

The Impact of Religion on end of life decisions, from Caribbean and European Perspectives

Simeon Mohansingh

Introduction

With the development of a greater understanding of the way the human body works and survives and the attendant advances in health care, people are living longer, but this means more likely to have debilitating illnesses. The issue therefore arises as to how people respond to these possibilities. Are plans put in place for eventualities of brain death, degenerative diseases and so on? (Even in the case of younger persons, thought may need to be given to the possibility of being severely injured in for example car accidents or being brain dead.) It is within this context that the question arises about what informs the process of decision making, or lack thereof. When an individual is faced with an issue as fundamental as thinking about hypothetical situations which may require a decision as to what should be done under those circumstances where the end of one's life is looming, there will no doubt be many different elements that are bearing down on that individual, issues that could all influence the outcome of the decision making process. Given that some of these decisions when implemented are irreversible, because death is the immediate or direct result, the question automatically goes to the impact of important factors or elements that are brought to bear in the process of arriving at some decisions. One such important factor is religion, given that it generally influences our worldview, including questions about death and mortality.

The forgoing however assumes that there could indeed be this reflection taking place, that is, that persons generally stop to reflect on these matters. But one may also ask; should they stop to reflect, what impact would religion have on the decision making? Also, does the presence of religion as a major force in the life of the individual actually stop that individual from exploring the options that may be available, given that some individuals who are religious may be actively or passively involved in ending their lives?

This paper will be seeking to address these questions, specifically by exploring what obtains in the Caribbean region and Europe with a focus being placed primarily on Jamaica and Netherlands respectively. It should be noted at the offset that a potential limitation of this paper is the lack of documented information on end of life decisions from a Caribbean perspective. This suggests that the area of end of life decisions in the Caribbean has not been seriously explored and hence research in this area within this region is of critical importance. Noticeably, as a people and a region, we are extremely reserved with our views on some of the possible options with respect to end of life decisions, if the laws would permit them. Because of this dilemma, this paper is primarily based on trying to explore the role of religion in the lives of Caribbean people, and how this would mediate end of life decisions.

End of Life Decisions

End of life decision making is a process, usually triggered by a thought or thoughts of the possible options available or considered possible, on how an individual would intend for their life to end, and what situations/conditions need to prevail for such a decision to be implemented.

This process usually involves the proposer's family members, healthcare providers and, at particular levels, physicians, depending on the stage at which the decision is being made. These decisions are extremely difficult to arrive at, and generally only come after a protracted time period with many consultations.

There are different forms of decisions that can be made, however, these decisions usually would fall into one of two major categories, namely: to pursue aggressively the healthcare options to sustain and prolong life or to withhold or withdraw treatments that could otherwise have prevented death.

Decision in the form of advance directions may be given, which would involve power of attorney and/or living wills. The power of attorney permits or authorizes an individual to make decisions on behalf of the proposer, when the proposer is unable so to do. The opportunity of documenting the living will, allows an individual to express in writing their particular wish or preferences before they actually become patients, or better yet before they become critically ill. Options in the living will would generally be euthanasia, physician-assisted suicide, or exhausting palliative care. Any of these options for ending one's life may also be the result of an end of life decision that is taken while suffering from the effects of one's illness.

Euthanasia literally means 'good and easy death', and it defines the process by which a medical practitioner administers a lethal dose of what is generally morphine, done upon the processed request of the patient or guardian. Physician assisted suicide is similar to euthanasia, with the exception being that in this case the physician prescribes and supplies the dosage, but it is administered by the patient. Suicide is the act or an instance of intentionally killing oneself. Exhausting palliative care is a decision that patients/caregivers make with the knowledge that even though they are on medication, they will possibly have to endure great pain until death comes naturally.

Religion

Religion, as defined by Pargament, is "a search for significance in ways related to the sacred" (5). Sacred, according to the online dictionary is "Dedicated to or set apart for the worship of a deity" (<http://www.dictionary.com>). While adopting this definition of Religion and the definition of 'sacred' by the Dictionary, I wish to add that, for this paper, religion will also be taken to mean the recognition and admission of an existing being that is Divine and/or Supreme, to whom humans should give their allegiance and to worship, and who has control of our eventual destiny. Naturally, this definition does not claim to have given an all-encompassing approach to the different aspects and facets of the variety of religions, but it captures the essential understanding of the dominant religions in the regions under examination.

