

Suffering and Death:
Dying Well and Finding Meaning

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Abstract

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Death is a universal human experience, yet it continues to be mysterious and removed from everyday life. Our intimate connection with death has led gifted scholars, religions and ordinary individuals to continuously seek greater understanding of it. This thesis is an effort to do the same, within a Christian context. Two main questions are asked: Within the context of suffering, how do we find meaning in death? Is it possible to die well within the context of suffering?

The first portion of this thesis is an exploration of meaning, suffering, and dying well. Defining these terms is required to ensure that readers have a mutual understanding of them. Suffering is addressed by utilizing the work of Eleonore Stump, Pope John Paul II, and Seneca. Meaning is looked at through the writing of Eleonore Stump, Pope John Paul II, Todd May and Victor Frankl. Finally, a definition of dying well is surveyed in the work of Seneca, Dr. Christopher Kerr and Pope Francis. Each of the authors provide valuable insight.

The second portion of this thesis employs Bernard Lonergan's levels of good to evaluate the ability of palliative care, MAID and suicide to reduce suffering, increase meaning and allow an individual to die well. Narratives are provided to increase the recognition that this process of evaluation is not merely theoretical, individual lives are impacted. The levels of good, include, particular good (individual), good of order (societal or community level) and terminal value (what is good, expanded horizons).

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Dedication

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Introduction

This thesis stemmed from a deep-seated desire to explore more fully questions and thoughts I had about death and dying. Life experiences rooted in observation, emotion and empathy, had me needing answers, and I recognized that this theme followed me, both in my personal and academic life. The suffering of others, which seemed to hurt my heart, created an undertone of sadness, so I needed to confront the topic. Ironically, while embarking on this project to write a thesis about death, dying, suffering, and meaning, I hit a snag. I was personally confronted with the subject when I was diagnosed with severe kidney disease, where illness, dialysis and a subsequent kidney transplant became my new normal. This personal experience had me thinking about these issues in a very direct way. I too was suffering, feeling a sense of loss, and faced with the potential for a shortened life span.

Inevitably there are nuances of my personal experience within this text. While my initial reaction would have been to apologize for not censoring out this aspect in a thesis, I reflected upon Lonergan's approach and his belief in the importance of experience. Experience is the foundation of inquiry, that which provides the baseline and is the initial source of information. From experience one moves to understanding, then judgement and becomes finalized in decision making. It is a fluid self-correcting process. I, therefore, embraced Lonergan's recognition of this element of experience in my writing.

My personal encounter with suffering paralleled the types of suffering I include in this thesis. Intimacy with physical pain, psychological and mental distress, isolation and grief allowed me to relate to the narratives found in various books used during my research. Despite this, I did not suffer spiritually. In fact, my spiritual being felt strengthened, it grew, expanded and became reinforced. I felt a deep connection with my creator, which gave me inner strength. In times of weakness or struggle, I felt that I was being enveloped and carried. The poem *Footprints*¹ became a visual refuge for me. Mother Mary became my best friend. Lonergan's insight into the transformative nature of love became a reality. The experience of suffering is part of who I am, and I know that despite the suffering, or perhaps due to the suffering, I have grown. I am stronger for it.

After a pause in researching and writing this thesis, due to my illness, when I came back to it, I recognized that my own experiences and reflections influenced my work. Academics co-mingle with the person. In some regards this has become the cornerstone to my work, and has

¹ One night I dreamed a dream. As I was walking along the beach with my Lord. Across the dark sky flashed scenes from my life. For each scene, I noticed two sets of footprints in the sand, one belonging to me and one to my Lord. After the last scene of my life flashed before me, I looked back at the footprints in the sand. I noticed that at many times along the path of my life, especially at the very lowest and saddest times, there was only one set of footprints. This really troubled me, so I asked the Lord about it. "Lord, you said once I decided to follow you, You would walk with me all the way. But I noticed that during the saddest and most troublesome times of my life, there was only one set of footprints. I don't understand why, when I needed You the most, You would leave me." He whispered, "My precious child, I love you and will never leave you, Never, ever, during your trials and testing. When you saw only one set of footprints, it was then that I carried you."

become part of my inner dialectic, (perhaps Lonergan would approve). Hopefully, what I bring to the work, on a personal level, adds to the paper.

This thesis is divided into two main parts and four chapters. Chapter 1 includes a more detailed explanation of the contents of Chapter 2 and 3, a literature review, an explanation of the methodology used, and some reflections on death. Chapter 2 is an exploratory discussion, with the goal of establishing definitions for the main concepts in this thesis; suffering, meaning and dying well. Chapter 3 applies the terminology of the previous section to three current ways humans work to alleviate suffering in death. They include Palliative Care, Medical Assistance in Dying (MAID) and suicide. Bernard Lonergan's levels of good are applied to help ground the discussion and provide a structure around which to frame it. This section also asks the questions; is meaning attained, is suffering diminished, is the reduction of suffering required for a good death? Finally, Chapter 4 provides a conclusion and final reflections.

Chapter 1

The topic of death and dying has been a consistent theme across most cultures and ways of knowing throughout history. This remains valid in contemporary times as well. Our human experience does not exist without being touched by death; therefore, this topic is prominent in many realms of discourse, including but not limited to, literature, philosophy, theology, psychology and medicine. There is universality in the human experience of death, yet at the same time dying is a unique experience for each person. Death remains mysterious and unknowable for those who are dying and for those who accompany the dying person. Perhaps it is the duality of this experience which has enticed society, both historically and in the present, to continue to seek understanding about death. Some lives have the potential to, and indeed do, end in suffering, it is these types of deaths that are the subject of this thesis. The goal of this thesis is to attempt to have a better understanding of the role of suffering as it relates to dying and the discourse surrounding suffering's contribution to meaning in the final stages of life. It is important to note that the conversation which follows is based on a belief that there is a God; this thesis recognizes a Christian perspective in the experience of death. While this thesis does focus on suffering, it is not about theodicy. It is also important to note that this thesis does not focus on the afterlife, it is not soteriological, nor concerned with eschatology. This thesis seeks to answer the question, within the context of suffering, how do we find meaning in death? As an extension of this first question, this thesis will also look at whether it is possible to die well within the context of suffering?

As stated in the Introduction, this chapter provides a more detailed outline for Chapters 2 and 3, a literature review, explains the methodology used and has some further reflections of death and dying. Chapter 2 attempts to create a perimeter for discussion. It is essential that the definitions, including suffering, meaning, and dying well, are established before they can be used in a discussion around the practical aspects of the topic. Pertaining to the definition of suffering, many questions can be asked, such as: What is suffering? How can it be defined? Is suffering a necessary aspect of death? How can it be alleviated? Does it need to be alleviated? Can all forms of suffering be alleviated with proper care? Is one form of suffering more severe than another? Can suffering become a gift to the one dying or to the community which supports that person? Christian perspectives, in part, support the idea of suffering as a gift. Is this possible? As part of this exploration, it will be necessary to differentiate between various forms of suffering, such as physical, psychological, social and spiritual. Also touched upon is the topic of grief because grief has the potential to be a large contributor to someone's suffering. Contextualizing and unravelling what is meant by suffering is key to this thesis, and establishing a working definition allows author and reader to communicate using the same framework.

Another definition to be considered in Chapter 2 is the notion of meaning. Again, many questions can be asked within this area. What constitutes meaning? How can it be defined? How can meaning be created for/by the one dying or for/by those left to mourn? Does the type of care provided contribute to the meaning that can be derived or is it independent of the care received? Does an individual's spiritual or religious affiliation contribute to the existence of meaning? What can biblical figures contribute to a discussion about attaining meaning? Can meaning be created out of suffering? Are suffering and meaning so deeply linked that they become co-dependent? Perhaps there are two ways this question can be answered: one, through suffering,

growth and maturity can occur, thereby creating meaning; or two, suffering can break and destroy a person, resulting in decline. Adding to this, if it has created growth, could it then enable one to die well? In the research undertaken for this thesis, it has become clear that meaning comes in the darkest of times, in the finality of time, in the precious moments when each of us reaches for connection, for reconciliation, or for whatever each of us individually needs. Meaning is not universal but particular to each of us.

Finally, Chapter 2, will look at establishing a working definition for what it means to die well. The Stoic philosophy of Seneca will be highlighted in this part of the chapter as he believed that living well equals dying well. As a contrast, also featured and indirectly challenging Stoic beliefs, is the research of Dr. Kerr in his book, *Death is but a Dream*. He provides examples of individuals whose lives were filled with adversity and negativity, yet by his definition, died well. Here too, many questions need to be asked. Do individuals contemplate dying well, even when they do not suffer? Or is this perhaps just a philosophical thought experiment? Under what circumstances can an individual be judged to “die well”? Does dying well mean that there is no suffering? There is an example in apocryphal literature, the *Death of Saint Joseph*, who is said to be the saint of the Happy Death, meaning that he died well. Why is he considered to have had a happy death? Perhaps dying well is as individual of a notion as are our experiences of life, perhaps dying well is too abstract of a notion. Despite this, it remains fruitful to further engage in this topic in Chapter 2.

Chapter 3 turns toward a more practical application of the concepts discussed above by looking at them in the context of palliative care, MAID and suicide. The remainder of this thesis is not an argument for one method or the other, however, it will be assessing if any are able to provide someone who is dying with greater relief from suffering, an ability to create meaning for themselves and/or others, and an increased opportunity to die well. In Canada, today there is an ongoing debate about the use of palliative care and MAID, particularly regarding the ethics of MAID. Laws around accessibility of MAID have changed and continue to change, and with this comes further dissent, yet also further alignment. For example, in Canada the legal inclusion of MAID for those suffering solely with mental illness was set to pass in March 2024, however due to opposition, this date has been postponed to 2027. There are individuals on all sides of the discussion advocating for their beliefs. While on the other end of the spectrum, palliative care options exist, although to varying levels of availability and quality of service, yet little public attention is given to the rising need. Finally, there is death by suicide, which also calls for an assessment in relation to suffering, meaning and dying well, as clearly individuals who die this way do suffer. In theory, each has the goal of minimizing suffering, but what is more debatable is whether each have the goal of maximizing meaning. These forms of end-of-life care will be explored in the context of suffering and meaning.

Earlier, I wrote that death is a universal human experience, I would argue that it is perhaps the most universal and the most inescapable aspect of our human life. Even individuals who live their lives as if they have no concern for their safety, such as thrill seekers, confront death with their actions. Early in our lives, each of us becomes aware that death is a part of life and eventually each recognizes that they too will die, that they will not live forever. Our early encounters with death begin to form our understanding of it and our relationship to it. Perhaps it is not until later in life when we are able to recognize that death is intertwined with life. As we age, death becomes even more of a presence in our lives, particularly when individuals our own

age pass away. When confronted with illness, the idea of dying can move to the forefront of our reflections. This thesis is not solely concerned with death, so it must be reiterated that the focus is on the dying process, as coupled with suffering.

Literature Review

This topic is universal in nature and as humans we grapple with death, thus the list of resources for this thesis could be endless. Philosophy, theology, psychiatry, sociology, medicine, essentially all disciplines of research, academia and life observers have written and given their thoughts about this topic. Recognizing the vast number of resources, one may question why certain resources have been included while others have been excluded. These sources have been chosen for their historical significance, for the author's societal impact, for their relevance and for personal appeal and resonance. Below, are summaries of some works which were of particular significance for this thesis.

To address the topic of suffering the primary resource is *Wandering in Darkness: Narrative and the Problem of Suffering* written by Catholic philosopher Eleonore Stump. Stump has written a fascinating book about suffering. She unpacks the concept of suffering, asking what is suffering? Noting, that what constitutes suffering for one, may not constitute it for another. She acknowledges that the world is full of those who suffer and that this leads many to question the existence of God. If there is a God, all powerful and all loving, how is this amount of suffering allowed in the world? Stump argues that there is good reason for God to allow this suffering and emphasizes the nature of the good and the importance of connection and union amongst individuals. She writes that love is key. Stump further examines suffering using biblical narratives, specifically Job, Samson, Abraham and Mary of Bethany, using these historical models to enlighten current views. Her work is a very important part of the research for this thesis, especially regarding the examination of what constitutes suffering and the attempt to establish a working definition. Stump is writing and working in today's environment, and she recognizes the challenges society faces. This current perspective provides balance to older resources used in this thesis.

Pope John Paul II has also contributed to modern discourse on suffering in his Apostolic letter, "*Salvific Doloris*" on the Christian meaning of Human Suffering. He wrote that suffering evokes compassion in others and creates solidarity. He relates suffering to "the needs of the heart" and says that it touches everyone on earth. He works to define suffering by showing that there are both bodily and spiritual elements to suffering. He questions if evil and suffering are inextricably linked. In his letter he attempts to answer the questions, why is there suffering? What is the purpose of suffering? And like so many other writers, he uses the story of Job to address the topic. Pope John Paul II wrote that there is conversion in suffering, and it points the one who suffers towards a renewal. He wrote, "Love is also the fullest source of the answer to the question of the meaning of suffering. This answer has been given by God to man in the Cross of Jesus Christ." Pope John Paul II's reflections on suffering have greatly assisted in promoting personal reflections on suffering and worked as a guide towards finding a useful definition. This letter connects in some ways to Bernard Lonergan who also wrote of conversion and a deepening of the spiritual self through a defining experience. Pope John Paul II's emphasis on the ultimate

strength of love, which is evident in this letter, as well as the prominence of the human connection to the body of the Church and the body of Christ, is paralleled in both Lonergan and Stump's writing.

Regarding the topic of meaning and establishing a working definition, there are several resources referenced. First is the deeply personal book, *Man's Search for Meaning* written by Victor Frankl. Frankl, a World War II Nazi concentration camp survivor, wrote his book to describe life in these camps, but his focus is more philosophical and psychological in nature. Frankl's book speaks of the spiritual nature of survival and how humans can overcome their physical suffering by diverting to a forward looking, imaginative state, a recognition of the existential self. Frankl ascertained that no matter what circumstances you find yourself in, meaning can be created. In using this book, it is the intention to demonstrate that this is true and that it can be created for even the most dreadful circumstances, particularly for those who are in the process of dying. Frankl wrote, "If there is meaning in life at all, then there must be meaning in suffering."² Perhaps it is what one brings to the experience which allows the experience to be one of growth and fulfillment rather than one of negativity and despair.

A book used to address both meaning and suffering is that of Michael Ignatieff, *On Consolation: Finding Meaning in Dark Times*. This book focuses on the question of, as the title suggests, how we find consolation in difficult times. He recognizes that humans seek to console themselves and others, and that consolation means that we share in suffering and hardships attempting to find meaning in our lives. Consolation provides an opportunity for humans to see that life is worth living. His reflection on consolation throughout time allows readers to recognize the historical connections to present day approaches, emphasizing that humans have always worked to find consolation for our suffering. Ignatieff posits that there really is no difference between the characters he writes about, such as Job, Cicero, Hume, Gustav Mahler and Cicely Saunders. Parts of his book are deeply personal yet always reflective and can be applied to a wider understanding. He argues that the concept of consolation allows us to add meaning to the suffering of others and of our own suffering from losses we face. His book can deeply touch readers on a personal level because it recognizes suffering as universal, across time and cultures.

As stated earlier, the discussion about dying well will utilize the philosophy of Seneca, an ancient stoic, and be held in contrast to a current view, that of Dr. Christopher Kerr. To bring in a Christian perspective, Pope Francis' catechesis on St. Joseph's death will be utilized. Ancient texts are often of great use for the purpose of grounding a subject. It is not different in this case, Seneca's writing in *How to Die: An Ancient Guide to the End of Life*, reveals that humans have reflected on the nature of death since the beginning of time. The implication for what it means to live a good life is explored by Seneca and he makes a case for the idea that living well equals dying well. Seneca believes that we need to practice dying every day, since each day we are closer to death. He therefore recommends becoming familiar with death, to "study death" and to not fear it. Seneca's work is very pertinent to the research of this thesis, as the concerns he

² Viktor Frankl, *Man's Search for Meaning* (Boston: Beacon Hill Press, 2006), 67.

brings forth, such as the right to die, ethics of suicide or fears of dying, are all contemporary issues. What plagued people during his time, continues to unsettle our society today. Referencing Seneca provides a historical view on modern issues. In attempting to do as Seneca did, this thesis looks to become familiar with death.

Christopher Kerr, author of *Death is but a Dream*, provides a grounded current view to suffering and death, yet this is not an entirely opposite view from Seneca. As a hospice and palliative care doctor working in Buffalo, New York, Kerr found that something was missing in the medical understanding and literature about the dying experience. He sought to actively fix this problem by establishing a research protocol in which he interviewed, recorded and videoed his patients in hospice care, focusing on their dreams and visions. He noted throughout his research that the dreams and visions of his patients, while not always light and easy, allowed them to attain meaning in their final days. Patients felt that they were real and truly lived experiences which often gave them comfort. For those patients who had difficult or heavy dreams, Kerr's research found that the patients had an even more transformative experience near death. Overall, the dreams and visions of patients were therapeutic in nature and individuals were able to die well, and family members were able to have peace. It is important to note that Kerr's goal was not that of a religious nature, nor to establish the existence of an afterlife, however he did note that a spiritual aspect of dying is extremely common. This book was deeply touching. Reading it gave a sense of calm and gratitude, even a sense of verification. For the purposes of this thesis, the book supports the role that palliative care can have in reducing individual suffering. It serves to also reduce the fear of dying and looks to comfort the patient while incorporating the loved ones in the process. Relevant to the research for this thesis are some patient examples whereby they did not live a good life yet died well. This can add to the discussion of what it means to die well.

Bringing in a Christian concept of what it means to die well, Pope Francis' address to a general audience speaks about Joseph's experience with death, surrounded by Jesus and Mary. He expresses Joseph's experience as positive, as being a good death because he was with his family. Pope Francis relates the story to modern circumstances, and stories of death in relation to covid, and even to Pope Benedict's claim that death is near for him. With Pope Francis' words, in essence, he demonstrates an acceptance of the apocryphal text of the History of Joseph, as he makes direct reference to it. While this text is not in the canon, the reference to the story denotes some recognition of its relevance or acceptance within the Catholic Church. Also noteworthy, this is the 11th address of a series of 12 catechesis³ on Saint Joseph by Pope Francis

³ John Paul II, *Catechesi Tradendae, On Catechesis in Our Time* [Apostolic Exhortation], The Holy See, 1979, sec. 1, https://www.vatican.va/content/john-paul-ii/en/apost_exhortations/documents/hf_jp-ii_exh_16101979_catechesi-tradendae.html

Catechesis is essentially the name given to the educational process of the church. "The name of catechesis was given to the whole of the efforts within the Church to make disciples, to help people to believe that Jesus is the Son of God, so that believing they might have life in His name, and to educate and instruct them in this life and thus build up the Body of Christ. The Church has not ceased to devote her energy to this task."

in the Catholic year of St. Joseph. Reference to this apocryphal text will be used in this thesis to make connections with modern situations and in contemplation of dying well.

The resources for Chapter 3 of this thesis, Methods Currently Used to Alleviate Suffering, are equally both personal and academic in nature. To address the topic of Palliative Care, the writing and inspirational lives of Elisabeth Kübler-Ross, Balfour Mount, Cicely Saunders and Christopher Kerr have been used. The area of MAID has been influenced by government resources, a study completed by Debbie Selby, et al. and the Vatican's Declaration on Euthanasia. To address the topic of suicide, the writing of Stoic philosopher Seneca will be used. It is important to note that the goal of Chapter 3 is to reflect upon these three methods and answer the questions; To what extent does this method reduce suffering? Do any of these methods/systems provide opportunities to create or attain greater meaning? Do any of these allow us to die well? If so, how? The authors work noted here are described below.

Elisabeth Kübler-Ross initiated a new way to openly address the topic of death and dying starting from the late 1960s to the present and indeed helped to create a new and more open culture around the topic. It continues to have relevance and meaning today for those who contemplate the topic of dying and work in the field of end-of-life care. In her book, *On Death and Dying: What the Dying Have to Teach Doctors, Nurses, Clergy and Their Own Families*, Kübler-Ross has established a well-known model for the five stages of grief. These stages apply to a person who has been diagnosed with a terminal illness but does not necessarily represent a progression of emotions, but rather describes an array of emotions which an individual may experience at any one time after their diagnosis. The stages are Denial and Isolation, Anger, Bargaining, Depression and Acceptance. Kübler-Ross established these stages by interviewing and observing terminally ill patients. Her book attempts to take the fear out of death, to open conversations around dying and to increase meaning and hopefulness when it comes to these topics. After a survey of her book, one can realize that Kübler-Ross believes that dying is part of living and that if we resist the urge to shy away from it, we can engage and connect with one another in a powerful way. Her book applies to this research because it too wishes to open the doors of conversation, allowing individuals to deepen their relationship with one another, especially in the final stages of life.

