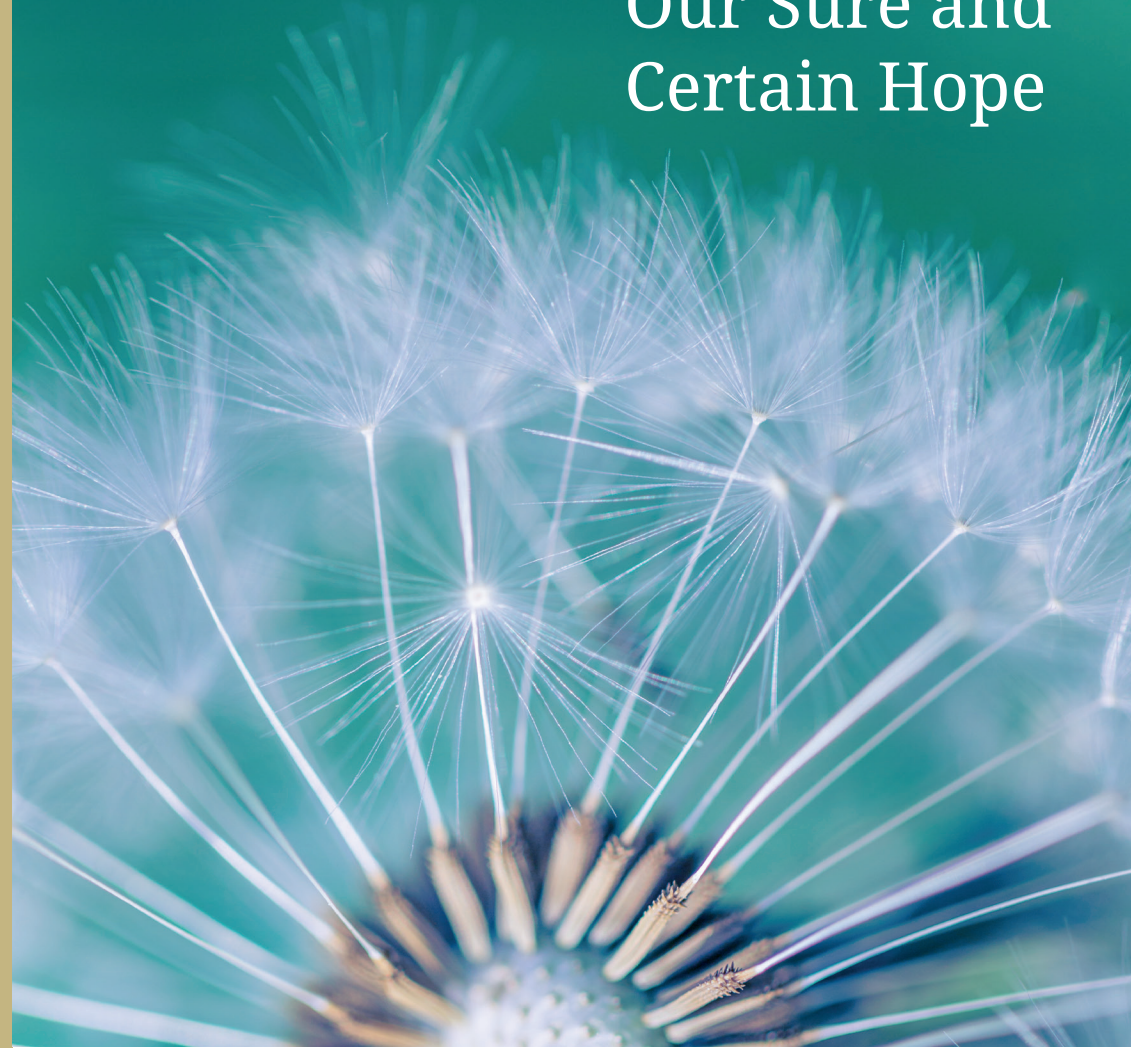


Dying Well, Living Well: Our Sure and Certain Hope



The Pendeli Statement
Agreed by the International Commission for
Anglican-Orthodox Theological Dialogue

2023



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Preface by the Co-Chairs of the Dialogue

This document, *Dying Well, Living Well: Our Sure and Certain Hope – The Pendeli Statement* – agreed by the International Commission for Anglican-Orthodox Theological Dialogue at the Inter-Orthodox Centre in the Monastery of Penteli, Greece, in October 2022, is the latest in a series of agreed statements, and builds on earlier work by the Commission. The first in the current series, agreed in Buffalo, New York, and published in 2015, was *In the Image and Likeness of God: A Hope-Filled Anthropology*, known also as the Buffalo Statement. This statement on theological anthropology was designed to create theological foundations for further work on ethical issues.