Religion seeks to answer questions about the major aspects of human life; how one should live, how one should die, what happens at and after death. Since these questions cover all human actions and major concerns for life, it is therefore not surprising that Tillich in O'Connell's article on Religious dimensions of dying and death (4), views religion as being such an essential and critical part of our humanity to the extent that he understands every person to be potentially religious. Indeed, everyone is potentially religious and the overwhelming majority of people are religious, but not all of these religious individuals share the same degree of spirituality. One should therefore recognise that there are varying degrees of spirituality, in order to better

understand why it is that not everyone of the same religion and/or denomination will react in a similar manner to the same issue, especially to end of life decisions.

The fact is that while many people subscribe to a religion and embrace the codes of conduct of that religion, the degree to which these principles are adhered to and practised is dependent on the level of commitment and conviction that the person has to these beliefs. This degree of commitment will vary with individuals and it is this variation that will impact more directly on a person than the broad area of religion. In other words, it is the connection between the individual and the sacred, or the spiritual connection, that will determine the extent to which an individual will act upon a certain belief, and it is this spirituality that will determine the level of significance that the individual places on religion. Spirituality therefore is the connection of the person with the sacred through the doctrines of their religious beliefs.

The distinction between different levels of spirituality becomes important in the examination of the way in which religion serves as a guiding force for one's outlook on life and, consequently, the types of issues discussed, decisions made, and acts carried out. Given that each religion has some specific tenets for behaviour, the level of adherence to that religion's teachings will directly mediate one's beliefs and actions with respect to issues prescribed by the religion. Christians, for example, are taught to act based on what the Bible stipulates, and employing a practice contrary to the teachings of the Bible would be dissent, an action that would be classified as being sinful. The question of the interpretation of the Bible is of course quite problematic, which has resulted in many different denominations being formed based on a specific understanding. It means therefore that the issues related to life and death decisions, and even a discussion of these issues, will be mediated by the extent to which a particular denominational version of Christianity has been accepted, in addition to one's level of spirituality.

The Christian teaching is one that does not accept any kind of activity that will result in taking one's life, taking the perspective, that any act that involves actively or passively ending one's life is sinful and against God's will, and all denominations of the Christian faith believe in absolute obedience to the will of God. The only option that would therefore be available for anyone who strictly follows Christian doctrine would be exhausting palliative care, or might be no excessive treatment at all, as one may accept the view that God should be the determinant of the end of one's life and that palliative care is not what God desires.

There is one denomination, which goes much further, however – The Jehovah's Witnesses. Based on their interpretation of the Bible, the Jehovah's Witnesses do not believe in blood transfusion. The situation that sometimes results from such a stance is death. This situation recently became quite newsworthy in Trinidad and Tobago, with an article in *The Trinidad Guardian* in December 2005, (6), which highlights two different situations in which there were explicit evidence of the impact of religion on decisions that would determine whether these individuals lived or died.

The first of these is a situation in which an adult female had been stabbed and she consciously refused medical treatment and she had the knowledge that this refusal could lead to her death. In fact, she died the next day. The court had however made it clear that an (adult) individual has the

right to refuse medical treatment if the type of treatment is against their religious belief. Indeed, this case in point offered the patient the option to accept medical attention and live, or to refuse medical attention on the basis of a religious conviction and die, but she chose to refuse the medical attention on the sole basis that accepting the blood transfusion is contrary to her religious belief and would therefore be an abomination to God.

Based on this interpretation by Jehovah's Witnesses, and the subsequent implementation of their decision which is determined by their religious conviction, there is indeed evidence that religion impacts end of life decisions, especially for those who is committed to a faith. What is important here however, is the fact that the individual could have chosen to live and prevent her own death, but she consciously made the decision to die. This was an act she thought that would be deemed as following the commandments of God, and of course being obedient to God by doing his *will*, will guarantee the individual a place in heaven, when Jesus returns the second time. This shows the level of significance that the Jehovah's Witnesses place on the importance of religion, and more so, on their interpretation of their religion.