Considered as the Father of Palliative Care in Canada, Balfour Mount was a Canadian physician who lived in Montreal and was the founding Director of the Royal Victoria Hospital Palliative Care Service, Palliative Care McGill and the McGill Program in Integrated Whole Person Care. His book titled, *Ten Thousand Crossroads: The Path as I Remember It*, is his autobiography which tells the tale of the development of hospice care in Canada, the need for its development and of course the personal stories of the author. His work and philosophy are extremely relevant to this thesis because it represents a modern approach to dealing with suffering. It provides insight into the type of determinism which is needed for a field of care which many tend to avoid. In addition, he has written numerous articles and has established training programs which serve as models for care and for how individuals can achieve meaning in their final days. This quote speaks to his strong character, "The suffering of people at the end of life has been enough to legalize euthanasia and physician-assisted suicide but interestingly,

not enough to mandate excellence in palliative care for all Canadians. This is an ongoing need, and in my view, a tragedy.”⁴

Another individual who had a great impact on palliative and hospice care early in its formation is Cicely Saunders, as reflected in her book, *Selected Writings 1958-2004*. Saunders revolutionized hospice care in England, establishing the St. Christopher Hospice in 1967, which was the world’s first healthcare establishment built specifically for palliative care. She devoted her life to palliative care and argued against the need for “euthanasia” because she believed that pain could always be controlled, and that voluntary euthanasia was not needed. She established whole person care, which considers the spiritual, social, psychological and physical needs of the person. This quote really encompasses her philosophy on end-of-life care, “You matter because you are you, and you matter to the end of your life. We will do all we can, not only to help you die peacefully, but also to live until you die.” Cicely Saunders died of cancer at St. Christopher Hospice at the age of 87 in 2005. Her selected writings greatly inform the research regarding palliative care for this thesis. Her philosophy regarding the alleviation of suffering, so that one can fully live, provides an example for society.

Alternative to palliative care is medical assistance in dying or MAID, which has been controversial since the beginning of its inception and as it made its way to mainstream health care. The political aspects of MAID will not be looked at in this thesis, however MAID will be assessed in relation to suffering, attaining meaning and dying well. Government sources have been useful in establishing a more concrete picture of who is receiving MAID. Another source of interest is a study completed by Debbie Selby et. al. *Medical Assistance in Dying (MAID): A Descriptive Study from a Canadian Tertiary Care Hospital*. This study which was completed using a smaller number of individuals in a concentrated area, a hospital in Toronto, confirms similar information as the government sources. Statistics often show a different side of the discussion, and these statistics indicate that individuals desire meaning in their lives right until the very end which is very relevant to the research in this thesis. Finally, the topic of suicide is well served by the writing of Stoic philosopher Seneca. This text is already described above.

There are additional resources that have been extremely useful, thought provoking and philosophically or theological relevant. One such book is *Death* by Todd May. May is a philosopher who teaches at Clemson University in South Carolina, but perhaps he is better known for his role as consultant of the hit television series, “The Good Place” (a 4-season television show in which four main characters attempt to understand what it means to be good as they contemplate death and the afterlife). May’s book, *Death*, is a reflection on the difficult topic wherein he demonstrates how it is pervasive in our lives, from the moment we are born, we have the potential to die. He contemplates what immortality would mean and he considers how we can fully live rather than succumbing to the fear of death. He also offers a counter opinion to many other sources used in this thesis, as he is an atheist. It is important to explore a balance of

⁴ Devon Phillips. “Balfour Mount” McGill, *Palliative Care McGill*, Accessed March 10, 2022.

<https://www.mcgill.ca/palliativecare/about/portraits/balfour-mount>.

opinions, to provide support for the dialectic conversation, therefore his insight is highly valuable.

Another resource which reached deeply into the concept of compassion and strength is Nuala Kenny's, *Rediscovering the Art of Dying: How Jesus' Experience and Our Stories Reveal a New Vision of Compassionate Care*. Beautifully and empathetically written, Nuala Kenny uses case studies to allow readers to journey with patients in their final days. As well, she refers to biblical examples, specifically of Jesus' journey towards the cross, as a guiding reference point for readers. This book provides personal stories, albeit through the eyes of Kenny, yet these reflections help to recognize that this is not a theoretical topic, real lives are affected each day by institutional policies and social norms. Dying is a universal experience, yet each individual experiences it differently. Kenny's unique perspective as both a medical practitioner and religious sister, enriches the conversation.

Finally, it is important to mention that Bernard Lonergan's book, *Method in Theology*, has had a large impact on the writing of this thesis. It is significant to the establishment of methodology and to the understanding of the functional specialty wherein this thesis lay. As the title of his book reveals, Lonergan provides a theological method for research and a "framework for creativity" (xii). He establishes his transcendental method, the basis of his theory, which essentially has four precepts: be attentive, be intelligent, be reasonable and be responsible. These precepts tell us how we should live our lives and are related to the levels of experiencing, understanding, judging and deciding. In Part Two of his book, he divides theology into eight Functional Specialties and provides a chapter for each in which he delves deeply into an explanation of each specialty. An overlap between the functional specialties, the precept and levels of experiencing are clearly laid out. Lonergan's approach to writing is ecumenical, demonstrating a true concern for the common good of humanity. He provides a structure, or Levels of the Human Good, including individual, social and terminal value, which can be used to help evaluate the 'goodness' of something. Applying this structure to the concept of suffering and ways to alleviate suffering will be fruitful for this thesis. Chapters 3 and 10 of Lonergan's book are of particular significance for this thesis, as Chapter 3 explores meaning, while Chapter 10 covers the functional specialty of Dialectics. His exploration on Meaning provides great insight, recognizing that meaning is a multi-layered concept, including elements, functions and realms of meaning. He notes that meaning changes over time, and so for the purpose of this thesis, a question of how meaning can change over the course of one's suffering can be asked. Dialectic is the functional specialty, which is most significant for this thesis, hence reading Lonergan's work has helped to inform the stance with which this thesis is written.

Methodology and Functional Specialty

The methodology for this research thesis will include comparative analysis and the application of Lonergan's Levels of Good and the functional specialty of Dialectics. It is important to note at this point that I am Catholic and hence bring this perspective to the research, and while it is not intentional, this research has the potential to have been influenced or biased by this perspective. Certainly, the Catholic church has made many contributions to the topics at hand.

First, as discussed above, the goal is to explore and establish definitions for suffering, meaning and dying well. Once again, I state that this is within the Christian context. Second, utilizing comparative analysis, the current examples of palliative care, MAID and suicide will be evaluated to identify the role of suffering in the final days, how each helps or hinders the ability to gain meaning and if these contribute to the possibility of dying well. Bernard Lonergan's levels of good will be utilized in this process. It is important to note here that although comparisons will be made between palliative care, MAID, and suicide, this is not a debate to prove one is better than the other. The focus is to demonstrate that it is possible to reconcile death with an attainment of meaning through one's suffering.

Guiding the research is the functional specialty of Dialectics, however Research, History and Communication will also play a role. Dialectics is the key specialty as it addresses conflicts or tensions that exist. The concept of suffering, especially in one's final days, truly highlights some tensions that exist in societies treatment of the dying. There are three tensions to mention. First, is the tension in the way we treat those who are suffering and dying. Are we providing the type of care which allows one to have meaning throughout the duration of their life? Or are we distancing ourselves from them and purely addressing their physical suffering? It must be asked what is the goal of end-of-life care? Individuals such as Cicely Saunders, Balfour Mount and Elisabeth Kübler-Ross advocated for a full flourishing of life until the end. Is this possible? Second, is the tension between the needs of the one suffering or dying and the needs of those left behind. Can all these individual's needs be met or does one sacrifice for the other? Perhaps there is a way in which we, as a society, can turn suffering into a meaningful experience. Through human suffering, depth of relationships and purpose can be discovered, simultaneously suffering can be reduced. The use of biblical narratives will be particularly beneficial here as their stories are not so different than our own and many parallels can be drawn. The third tension is the dichotomy between an ever-increasing awareness of suffering and death in the world juxtaposed with an increased tendency for personal distancing from death and those who suffer in their final days.

Bernard Lonergan's levels of good, are laid out in Chapter 2 of his book called *Method in Theology*. As a society we must respond to concrete problems, and one way to do this, is to evaluate the problem by applying the three levels to specific situations. In this case, at the first level is the good of the patient or the one who suffers. At the second level is the good of the family and community. At the third and final level is terminal good, the long term good, the historical good, i.e., is palliative care a good in and of itself, is MAID a good in and of itself?

This thesis hopes to demonstrate that by allowing one to flourish in their final days, despite their suffering, meaning can be created for both the one who dies and the ones who mourn, perhaps a certain acceptance, even joy, will result. In researching this thesis, at some points it felt like a daunting task due to the ubiquitous nature of death so focusing on the specific questions became my driving force. Within the context of suffering, how do we find meaning in death? Is it possible to die well within the context of suffering?

Reflection (Death, Suffering, Christianity)

It seems pertinent to end Chapter 1 with a brief reflection on death, suffering and highlight some Christian perspectives on death. In a small way, the hope of this research is to reframe a discussion which is difficult and emotionally charged, so that individuals may find solace and meaning in their suffering and loss of life. There can be a propensity in society to either disregard or glamourize the topic of death.

When individuals avoid topics of death it can be due to fear. This fear results in disassociation, avoidance of discussions, an inability to express wishes to their loved ones or draw a legal will. It also can result in elders living in care facilities rather than in family homes. It can be seen in every effort that society makes to remain youthful and avoid aging. The glamourization of death reveals itself in a form of fascination, de-sensitivity or even the sensationalism of tragic events. News reports of numerous deaths, either due to war or natural disasters have people glued to their devices, wanting to hear all the gruesome details and personal stories of tragedy. It has become so common to hear of death, that the impact does not become associated with individuals who have families and lives. This is a form of avoidance which places death far from our own doors.

Death in its immediacy, or proximity, is so far from our life experience that we, as a society are missing an incredible part of life, a part of life which pushes our horizons, expands our senses and increases our connection to others. Our society is thus diminished. When we move towards an acceptance that we all will die, allowing the intimacy of death to become part of regular discourse, it becomes less of a foreign or frightening topic. By integrating death into our lives, getting closer to this stage of living, perhaps there can arise meaning that we never thought was present. Once this general consideration of death is more common, the role suffering plays in death can become more concrete.

Christian perspectives contributed to western society's thoughts about death and dying. Two ideas to mention are hope and suffering. Christianity provides hope because of the belief in the afterlife, death is not the end. Resurrection provides a hope that in the afterlife, there will be no more suffering, that reunification with loved ones and complete union with God are ahead of them. Catholics celebrate All Soul's and All Saint's Day as a way of honouring the departed and as a day of prayer to lift our beloved, especially those in purgatory. Each of these are signs of the active belief in Heaven. Yet, the dichotomy of fearing death still exists for Christians and sadness about pending death still exists because life on earth with our loved ones is terminated. In terms of suffering, some Christians view it as a gift. A gift because through suffering Christians come closer to Jesus, participating in His suffering on the cross. The humanity of Christ is in communion with individual suffering, and just as Christ was resurrected, Christians will be resurrected, having eternal life in heaven. The union with God, which is established and strengthen through suffering, denotes flourishing, because flourishing comes from a close relationship with God. The deeper your relationship with God, the more you flourish and the more you flourish the greater meaning is manifest in life. This becomes a circular argument. Early Christians even glorified suffering because of this circular relationship. For Christians, what is of highest value is to be in a relationship of love with God.

Chapter 2 – Suffering, Meaning, Dying Well

If there is a meaning in life at all, then there must be a meaning in suffering. Suffering is an eradicable part of life, even as fate and death. Without suffering and death, human life cannot be complete.⁵

-Viktor Frankl.

In this portion of the thesis, working definitions for suffering, meaning and dying well will be established, creating a perimeter for discussion in the application portion of this thesis. These concepts intermingle and affect each other; they are so interconnected in this context that at times it is difficult not to address the three elements simultaneously. I qualify “working definitions” because I tend to believe that there is not one definition which is suitable for all circumstances and for all individuals. The intimate nature of death, of the suffering one endures, of the meaning individuals attain and of the ideology for what constitutes dying well, almost forbids a single definition.



Figure 1. Overlap of meaning, suffering, dying well in Venn diagram

Suffering

What does it mean to suffer? Ask one hundred individuals, likely each of them would spontaneously provide a slightly different answer. Why is this the case? It is because each person experiences life through their own lens, through their own horizon, suffering is individual and personal, even when accompanied by others. Applied to the final stage of life, though loved ones and caregivers have compassion and are present, they cannot connect with the experience directly. The individual nature of suffering, the fact that each person experiences it differently, means it can be very isolating. From the outside, no one can truly understand the layers or complexity of what another endures. So how can a common all-encompassing definition be established? Perhaps by considering the ideas of three great thinkers, Christian philosopher Eleonore Stump, Pope John Paul II, and ancient stoic philosopher Seneca, a greater understanding of the notion will emerge.

Eleonore Stump

Eleonore Stump, Christian Catholic philosopher, explores the problem of suffering in her book “*Wandering in Darkness: Narrative and the Problem of Suffering*.” Theodicy is the main

⁵ Frankl, *Man's Search for Meaning*, 67.

concern of her book, however where usual discussions focus on evil, she focuses on suffering. This gentle shift allows her to highlight what she believes to be most important in the conversation, that the human impact is personal and that individuals do suffer, thereby recognizing the practical application of theodicy. Much of her text references suffering as opposed to evil. Stump puts limits on who the discussion of suffering pertains to, she writes, “I will consider the suffering not of all sentient creatures, but only of adult human beings who are mentally fully functional.”⁶ These conditions are also appropriate for and applied to this thesis. I do reiterate here that this thesis is not concerned with theodicy. I am not concerned about whether God places this suffering upon us, whether God allows this suffering to exist, or whether God can remove our suffering. Suffering exists in our world, this is undeniable. Of greater importance for this thesis is the impact of this suffering.

In Stump’s writing, she stresses that suffering is never good, and we must as humans try to eliminate it, whenever and wherever we can. Almost imploring readers to understand, she emphasizes that although suffering can bring us to goodness, we can never forget that there is nothing intrinsically good about suffering, suffering is in and of itself awful. Perhaps this is why she encourages readers to look at suffering through the eyes of individuals, to look at specifics, specific people or circumstances rather than suffering as a philosophical construct. This is also why she uses the form of narrative to explain suffering.

Stump defines suffering as that which “undermines (partly or entirely) [one’s] flourishing, or it deprives [one] (in part or in whole) the desires of [their] heart, or both.”⁷ She arrives at this definition having considered the following three ideas: pain either physical or psychological, that which violates a person’s will or creates a loss of desires of the heart and that which undermines a person’s flourishing. Essentially, she asks whether each of these partial definitions fully encompass suffering. An overview of her process is worthwhile to evaluate her definition.

Stump notes that suffering is often associated with physical pain but argues that this is a limited way to think about suffering. She uses the example of childbirth, while there is pain, women all over the world continue to give birth, even multiple times. They know this pain is part of childbirth, yet they do not try to avoid it entirely, even planning for it and willingly repeating the experience, some even choosing natural childbirth. Another example is that of athletes who train and endure physical pain, despite the pain they continue to be motivated to train. Stump argues that since there are situations such as these, physical pain cannot constitute the full definition of suffering. I agree with Stump that defining suffering as physical pain is limiting, even within the context of a physically painful death, where this pain has not been chosen (as in Stump’s examples), rather it has been thrust upon the person unwillingly. Although pain medications are relatively effective and not all those who suffer in death, suffer from physical pain, the definition rightly needs to go beyond physical pain.

⁶ Eleonore Stump, *Wandering in Darkness: Narrative and the Problem of Suffering* (Oxford: Clarendon, 2010), 4.

⁷ Stump, *Wandering in Darkness*, 11.

In the realm of psychological pain, there are more forms, as noted above, and this is harder to remedy, but Stump provides insight. Her second consideration towards a definition of suffering is that which violates a person's will, which she also argues is lacking since it does not encompass the wholeness of suffering. In a sense she is referencing psychological suffering. While violations of a person's will may diminish a person, it is not enough to constitute suffering. Take for example a teacher who has taught grade 3 for most of their career and wishes to remain teaching the same grade. The principal of the school however is the person who decides on teacher placement and strongly believes in change and challenge, placing this teacher in a new grade. This new assignment violates the teacher's will (the will to teach grade 3), however it does not necessarily mean the teacher suffers. Arguably she will have a challenging year adjusting to the new situation, but does she truly suffer? Stump would likely say no, she does not because it does not undermine her flourishing. Instead, it can lead to growth and fullness, expansion of her personal horizons. Apply this to one who is dying, although it may be against someone's will to die, there remains the potential for continued growth and personal expansion. This means the violation of a person's will is not enough to constitute suffering.

Stump further develops the idea of violating a person's will by expressing it more clearly as "desires of the heart" which are those things of great value to you, that help make you whole. They could be people, objects or values. In the case of a person, you could lose someone in death, and while this gives great sadness and indeed makes you suffer, it does not stop you from flourishing or having a meaningful life. Likewise for an object, a person can lose their home and all their belongings yet rebuild and grow, in other words flourish. What if this were applied to dying? Certainly, someone who is young and vibrant and suddenly diagnosed with aggressive terminal cancer is having their will violated, having their desires of the heart stolen from them. In fact, we can say they suffer due to the unimaginable loss of their life being cut short. This is because they value their life, they value living, and all that their worldly existence offers. So indeed, it seems to me that Eleonore Stump is closer to what it means to suffer, but she goes a step further by including that which undermines a person's flourishing.

Being in a flourishing condition is a criterion of Stump's definition of suffering which allows her to extend it and allows it to be more all-encompassing. In a sense, the concept of flourishing now becomes overlapped with meaning. Anything that diminishes or reduces a person's flourishing can create a sense of suffering.

It is the combination of physical or psychological pain, violation of a person's will, loss of the heart's desires and a reduction in a person's flourishing which constitute suffering and allows her to define suffering as that which "undermines (partly or entirely) [one's] flourishing, or it deprives [one] (in part or in whole) the desires of [their] heart, or both."⁸ I will return to flourishing and Stump below, when I look at meaning. The question I ask, the key idea that I am trying to decipher; is it possible to flourish despite suffering? This will be addressed further in the sections on Meaning and Dying Well.

⁸ Stump, *Wandering in Darkness*, 11.

Pope John Paul II -*Salvific Doloris*

I turn now to Pope John Paul II's apostolic letter titled, *Salvific Doloris*, which while not defining suffering, contributes to a clearer understanding. I say contributes to understanding for he wrote that it is impossible to properly define suffering due to its personal nature. "Suffering seems almost inexpressible and not transferable."⁹ Pope John Paul II explains that suffering is part of humanity, that if we live, suffering will always be present, being so linked to life that it is inescapable. Despite this, he explains that it is along this journey, wherever suffering might find us in our lives, that the church must accompany us when we suffer. He expresses that the Bible itself is a tale of suffering.

There are several similarities between Pope John Paul II and Eleonore Stump's writing. First, they both distinguish between suffering of physical nature (pain) versus moral suffering or in other words bodily versus spiritual elements to suffering. Pope John Paul II goes further noting that moral suffering is akin to "pain of the soul". Second, they both closely link evil and suffering, which co-exist in an almost circular way, i.e., to suffer is to endure evil, evil is a lack of a goodness, therefore you suffer. The recognition of the interplay of evil and suffering is connected to the roots of Christianity, even as expressed by the lack of vocabulary in the past. "In the vocabulary of the Old Testament, suffering and evil are identified with each other. In fact, that vocabulary did not have a specific word to indicate "suffering". Thus, it defined as "evil" everything that was suffering."¹⁰ Third, both express suffering as unfulfilled needs of the heart and agree that love is, in part, the way to eliminate suffering. He clearly associates our suffering with that of Jesus, noting that when we suffer, we participate in Christ's suffering, hence we become closer to Christ. He believes that "suffering must serve for conversion, this is for the rebuilding of goodness in the subject."¹¹ While this is a difficult concept to accept, it does allow for the idea that through suffering we become closer to God.

