinity is revealed to us through the person of Christ. The mystery of the Redemption is also a communication to us about our relationship with God. It is only by the grace of faith that we can accept these mysteries and believe them. It is further grace that we live our lives formed by these beliefs. This search for understanding of mysteries has occupied William's mind in his search for God. Despite the beliefs that a person has, there are elements of human ambivalence. The concern about 'perjury' speaks to William's real concern for his spoken and believed truth. So much is that true, that even in his weakened state, where walking, breathing and carrying his head are difficult, he has been attending talks on the Apostle's Creed. It is not because William does not know his mind that he seeks answers about his faith; it is because it matters ultimately. In a way, unlike a current quiz program, there is never a clear 'final answer'. There is an ongoing struggle between knowledge and belief and ultimately in grace, a surrender to belief.

The Christian mysteries of the Trinity, Incarnation and Redemption engaged William at the summit of William's questioning life. He came to explore the faith of his youth more fully and in the perspective of his experience with people. The notion of God's people as described in Gumbel's book¹²⁶ has presented itself again in November 2001¹²⁷ in a talk on

¹²⁶ Gumbel, *ibid* p. 221

¹²⁷ A series of talks on the Christian Creed given at the Birks Building in September through November 2001

the communion of saints. This proclaims the idea of the value of life, even as it is being poured out. It articulates the understanding that even in a life's end-moments there are important tasks to be done. Doing them is what characterizes the person. Among the tasks that William has set out is to record his life as accurately as possible. This recording will be his testament to his family and friends. In addition, he has cooperated with me in the understanding that his story would help me do this study.

The dignity of being human requires that those in attendance of the dying treat them with respect to their autonomy, their humanity and their fellowship. The barrier of death then does not preclude that relationship and respect of the dead by the living. The dying and the dead have our commitment to speak up for them and carry them with us till we go. William has alluded to this in his search for an understanding of his own father. He has alluded to the concerns of the descendants of his best friend. His respect for his deceased teachers and mentors is exemplary.

William's lived life notifies us against any notion of euthanasia for him. Unlike the Dutch and Belgian laws, Canadian law does not distinguish between euthanasia, assisted suicide and other forms of murder. Apart from the abuse of using euthanasia as a means of relieving pain and suffering, it could lead to its use against the very vulnerable, with or without consent. For William the consideration of euthanasia has never entered discussion although he has hoped for the gift of an easy death.

This writing expresses the value of recording the life of other humans. Further, it is written to express the value of writing about lives as people can reflect on them from the perspective of their end-time. Going a little beyond this, this writing explores the idea of how the religious-spiritual dimension of a life lived may inform us about how we can understand faith. The intrinsic value of a life can be reflected in writing. The writing itself gives dignity and meaning to the dying person. It is a human task to be done right up to the last moment of his or her life. The task becomes a theological one when one reflects on how that life relates to God as creator, as a meaningful Being in one's life.

I have written about the life of a man who was brought up a Christian. His youthful fervor had diminished as his professional life grew and then rekindle. when he became ill.

I think further studies of this nature of other committed Christian and non-Christian lives might provide further theological insights

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