The other issue that was borne out by the article is whether the religious beliefs of the parents should impact the life of a child to the extent that this belief could permit and allow parent(s) to knowingly and consciously make a decision that could lead to the death of their child. In Trinidad, the decision was taken that child of Jehovah's Witness parents should be removed from the custody of the parents in order for the child to receive a blood transfusion which was necessary for preserving the child's life. It is my opinion that the life of an individual is extremely valuable and should best be protected. However, if an adult has the freedom to choose a medical option that could determine whether he/she lives or dies and consciously chooses to die because of religious beliefs, then this adult must also realise what the consequences of that decision will be. But when an innocent infant has to be put to death because of the religious beliefs of the parent(s), then that could seem grossly unfair to the child, because the child did not have an input in the decision making and should have been given the chance to live, since this option was available.

However, someone could reasonably argue that the parents see and worship God as the divine and respect him as the Supreme Father and therefore they ought to be obedient to Him. Equally true however, is that in the same manner in which God is viewed as the Heavenly Father and who is responsible for all mankind, these parents see themselves as being totally responsible for their children and they further believe that they are representing God on earth and their actions represent His will. Because of this conviction therefore, these parents are of the view that since they represent God here on earth, then they have the final and total jurisdiction of their children, and *not* the State. However, there has to come a time when the State must intervene and overrule the rights of parents over their children, especially when a child's life is in danger. Of a fact, the State usually, if not always, intervenes in a dispute between parent(s) and child, if the parents are abusing the child. This is why States have legislated laws to protect children against abuse by anyone, including parents. If child abuse therefore is wrong, and child abuse does not mean death, how about agreeing to and permitting the death of a child, is this not worst than child abuse? And if child abuse is wrong, why should not the killing of the child be?

The general approach of Jehovah's Witnesses towards this end of life decision is based on the conviction that blood is life. This is one of the critical aspects of the interpretation of the Bible that differentiates this denomination from others. Giving somebody blood, from this perspective, is literally giving someone life and since life comes from God and only God is justified in giving life, therefore humans must not give blood. A question that would come to mind is whether blood is indeed life; is blood only a necessary ingredient for life, or is it the sole ingredient?

Given the importance of blood to the continued existence of human life, with respect to the body's ability to effectively and effectively function, there is no doubt that human life would not persist without blood, but the same is equally true of the air that we breathe. Logically then, air would also be seen as life, and there should be a rejection on the part of this denomination of the administration of oxygen, which is not the practice.

Religion, as we are beginning to see can have a significant impact on individual lives, an impact that seems greater than a nonreligious subjective decision, a decision that could possibly disregard the impact of religion.

Caribbean

The focus here will primarily be on Jamaica, though the same points may be said for most if not all of the other Caribbean islands, given our similar historical, social and demographic characteristics. Jamaica is predominantly Christian, with many of the world's denominations, including some that are indigenous to the island. There has also been, in the last 10 to 15 years, a dramatic increase in the number of persons who practise the Rastafari religion.

Religion has been interred in our Caribbean culture as a vital aspect and feature of the norms of our society. This became quite evident recently, when the question of the existence of God was raised in a philosophy class at UWI, Mona and students were resistant to the idea of someone questioning the very existence of God! In their opinion, this was not only absurd but blasphemous, and they were quite reluctant to discuss such an issue. There was a wide cross section of students in the class at the time, that is, from different islands of the Caribbean, different parts of Jamaica, of a wide age range etc. and there was an overwhelming majority who supported the moot that God's existence should never be questioned but rather His existence be accepted as a given. This experience, and many others, speaks clearly and substantively to the fact that a strong belief in the existence of God, and the attendant concerns that go with that belief, are embedded in our very way of thinking. Given that this is so, one can imagine then any discussion or reflection on the issue of death and end of life decisions will be done within the purview of a yearning to generally act as God desires. Christianity teaches that God is the giver and taker of life. So within the context of being a Christian, the Caribbean person will have her views on life and death strongly influenced by this belief. This is even more significant when looking on issues of death, specifically the ending of one's or another's life, as there is the strong Christian belief about heaven and hell and one will certainly aim to adhere to the teachings of the Bible in order to have an afterlife in heaven. Even those persons who do not exhibit a high level of spirituality on a daily basis, when faced with death and other such grave circumstances, will turn to God, because it has been entrenched into one's worldview.