Pope John Paul II describes the existence of suffering in the world in a beautiful way, as an entity which becomes "dispersed" in individuals. The beauty is how this dispersion, in times of need, becomes a unifying force for humanity. He provides the example of wars, natural disasters, catastrophes etc. where this force of suffering, unites humans and evokes compassion in others and creates solidarity.¹² Perhaps this directs us to consider if this is the meaning of suffering. Pope John Paul II does not clearly provide a definition of suffering; however, he does provide some parameters which are noteworthy, and which will be useful for discussions on the topic of meaning.

⁹ John Paul II, *Salvific Doloris* [Apostolic Letter on the Christian Meaning of Human Suffering], The Holy See, February 11, 1984, sec. 5, https://www.vatican.va/content/john-paul-ii/en/apost_letters/1984/documents/hf_jp-ii_apl_11021984_salvifici-doloris.html.

¹⁰ John Paul II, *Salvific Doloris*, sec 7.

¹¹ John Paul II, *Salvific Doloris*, sec 12.

¹² John Paul II, *Salvific Doloris*, sec 8.

Seneca a Stoic

Seneca famously wrote, in Letter 13, “a man who suffers before it is necessary, suffers more than is necessary” and “we suffer more in imagination than in reality.” While the philosophy of Seneca is complex and more developed than these simple quotes, they do summarize a part of his belief. If humans are to worry and lament over our potential suffering, the possibility of suffering in our lives, even to the point of worrying about it near our deaths, then we truly suffer unnecessarily. He felt that there is a time for this and that although perhaps it may come to be, it need not be part of our daily life. In other words, why contemplate suffering when this in and of itself is suffering? Humans can imagine all sorts of terrible things happening, but this leads us to suffer, to worrying and to pain. Seneca did not deny, in fact he encouraged the need to be prepared for death, however he knew that certain elements in life cannot be controlled.

Seneca wrote extensively about death, almost appearing to be obsessed with it, but he did recognize that there is a distinction between real life and hypothetical discussions over death. In authentic situations, Seneca believed that through suffering our character is being tested, built, extended. It is hard to see how this can be a bad thing. Our personality can be developed and strengthened when we are faced with challenges. He felt the best way to deal with the suffering we encounter is to accept it and to allow it to strengthen us. Seneca’s philosophy will be further developed in the section titled Dying Well.

Types of Suffering

There are many ways in which individuals can suffer, in part they have already been addressed above, so only a few brief words on the variations of suffering are useful now. Broadly they can be divided between physical or bodily and mental or spiritual, however a third form of suffering is worthy of mention, that of grief. Perhaps it is unnecessary to say, however, these forms of suffering do not occur in isolation, they overlap and intermingle with one another. In relation to the experience of dying, how these interplay and affect the level of suffering can be influenced by many factors, such as how a person is accompanied or their value system.

Christianity provides a perfect example of the intermingling of different forms of suffering with Jesus’ death on the cross. Did Jesus not suffer both physically and spiritually? He experienced the pain of torture, pushing his body to the limits of endurance until his agonizing death on the cross. He experienced spiritual pain, as evidenced by his time in the garden of Gethsemane prior to his arrest, his feeling of abandonment by God and by his disciples as they slept, or his humiliation as the crowds cheered for him to be crucified. He also experienced what I would call grief, when He prayed, “My Father, if it is possible, let this cup pass from me; yet not what I want but what you want.”¹³ Human Jesus’ knowledge of suffering allows Him to have compassion for our own suffering. Perhaps it is this union, this recognition of the human-

¹³ The *New Revised Standard Version* translation will be used throughout this paper. Matthew 26.39

to-human experience which allows us to recognize God in our own suffering. In this way, God allows us to join Him more closely.

Physical or Bodily Suffering

Physical suffering is often thought to merely be pain, however it can encompass so much more, such as weakness, fatigue, abnormal sensations, loss of ability to do things for yourself that you ordinarily would. The result of this bodily pain can be a loss of self, a loss of independence, or loss of identity (overlapping with psychological suffering). Often, physical pain can be treated, yet a person may still suffer. This does not necessarily mean that they are suffering spiritually or psychologically, but it is a place where meaning can intersect with physical suffering.

Mental or Spiritual

Suffering of the mental or spiritual nature can be overlooked by medical professionals, perhaps because it is harder to pinpoint, harder to identify, harder to treat. Yet this type of suffering is real. People facing the end of their life can anguish over this potentially unseen, yet very real aspect of suffering. This real pain can exist on multiple levels, potentially contributing to physical pain. Multifaceted, mental or spiritual suffering reaches corners of our being that we ourselves may not be alert to. It can involve social struggles, anger issues, trauma, historical issues, questions of faith, questions of dignity, loss of self, loss of dreams, loss of identity, loss of independence, and the list can go on. These types of suffering do not just happen on approach to death; however, they can seriously affect the way a person dies.

Grief

Grief is a type of mental suffering that rarely gets spoken about in terms of the grief of a dying person, yet heartily deserves its own subsection. Usually, grief is associated with individuals who remain, who have lost a loved one. However, the grief of a dying person should not be forgotten. It must not be easy to allow oneself to come to terms with personal loss, the loss of life, loss of dignity, loss of independence, loss of future dreams, loss of self or loss of the heart's desires (as Stump would say) amongst other losses. This grief can weigh heavily upon a person and make it very difficult to withstand the other aspects of their suffering and indeed to find meaning in their final days. Acceptance of their situation can be challenging but also a key part to moving forward. We have in apocryphal literature the example of Joseph grieving for his own death. Joseph is the Patron Saint of the Happy Death and yet the narrative shows his lament and suffering, both physically and spiritually. All the while, his grief overwhelms and consumes him.

Can we truly empathize with the person who lays on their deathbed and grieves for their loss of life, loss of ability to experience life further? We can sympathize but we certainly cannot empathize because we do not have this life experience. Grief is undeniable and intimately connected with suffering (psychological), but there is hope! Hope that the grief can be turned

into meaning, this possibility exists! A change of mindset is necessary to be able to embrace the moments before you and to be able to live in these moments to the fullest of your ability. Stump, Pope John Paul II and Seneca would certainly agree with this idea.

To recognize the cohesive nature of physical/bodily, spiritual/mental suffering and grief we can use an example, a narrative. A young woman who suddenly gets ill may identify herself by her career, by her responsibilities in the home, by her contributions to the community, but due to her sudden severe illness, is no longer able to participate in any of these roles. She becomes stripped of who she is and what she does. This in turn leads to psychological suffering. She asks questions: “What role do I have?”, “What am I good for?”, “Why bother trying to get up in the morning?” When her roles are taken away, when she is stripped bare, and becomes dependent on others, she begins to suffer emotionally, psychologically. Her physical suffering is exacerbated by the emotional trials she faces, and she grieves for the person she once was and wonders if she will ever be that person again or if she faces an untimely death. Can there be a silver lining? Can another part of her personhood come to the fore? Can this be where meaning intertwines with suffering? As we ponder these questions, we move forward to think about what can be gained from suffering.

What can be gained from suffering?

There is no concrete answer to the question, “what can be gained from suffering?” however let us posit that there are two alternatives, nothing or much. These are two extremes and certainly a middle ground can also be attained. On one hand, one can grow and mature through suffering, while on the other hand, one may become broken or face decline. Hypothetically, a person’s spirituality, faith or religion, may provide a strength they never realized they had, or it may cause them to hate, raise questions of theodicy or recoil. Despite the potential “educational value of suffering”¹⁴ both John Paul II and Stump offer that it is not a form of punishment. I believe by discussing meaning and dying well this question will be exposed more deeply.

Further thoughts on Suffering

The implication in much conversation surrounding suffering is that it is always a negative, a condition of humanity that should always be avoided. Most people would agree; however, one could argue that suffering can serve a purpose, that there are cases where it can become a positive. In periods of decline we find a grace, a grace that we wouldn’t have experienced if we did not have the decline. This reflects Bernard Lonergan’s teachings on horizons, which essentially says that during decline we experience a shift in our horizons and this shift becomes an awakening. This concept will be further developed below, however it is sufficed here to say that suffering in fact has the potential to enrich us, because our horizons have

¹⁴ John Paul II, *Salvific Doloris*, sec 12.

been expanded. This again seems to overlap with the concept of meaning. To be clear, it is not necessary to suffer in death for this meaning to be established. One can have meaning and die well without suffering, but the inquiry here is whether you can still die well although you suffer.

Is it to say that without suffering near the end of one's life, no meaning can be created or attained? No, these are not mutually exclusive, to suffer does not necessarily indicate meaning, and to have meaning one does not require suffering. In other words, I am not saying that if you die suddenly in a car crash you will not have had a meaningful life, but you will not have had the type of suffering which often occurs when one faces the nearness of death. As a side point for future reference, if it is not necessary to suffer to create meaning, then there should not be a problem to alleviate the suffering through various means. Likewise, the absence of suffering during death does not necessarily mean a good or happy death, it is only that perhaps suffering allows one to grow, even in their last stage.

In Christianity, narratives of Jesus provide numerous examples not only of his own suffering, but also the impact of others suffering on him. As previously noted, there is the story of Joseph's death. In this narrative we see Jesus actively alleviating the suffering of his father. Indeed, Joseph is the theological model optimized, his death is labelled a 'Good death.' In another example, when Jesus himself, in human form, faced his own death, (suffering both physically and emotionally), he took on the suffering of the thief on the cross beside him. By forgiving the thief, this fellow human, it could be argued that Jesus soothed the thief's suffering. I raise these examples simply to show that even in the final minutes before death, it is possible to grow, to expand horizons, to create meaning and to die well.

Meaning

The focus of this section is meaning, again not necessarily to find a precise definition but to explore its boundaries and establish a mutual understanding which will be available for later discussion. It must be stated at the outset that meaning is not necessarily a function of suffering. In other words, we can suffer and not have anything meaningful come of it. We must be careful not to equate one with the other. It would be a slippery slope stating that suffering is necessary to give meaning. It reduces suffering to a procedural event and indicates that if one does not suffer in dying, then they cannot achieve meaning. This would be wrong. Meaning, perhaps, is established or created individually within each personal understanding, outlook and experience.

I would argue that meaning is a value statement, that it is with reference to the person or persons involved, which is not to be determined by some outlying source. In other words, the significance is to the person or persons involved in the suffering and subsequent death. We choose what things we give meaning to by determining what is of value to each of us, independently. For example, if it is of value to reconnect with an estranged family member prior to dying and this is causing substantial heartache, and they do successfully reconnect, then this becomes something meaningful due to its value for the individual. Meaning has an active participatory approach, and to give meaning equals engagement with that thing of value. Viewing meaning in this way allows the active participant to have power and control over the

outcome, or at least the perspective of the outcome. From this stance it is decidedly difficult for meaning to be a stagnant concept. All humans seek meaning, yet the contents of that meaning are individual. Humans do not place the same level of value on the same things in life. It might be noted here that there is connection between the words value and meaning. Values can be expressed as a guiding system for right and wrong, for ethics, for morals or for what holds importance to individuals. Meaning is more fluid and contextual, yet also references what holds importance. The connection is that what we value, we find meaning in and what we find meaning in, we value.

For the sake of argument, in relation to death, in the case of suffering, a question to ponder is if there is anything which universally holds meaning? Additionally, do social norms create meaning or at least prioritize what has meaning? I would argue that the individual who is suffering prior to their death should be the author of their own meaning, but is this what really happens? Individuals can, providing that conditions are optimized, have situational awareness and enforce their values and choices, allowing them to create meaning and potentially die well. This is for further discussion in the application portion of the thesis, but important to keep in mind. A final thought prior to delving into the ideas of scholars, meaning does not need to be thought of as a philosophical construct, rather I believe the focus can be on how it affects the individual. I turn now to Eleonore Stump, Pope John Paul II, Todd May and Viktor Frankl to enlighten and expand the thinking.

Eleonore Stump

Above I wrote that Stump's definition of suffering includes an undermining of a person's flourishing. Flourishing is equal to thriving which can be of the body, of the mind or both. Thriving or flourishing has a direct impact on the meaning one can obtain from life or indeed in death. In the context of a death full of suffering, the ability to flourish is challenged, however, I believe that within Stump's paradigm, this is certainly possible. As Stump posits when a person unites themselves with God, this alone can constitute flourishing and can lead to personal and spiritual growth. She notes that at the same time, that flourishing can occur within the scope of suffering. She believes, as do I, that suffering allows you to open yourself to God and when you open yourself to God, you open yourself to others and this creates meaning, or flourishing. Flourishing and suffering do not have to be mutually exclusive. She strongly cautions that suffering only enables, it does not ensure or guarantee flourishing or openness to God. The openness to God is meaningful in the Christian context because the relationship with God, the personal relationship, and the relationship of love¹⁵ is of highest value.¹⁶ If we accept the premise that in suffering, we open ourselves to God and to others, then this relationship with God is key to our personal flourishing. Flourishing is directly related to relationships of love and love

¹⁵ Referring to any relationship of love, love because God is love.

¹⁶ The Flourishing scale is meant to be a personal measure of happiness and life satisfaction, physical and mental health, meaning and purpose, character and virtue, and close social relationships. Stump's own version of the scale of values has to do with personal relationships.

is key to meaning. This makes perfect sense for Christians, however, outside of Christianity, by omitting God, the argument doesn't hold as well. Again, this is because individuals place value on different things.

Stump reinforces that no amount of suffering can be deemed good and no amount of flourishing or meaning can lead to the glorification of suffering. This is important to recognize because suffering does not always lead to the expansion of self, to flourishing, or to the creation of meaning. Stump argues that the use of narratives to tell the story of individual's suffering gives contexts, gives understanding and gives meaning. In agreement with her, I would say this becomes especially significant when taken into context of suffering near the end of life. The question remains: *Is flourishing enough to create meaning?*

Pope John Paul II

"Through Christ and in Christ, the riddles of sorrow and death grow meaningful."¹⁷

-Pope John Paul II

Just as Pope John Paul II did not provide a definition for suffering, he does not provide a definition for meaning either, rather Pope John Paul II places the two concepts side by side. He works towards a definition of meaning by asking, "what is the meaning of suffering?" Pope John Paul II provides three main reasons for suffering. One, as punishment suffering has "educative value"¹⁸, two, suffering promotes conversion and three, suffering has redemptive qualities.

The idea that suffering is God's way of punishing us, which then has "educative value," is difficult to understand, let alone accept. I tend to dismiss this as a reason for suffering, yet at the same time recognize some truth in it. It is more akin to conversion (which is his second reason) than to education. The biblical character of Job has been used by many scholars, yet we can say that ultimately God teaches us that Job's suffering is not a result of something bad that Job has done. Job has not been punished. The educative value, explains Pope John Paul II, is that suffering builds endurance, leading to character development, which allows us to hope, and hope allows for love.¹⁹ The fault in this explanation is the belief that a positive outcome endures, because it is possible that someone becomes broken by their suffering. Referencing Stump, she says that suffering is bigger than a concept such as character formation or some other abstract idea. She likewise uses the example of Job, questioning if he might, after having suffered immeasurably in all realms, be grateful to God for the opportunity to strengthen character or whether he would just rather leave his character as it was and have his family back and an end to

¹⁷ John Paul II, *Salvific Doloris*, sec. 31.

¹⁸ John Paul II, *Salvific Doloris*, sec. 12.

¹⁹ John Paul II, *Salvific Doloris*, sec. 23.

his suffering. In consideration of Job's story, is it plausible that God would use suffering for educative value?

Pope John Paul II's second explanation, which offers that suffering is given to someone for conversion reasons, i.e. "for the rebuilding of goodness in the subject"²⁰ is also hard to accept, yet possible. One cannot imagine a God who makes someone suffer so that they may become closer to Him, and yet there is truth in this experience. It has been seen time and time again someone illuminated despite their suffering, bringing them towards conversion and renewal. Where can greater meaning be found than in this renewed spirit, this renewed zest for love, for completeness, for forgiveness? Conversion, a sense of opening oneself up to God, allows the sufferer to make sense of their suffering. Pope John Paul II writes,

When this body is gravely ill, totally incapacitated, and the person is almost incapable of living and acting, all the more do interior maturity and spiritual greatness become evident, constituting a touching lesson to those who are healthy and normal. This interior maturity and spiritual greatness in suffering are certainly the result of a particular conversion and cooperation with the grace of the Crucified Redeemer.²¹

This is where the sense of meaning can be found. Meaning is this openness which brings us closer to God, closer to others.

Finally, Pope John Paul II's third answer to the meaning of suffering is redemption. "To suffer means to become particularly susceptible, particularly open to the working of the salvific powers of God, offered to humanity in Christ."²² He seems to go beyond the traditional view of Jesus's suffering on the cross to redeem sins, while continuing to support that Christ's very suffering allows us redemption. Pope John Paul II further explains the redemptive nature of suffering, "Love is: also, the fullest source of the answer to the question of the meaning of suffering. This answer has been given by God to man in the Cross of Jesus Christ."²³ It is through this awareness and our share of suffering with Christ that we are given eternal redemption and eternal life with God, the reason we have a 'spiritual redemption' with Christ. His third reason which gives "meaning" to suffering in the world is for me the most compelling, as it reflects our direct relationship with those we walk beside in this life. The word love can be highlighted because it is our suffering which unites humans, which can "release love, in order to give birth to works of love towards neighbour, in order to transform the whole of human civilization into a "civilization of love"²⁴

²⁰ John Paul II, *Salvific Doloris*, sec. 12.

²¹ John Paul II, *Salvific Doloris*, sec. 26.

²² John Paul II, *Salvific Doloris*, sec. 13.

²³ John Paul II, *Salvific Doloris*, sec. 13.

²⁴ John Paul II, *Salvific Doloris*, sec. 30.

Todd May

“Mortality offers meaning to the events of our lives and morality helps us navigate that meaning.”²⁵

Todd May, philosopher and author of the book, “*Death*,” explores human awareness of death and the impact this has on the meaning of our lives. In the first chapter he contemplates three aspects of life, “First, death is the end of us and of our experience. Secondly, that end is not an accomplishment or a goal; it is simply a stoppage. Thirdly, death is at once inevitable and uncertain.”²⁶ Further, this combination of factors makes humans wonder if our lives have any meaning. Developing each idea, May shows that each of these can lead to meaninglessness. However, despite being an atheist, May recognizes the important role that religion can play in the existence of meaning in the lives of faith filled individuals. Without religion and the belief in the afterlife, death is the end, life stops, there is nothing beyond. Religion says sincerely that there is life beyond, there is an eternity, and that the real and true essence of the individual experiences the afterlife. Therefore, perhaps through faith, the meaninglessness of life (due to death) is no longer relevant, and religion helps to create meaning.

Opposite to death, May posits the idea of immortality. If humans are immortal the perspective changes, the opportunities are endless, however the implication is that life becomes less structured and less meaningful. Encounters with others are not as important because you will see them again, activities can be repeated, every possibility remains so there is less urgency, less tenderness and no fear, therefore in some a sense boredom acquiesces. May uses the reading of a book to simulate the experience. Only one book can be read for your entirety, you can never put it down, themes are repeated, and the storyline is eventually lost so you grow tired of reading it. Eventually, you may wish to read a different book or simply stop reading, but this book with all the same characters does not have an end. The book has lost its meaning and so it is with an immortal life. The very fact that we are going to die is what gives life meaning. We live with the knowledge that we will one day die, neither avoidance nor obsession of this fact will change the reality. May further explains that because we can die at any moment, and we are cognitively aware of this, every action, every encounter, every phase of life has meaning, including our death. So, immortality makes life meaningless, and mortality makes it meaningful. Meaning is where life and death intersect.

Humans look towards the future, planning, setting goals, and thinking of the next stage of life. However, we are also constantly aware of the possibility that our lives could come to an end at any time. This knowledge can either lead to avoidance of or obsession with death. May recommends finding a balance between the two because ultimately, we cannot control death. We must continue to engage in everyday activities, create projects, make social connections and live

²⁵ Todd May, *Death* (New York: Routledge, 2009), 47.

²⁶ May, *Death*, 22.

in the present, despite our recognition that our life ends, that we die. “The fragility of life tells us that it is death that at once threatens and gives meaning to our lives.”²⁷

Viktor Frankl

“In some way, suffering ceases to be suffering at the moment it finds a meaning.”²⁸

In a discussion of meaning and suffering, who better to source than Viktor Frankl, holocaust survivor and author of *Man's Search for Meaning*. In his book, which is a personal account of his time in Nazi prison camps, Frankl looked death in the eye, enduring suffering of every sort imaginable, yet was still able to find meaning in his daily life. Perhaps his perspective, his ability to find meaning in the harshest of circumstances is what allowed him to survive, and if I may say, flourish.

Frankl is not only well-known for this book, but he also gained notoriety for his work in logotherapy²⁹, which he established prior to his time in concentration camps. The focus of logotherapy is to recenter the patient towards finding meaning or purpose in life. It is very much driven by the patient and requires an adjustment in the way the person rationalizes and thinks about things. Frankl honed his theories of logotherapy and put into practice his philosophies while he was imprisoned. Instead of turning his horrifying experiences into reasons for bitterness, hate, even melancholy, he used them to recognize the fragility and preciousness of life. Allowing him to recognize each day as special, each experience as an opportunity, demonstrating gratitude but also allowing him to attach meaning (or purpose)³⁰ to moments of life. It is not only his book but his very style of therapy and his philosophy which encouraged meaning to become the focus of his life.

Frankl explored meaning in the context of suffering and wrote that suffering is a universal human experience. He recognized that everyone experiences suffering in their own way, incomparable to another's suffering. Certainly, Frankl suffered under Nazi control, but he felt that another person's suffering was no less important or no more important than his own. “Thus, suffering completely fills the human soul and conscious mind, no matter whether the suffering is great or little. Therefore the ‘size’ of human suffering is absolutely relative.”³¹

While in prison camps, Frankl saw that the best and worst of humanity came out. The side where individuals were only out for themselves and would do what was necessary for their

²⁷ May, *Death*, 112.

²⁸ Frankl, *Man's Search for Meaning*, 113.

²⁹ Frankl, *Man's Search for Meaning*, 98.

Greek definition of logos is *word*, but Frankl decided on the aspect of meaning, in the context of this word to be his guiding principle of therapy “Logos is a Greek word which denotes meaning.”

³⁰ In German word “sinn” in English is “sense.” It doesn't translate properly to indicate his meaning, so Frankl decided on “meaning” or “purpose.” He used examples to help explain his definition, such as created value, experiential.

³¹ Frankl, *Man's Search for Meaning*, 44.

own survival, and the side where individuals were concerned with the well-being of other prisoners, doing good until the end. The side of humanity which does something good with the sole purpose to do good, is what creates meaning. This quote encapsulates his thoughts nicely, “The salvation of man is through love and in love.”³² Actions done in love create meaning for oneself and for others.

Frankl was not a stranger to suffering or facing death, and his courage to thrive after all he endured gives not only a sense of inspiration but a sense of earned trust and validity to his voice. So, when he wrote, “Everything can be taken from a man but one thing: the last of the human freedoms – to choose one’s attitude in any given set of circumstances, to choose one’s own way,”³³ this really speaks to his understanding of meaning. Individuals have options, either choosing to deal with their suffering and pending death in a meaningful way, or a way in which no meaning comes. An individual’s perspective matters and can also provide a model for others, making a difference in their lives. No matter what, up to the last breath, individuals can make choices to change their situation, thereby creating meaning. For example, choosing to forgive someone, to ask for forgiveness from someone, or to love someone, these are actions, even when we suffer, that can add meaning to our lives. (This holds true not just prior to death, but for all situations we encounter in life.) The question of meaning depends on each individual’s approach to living.

Frankl believed that meaning is situationally dependent, that it is at the same time objective, and that it must be found, no one can offer you the answer. When looking for the answer to meaning for ourselves, we must ask, how should I respond to what life is asking of me? It is up to each individual to choose a meaningful response, a response which allows benefit. “The meaning of life differs from man to man, and from moment to moment. Thus, it is impossible to define the meaning of life in a general way.”³⁴ “What matters, therefore, is not the meaning of life in general but rather the specific meaning of a person’s life at a given moment.”³⁵

Dying well

The questions to be answered in this thesis are, “Within the context of suffering, how do we find meaning in death?” and “Is it possible to die well within the context of suffering?” Suffering and meaning have been discussed above. What follows in the rest of this chapter is a side of the conversation which potentially mingles suffering and meaning but adds the criteria of value.

If a personal value, what is of importance to someone, is to die well, one needs to understand what dying well means to that person. Just as the two previous terms were based on the individual, so too is the individual concept of dying well. It could mean to be free of pain or

³² Frankl, *Man’s Search for Meaning*, 37.

³³ Frankl, *Man’s Search for Meaning*, 66.

³⁴ Frankl, *Man’s Search for Meaning*, 77.

³⁵ Frankl, *Man’s Search for Meaning*, 108.

to die quickly, or to die during sleep, perhaps it means being surrounded by loved ones, perhaps it means to have received the last rite or to have received forgiveness. Whatever the case, the person who is dying must be the one who defines it. While it may not be possible to find a precise definition, once again the guidance of scholars can provide a deeper understanding. Stoic philosopher, Seneca, palliative care physician Dr. Kerr and late Pope Francis (in conjunction with the apocryphal story of Joseph's death) provide this guidance below.

Some may assume that if you live well, you will have a greater chance to die well. But this is not necessarily the case, possible contradictory sets exist. They are a) live well AND die well, b) live well but NOT die well, c) live not well YET die well, and d) live not well and NOT die well. Of course, both living well and dying well, can be social constructs (i.e., determined socially or culturally) but the personal experience and personal values must hold greater meaning. As noted above, living well does not necessarily equate dying well and we can die well despite not living well. A biblical reference is useful to demonstrate the point; it is that of the thieves who died on the crosses beside Jesus. One can presume, that as criminals, neither lived a "good life" yet Christian beliefs would tell us that one thief died well, while the other thief did not. In his final moments, his time of great suffering, a thief said, "Jesus, remember me when you come into your kingdom. He replied, 'Truly I tell you, today you will be with me in Paradise'."³⁶ Arguably, this thief sought forgiveness, received forgiveness and felt peace, therefore died well. In fact, he received the greatest gift, knowledge that he would be in heaven with Jesus. On the other hand, the other thief continued living poorly, even chastising others in his final moments, suffered and did not die well. (Even here social constructs have been used to assess whether the thieves died well or not.) The Catholic church provides another example of dying well with Saint Joseph who is the saint of the happy death. From what we know of St. Joseph, he lived well and died well. Apocryphal literature can be used as an example of this so-called happy death and is one depiction of what it means to die well. Further attention will be given to St. Joseph in the section referencing Pope Francis. What does dying well mean to someone who is dying? Does it matter in the dying process, particularly in the context of suffering and within the scope of the modern examples of palliative care, medical assistance in dying and suicide.

Stoics - Seneca

"He lives badly who does not know how to die well."

Seneca, On Serenity of Mind 11.4

Seneca, a Stoic philosopher who lived around 4 B.C. to 65 A.D., spent much time reflecting upon, and writing about death, dying and suicide. These themes were common among many ancient philosophers, particularly those connected with the school of stoicism. Seneca believed that to die well, one must live well. His writings express his acceptance of death and approval of suicide (to be addressed later in this thesis). His philosophy presents death in a very

³⁶ Luke 23.42-43

positive light, as he links life, happiness and virtue with death. Death to Seneca was not something to be feared, rather thoughts of it should be consoling, and since everyone will eventually die, life should be seen merely as a preparation for death. In Letter 12,³⁷ he rightly points out that death can come to a young man just as easily as it can come to an old man, so each day should be treated as if it is our last.

This is not to say that life should not be lived! He valued life greatly, Stoics in general place a high value on life, so his views on death seem contradictory. This contradiction can be resolved by recognizing the importance that Seneca places on living well rather than just living. The way in which an individual conducts themselves in life determines whether they live well or not. Living well is of such great value that he thinks it is better to die early and well, than live longer and die ill. Favouring quality of life over quantity of life. To live well entails living virtuously, this leads to happiness, which leads to more virtuous acts. Happiness is an inner state, involving internal agreement with oneself and external agreement with nature, essentially harmony of all its parts. It is something positive and active. Happiness is dependent on virtue and without happiness, virtue would not be exercised. They hold a symbiotic relationship with one another. When one acts virtuously a sense of happiness is created. Virtuous, therefore happy people do not worry about their fate, or about their death. However, if for some reason the ability to act virtuously is ever taken away, then happiness will also be taken away. In this case, he believes living a good life becomes more challenging. The happiness of one's life isn't determined by its length, rather how well one lives. In agreement with this Seneca wrote,

As for myself, I wouldn't refuse the addition of more years. But if my span of life is cut short, I will say that I lacked nothing that would render that life happy. I did not prepare for that far-off day that my greedy hopes had promised would be my last, but rather I regarded every day as though it were my last..³⁸

This is partially how happiness and virtue relate to dying well and is an example of Seneca's spirit and ability to come to grips with death, even if it is his own.

Emphasizing dying well, he wrote that if we live each day eagerly, in goodness then we will always be ready to die, and to die well. Dying well for Seneca means to die willingly.

Before I became old, I took care to live well; in old age I take care to die well. And dying well means dying willingly...Let's compose our minds such that we want whatever the situation demands, and in particular that we contemplate our end without sadness.³⁹

Acceptance of the eventuality of one's own death frees us from fearing it. If we do not fear death, nor obsess over it, we will be able to live more happily. For Seneca, life and death are just different phases of the same process. Too much concentration on either one of them will put

³⁷ Lucius Annaeus Seneca, *Letters from a Stoic* (London: HarperCollins Publishers, 2020), 28-31.

³⁸ Lucius Annaeus Seneca, *How to Die: An Ancient Guide to the End of Life*, ed. James S. Romm (New Jersey: Princeton University Press, 2018), 49.

³⁹ Seneca, *How to Die*, 38.

unnecessary constraint on individuals and will push them toward unhappy and unfulfilled existence. He believed that ultimately, we spend our lives dying, i.e. life is the process of death, and that death is just what completes the process. To make this thought more coherent, in Letter 24, Seneca compares death to water dripping out of a water-clock. The water-clock is not emptied by the last drop that drips out, but rather by the accumulation of all the drips. Rationally this is true and makes sense, however, to envision life in this way is disheartening. Life begins to look pointless and lack meaning. Indeed, what is the point of living if its only purpose is to prepare for death? It is not that Seneca is fixated on death, his analogy is more reflective of need to be prepared for it and to live fully each day. The idea is that we must not live under false pretenses or pretend that we will not die.

Epicurus says, ‘Rehearse for death,’ or, if this conveys the meaning better to us, ‘it’s a great thing to learn how to die.’ Perhaps you think it useless to learn something that must only be used once; but this is the very reason why we ought to rehearse.⁴⁰

Death involves a great deal of uncertainty and when something is unknown, fear is often felt, yet Seneca insists that death is a good thing. He feels positively about it and believes that thoughts of death should console us. There are many examples in Seneca’s writing where he has attempted to console others in the death of a loved one. He has come to terms with death and sees it as an escape and release. In *Consolation of Marcia*, Seneca writes that death is the best invention of nature, because “Death is the undoing of all our sorrows, an end beyond which our ills cannot go; it returns us to that peace in which we reposed before we were born”⁴¹ Seneca provides a peaceful view of death, one not to be feared.

Dr. Kerr

Dying is a time of transition that triggers a transformation of perspective and perception.⁴²

Grounded in the real-life stories of individuals dying in a palliative care setting, Dr. Christopher Kerr, transmits his ideas of what it means to die well in his book *Death is But a Dream: Finding Hope and Meaning at Life’s End*. The pages of his book are filled with examples of individuals whose lives, touched by adversity, and those not, represent what it means to die well despite their various forms of suffering. Dr. Kerr and his team have completed more than 1500 interviews with dying patients and have found that what comforts these individuals most of all is their dreams. These dreams are not always positive or happy, yet they offer a type of therapy and healing that neither professionals nor friends nor family can replace.

⁴⁰ Seneca, *How to Die*, 2.

⁴¹ Seneca, *How to Die*, 13.

⁴² Christopher Kerr, *Death is But a Dream: Finding Meaning and Hope at Life’s End* (New York: Penguin Random House, 2020), 226.

In Dr. Kerr's years of medical experience, he noticed that practitioners were not trained for the type of care that patients need in end-of-life care. Rather, he saw patients were treated in a scientific objective way, using a model that focused on the shutting down of an organ, not the end of life of a person. The result he says is institutional abandonment⁴³ and a sense of confusion and fear for patients and their families. This, he felt required him to create a study that the medical field could relate to, a study which remained objective and used the scientific methods customary for medicine, yet also got at the heart of the needs of the patients. His method also ensured that he was clearly not trying to write about religion or spirituality or the afterlife or the paranormal. Unfortunately, this did not ensure that the broader medical community responded to his call for a need for change. It has however, in the greater community received much support and enthusiasm, further demonstrating a wide separation between those receiving the care and those treating.

In Dr. Kerr's study patients routinely reported their dreams to be of importance to them, some were comforted by their dreams, but some were made uncomfortable.⁴⁴ Yet, these uncomfortable dreams have proven to be the most transformative for patients, allowing for reconciliation with events of their past. So important are the dreams of the dying that they seem real to the patients,⁴⁵ where there is mutual understanding between all the characters of the dream, usually without the need for words. Often the dreams were based on real life experiences, such as a woman holding her baby that had died at birth or in the case of Kerr's own father, going on a fishing trip with his son. The dreams often allow the individual to access memories that they would not otherwise remember. These dreams offer comfort and allow individuals to die in a more peaceful way, perhaps with the recognition that there is something beyond death, perhaps providing the sense of meaning, often providing peace, allowing the individual to release and no longer fear death. Death became a natural process for these patients.

To combat the skepticism about the cognitive state of the individuals, Dr. Kerr interviewed patients daily and recorded videos to demonstrate that the dreams were not the result of hallucinations nor due to cognitive confusion of any sort nor due to the side effects of medication. He wrote that the opposite could happen with medication as it can limit or interfere with an individual's ability to dream.

What Dr. Kerr believes to be true is that death is a lonely experience, even when surrounded by loved ones, but these dreams help an individual to know that they are not alone, that they are loved. He found that what is good for the patient is also good for the family, therefore these dreams have huge meaning to those left behind. At the end of our lives personal reflections are at a high, and ultimately, it is the personal relationships which have the greatest meaning, as evident from the patient's dreams. Relationships of love between individuals, both past and present, is what always becomes the most important part of the dying experience. Kerr,

⁴³ Kerr, *Death is But a Dream*, 26-7.

⁴⁴ Kerr, *Death is But a Dream*, 48-9. "Patients on average rated the comfort level of seeing the dead as 4.08 out of 5 (with 5 being the highest comfort), compared with an average of 2.86 out of 5 when seeing the living."

⁴⁵ Kerr, *Death is But a Dream*, 51. "Degree of realism of their end-of-life experiences, most patients rated them 10 out of 10"

himself, having witnessed so many deaths, is less fearful of the dying process, but recognizes that dying is hard, and many people continue to desire life. Yet when life is no longer an option, and the closer death becomes, the more the patient prefers death over life. This transition can be attributed to the healing power of dreams. He has developed a reverence for the dying experience and believes that dreams greatly contribute to dying well. “A good death has always been about dying on one’s own terms.”⁴⁶

Both Kerr and Seneca have studied death, one as a palliative care doctor and one as a philosopher. Both feel that death is not to be feared. Both state that dying is a process, not a one-time event. Both recognize that it is one thing to talk about death and to think about death, but it is more difficult to personalize the process, to imagine yourself as the one who is dying. Meaning that watching others die is not the same as dying yourself.

Pope Francis and the death of St. Joseph

For a Christian, a good death is an experience of the mercy of God, that comes close to us even in that last moment of our life.⁴⁷

The year 2021 was declared by Pope Francis to be the Year of St. Joseph, marking the 150-year anniversary of St. Joseph as the Patron Saint of the Universal Church. In this year, Pope Francis wrote a series of 12 catechesis to encourage Catholics to become closer to Joseph. Catechesis 11 is of relevance as it recognizes St. Joseph as the patron saint of the good death and the happy death. Pope Francis tells us that Joseph was accompanied by Mary and Jesus until his last breath, making his death of particular importance to the faithful. It is believed that by invoking Joseph upon one’s death, direct access to Mary and to Jesus is received, allowing for a more peaceful death. Not unlike Seneca, Pope Francis recognized that “in reality our relationship with death is never about the past – it is always present”⁴⁸ He recognized the presence of death in our lives and the associated fear, noting that death is unavoidable, so the quality of death needs to be a consideration. “For a Christian, a good death is an experience of the mercy of God, that comes close to us even in that last moment of our life”.⁴⁹

An apocryphal text called, *The History of Joseph the Carpenter*, provides an example of a peaceful and hopeful death. Joseph becomes a model to readers on how to die, and his family, including Jesus, provide a model for modern families on how to support his/her loved one in their final days. One of the themes that emerges from this text is Joseph’s struggle and sadness over his pending death however, it is followed by acceptance and calm. Readers are presented

⁴⁶ Kerr, *Death is But a Dream*, 216.

⁴⁷ Francis. *Catechesis on Saint Joseph: 11. Saint Joseph, patron of good death*. [General Audience], The Holy See, February 9, 2022, <https://www.vatican.va/content/francesco/en/audiences/2022/documents/20220209-udienza-generale.html>.

⁴⁸ Francis. *Catechesis on Saint Joseph: 11. Saint Joseph, patron of good death*.

⁴⁹ Francis. *Catechesis on Saint Joseph: 11. Saint Joseph, patron of good death*.

with the full range of Joseph's emotions. Pope Francis wrote about Joseph's death, and indeed the way that society addresses death now.

Nevertheless, we try in every way to banish the thought of our finite existence, thus deluding ourselves that we can remove its power and dispel fear. But Christian faith is not a way of exorcising the fear of death; rather, it helps us to face it. Sooner or later, we will all pass through that door.⁵⁰

Pope Francis applies the story of Joseph's death to modern times and the story provides readers with a resource to turn to when the fear of death comes upon them. Today, just like in the past, Joseph's experience allows believers to have hope that Jesus will be present with them in their final moments, allowing his death to become a conception of a happy or good death.

Summary of Suffering, Meaning, Dying Well

Within the context of suffering, how do we find meaning in death? Is it possible to die well within the context of suffering? These are the two questions that I have set out to answer in this thesis. In an effort to separate the terms, I believe that suffering, meaning and dying well have revealed themselves as ever more intertwined. It is difficult to speak of one without mentioning the other. Suffering can open one to the creation of meaning and dying well is dependent on this meaning.

The remainder of this thesis will use the same conditions as Stump, I will only be considering the suffering of cognitively functioning adult humans. I have chosen the same conditions as Stump because we are the only species (that we are aware of) that suffers and wonders why we suffer. We look for the cause of our suffering, the reason for our suffering and the purpose of our suffering.⁵¹ Yes, perhaps this is because we can ask these questions, but I also believe it is because we are each looking for more, for meaning. This connection to meaning, or purpose, is so much more present in the final days of our life, when despite, or perhaps because of our suffering, we look to find meaning in our lives, we look to find a deeper meaning to life and to see if we might have had some lasting impact on this world.

Basic definitions for the remainder of this thesis will be as follows. Suffering is that which restricts a person's flourishing either physically or mentally/spiritually. Meaning is individually created based on personal values and encourages flourishing. Dying well is to have come to terms with your death based upon your own criteria, to have made peace with your life.

Academic discussions almost seem empty without the narrative, without the personalization of suffering, meaning and dying well. Theoretical ideas provide a starting point, however, when emphasis is placed on specific individuals, specific situations the truth becomes

⁵⁰ Francis. *Catechesis on Saint Joseph: 11. Saint Joseph, patron of good death.*

<https://www.vatican.va/content/francesco/en/audiences/2022/documents/20220209-udienza-generale.html>

⁵¹ John Paul II, *Salvific Doloris*, sec 9.

evident. Walk a while in the shoes of someone who is confronting death, feel their suffering either physical, mental/spiritual or both, then evaluate if the theoretical has truth. I believe that suffering is not an obstacle for either the creation of meaning or the goal of dying well, perhaps it does lead to flourishing, perhaps not. The individual determines this in the final stage.