It is therefore not surprising that a very popular and widely held perception about the reason for us (as a Caribbean people) not openly and publicly debating issues surrounding end of life decisions is that we are so 'christianised' that the very thought of choosing how one would prefer to die is actually unheard of, as the implementation of such an act would seem to be an abomination to God. In fact, even thinking about these things might be seen as being against the teachings of the Bible and so should not be contemplated in any way.

The question that does arise, however, whether these end of life decisions are not in fact being practised in the Caribbean without anything being said about whether it is happening or not? Similarly, as a Caribbean people but more so as Jamaicans we have heard of several instances where abortions of unwanted fetuses have been done, although it is still an illegal practice. Noticeable is that gradually people are becoming more inclined to openly discuss the abortion issue. Could this therefore be adopted by end of life practices, and will it be? Given that abortion, euthanasia and the other end of life options other than palliative care, involve ending one's life or the life of another, is not certainly feasible to believe that persons may also be practising these end of life options? It may even be the case that the decisions are taken subconsciously (though would they still be called decisions). So in Jamaica there is often the saying that patients are sent home from the hospital to die.

Christians will, although not debating end of life decisions, undoubtedly debate the issue of death. However, the followers of the Rastafari religion do not as much as discuss the issue of death, let alone end of life decisions because they believe that the living should not have anything to do with the "dead" and therefore an individual is just allowed to "die" a natural "death" and move on directly into another life. They believe in the immortality of the soul, and therefore "death" is only a means of transition and life goes on. This has been the teaching of the Rastafari doctrine, ever since the coronation of His Majesty Haile Selassie (as their God) in 1930, which marked the birth of the movement. Therefore, this is another religion in the Caribbean that does not subscribe to the options or possibilities of end of life decisions, because the God that is worshipped is extraordinarily revered.

Europe

In the Netherlands and Belgium, end of life options are legally available to persons and debates are also taking place in several other European countries. What is of interest too is that persons from the other countries are leaving to go to the Netherlands and Belgium with a view to be euthanised. A part of the reason for these options being made available is the separation of state and church. The European community generally allows for individuals to have their religious freedom which is not influenced by the State. Politics is a public domain and it involves and affects everyone and therefore it has a direct impact on the lives of those individuals that fall within that purview.

According to Rawlsian liberalism, political affairs should be separated, or at least seriously distanced, from the various moral and religious loyalties and programmes of individuals and groups of citizens. Rawls interpreted this to mean that the right must take precedence over the good. For him, the right is (within the political sphere) the implementation and application of impartial rules of social justice and civil liberty; and the good is the competing conceptions of what is or what is not a valuable way of spending a human life. This kind of liberalism that John

Rawls has posited, is indeed the kind that obtains in the European region (2). This kind of separation of Church and State allows for an individual to choose a religion if desired, and to make subjective decisions about those religious beliefs and doctrines without the influence of politics, since religion only impacts the private life of the individual and should not in any way affect the affairs of the public and or political domain. As long as the individual's religious beliefs do not in anyway interfere in the public life, then the State will not interfere in the private life of the individual. And therefore, this is why the Europeans are so liberal with their views and action in making an end of life decision, because they have been allowed to make decisions that are considered by the State to be private, and thus the State will not intervene.

We will undoubtedly recognise that the separation of Church and State could be a critical underlying factor that will impact the liberalisation of views and the subsequent freedom to choose a preferred end of life decision. This is a critical underpinning for the Europeans, a scarce commodity in the Caribbean. The Europeans also have a more diversified religious system, and the people are more tolerable to these different religions which would naturally have different principles and moral codes, which makes the system less focused on the practice of one religious belief. This means therefore that it is difficult for any one particular religion to be overwhelmingly dominant and to have those religious beliefs imposed on the populace, and therefore no major religion is integrated in the society to the extent for that religion to be the norm of the culture, and therefore a less impact of religion on private decisions.