In periods of decline we find a grace, a grace that we wouldn't have experienced if we did not have the decline. This reflects Lonergan's teachings on horizons, which essentially says that during decline we experience a shift in our horizons and this shift becomes an awakening. This concept will be further developed below, however it suffices to say that suffering has the potential to enrich us, because our horizons have been expanded. A mention for the role of 'love' is also worthy. Each of the scholars referenced the importance of love as a healing force for suffering, as a factor that contributes to the creation of meaning and as a concept which pushes forth the notion that it is possible to die well amidst suffering.

This cannot and must not be merely a theoretical, philosophical or theological discussion about suffering, meaning, or dying well. It should take shape in practical application of the topics. That is what I turn to now, the more human side of dying, to a discourse which involves palliative care, MAID and suicide.

Chapter 3 – Current Methods Used to Alleviate Suffering

Introduction

Modern society currently employs a variety of pathways to alleviate the suffering of terminally ill patients, including palliative care, medical assistance in dying and suicide. The goal, one might say, is to allow the individual to die with dignity and to die free of pain, in other words to die well. I believe that the discourse around each of these paths rarely focuses on increasing meaning in a person's life. In chapter 2, it was established that meaning requires personal flourishing and personal fulfillment. Yet, it is also clear that meaning changes with time and is dependent upon the individual experience. Likewise, the topics of palliative care, MAID and suicide are very individual and personal, thus what is morally or ethically acceptable is debated regularly. In the case of palliative care and MAID, they appear to be dialectically opposed to one another, however in this thesis, I urge the reader to put aside political, social and religious ideologies. The focus is to evaluate each method's ability to enhance an individual's opportunity to find meaning in death, despite suffering, and for each, the ability to allow one to die well within the context of suffering. Each method considers the reduction of suffering, the creation of meaning and if dying well is optimized, given the method. This analysis is not meant to be an argument for one method or the other, yet by using Lonergan's levels of good, it becomes clear which method fulfills more criteria. Again, it is important to reiterate that dying well is not necessarily associated with the absence of suffering, or with the presence of suffering, nor is it necessarily about the avoidance of suffering. They are not dependent upon one another, there may be an overlap, but this should not be evaluated as a dependence.

Consider any form of suffering that one may try to express to family, to a friend, or to a medical professional outside of the context of dying. The person receiving that information must have a deep sense of empathy or have experienced something similar for them to fully understand what the person is telling them. Extend this to the suffering one experiences when they die, how difficult is it for the receiver to truly understand or connect with this individual? Empathy seems to be the most direct way for individuals to connect with loved ones who are dying. A concern may be that our empathy is not enough or that our empathy can lead to a false belief that we truly understand what the individual is going through. The reality is that suffering is lonely and that the meaning and value of the suffering is not easily attained, however by focusing on the individual and by holding an empathic stance it may be possible to come close to understanding and thus be able to alleviate the suffering. Narratives or stories of individuals who suffer and face death are thus provided. Many of the authors' works cited in this thesis, such as Stump, Kerr and Frankl, also use narratives to provide a link between suffering and meaning. It is this link, extending over time and across humanity, which connects us. Narratives allow us to access lives from the past, enabling a deeper connection with our own lives, and which potentially redirect our thinking to the future. It is in these connections where meaning and understanding can be found.

Prior to addressing each method individually, recognition of the overlap and interplay between these three methods is advantageous. Below is a visual representation, three simple circles within one another, to demonstrate what I'll call it the scope of affect.

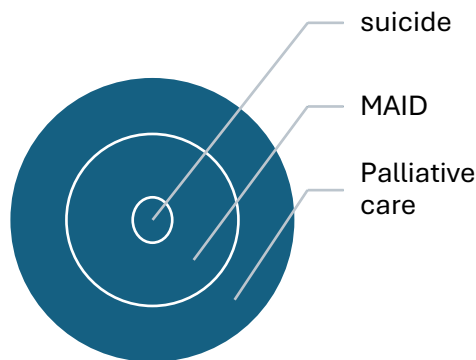


Figure 2. Scope of affect

The scope of affect reflects the circle of individuals involved in each method, the attainment of individual meaning in death and the ability to die well. From the center of the circle moving outward, the number of individuals involved in the care of a person grows. (This may include the number of people involved in the physical, psychological, emotional or spiritual care of the dying person.) Therefore, at the inner circle, with suicide, there would be very few, if any individuals involved in the person's care. At the outer most circle, in the case of palliative care, many individuals are required to provide the best possible support. It is also possible that moving from the center of the circle outward, the importance of meaning or of connection increases and the awareness of this importance also increases. For example, in the case of palliative care, the person may long for a connection with others, a lasting hope that they are loved, while a suicidal individual may have lost hope or energy for this connection. It could also be projected that the quality of dying well changes, moving from the exterior of the circle to the center. As the scope is restricted, the ability to die well becomes restricted because the opportunity for growth or flourishing is reduced. An additional possibility is that as the circle size decreases the individuals' opportunities for the creation of meaning decreases. For example, there would be no opportunity for pre-death dreams or moments of reconciliation that will naturally occur in one's body as in the case of palliative care. Further references to the scope of affect are below.

Bernard Lonergan's Levels of Good

As stated in the Introduction and referenced in Chapter 2, Bernard Lonergan's levels of good is the assessment tool used to evaluate palliative care, MAID and suicide, therefore, a brief explanation of his methodology is useful. There are three levels; at the first level is the particular good, the second level is the good of order, and the third level is terminal value.

Particular good pertains to the individual, so for the purpose of this discussion, palliative care, MAID and suicide will be evaluated according to its ability to fulfill the goals of personal reduction of suffering, increase the enhancement of personal meaning, and increase the individual's ability to die well. Assessment at the level of the particular good will focus on these considerations in relation to the one who is dying, it will not consider the other individuals within the scope of affect.

At the second level, good of order, societal, community and family level issues are contemplated, broadening the circle of individuals and resources considered. It may seem out of the scope of this thesis to address the good of order, however, there is much overlap between the dying individual's needs or wants and the greater community. When the needs of a dying person are met, the potentially positive impact for family, community and society are heightened. When families can make sense of what happened to their loved ones then the good of order is improved. When the good of more individuals in society are serviced, the whole system benefits. One consideration at a societal level is the ongoing health-care costs to care for sick patients versus the costs of alternatives. Are funds directed to health care being used effectively?

At the third level or terminal value we consider longer term questions. At this level, institutional structures and methods are questioned, and deeper ethical or moral issues are considered. Questions that could surface are, is it ethical to allow someone to suffer? Is it ethical to use medical knowledge to end someone's life, even if this is their wish? Where does the line get drawn? When you open the door for MAID, where does it stop? Children? Mentally ill? Are the criteria strong enough? Do we as a society provide enough proper care for those who wish to have palliative care? What pressures are acceptable to place on families who care for loved ones at home? How is suffering evaluated? What determines the evaluation or re-evaluation of our determinants? Must this be done on a regular basis, as society changes? Societal structures that protect individual consent, is another point to consider. Are there any biases built into the system, such as remote areas not having the basic health care supports to fulfill patient's needs? If a doctor is not readily accessible and in touch with patients on a daily basis then the seriousness of the need is not always seen. While not all of the ethical aspects can be addressed here, the expansiveness of this conversation is evident.

Bernard Lonergan's structure of the human good does not work isolated from other tools of analysis. Parallel to the levels of good, what allows one to evaluate what is good at each level, are four operations. Lonergan refers to these ordered operations as experiencing, understanding, judging and deciding. They are linked to and based on our concrete experiences which allow us to know the world and make decisions about what is valuable. At the level of experiencing, which is the initial stage of interaction, we need to pay attention to the world around us. Paying attention to our experience has the potential to change us. At the next level, understanding, we need to pay attention to our questions as they emerge in exploring the world and our individual experiences. This allows us to have insights about our experience. The third step is judging which involves reasoning and weighing the evidence to make sure our understanding is correct. Finally, there is deciding where we act responsibly based on what we have come to judge as true.

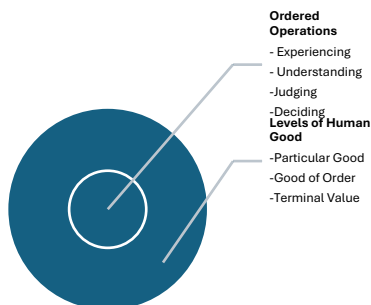


Figure 3. Lonergan levels of good & ordered operations

This table summarizes the levels of the good and the questions one might ask at each level.

Level	Those Considered	Types of Questions
Particular good	Individual	What is good for me?
Good of order	Community	How do my actions affect others? What is the accountability to the wider social structure? Is there a social contract?
Terminal value	What is good Expanded horizons	Do I understand the potential alternate side of this issue? The negative side? Have I made a critical evaluation of social order?

Table 1. Levels of good

Lonergan's writing and insight into the human condition are relevant to this thesis in more ways than written above. Lonergan identifies eight functional specialties that make up method in theology.⁵² My work aligns with dialectics, the fourth specialty, which deals with differences of interpretation. As a person who aligns myself with the functional specialty of dialectics, I think about the way I perceive things and my relationship to these things. The balance between my experience and that of others must be noted in my thought process. Lonergan recognizes that the personal encounter with people, objects, ideas and information is directly related to an internal processing of these encounters which in turn is expressed in our thoughts, words and actions. This has validity in relation to the various ways individuals approach death and more specifically their relationship with suffering, meaning and dying well (additionally, their own definition of each). Lonergan repeatedly returns to individual perceptions throughout his writing, making it clear that it is impossible to remove oneself. By recognizing this relationship, individuals do become more attentive not only to their own experience but to the range of possible human experiences.

Lonergan goes further into the range of possible human experiences by highlighting horizons. His concept of horizons can be expressed in terms of visual or moral. Visual horizons essentially reference that which is in our scope of vision, knowledge, experience or interest. He recognizes that individuals are unaware of that which they cannot see, either literally or experientially. Moral horizons pertain to our values, beliefs and ethical ideologies. These are developed by our experiences and circle of influence. What we value is limited by the specific horizon in which we exist. Therefore, when something is outside of, or beyond one's current

⁵² Lonergan's eight functional specialties are Research, Interpretation, History, Dialectics, Foundations, Doctrines, Systematics and Communication. The first four require open inquiry and should not be censored, while the last four can be considered to be more faith based. There is fluidity among the disciplines. While he established this as a method for theological study, the functional specialties can be applied to methodological study in general.

scope, the ability to care for it or even contemplate it, is removed simply due to a lack of awareness. Both visual and moral horizons can change over time or with exposure to new input.

Lonergan further explains that differences in horizons are either complimentary, dialectic or genetic. Complementary horizons recognize the need for others in the world. Differences do not clash but complement each other. Genetic horizons refer to the development and change of horizons as we grow. Dialectic horizons deal with contradictory positions. When we know and understand our own horizons, we have the opportunity to expand them, potentially resulting in conversion. He distinguishes between horizontal movement, within the same horizon, and vertical movement, from one horizon to another. When one moves vertically, they can experience a complete shift, and this constitutes conversion. He states that three types of conversions exist – intellectual, moral and religious.

Intellectual conversion requires new insight through experiencing, understanding, and judging. In other words, intellectual conversion recognizes that knowing involves all three operations. Moral conversion, this is when the fourth operation of deciding comes in, can be expressed as “opting for the truly good.”⁵³ Religious conversion is expressed as the highest level of conversion because it involves the complete surrender of oneself to a higher order, being “equal to other worldly falling in love.”⁵⁴ Regardless of the conversion, each one involves moral self-transcendence. Lonergan is not blind to the potential for reversal and recognizes that there are breakdowns and that the progress made can collapse on both the individual and societal level.

What do horizons and conversion have to do with suffering, meaning and dying well? It is the role of dialectics to consider various viewpoints, interpretations and biases. When dealing with a broad spectrum of individuals in the final stage of their lives, the various horizons are inherent and so a consideration of this, the values individuals bring and the values they hold are important parts of the conversation. The encounter with the self and with the other is recognized and being attentive to your own horizons, allowing for introspection, is important for this conversation/thesis.

⁵³ Lonergan, *Method in Theology*, 240.

⁵⁴ Lonergan, *Method in Theology*, 240.

Palliative Care

All the treatment and care given to patients suffering from a terminal illness. Without delaying or hastening death, palliative care aims at giving patients and those close to them the best possible quality of life and providing them with the support they need. Palliative care is organized and provided through the collaborative efforts of a care team to which patients and those close to them contribute. The palliative care can also be provided earlier in the course of the person's illness, as a complement to curative treatment (treatment aimed at healing).⁵⁵

This is the definition of palliative care. It can take place in a hospital, in a long-term care facility, palliative care center or private home. The goal of palliative care is to manage symptoms associated with illness, provide support to individuals and their families in the areas of spiritual, emotional, social and psychological care and to improve the quality of life of the patient.⁵⁶ The term hospice, which is used less frequently, is the type of care which is more specialized and focuses on the care of those who are terminally ill. In Canada these terms are not as clearly delineated so for the purpose of this thesis the broader term of palliative care is being used.

Overview of Palliative Care in Canada

In Canada, one of the overall goals of the health care system is to have high quality palliative care accessible for all who wish to receive it. A recent publication by the Canadian Institute for Health Information titled, "Access to Palliative Care in Canada, 2023" provides a clear picture of Canadian palliative care statistics. A brief summary is useful for understanding the state of care. In comparison to a study completed 5 years earlier, more individuals are receiving care, and more individuals are dying at home. Thus, progress is being made, however, the quality of care is still lacking, and accessibility is still limited in numerous provinces and to various community groups. As of May 2022, there were 142 sites with 1530 beds. The majority of these are in Ontario, Quebec, and British Columbia.⁵⁷ Statistics collected show that of the 153,524 deaths in 2021-2022, 58% of them were people who died in palliative care, including

⁵⁵ "About palliative care," Government of Quebec, last updated January 30, 2017

<https://www.quebec.ca/en/health/health-system-and-services/end-of-life-care/palliative-care/description>

⁵⁶ "Access to Palliative Care in Canada," Canadian Institute for Health Information, accessed July 18, 2025, <https://www.cihi.ca/sites/default/files/document/access-to-palliative-care-in-canada-2023-report-en.pdf>

⁵⁷ "Framework on Palliative Care in Canada," Health Canada, December 2018,

<https://www.canada.ca/content/dam/hc-sc/documents/services/health-care-system/reports-publications/palliative-care/framework-palliative-care-canada/framework-palliative-care-canada.pdf>

private, hospital or home settings.⁵⁸ In 2020, 55% of Canadians died at home. This is not an indication of the number of deaths within palliative care, but it is an indication which relates to the desire of individuals to die at home. The majority of Canadians wish to die at home.

Funding for Palliative Care establishments comes from the federal governments, via the provincial governments who receive transfer payments and then allocate the funds as each provincial health department sees fit. This however does not cover all of the funds required to run an effective palliative care center. Take for example a local palliative care center in the province of Quebec. The financial report from 2024-2025 shows that 56% of funding comes from subsidies, while 25% comes from fundraising activities, 16% from donations and 3% other sources, for a total of 44% of funding coming directly from community sources.⁵⁹ These numbers demonstrate that government funding is not enough to effectively support palliative care. This does not include the countless number of hours volunteers work to support palliative care programs. Consider what programming or access to care might look like in a community which does not place high value on palliative care, or one which does not have the means with which to support the program.

Further discussion about palliative care cannot go further without recognizing a few key individuals who contributed tremendously and can be credited with establishing formalized palliative care; they are Balfour Mount, Cicely Saunders and Elizabeth Kübler-Ross. Of particular note in Canada is Balfour Mount, who recently died in the Montreal palliative care unit bearing his name. Pioneering palliative care, he established an approach which focused on whole person care, body, mind and spirit, which continues to guide palliative care today, and is a major component of the medical department at McGill University in Montreal. Each of these people taught that care for the dying should go beyond basic physical needs, and that a person must live life until they die.

Narrative examples

In accordance with Stump, Kerr, Kenny and others, perhaps the best way to illustrate how meaning can be found in death is through narratives. The work of these individuals and others, demonstrates that narratives shed light on the effectiveness of palliative care, and that when optimal conditions are present, allows for the suffering of the dying to be diminished. Narrative stories also help to distinguish if palliative care can assist one to die well despite suffering. Narratives promote a connection between the past, present and future, thereby also promoting the

⁵⁸ This needs to be qualified as statistics collected are only from the provinces of Ontario, Alberta, British Columbia and the territory of Yukon

⁵⁹ “Annual Report,” Maison de Soins Palliatif Libella, accessed August 2025, https://www.mspvs.org/files/ugd/938256_f4c0f52bc1c4487c926e388ca2cae78e.pdf?lang=en

potential creation of meaning or the fulfillment of meaning. Narratives personalize the theoretical, and understanding is enhanced.

Christopher Kerr, physician and author of *Death is But a Dream*, provides numerous narrative examples in his book. The stories are too numerous to cite here, however the first three brief stories below are from his book, the fourth is that of a personal friend.

Case 1⁶⁰

Eddie is the story of a 69-year-old retired police officer, who was dying of lung cancer. His story is not one of lightness and ease, his end-of-life dreams were not soothing, they were difficult and challenging. Eddie was initially deeply disturbed and stressed by them, so much that he dreaded and feared sleep. He kept recalling the negative aspects of his life, which acted on his conscience. He found though, that his time in palliative care allowed him to “confess” all the wrongs he had done in his life. It had allowed him to unburden himself of the guilt, allowed him to almost come to terms with his difficult youth and it even allowed him to accept his nearing death. This process ensured that those he loved knew that he loved them. His faith returned and he turned towards embracing it. Despite his tortured dreams, his fears and his suffering, something happened to him in his final days, his world had expanded, and he had broadened his horizons. Dr. Kerr had even been taken off guard by it, he noticed that Eddie’s experience with dreams was different than the majority of cases he had seen, yet the outcome was the same. It demonstrated that individuals are unique, thus need to be treated accordingly. Eddie was becoming enlightened by his experience; it just wasn’t a peaceful journey. It gave Dr. Kerr a new understanding too.

He was walking backward towards his grave, but he was doing so after embracing a truth that included pain, regret, meaning, and, in keeping with his Catholic faith, repentance. Most importantly, he was emerging from the experience a better man.⁶¹

Eddie’s story demonstrates that end-of-life experiences are not about a transition to death, rather they are often about changing the past, making amends, redoing your past life and coming to terms with it.

Case 2⁶²

Another story Dr. Kerr presented was that of Patty, a 41-year-old police officer who had been shot in the line of duty, leaving her paralyzed. Prior to the shooting Patty had an active life, regularly rode her motorcycle, was in excellent physical condition, was an independent and determined woman, living a full happy life. Her sudden paralysis from the neck down left her suffering immeasurably in all aspects, physical, mental, social and spiritual. She couldn’t accept her new reality. She didn’t want to live anymore, in fact she wanted to die, yet at the same time, her fear of death pushed against this desire, essentially meaning she didn’t want to die. Patty’s

⁶⁰ Kerr, *Death is But a Dream*, 71-84.

⁶¹ Kerr, *Death is But a Dream*, 82.

⁶² Kerr, *Death is But a Dream*, 119.

frustration with her condition meant that she was a challenging person to be near which resulted in her partner leaving, followed by a rotation of outside care givers. Despite this she continued to be surrounded by the love and support of friends and community. In dreams, she continued to be able bodied, living her former life, so while dreaming she was comforted, but upon waking these dreams created distress and sadness. Eventually, as her condition worsened, she began to change, the harshness dissipated, and she became more grateful for the love and support of others. With that love came a reduced fear of death and a connection with her mother who had passed three years prior. Love became the driving force at the end of her life.

What arose from an inconceivable loss were lessons of giving, empathy, and uncommon love that transcended the limitations of her injury and illness. We learned that people continue to have worth even when they're not the same as they once were. Patty was cherished to the end. This was the meaning of the unconditional love her friends had embodied and that she could finally recognize.⁶³

Case 3⁶⁴

A last example from Dr. Kerr is that of Mary who was a seventy-year-old mother of four. While in care Mary was having a visit with her family when she drifted off into her own personal place, she was not asleep. The family observed her pretending to hold a baby. Mary was lovingly caressing and caring for this imaginary baby whom she called Danny. Her children couldn't understand what was happening, they thought perhaps she was hallucinating. Yet they were not concerned because Mary was so calm, peaceful and happy. The next day Mary's sister arrived to explain that Mary had had a stillborn child at a very young age whose name was Danny, but Mary had never spoken about him. This instance demonstrated to Dr. Kerr that there were many opportunities for growth in death. "At death's door, she was revisiting her past trauma ... Mary's physical ills couldn't be cured, but it appeared that her spiritual wounds were being tended to."⁶⁵ She died peacefully a few days later.

Dr. Kerr noted that individual's dreams and experiences prior to death were often full of joy, creating a sense of security and allowing the individual to feel a sense of completion. His examples speak to the variations on meaning, recognizing that it is situated in time and place.

Pre death dreams and visions are not singular entities with singular and fixed meanings. They do not constitute an ingredient that can be added near death to produce a predetermined outcome. In fact, they would be meaningless outside the relationships and trajectories that define each patient's life. Their meanings and effects are unique to the life lived. What is experienced as liberating by one person may be excruciating to another.⁶⁶

⁶³ Kerr, *Death is But a Dream*, 119.

⁶⁴ Kerr, *Death is But a Dream*, 16-18.

⁶⁵ Kerr, *Death Is but a Dream*, 18.

⁶⁶ Kerr, *Death Is but a Dream*, 111.

Case 4

Case 4 is part of the story of a personal friend, Lynn. It provides an example where palliative care and MAID might find an overlap, where a conversation could find a middle ground. The fourth narrative involves that of a woman who despite having applied for and obtained the right for MAID, ended her life in palliative care. Lynn had led an extremely active life, holding a demanding position in a multinational business for many years, until her progressive illness required her to stop. In her early forties, she began to experience symptoms of her hereditary disease of muscular dystrophy. Her disease slowly consumed her body so that in the final years of her life, she was confined to a wheelchair and needed fulltime care. Despite her physical ailments Lynn continued to live a vibrant life. Her husband changed his job so that he could work from home and was an enormous part of her care team. Her mental state, while weary at times, never faltered, she continued to be actively engaged with the finances of the home, she participated in, if not controlled, all household decisions. Lynn continued ordinary yet beautiful tasks such as sending Christmas cards to friends each year (with the help of care givers). Spiritually, she was a force to be reckoned with, gifted with an ability to console, guide and encourage others. Lynn managed her disease bravely for 20 years, but then a cancer diagnosis came. Despite attempting to fight the cancer with everything she had left in her, she decided to apply for MAID as a precautionary measure. She was granted the right to receive MAID. Ultimately, she decided not to pursue it, instead she chose palliative care and died at home just after Christmas, with her husband and one of her care givers by her side. Lynn suffered greatly but she died at peace with her life.

Evaluated according to the Level of Human Good

These simple narratives can provide evidence of the ability for palliative care to diminish suffering and enhance meaning at the end of life. One can imagine that the narrative examples chosen could just as easily have been those in which palliative care did not provide the type of closure that either the individual or his/her family needed, and where meaning was not created. Not every person who suffers and dies in palliative care is able to enhance the meaning in their life or die well. The focus is on the potential for a positive outcome and to evaluate if, given optimal palliative care circumstances, is it possible to die well, to have meaning in death. By utilizing the narrative examples, in practical terms, according to Lonergan's levels of good, a short evaluation can be made.

Particular Good – Individual

Considering Lonergan's level of particular good, deep personal reflections can come from suffering and the meaning of life is often evaluated. The narratives provided demonstrate that meaning can be created in times of illness and when facing your own approaching death. For Christians, suffering provides an opportunity for an intimate relationship with Jesus, a connection with his own suffering. This alone has meaning for many Christians and is seen as a gain. For some, including Lynn, suffering had been more a part of her life than not. She had

witnessed the suffering of her father many years prior when he died of the same disease that weakened her body. Much of her life had been spent quietly contemplating the suffering of her father, the suffering of her family who experienced his loss of ability. She understood suffering. This suffering had served to affirm her relationship with God, not only strengthening her own bond but spreading the love and her faith with others.

What about for non-believers? Even Dr. Kerr who falls into this category would say that a spiritual awakening and growth occurs. He has seen faith come to those who are dying, and he has witnessed this growth. Each individual above, Eddie, Patty, Mary and Lynn, encountered transformation as they moved closer towards death. Horizons were expanded. Each individual learned something new about themselves or overcame ideologies that they once held. Eddie came to recognize and understand his previous experiences within context, he judged himself for the wrongs he had done in his life and came to accept these as flaws. But he was able to circle around and forgive himself, allowing himself to come to terms with his death. Patty found an inner strength she didn't know she had and turned her bitterness of loss into a deep and rich understanding of love in its wholeness. Mary was finally able to reconnect with the child she lost at birth. Lynn's illness pushed her physical and psychological boundaries, and eventually she rescinded control over the household and her expectations of individual care. These negative aspects of each of their lives, as well as their untimely deaths, forced a recognition for each that love is powerful and that it can be used to heal and connect with our inner self and others. The spiritual suffering of an individual can be lessened when they are provided with the care which supports their weaknesses. How many stories demonstrate that a person's spiritual awakening can come at some of the darkest moments of life, or when they are closest to death. When death's forces are stronger than life forces, individuals can undergo a transformation, even a conversion. This activity within the individual allows them, despite all physical or mental restrictions, to recognize a strength, an exceptional ability to live fully until they die. For some individuals, such as Lynn, this is a deeply spiritual, even godly event. Palliative care seems to allow for this slow process to occur. Given the correct supports palliative care encourages transformative living. Dr. Kerr, who is not a spiritual man, recognizes that dying is a process of coming closer to a deeper sense of spirituality. For many, he noted, God or some eternal being exists, and that this life is not all that there is, that there is life beyond this one and that this is not the only life we shall live. Palliative care, when done properly, also reduces the physical suffering of individuals through pain management techniques, which allow the individual to spend time with their loved ones with substantially reduced pain. Lynn is an excellent example of this, while the duration of her disease was long, her pain was alleviated. Psychological or mental suffering can also be supported by palliative care since there is a team approach and the scope of effect is large. Individuals can reconcile differences with others, both in their current lives, or as Dr. Kerr's book demonstrated, within a dreamscape, without the physical presence of another individual. Additionally, time spent in palliative care can help the individual to grieve their own death, perhaps coming to terms with the reality that earthly life is nearing its end. Professional caregivers can provide a safe space for individuals to dream, to rid themselves of their earthly suffering.

Does palliative care have any negative aspects relating to particular good? Not all palliative care is equal, not all access to palliative care is equal. Too often palliative care is not available, or it becomes available too late in one's life. These aspects while having more to do

with good of order or terminal value, directly impact the individual. When palliative care is only considered to be end-of-life care, individuals who still have much time ahead of them do not live fully or engaged in life until their death. Unfortunately, there tends to be a belief or misnomer that palliative care is for those on their death bed, so many individuals needlessly suffer far too long. Even when it is available to them, individuals can believe that if they accept palliative care, they only have a little time left to live. This can negatively impact the amount and level of suffering. Since most of the negative aspects of palliative care have more to do with societal issues, this is the next area to treat.

Good of order – Societal, community level

Lonergan's good of order would certainly support palliative care, but what he would want to ensure is that it considers the fully human experience and that it helps to expand the horizons of the individual and the family who suffers alongside the individual. Lonergan would surely expect that the healthcare system which supports palliative care is accountable and that those who practice in this system are regularly evaluating their role within it, by referencing their experience, by understanding it, by judging and by making decisions which coincide with their judgement. He would not condone a system which is running on empty or stretched too thinly. I believe that he would see that palliative care, such as that promoted by Saunders, Kübler-Ross and Mount, whole person care, which allows the individual to live fully until their last moment is most desirable. He would advocate for care which not only addresses pain, but one that encompasses all aspects of the human experience. A system which helps individuals, including families, look for and answer questions of deeper meaning, fulfills goals of connection and elevates loving selfless actions. Lonergan would further support palliative care if the individuals involved, both patient and the larger scope of effect, experienced an expansion of horizons, ultimately leading to love. While not all care can do this, ideal care would indeed serve the good of order.

In each of the cases above, Eddie, Patti, Mary and Lynn were involved in a palliative care system which involved many resource supports, many individuals and many opportunities for evaluation of the system at work. The very nature of Dr. Kerr's study meant that the system of care was being evaluated to determine if care was sufficient and if palliative care at a societal and community level was serving the needs of the individual. He established his study so that the medical community could have a rigorous study which evaluated methods being use and to encourage those in the medical field to provide compassionate life affirming care.

To further mention the aspect of meaning, it does not get lost on those who surround a loved one in their death. In each of the cases above, the meaning of remaining time with loved ones allowed for a strengthening of relationships. The evaluation of the meaning of life and death was the result of prolonged time with the suffering and dying loved one. The establishment or solidification of deep lasting relationships amongst those that remain can also be a byproduct of witnessing this suffering. Being at a loved one's death bed changes an individual and can become etched in their heart. Even the privilege of witnessing the weakening of another human, while at the same time witnessing a demonstration of courage, strength, reliance, love or acceptance can allow those who remain to continue life's journey with greater

awareness and vitality. Society, families and individuals who remain, can even recognize the gift of their experience years later, even if not during the height of the loved one's dying process. They can recognize the experience as one which expanded their horizons, leading to greater empathy when friends or neighbours experience loss in their own lives. So, while challenging, with the right mindset, the good of order is enhanced by palliative care for the extended community. As Seneca so aptly wrote friends and family are essential in caring for the dying.

Now I shall tell you what consoled me during those days, stating at the outset that these very aids to my peace of mind were as efficacious as medicine. Honourable consolation results in a cure; and whatever has uplifted the soul helps the body also... My friends, too, helped me greatly toward good health; I used to be comforted by their cheering words, by the hours they spent at my bedside, and by their conversation. Nothing, my excellent Lucius, refreshes and aids a sick man so much as the affection of his friends; nothing so steals away the expectation and the fear of death. In fact, I should not believe that, if they survived me, I should be dying at all. Yes, I repeat, it seemed to me that I should continue to live, not with them, but through them. I imagined myself not to be yielding up my soul, but to be making it over to them.⁶⁷

The good of order can be decreased by palliative care, when those within the system are not treating each individual as an individual, when tools of assessment are not being used properly or when the system is stretched too thin. If the human experience is not enhanced, the good of order is minimized. Yet this good of order, relating to palliative care is individual in that, if the terminal value of the individual is not attained, then the good of order has not fulfilled its goal.

Terminal value – What is good, expanded horizons

In the narratives laid out above, each individual was able to meet terminal value as Lonergan explains it, because they each grew in the process of dying, each had their horizons expanded and each met their own personal goals for what it meant to them to die well. Providing that whole person care is implemented, the terminal value of palliative care can be obtained. Terminal value in the case of palliative care means that a system of care is in place which takes time for self-reflection and doesn't use a one size fits all method for treatment. It would be a system which considers each individual as unique, as important, as worthy of care. It would be a system which ensures that an individual's horizons are being expanded even up to their death. As love is the highest value for Lonergan (love of God as well) then palliative care which enhances opportunities for love are clearly most worthy. Again, under the care of physicians such as Kerr, Mount, Saunders and Kübler-Ross, an idealized version of palliative care, whole person care, which allows one to live until the final moment of life, would be the type of terminal value which Lonergan would endorse. Unfortunately, not all palliative care rises to this standard. Certainly, in hospital settings where staff may be overworked, where families are not

⁶⁷ Seneca, *Letters from a Stoic*, 119-120.

present, where limited finance becomes an obstacle to care, where racial biases exist, or where the type of care a person receives is limited in any way, Lonergan would not approve. Kerr's words help to express what Lonergan might have said.

If there is accomplishment in dying it is a transcendent one, but not in a way that would be reserved for the spiritual and religious. That may truly be our only path to wholeness and happiness at life's end. It is a process of the heart, and through end-of-life experiences, it takes us beyond our known limits, creating openness where there sometimes was none. It signifies less the end of life than its affirmation and embrace⁶⁸

To summarize, palliative care is used to support those that are dying to die in a way that is meaningful to them personally. When palliative care is implemented in the spirit of its founders, in the spirit in whole person care, it not only has the capability to diminish suffering of the physical, mental, social and spiritual nature but also to expand an individual's horizons. The particular good of an individual is of primary concern, even if that means removal of all life maintaining support systems, e.g. oxygen. It further enables the good of order because it has the potential to expand horizons and personal flourishing in the community (family, friends). Palliative care fails when it does not effectively help patients reduce their suffering, as meaning is more challenging to establish when suffering overshadows. Individuals, through guided and compassionate methods, can come to accept and journey toward death in a fuller, more meaningful way. Palliative care does have shortcomings, and even when suffering is alleviated some individuals may not gain meaning in their final moments.

⁶⁸ Kerr, *Death is but a Dream*, 120.

MAID

Medical assistance in dying (MAID) is a process that allows someone who is found eligible to be able to receive assistance from a medical practitioner in ending their life. The federal Criminal Code of Canada permits this to take place only under very specific circumstances and rules. Anyone requesting this service must meet specific eligibility criteria to receive medical assistance in dying. Any medical practitioner who administers an assisted death to someone must satisfy certain safeguards first.⁶⁹

Overview of MAID in Canada

The definition of MAID above is found on the Government of Canada Health care website. MAID became legal in Canada in 2016, or perhaps more precisely, it was decriminalized. Since 2016 numerous amendments have been made to the initial bill⁷⁰ and the criteria for acceptance have also changed. Accessibility has become easier, at times also being available in palliative care settings, but to be clear the following conditions must be in place, as per the Government of Canada, Healthcare department.

MAID is only available to persons who freely choose it and only under very specific circumstances and rules. To be eligible for MAID, an individual must:

- be at least 18 years old and mentally competent
 - have a grievous and irremediable medical condition, specifically:
 - have a serious illness, disease or disability
 - be in an advanced state of decline that cannot be reversed; and
 - experience unbearable physical or mental suffering from the illness, disease, disability or state of decline that cannot be relieved under conditions that the person considers acceptable
 - make a voluntary request for MAID
 - give informed consent to receive MAID
 - be eligible for health services funded by province or territory, or the federal government
- In addition, there are a number of safeguards that must be met before MAID can be administered. Where an individual's death is not "reasonably foreseeable", additional safeguards have been put in place.⁷¹

⁶⁹ "Medical assistance in dying: Overview," Government of Canada, last updated August 27, 2025, <https://www.canada.ca/en/health-canada/services/health-services-benefits/medical-assistance-dying.html>

⁷⁰ The initial bill was passed by the Canadian Government in 2016, Bill C-14. Subsequent 2019 Quebec Court ruling which questioned the "reasonably foreseeable" aspect led to Bill C-7 in 2021 which adjusted the criteria. Currently under review is the consideration of MAID for those suffering solely from mental illness which will exclude them until March 17, 2027.

⁷¹ "Fifth Annual Report on Medical Assistance in Dying in Canada 2023," Government of Canada, December 11, 2024, <https://www.canada.ca/en/health-canada/services/publications/health-system-services/annual-report-medical-assistance-dying-2023.html>

It is easy to become overwhelmed by debates and arguments for or against MAID. For the purpose of this thesis, neither a political nor religious stance will be taken. Rather Loneragan's levels of good will be used to assess the "goodness" of MAID regarding its ability to alleviate suffering and increase meaning.

A glimpse of three reports which recorded the prevalence of MAID in Canada is helpful to understand the state of MAID. A study completed by Debbie Selby et. al., *Medical Assistance in Dying (MAID): A Descriptive Study from a Canadian Tertiary Care Hospital*, from an earlier timeframe, 2016 to 2018, and with a limited scope, used the records and statistics of patients seeking MAID in a large teaching hospital in Toronto. The charts of 107 individuals were studied. It is notable that the requests of 10 individuals were refused, while 97 were approved. Of particular interest is the reasoning behind the requests for MAID; 64% cited "functional decline or inability to participate in meaningful activities" as the main reasons to request MAID, and only 10% stating "physical suffering" as the reason for the request.⁷² Additional interesting information is that 55% of individuals requesting MAID were single, 46% of these individuals lived alone. Researchers also noted that these individuals often reported very few personal close relationships. Most of the patients requesting MAID had previous involvement with palliative care (80%), thus the study demonstrates that lack of access to palliative care is not what prompted individuals to request MAID.⁷³ A recent report published by Health Canada, detailed that in 2023 there were 19,660 requests for MAID. Of these 15,343 individuals received MAID, equaling approximately 78%. (This is 15.8% higher than 2022.) The remaining 4317 individuals did not receive MAID; 2,906 died before, 915 were ineligible and 496 individuals withdrew their request. This represents a slowing over previous years (2019 to 2022) which had an average growth rate of approximately 31%.⁷⁴ Finally, another report from the Canadian Institute for Health Information provides further insight.⁷⁵ In 2021 only 3.3% of deaths can be attributed to MAID, but this is an increase of 32.4% from 2020. Interestingly, 80.7% of people receiving MAID also receive palliative care. Of further interest is seeing the breakdown of diseases that individuals who choose MAID suffer from, note there are comorbidities included in these numbers: cancer diagnosis 65.6%, cardiovascular condition 18.7%, chronic respiratory condition 12.4%, neurological condition 12.4%.

⁷² Debbie Selby, Sally Bean, Elie Isenberg-Grzeda, Blair Henry D., and Amy Nolen. "Medical Assistance in Dying (MAID): A Descriptive Study from a Canadian Tertiary Care Hospital." *American Journal of Hospice and Palliative Medicine* 37, no. 1 (June 30, 2019). <https://doi-org.lib-ezproxy.concordia.ca/10.1177/1049909119859844>

⁷³ Debbie Selby, Sally Bean, Elie Isenberg-Grzeda, Blair Henry D., and Amy Nolen. "Medical Assistance in Dying (MAID): A Descriptive Study from a Canadian Tertiary Care Hospital." *American Journal of Hospice and Palliative Medicine* 37, no. 1 (June 30, 2019). <https://doi-org.lib-ezproxy.concordia.ca/10.1177/1049909119859844>

⁷⁴ <https://www.canada.ca/en/health-canada/services/publications/health-system-services/annual-report-medical-assistance-dying-2023.html>

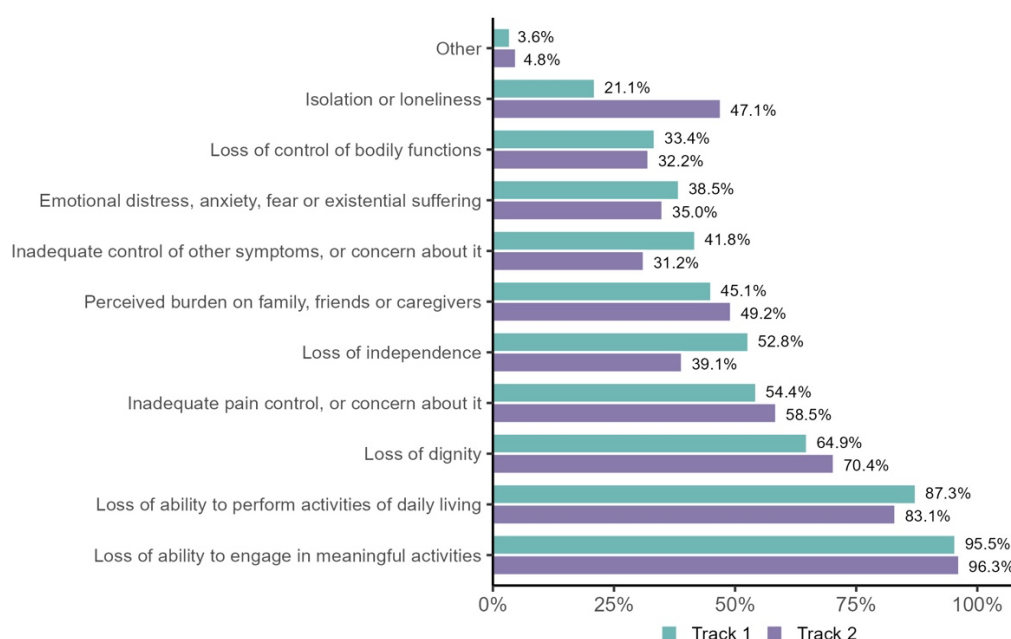
⁷⁵ <https://www.cihi.ca/sites/default/files/document/access-to-palliative-care-in-canada-2023-report-en.pdf>

The chart below demonstrates what is most applicable to this thesis, the statistics depicting the nature of suffering which contributed to an individual's decision to request MAID. These statistics were compiled in relation to the criteria of 'unbearable physical or mental suffering' required to be eligible to receive MAID. When reporting on the reasons, it was permitted to choose more than one reason, therefore the totals exceed 100%. Despite this, it is still extremely important to note that 95.5 (track 1) and 96.3 (track 2) reported loss of ability to engage in meaningful activities within the reasons for choosing MAID. It seems quite significant that 96% of individuals who ask for MAID cite meaning as a factor. For me the question remains, once granted access to MAID do these individuals find meaning in their death? Do they establish a meaningful outcome or find meaning in the process of obtaining the right to receive MAID?