A study conducted in the Netherlands found that one of five patients with ALS (Amyotrophic lateral sclerosis), a disease that causes progressive paralysis leading to respiratory failure, died as a result of euthanasia or physician-assisted suicide. What is more poignant is that the only important determining factor for choosing euthanasia or physician-assisted suicide was the extent to which religion was deemed to be important in the patients' life. Other factors such as the patient's care, the disease itself, income or educational levels were not so significant (8). What this points to is that one's level of spirituality, even in a country where it is legal to end one's life when terminally ill, is the most important contributor to one's decision. Of critical importance is the fact that the study did not say that patients to whom religion was important, would never opt for euthanasia or physician-assisted suicide. But instead, the study showed that they would be less likely to choose euthanasia or physician assisted suicide as an end of life decision. Therefore, although some people held the belief that religion was important and would therefore be less likely to subscribe to these practices, there were others who held a similar view that religion was important but would still opt for euthanasia or physician assisted suicide. Those who believed that religion was important and did not opt for euthanasia or physician-assisted suicide as an end of life decision, were the ones on whom religion had a more significant impact.

Conclusion

It should be noted that the culture of the Europeans allows for the liberalisation of views and practices, to the extent that The Netherlands and Belgium have passed laws legalising euthanasia. Euthanasia is not only being practised on adults, but also on children, specifically terminally ill newborns, using lethal levels of sedatives (3).

We have noticed from the type of political system that the Europeans have- a separation of church and State, that this policy is conducive for the accommodation of subjective decisions in

relation to the private life of an individual. Personal religious beliefs do not affect the public life, and therefore there is no need for the State to interrupt the decision of an individual, who on the basis of religious conviction has chosen a preferred path.

This is not the case for the Caribbean, where we tend to be much more conservative in all matters relating to morality, given the deeply entrenched religious views. So while personal spirituality is important for some people in these European countries, there is a clear separation between one's personal commitments and what the society should do. Once again, this is not the case in the Caribbean, where laws and the debate about what should be made into law, is often strongly influenced by religious views.

There is evidence that religion and culture do have an impact on our end of life decisions. Clearly, the Caribbean people are more religiously inclined, and to live according to the doctrines of their Christian beliefs. Equally true, the Caribbean people are more reserved and less liberal both with their views and practices of end of life decisions, and would therefore prefer for God to make that decision on their behalf. I believe that if a deliberate effort is made to address the issue of end of life decisions, that the liberal views will be expedient, rather than gradual, a path that I think as a Caribbean people we need to take, allowing for individuals to be aware of their options.

Bibliography

1. Anandarajah, Gowri M.D., and Ellen Night, M.D.,M.P.H. "Spirituality and Medical Practice: Using the HOPE Questions as a Practical Tool for Spiritual Assessment." *American Family Physician*, Rhode Island: Providence, 63.1 (1 Jan. 2001):81.
2. Haldane J. "Philosophy and Public Affairs." *Royal Institute of Philosophy Supplement* 45 (2000): 73-74
3. "Netherlands grapples with euthanasia of babies Hospital carries out procedure on few terminally ill infants." *Associated Press*. ET30 Nov.2004. 25 Jan. 2006.
<http://www.msnbc.msn.com/id/6621588/>
4. O'Connell L.J. Religious dimensions of dying and death, *in* caring for patients at the End of Life [special issue] *Western Journal of Medicine*, 163:(1995) 231-235.
5. Pargament, Kenneth I. *Journal of Social Issues* 61.4 (2005): 667-668.
6. Seetahal, Dana. "Religious beliefs vs death." *The Trinidad Guardian*, Dec.11, 2005, late ed.
7. Thelen, Mary, R.N., M.S.N., C.C.R.N. "End of Life Decision Making in Intensive Care." *Critical Care Nurse* 25.6 (Dec. 2005): 28-38.
8. *The New England Journal of Medicine* 346:1638-1644.21 (23 May 2002).