Table 2. Reported nature of suffering, by track⁷⁶

Track 1: Refers to a request for MAID made by a person who meets the eligibility requirements set out in the Criminal Code and whose natural death is "reasonably foreseeable"

Track 2: Refers to a request for MAID made by a person who meets the eligibility requirement set out in the Criminal Code and whose natural death is **not** "reasonably foreseeable"



At face value the results appear to indicate that meaning cannot be found by those who suffer in their final days. That these individuals have no hope of finding meaning, yet that the

⁷⁶ <https://www.canada.ca/en/health-canada/services/publications/health-system-services/annual-report-medical-assistance-dying-2023.html>

option of dying well remains for them. That within their conscience they believe that they can/will die well if they receive MAID. These statistics are useful for seeing an overall picture of MAID in Canada however, they do not provide us with the more personal account, with insight into the people associated with these numbers. It is worthwhile to reflect on some individual narratives.

Narrative examples

The examples which follow are from two sources. The first is the partial story of a personal friend, while the next three stories come from the Canadian Broadcasting Corporation. These stories were chosen for their current relevance.

Case 1

After years of physical suffering from reoccurring cancer, including efforts to remove it from her body, surgically and through radiation or chemotherapy treatments, Maria was exhausted. As a mother of three teenagers and the wife of an adoring husband, she could no longer take the physical and emotional roller coaster. She had attempted to control pain and discomfort with various drugs, but it became too much of a struggle. She was mentally unable to continue trying to fight the disease in her body. She had given up hope and the desire to live. She applied for MAID and was granted her request. Choosing the day and time, she and her husband and her 3 children went to a room in hospital, where she received an injection and quietly died. She had told her husband prior, “I am doing this for myself, not for you.”

Case 2⁷⁷

In March of 2025, CBC news wrote an article about a couple who were married for 41 years and choose to die from MAID simultaneously. Both were physically suffering with immense pain from cancer. Both had taken care of and seen their own parents suffer from long term illnesses, only to die in the same manner that they lived, suffering. The couple knew they did not want to die suffering as their parents had. The couple made the decision to request MAID, and both were accepted. They died in the hospital holding hands, having just listened to a popular song from their early days together. Their daughter reported having felt at peace with their deaths because as she said, she knew the date that they would die, and this gave her the courage to share what she needed to say to her parents. The daughter said of her mother, “she was death positive.” Did this couple establish a meaningful end to their lives? Did this couple reduce their suffering?

⁷⁷ Rachael Cave, “Married 41 years and racked with pain, N.B. couple said goodbye together using MAID,” CBC news, March 25, 2025, <https://www.cbc.ca/news/canada/new-brunswick/maid-medical-assistance-in-dying-new-brunswick-1.7491714>.

Case 3⁷⁸

Robert Munsch, well known Canadian children's author, who suffers from dementia and Parkinson's disease, is approved to receive MAID. To date he has not yet decided when he will receive it, but he knows that he will need to choose his date sooner than later because in Canada, a person who receives MAID must be able to give final consent just prior to receiving it. He recognizes that this may mean that he dies before he is ready. His last children's book was published in 2024, but he is no longer writing or performing his books.

Case 4⁷⁹

Having been ill for years, Jennifer, a woman from Nova Scotia applied for MAID. She suffered from lymphedema, a disease which created a buildup of fluids in her legs. This required her to wear compression stocking twenty-four hours a day and use a massage machine for her legs six hours a day in order to control the fluids. Jennifer was unable to function normally in her daily life to the point where she no longer felt it was meaningful. She suffered both physically and psychologically, experiencing fatigue and depression. Yet Jennifer continued to search for medical support, the support which she was unable to receive in Nova Scotia, Quebec or Ontario. After fighting the Nova Scotia government for much needed financial support, Jennifer found a surgeon in New York state and was finally able to receive a lymph node transplant. Her health and her life were so significantly improved by this surgery that she withdrew her application for MAID. Had she not been a determined and a strong advocate for herself, she would likely have gone through with MAID and no longer be present and alive for her two children.

Evaluated according to the Level of Human Good

In each of the stories above, the individuals suffered greatly, and each was exhausted by their experience. As humans, we attempt to avoid suffering as much as possible, but we can often forget that out of suffering can arise an unexpected goodness. What goes through the mind of someone who knows their death is in the foreseeable future? How do terminally ill people make the choice to end their lives before natural causes take them? What kind of psychological state is someone in when they choose MAID? How does the decision to receive MAID affect loved ones? Does the person who receives MAID express themselves differently before they die, as opposed to an individual who knows their time is coming but knows not the exact

⁷⁸ Natalie Stechyson, "Author Robert Munsch is approved for MAID, but his daughter clarifies he's 'not dying,'" CBC news, September 16, 2025, <https://www.cbc.ca/news/entertainment/robert-munsch-maid-1.7634927>.

⁷⁹ Angela, MacIvor, "In a losing battle for care, she applied for MAID. Now this Halifax woman is ready to live," CBC news, September 18, 2025, <https://www.cbc.ca/news/canada/nova-scotia/jennifer-brady-lymphedema-nova-scotia-health-care-1.7634129>.

moment? Are sentiments of love, forgiveness, encouragement or faith expressed? What about anger or sadness? Lonergan's levels of good cannot answer all these questions but can help evaluate MAID's ability to reduce suffering and increase meaning.

Particular good – individual level

Statistics show that individuals who choose MAID often sense a lack of meaningfulness in their lives. It is true in the cases above, Maria, the couple, Jennifer and Robert each felt/feel a sense of disengagement with their lives. In Maria and Jennifer's cases they were both unable to care for their children, work/volunteer or engage in normal life activities, both did not see a future where this might change. Yet in Jennifer's situation, where she did not go through with MAID, she found strength to engage in a fight with the government. She must have felt a level of accomplishment, a sense of pride in her ability to win the right for funding and treatment outside of Canada. In Robert's situation, he has been removed from his source of creativity and engagement, his mental and physical body are failing him, and he knows further deterioration is in front of him. The life of writing and entertaining people, the source of meaning and connection for him has been stripped. The couple who has been married for 41 years, even suffering the effects of cancer together, recognize things will not get better and their source of meaning, their life partner, is also dying, so they too let go. Each of these individuals saw MAID as a method to eliminate their suffering and provided them with a sense of control and fulfillment in their final days.

Lonergan would certainly evaluate the particular good of each of these individual's cases independently. His method would assess whether, when choosing MAID, the person made their decision in a reactive manner or whether they decided based upon their experience, their understanding of their experience and whether they judged it clearly. For example, if the individual deemed that their goal was to die with a sound mind, or perhaps before pain became unbearable, or even if the goal is to eliminate the possibility of suffering (for themselves or others) and their goal is achieved through MAID, then the particular good of the individual has been fulfilled. By seeking MAID, the individuals have control over their decision and as Seneca wrote, "The man no longer needed a spokesman, but rather, an assistant"⁸⁰ Whether MAID achieves a particular good or not is dependent on the individual's mindset, goals, and ethical concept of good.

A particular good which flows into good of order and terminal value is a statistic that comes out of Quebec. Statistics have shown that in Quebec, 14%⁸¹ of all organ donors were from individuals who had chosen MAID. This decision required the individuals to be in a hospital setting rather than receiving MAID at home. Their decision to become an organ donor has a significant impact on the lives of individuals who received these organs. For those individuals who made organ donation a priority, despite facing death themselves, the meaning

⁸⁰ Seneca, *How to Die*, 40.

⁸¹ "14% of Quebec's organ donors in 2022 were people who chose medically assisted death," The Canadian Press, last updated January 29, 2024, <https://www.cbc.ca/news/canada/montreal/quebec-organ-donors-maid-1.7098003>

that they created in their final days cannot be underestimated. This is meaning for themselves and for others, multiplied ten-fold. In dying, the individuals gave life to another.⁸² This is obviously a case where the good of order overlaps.

Good of Order – societal, community level

In terms of the good of order, this is more complex because an evaluation of the entire adoption of MAID into society and the role it plays in society is required. Legal for the last 9 years, Lonergan's method might question how this happened. Why is MAID even part of our society? Perhaps the values of personal freedom and choice are so greatly respected that our culture is not only willing to protect this law but looks to strengthen it. Or it could be possible that MAID is part of our culture because of a lack of value for human life. Has MAID become an option because society has so little regard for the individual person and their contribution, in sickness or health, that as a society we accept, even promote MAID? Lonergan might consider whether individual elimination of suffering is of greater value than the value of human life. Is MAID an expansion of our society's diminished responsibility to care for our sick and elderly? One in which society often places the elderly, sick and suffering in care homes rather than keeping loved ones in our own care. Does MAID represent a decline in societal values?

There is a divide in society along political, ethical and religious grounds regarding MAID. Some medical professionals believe it is right to administer MAID, while others disagree with it in principle and refuse to administer it. At times, these individuals may be required to do so. The medical field has a "do no harm" philosophy, however, MAID can be seen as harming an individual. Yet at the same time, MAID allows the professional to help the individual to no longer suffer, helps them to fulfill their wishes. How does this contradictory position resolve itself? At a societal level, it seems futile, hence the continued debate. However, it's precisely the continued debate in society which encourages the activation of the precepts of being attentive, intelligent, reasonable and responsible, and enhance dialogue. Dialogue has the potential to expand individual horizons leading to growth.

At the community level, family members may not agree with or even understand their loved one's decision to pursue MAID. More than one case has gone before the courts in Canada, where family members oppose the dying persons choice and question their ability to choose MAID. This cycles back to law makers where arguments for decriminalization of MAID began, yet even within law makers there is never 100% agreement on a particular law. Lonergan would certainly require the steady and continuous evaluation of MAID, recommending a system which continuously processes new information and incorporates it into the deciding process. Overall, however, I do not believe that Lonergan would consider MAID to be a societal or community good, with reasons ranging from bias, inequitable access, potential abuse, and reduced potential for individual expanded horizons.

⁸² I am aware a slippery slope argument could develop from this situation, but it will not be addressed here.

Terminal Value – what is good, expanded horizons

The value of MAID in this third area of Lonergan's levels of good, terminal value, is very difficult to see. MAID seems to dismiss or at least is unable to recognize the potential goodness that can come from suffering. Lonergan believed in religious conversions which allow individuals to connect more deeply with God. Conversions can happen in the darkest moments of suffering, but love, especially other worldly love, is the force which pushes individuals toward conversion. To avoid suffering, means that an opportunity for conversion is lessened. He connected love with God. Under these terms, our suffering is in association with God's suffering and furthers our experience of conversion. Within the scope of conversion, other worldly love can happen, and individuals are able to attain more from their suffering than they expect. So, for Lonergan, MAID while not completely dismissed as having an ability to contribute to terminal value, certainly places limitations on it.

As a final point, reflecting on the scope of effect and MAID, in MAID this scope is reduced. There is potential for fewer care givers, and less time, money and energy to be invested into the care of the individual who receives MAID. The potential for conversion can also be reduced because the natural course of bodily deterioration does not happen. Certainly, the idea that communication between loved ones is enhanced is a possibility, because everyone knows the date, time and location of death. This knowledge can force communication, but it can also mean that with limited time the desire to communicate feels urgent. Ultimately, meaning is driven by the individual so their experience with MAID can allow them to die well and find meaning.

To summarize, MAID's ability to reduce individual suffering is without a doubt significant, because the suffering is simply extinguished on a predetermined date. MAID's ability to increase meaning is debatable. Just as the situation with palliative care, implementation and surrounding circumstances need to meet the wishes of the individual. This is at the level of particular good. Given the right circumstances, MAID can allow an individual to end their life with their affairs in order. It can also allow them to have a meaningful exchange with their loved ones, it can even add meaning by providing life for another person, as in the case of organ donation. Where MAID falls short is in the area of good of order and terminal value. There is a great risk to devalue human life, a risk to the well-being of care providers and the risk of missing a conversion experience.

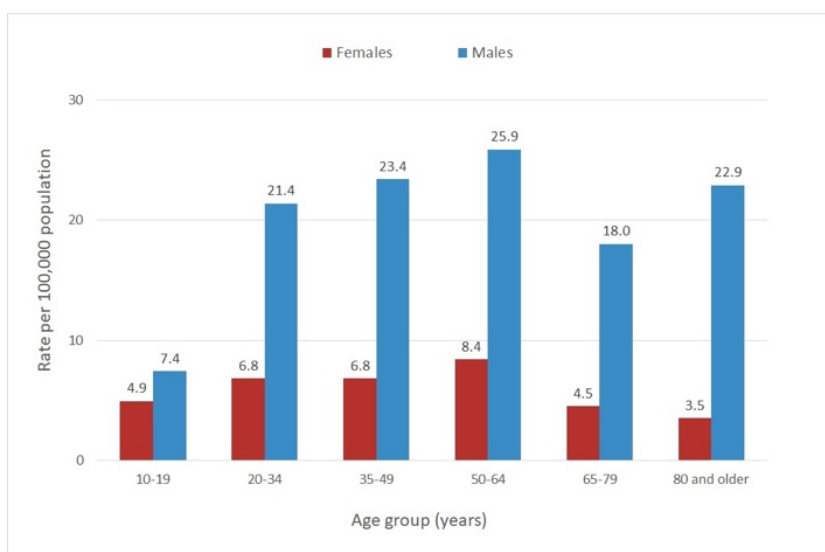
Suicide

The option of death by suicide seems to be a separate issue from palliative care and MAID because it does not necessarily include medical professionals, however, it is hard to dispute that those who die by suicide do not suffer. Narratives do not provide much insight into the decision-making process which allow individuals to choose suicide, unless testimonials are found after the fact, therefore the discussion becomes more theoretical or philosophical in nature.

Overview of Suicide in Canada⁸³

Canadian statistics present a difficult picture. Approximately 12 people die by suicide daily, amounting to 4500 deaths per year. It is the second leading cause of death for youth and young adults aged 15-34 and the occurrence is three times higher in males than females. These statistics do not consider attempted, unsuccessful, suicides which are significantly higher (approximately 200 per day). Is it fair to say that these individuals are suffering, that their flourishing either physically, mentally, socially, or spiritually is being restricted. By observation alone, family, friends and colleagues may disagree, however just as in the case of MAID, the decision to die prior to natural causes is an individual choice. One difference is that with MAID the person will die in the foreseeable future whereas, generally speaking with suicide, death is not in the foreseeable future. Also, with societies greater awareness of mental health issues and intervention, suicides can potentially be prevented. The table below provides a visual of the statistics.

Table 3. Death rates by suicide per 100,000 population in 2019 (by age and sex)



⁸³ “*Suicide in Canada: Key statistics*,” Government of Canada, January 9, 2023, <https://www.canada.ca/en/public-health/services/publications/healthy-living/suicide-canada-key-statistics-infographic.html>

Narratives

Stories can help to highlight a variety of situations in which suicide can occur.

Case 1

Anecdotally, I am aware of an elderly man who, diagnosed with terminal cancer, decided to die by suicide. Without a direct conversation with the man prior, it is possible to hypothesize his state of mind, from potentially fearing the physical pain that may come with this diagnosis, the consideration of his wife's suffering as she helps him through his illness, concern that he would become a burden to others, depression, lack of hope, a breakdown in his personal flourishing, destruction of purpose or meaning in his life and the list may be extended. What is clear is that this man no longer felt that he could live with the circumstances before him, so he chose to end his life.

Case 2⁸⁴

Viktor Frankl, in his book *Man's Search for Meaning*, gave an example of two men who were in the prison camp with him. He wrote of their desire to die by suicide, citing their reasoning as "they had nothing more to expect from life." Frankl saved their lives, "it was a question of getting them to realize that life was still expecting something from them; something in the future was expected of them." For example, one of the men had a child, while the other was a researcher who needed to finish his work. Frankl went on to write, "This uniqueness and singleness which distinguishes each individual and gives a meaning to his existence has a bearing on creative work as much as it does on human love." Frankl was able to ascertain that yes, even in the unbearable circumstance of a prison camp, life has meaning. He recognized that to die by suicide, while suffering, the individuals would not die well, but more importantly, they would not be able to attach anything meaningful to their death. The meaning was attached to life.

Case 3

The Bible provides a few examples of suicide, but one in particular stands out; this is the death of Judas. Judas is the disciple who betrayed Jesus by accepting money from the chief priest in exchange for Jesus' identification leading to Jesus' arrest. The fate of Judas is written in the Gospel of Matthew 27.5 "Throwing down the pieces of silver in the temple, he departed; and he went and hanged himself." While this is the only Gospel that depicts Judas' suicide each of the four Gospels depict Judas' betrayal of Jesus. We can safely assume that Judas was deeply remorseful,

when Judas, his betrayer saw that Jesus was condemned, he repented and brought back the thirty pieces of silver to the chief priest and the elders. He said, "I have sinned by betraying innocent blood." But they said, "what is it to us? See to it yourself."⁸⁵

⁸⁴ Frankl, *Man's Search for Meaning*, 79.

⁸⁵ Matthew 27.3-4

Judas having betrayed his friend and his teacher, suffered spiritually, emotionally and psychologically. Clearly his action of betrayal was more than he could bare, so he took his own life. He grieved for he knew he had committed a grave sin and that his actions could not be undone. In his repentant and remorseful state, perhaps suicide seemed like his only option. The meaning had dispersed from his life. He suffered deeply and seemingly could not see how he could redeem himself, or how he could regain a meaningful existence. In the case of Judas, it is unlikely that he died well. It appears that Judas decided to die by suicide quickly, without much thought or contemplation. Todd May points out,

Suicide seems mostly to find its source in temporary desperation rather than reasonable reflection on the state of one's life...Sad as it is, there are people whose lives are such sources of pain that for them to keep on living would be a burden to them. For whatever reasons, their lives have lost what meaning they once had, and it is unlikely that meaning will return to them.⁸⁶

For May, the conditions for which a person dies by suicide are different than the conditions for which one dies by natural causes. Although the suffering of the individual is intolerable, it is the lack of meaning which creates this desire to die. It therefore follows, that one does not die well in this case.

Seneca on Suicide

Overall, suicide in society is considered as negative, an undesirable action, something to be prevented at all costs. Yet, Seneca, who himself died by suicide, provides an alternative accepting view of it. It is now possible to return to Seneca's writing. Viewing suicide in a favourable light, he provides many convincing arguments, however he also had a strict sense of when suicide is not acceptable.

Seneca voiced that suicide is acceptable within a large range of situations, noting that some situations even oblige one to commit suicide. One such situation is as a way to escape suffering, qualifying that it is not suffering in and of itself. Rather, it is only if the suffering we experience means that we can no longer participate in a meaningful life, a life of flourishing. This includes suffering of the body or mind, suffering due to incurable disease and suffering from weakness of age. He says that,

I won't use my hand against myself merely on account of pain; to die for that reason is to admit defeat. But if I know that my condition must be endured forevermore, I'll leave, not because of the pain itself, but because it will cut me off from everything that gives one a reason to live.⁸⁷

⁸⁶ May, *Death*, 77.

⁸⁷ Seneca, *How to Die*, 74.

These comments indicate that Seneca does not disregard life, rather they are in line with his overall philosophy that values life lived in fullness.

Another situation where Seneca approves of suicide is as a method to obtain freedom, especially when one no longer has control in a situation, such as the control of a ruler or in cases of slavery. Seneca greatly values personal freedom, and choice, therefore believes suicide to be the highest expression of moral freedom. Regardless of whatever constraints the world places on someone, he believed that each person could eliminate these pressures by suicide.

Anywhere you cast your glance, the end of your troubles can be found. You see that high, steep place? From there comes the decent to freedom. You see that sea, that river, that well? Freedom lies there, at its bottom. You see that short, gnarled, unhappy tree? Freedom hangs from it. Look to your own neck, your windpipe, your heart; these are the paths out of slavery. Are these exits I show you too laborious, demanding of resolve and strength? Then, if you ask what is the path to freedom, I say: any vein in your body.⁸⁸

He believed that nobody should feel enslaved by anybody or anything. By committing suicide, one is freed from everything, ironically, he felt even from the eventuality of death! As an extension of this thought, Seneca also felt that suicide could be a way to indulge the soul, especially if one no longer has the desire to live. He believed that death is for oneself, and life is for others. His thinking is that in death we do not need to satisfy others, or seek the approval of others, death is about our own needs and requirements, therefore if this is what one needs, suicide is acceptable. Glimpses of dying well can be seen in this idea. Remembering that in Epistle 70 Seneca wrote “It’s of no matter whether one dies sooner, or later; dying well or badly is what matters. And to die well is to escape the danger of living badly.”⁸⁹ He sees suicide simply as a choice between two options: life and death. These options are considered morally indifferent.

In criticism of Seneca’s view, it is possible to say that by giving in to suicide, one is simply falling under the pressure of the constraints. In other words, by committing suicide one is allowing the constraints to control one’s life. Rather than obtaining freedom, the opposite becomes true, the constraints create a situation of control and suicide becomes a new controlling force. Suicide therefore does not allow one to obtain freedom, and it certainly takes away the freedom to live.

In partial recognition of this problem, Seneca identifies certain times when suicide is not appropriate. His primary objection to the use of suicide is to alleviate boredom. Certainly, the repetition of life can become a dull drone, and take the meaning out of life, but this is not reason enough to condone suicide. Seneca blames the individual for allowing their life to become monotonous and boring, noting that it is up to each individual to find personal fulfillment and change their situation. However, since the quality of life is most important to Seneca, if one’s life no longer represents quality then they might as well be dead.

⁸⁸ Seneca, *How to Die*, 64-5.

⁸⁹ Seneca, *How to Die*, 77.

A report of Seneca's own death is provided in the Epilogue to the book, *How to Die*, and from this account of his suicide, it is evident that he had carefully planned his final days and took every step possible to ensure that his death would be completed. This account, possibly to Seneca's dismay, demonstrates more of an assisted suicide than a pure action of individual suicide. In terms of the scope of affect, it would certainly be at the outer limits of suicide and more likely fall into the MAID category, as numerous individuals were involved in his death.⁹⁰ So, although his philosophy condones it, his story demonstrates that his philosophy is not so straightforward. Seneca was condemned to self-inflicted death by Emperor Nero. Seneca did not have the freedom to choose life or death. Where then, is the ability to die well or to die on his own terms?

Evaluated according to the Level of Human Good

Clearly an individual who contemplates suicide is one that suffers, this cannot be denied. Regardless of the cause of their suffering or their reasons to desire dying by suicide, Lonergan's levels of good are very useful in their ability to evaluate if there is any good in this action. Can individuals diminish their suffering? Do they attain meaning in their death? Do they die well?

Particular good – individual level

At the individual level, in its ability to diminish suffering, suicide initially presents as a method which achieves the goal. It suggests that if a person no longer suffers then they would die well, but we know from the above discussion and from Lonergan's method of assessment that this is not true. First of all, Lonergan would assess if the individual acted according to their authentic self. Were they aware of what they were experiencing, did they understand their experience and make proper judgements about their experience? Did they decide to act on their suffering in consideration of the criteria. In case 1 above, the elder man, had just received the shocking and upsetting news of a cancer diagnosis, he did not take the time to assess all the options, he did not consider the impact of his suicide on others, he simply came home and died. He acted irrationally and irresponsibly from fear of further suffering. His thoughts were in fact distorted and he was not acting as he would normally have. The same could be said for Judas, who was in utter despair after realizing the enormity of his actions. He was acting selfishly and unwilling to take responsibility for what he had done. Both the elderly man and Judas were grieving over their losses, neither knew how to handle their emotions. Neither recognized the greater value of life, of connection with others, or of the concept of dying well. There are of

⁹⁰ Seneca, *How to Die*, 117-121. Seneca's death while considered suicide, was not optional. He was feeble when he died and needed the help of others. He started by cutting his legs in hopes that he would bleed to death. The pain was excruciating. To counter this, a friend and doctor prepared a poison for Seneca to drink. Unfortunately, it was not effective because his blood was not flowing steadily through his body. Finally, by his request, his slaves helped him into a steaming hot bath, where he was eventually overtaken by the steam and heat. Reportedly he died in this bath. He did not fully commit suicide.

course situations where individuals who die by suicide have planned their death, have taken necessary steps to evaluate why they no longer wish to live. Likely, Lonergan would ask whether these individuals judged their understanding of the situation correctly, that is, free of bias. Did they ask all the relevant questions pertaining to their situation?

There could be other situations where suicide is seen as positive. For example, the individual who in times of war, sees a grenade hit the ground in close proximity to his comrades and the soldier throws himself on it, an instant decision to end his life in order to save the lives of others. Or perhaps the kamikaze pilots whose mission was a suicide mission. Could these situations be recognized as moments of acceptable suicide or as moments which encouraging human flourishing? In the first case, certainly the individual by taking the brunt of the explosion, permits others to live, but does the individual in the instant prior to death accurately evaluate their situation? Does the kamikaze pilot feel that in their heroic role (by a cultural standard) they are flourishing? Both are individuals who have death in their foreseeable future due to extreme circumstance, yet, neither their actions nor the conditions around them can be recognized as maximizing human flourishing. Overall, Lonergan's evaluation would say that suicide does not serve the particular good. Human flourishing is snuffed out.

Good of Order – societal, community level

Across time has suicide changed? It has always been a method to escape from one's suffering. It has always been destructive for the family and friends who cannot understand why their loved one died this way. It has always demonstrated a failure of society to recognize its shortcomings, its lack of ability to support those who suffer. Individuals who die by suicide are unable to see the potential for recovery, to find meaning in their days, in their life. The blame does not necessarily fall on the individual. It falls on the lack of social supports, the failure of community to support individuals on a quest for connection, for establishing meaning. Frankl, despite the dire circumstances, helped the two prisoners who were with him to realize that there was something more meaningful in life that they needed to hold on to. He showed them that a deeper connection to life existed than to death, and that merely reducing/eliminating their suffering would not be enough.

The good of order would be devastated by suicide because of the lasting effect on family and friends, even on the greater community. A community is scarred by suicide and these scars do not heal quickly. Who, having been touch by suicide, is able to forget its impact?

Terminal Value – what is good, expanded horizons

What is terminal value? It is that which has value in and of itself, no human evaluation can change this value. It would state that respect for life and love are two great values. Terminal value means that individuals live within the highest level of understanding, judging, and deciding. This does not require one to have a particular level of intelligence, but rather that the individual conduct themselves in life attending to the precepts of being attentive, intelligent, reasonable and responsible. Living by these guidelines allows one's horizons to be opened, to be expanded. As horizons expand, these same guidelines must be applied to the new level, once

again further enabling an expansion of horizons. Eventually, this might lead to conversion, to love, perhaps even to Godly love.

So, in the case of suicide, the individual, Lonergan might say is acting irrationally. That they are not being attentive, intelligent, reasonable or responsible. If they were, they certainly would not be engaging in acts to harm themselves. He would note that the individual who engages in suicide is focusing on their suffering more than on the meaning that can come from suffering. They are not acting in self-love, nor with love for others and definitely not Godly love. Lonergan would condemn suicide at the level of terminal value.

Scope of effect

A short word about the scope of affect in the case of suicide. Prior to the persons death, very few individuals would be involved in the care of the person, perhaps social services, mental health providers or close friends, but the scope is small. Inversely, after the death the scope of effect has the potential to be large. Those directly involved in the individual's life; parents, siblings, children, friends etc., as well as those in the larger community, can be greatly affected. Without even realizing it, the individual may have sparked a whole conversation in the community in which they live. Outreach programs and community action can be the result, so the aftereffects can be large. There is no peace in this kind of death.

To summarize suicide briefly, at all three levels of good, suicide does not produce any positive outcomes. Suffering is eliminated for the individual but is increased greatly for others. It is not possible to claim that the individual died well, even with the argument that they died on their own terms, because the individual died still suffering, alone, and without any sense of closure or sense of meaning attached to their life. Society is diminished when suicide occurs. The value of life itself is extinguished.

Summary

Table 4. Comparative chart (Palliative Care, MAID, Suicide)

Issue/concern/topic	Palliative Care	MAID	Suicide
Choose date	no	yes	yes
Option to die at home	yes	yes	yes
Surrounded by loved ones	yes	yes	no
Choice to live or die	no	potentially	yes
Particular Good	yes	potentially	no
Good of Order	yes	questionable	no
Terminal Value	yes	potentially	no

Death is often a difficult topic for individuals to contemplate. The death of a loved one brings this conversation closer to home. Consideration of one's own death is even harder and is

a thought process which is regularly avoided. If one were to sincerely sit down and consider the implications, it could bring each of us to tears. Perhaps this is why we push it so far from our consciousness, yet it is reality, we all must die. “Meanwhile death stands by our side; and since death is never contemplated except as another's fate, instances of mortality pile up before us but don't abide any longer than our astonishment at them.”⁹¹ This quote brings to mind a question, is it possible that we fear our own death so much that we are willing to endure suffering, if only we can continue to live? Death will come for each of us, some will even encounter suffering in these final days. Palliative care, MAID and suicide are all available options. Yet Lonergan's levels of good demonstrate that not all of these options will allow us to flourish despite our suffering, not all options will allow us to find meaning in our final days, not all will allow us to die well.

At the level of particular good the most compelling method is palliative care, providing that optimal conditions exist. It allows individuals the time and space to make amends, to reconcile with others and with themselves. It allows for moments of sincere connection and consolation. It allows a person to grieve. MAID also provides some room for these positive experiences to occur however, a concern is that a person's fear of suffering is the motivation, therefore other positive aspects of suffering are not given a chance to take hold. The fear, fatigue or loss of hope may mean that they are not able to think attentively, intelligently, reasonably or responsibly, therefore they do not act authentically. Suicide, while initially seeming to serve the individual well, demonstrates a serious lack of ability to connect meaning with the individual's death. It does not allow for human flourishing to occur before the individual's death. It does not allow for an individual to die well, and while extinguishing suffering, is ineffective at replacing suffering with consolation, with acceptance or with peace.

At the level of good of order, yet again palliative care has the greatest contribution. It values the human life and respects the natural process of dying. Although, it is at risk of not being implemented as it should be due to lack of resources. MAID runs the risk of dehumanizing life and risks damaging care givers and those who administer treatment. Suicide quite plainly shows a deterioration of society and that support systems are broken.

At the level of terminal value, palliative care is once again favoured because it has the highest possibility of providing opportunities for conversion, of allowing love to become the greatest force. Palliative care provides opportunities for an individual to live out final wishes, to come to terms with loss of life, all while being able to reduce physical suffering through medication. Palliative care also provides a safe space for families and friends to connect with their dying loved ones. MAID is not able to provide the same opportunities for conversion that are available in palliative care because the focus can be centered on the method, date and occasion of dying. Suicide, while dying on one's own terms, is not led by an awareness of the principles of understanding, judging, and deciding.

It may appear that Lonergan's levels of good are in contradiction with authors such as Frankl and Stump. This creates a tension in the evaluation process of palliative care, MAID and

⁹¹ Seneca, *How to Die*, 55.

suicide in the sense that the individual, or particular good, almost becomes secondary to, or on par with, the next two levels, i.e., the good of order and terminal value. I don't think that Frankl, who establishes meaning at a very individual level, and Lonergan who extrapolates beyond the individual, means that they are incompatible. However, I do believe that it is necessary to place the individual at a higher level of importance in the context of dying. If indeed it is the individual who creates meaning, then the evaluation of what is meaningful and how suffering can be minimized is at the discretion of the individual.

Chapter 4 - Conclusion

Dying is more than the suffering we either observe or experience. Within the obvious tragedy of dying are unseen processes that hold meaning. Dying is a time of transition that triggers a transformation of perspective and perception.⁹²

The focus of my thesis is how we find meaning in death, within the context of suffering and whether or not this is even possible. It also looks at whether it is possible to die well within the context of suffering. In the beginning of the process of writing this thesis I felt with all my being that the answer was yes, one can die well while suffering and that meaning exists within this suffering. At the end of my process, I still believe this to be true; meaning does coexist with suffering, and it is entirely possible to die well in these instances. I feel that within the scope of my faith, within the confines of my experience, it is not only possible but likely that one can die well, have meaning and experience a wonderful death. Sadly, I also recognize that this is not always the case and not always possible. I am privileged to be able to have this type of response. From a Christian perspective, with faith, commitment to God, surrounded by love and having lived well, it felt like a given that this could be the case for most people. For Christians, death is a way to share in Christ's eternal life, it is how we become united with God. In our death we participate in Christ's death and eventually in His resurrection. The sign of the cross itself is a sign of sin, suffering and death, but also of hope. The hope of eternal life. This is the duality of the cross. So, for Christians, death has even greater hope, but we must live this hope, even as we die,

Since we are justified by faith, we have peace with God through our Lord Jesus Christ, through whom we have obtained access to this grace in which we stand; and we boast in our hope of sharing in the glory of God. And not only that, but we also boast in our sufferings, knowing that suffering produces endurance, and endurance produces character, and character produces hope, and hope does not disappoint us, because God's love has been poured into our hearts through the Holy Spirit that has been given to us.⁹³

At the beginning of this thesis, I had numerous questions. How is meaning defined? Can meaning be created for/by the one dying or for/by those left to mourn? Does the type of care provided contribute to the meaning that can be derived or is it independent of the care received? Does an individual's spiritual or religious affiliation contribute to the existence of meaning? What is suffering? Is suffering a necessary part of death? How can it be alleviated? Does it need to be alleviated? Can all forms of suffering be alleviated with proper care? Is one form of suffering more severe than another? Can suffering become a gift to the one dying or to the

⁹² Kerr, *Death is but a Dream*, 226.

⁹³ Romans 5.1-5

community which supports that person? Can meaning be created out of suffering? Are suffering and meaning so deeply linked that they become interdependent?

Now at the conclusion of the thesis, perhaps there are two ways these questions can be answered. One, through suffering, growth and maturity can occur, thereby creating meaning, hence flourishing. If meaning and flourishing exists, one dies well. Two, suffering can break and destroy a person, resulting in a decrease in meaning. Without meaning in death, one cannot/does not die well. In the research undertaken for this thesis, it has become clear that meaning comes in the darkest of times, in the finality of time, in the precious moments when each of us reaches for connection, for reconciliation, or for whatever each of us individually needs. Meaning is not universal but particular to each of us. If the correct mindset and resources are in place, meaning is not only possible but probable if chosen.

This thesis is broken into two parts, the first portion dealing with definitions for meaning, for suffering and for dying well. The definition of suffering was determined to be that which restricts a person's flourishing, either physically, socially, or mentally/spiritually. Meaning was determined as individually created based on personal values and that which encourages flourishing. Dying well is to have come to terms with your death based upon your own criteria, or to have made peace with your life. Dying well includes finding or creating meaning. These three definitions work in conjunction with one another, they are connected and as Seneca wrote, "I put it thus: from the time you are born, you are being led to death."⁹⁴ We are all aware that we will die one day, but in reality, we find this truth difficult to comprehend. It is only in these closing moments of life where we truly start to come to terms with this truth. In this truth, if we can grasp the grandeur of the moment, the suffering can be seen as an opportunity for growth, for a commitment to creating a meaningful end of our lives. It is at that point perhaps when we can die well.

The second portion of the thesis addresses palliative care, MAID and suicide as methods to alleviate suffering. In this second portion Lonergan's levels of good were used to briefly assess the ability of each to reduce suffering, increase meaning and allow for one to die well. Palliative care, when implemented according to standards of living life fully until the end, provides the greatest ability to meet each of Lonergan's levels of good. MAID has the potential to meet some of Lonergan's levels, but frankly too much is at stake within the greater society. The disregard or devaluing of human life is a possibility that I am not sure is worth the risk. The potential for corruption in the system, at all levels cannot be minimized. The dismantling of society is too much at risk. Yet, I don't fully dismiss MAID as having an ability, at the particular level, to assist individuals to end life on their own terms, to be able to create meaning for themselves and others at the end of their life. As for suicide, there is no redemption using Lonergan's levels of good. At the particular level, initially suicide has an appeal because it can end suffering, but meaning is never established, flourishing is cut off. In terms of the good of order, suicide represents societies failure to provide the necessary support and as a terminal value, suicide has none. No one should feel that suicide is the only option, even when death is

⁹⁴ Seneca, *How to Die*, 106.

near. Both MAID and suicide have the potential to reduce human lives as disposable. Instead of promoting meaning in death, it is reduced, it is destroyed.

A reflection on death cannot be separated from the meaning of life. The two are intertwined, because life always ends in death. We have a limited time on earth, and this cannot be changed. Death lingers for everyone, yet society is shy to hold it in conversation. It is an unknown. Christians dream of heaven and the reconnection with our loved ones. This seemingly impossible experience is part of the hope that exists and part of the formation of meaning. Kerr's research indicates that we have good reason for this hope.

The life work of dedicated palliative care pioneers such as Saunders, Kübler-Ross and Mount provide inspiration for those who work in palliative care. They provided a model of care which allows society to believe that they can live fully until they die. It is societies responsibility to continue moving their dreams forward, to ensure that meaning is created in the lives of individuals who suffer. The incredible scholastic work of Eleonore Stump who breaks suffering into a manageable, relatable context, while maintaining a Christian philosophical voice, allows readers to recognize suffering in others. She puts forth the idea that there is meaning in suffering. The wisdom in the words of Frankl and Seneca teach that certain values, certain truths do not change as time does. They have a durability, a longevity in what they can teach today's society. Frankl believed that suffering of every sort imaginable can be endured providing that meaning is attached.

This uniqueness and singleness which distinguishes each individual and gives a meaning to his existence has a bearing on creative work as much as it does on human love.... He knows the "why" for his existence and will be able to bear almost any "how."⁹⁵

Seneca expressed a closeness to death, an active relationship with it. He believed that death could come at any time, therefore it must be studied and understood. Doing so would enable one to be prepared. Seneca believed we must live well so that we can die well.

Contemplating the topics of suffering, meaning and death seem to be sad topics but it need not be. Death is the universal experience and as a part of everyone's lives, the taboos need to be lifted. The topics in this thesis need to be raised on a broader scale, they need to be normalized so that lack of comfort with the topics do not detract or stop us from establishing meaning in our final days. There is so much goodness attached to removing the fear of death from people eyes, to encourage a level of comfort around the topics of palliative care, MAID and suicide. Encouraging public comfort in discussions of each, regardless of individual stance, serves to support the initiation of conversation when situations of suffering arise, perhaps allowing one to die well knowing that topics of meaning have been addressed as each hoped.

As I neared the end of writing this thesis, I wondered, in reality does it have any validity? Does it matter? As I wrote and as I encountered moments in life where I saw people suffering, and edging toward their final days, I seriously wondered if what I was writing had any relevance

⁹⁵ Frankl, *Man's Search for Meaning*, 79-80.

or validity at all. Can the theoretical be transferred to the practical? Even with narrative examples, it can be a struggle to see where reality meets theory. Ultimately, I do feel that it does, if only to continue a conversation on a topic that is avoided with many, with the many individuals in our lives who are dying. It can be presented in a picturesque way, discussed via narratives, but just as likely narratives which present the opposite situation could have been used. The important aspect, I believe that has come from this thesis is that it is evident, despite suffering, given the correct circumstances, it is entirely possible that meaning can be established during the final stage of life. Individuals must be open to it, those that support them must be present to support the process. It would seem to me that meaning, and consolation are deeply connected. When we know that we have found meaning in our lives, we are consoled by this thought process. This creates a sense of security and a sense of hope. Hope is a consoling force, which allows individuals to face the experience in front of them with strength and with an understanding that even in the final days of life, growth occurs, and love fills the soul.

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