Written in the light of this document, this statement builds on those foundations. It follows on from *Stewards of Creation: A Hope-Filled Ecology – The Canterbury Statement*, published in 2020, which considered the implications of the Christian understanding of the human person for how we should live responsibly as part of God's created order. In the midst of great ecological danger, it continues to deliver a powerful message.

This document, *Dying Well, Living Well: Our Sure and Certain Hope*, seeks to deliver an equally urgent message to a world that is in the grip of uncertainty regarding the intentional ending of human life in the interests of supposed 'compassion' where an individual is suffering pain or distress within what is believed to be terminal illness. (Indeed, there is an increasing belief in some circles that the ending of one's life should be a free choice in any circumstances.) We call on the world to understand that every human life is a God-given gift that is not for humankind to claim any right over, or to bring to end. Furthermore, we assert the belief that although in earthly terms, death indeed appears as 'the last enemy' (1 Corinthians 15.26), we proclaim with faith and confidence that we have 'this hope, a sure and steadfast anchor of the soul, a hope that enters the inner shrine behind the curtain, where Jesus, a forerunner on our behalf, has entered' (Hebrews 6.19-20).

Metropolitan Athenagoras of Belgium, Ecumenical Patriarchate
The Right Reverend Dr Richard Clarke, Anglican Communion
Co-Chairs

I. Introduction

1. Death and the process of dying are inescapable realities of human life because death comes to us all. They are also profound mysteries that are rightly approached in a spirit of humility and reverence.
2. This document builds on the insights of the 2015 Agreed Statement, *In the Image and Likeness of God: A Hope-Filled Anthropology*.ⁱ It has emerged from the shared reflections of members of the International Commission for Anglican–Orthodox Theological Dialogue. Anglicans and Orthodox from different parts of the world here address some of the universal questions about death and dying. We explore understandings of what is to be regarded as ‘a good death’ (literally *euthanasia*), and have discovered a broad consensus in many areas, as well as some differences of perspective.
3. We do so within a significantly changing context, shaped by continuing medical developments, and consider the fresh moral and ethicalⁱⁱ perspectives to which these give rise. From our confidence in ‘our Saviour Christ Jesus, who abolished death and brought life and immortality to light through the gospel’ (2 Tim 1.10), we offer resources for addressing the complex and controversial questions around ways in which the ending of life can be influenced, altered or controlled through human intervention.
4. Any discussion of death and dying must engage fully with current public debates. Extreme cases of sustained suffering demand response, whether related to terminal or chronic illness, disability or intractable pain. A wide range of legislative changes to permit advancing death are under discussion, often using the euphemism ‘assisted dying’, and in some nations these have been adopted. These changes may be sought by those personally and harrowingly affected, by those with experience of a loved one’s death in heartrending circumstances, or by those who fear what ageing, infirmity or illness may bring. In the shadow of great suffering, particularly where the patient can say they no longer wish to continue living, the case for change can seem to some not only compelling and compassionate, but a moral imperative. Such a view has been embraced by some prominent Christians,

though it has broadly been opposed by the Churches.ⁱⁱⁱ A parallel is often drawn with the compassionate killing of dying animals, which a humane society does not permit to suffer unnecessarily.

5. We aim to promote fuller debate that focuses not on assisted dying but on ensuring the best possible life for every human person at every stage of life. Current discussion is too often narrow and over-simplified. It may present false dichotomies, with arguments for the dignity of life pitched against those for its sanctity, or when views held by people of faith are assumed to stand in opposition to the convictions of those without religious belief. But claims of compassion and justice, or of choice, human rights and individual autonomy, require careful and nuanced interpretation. All must be centred on society's duty of care to the most vulnerable and suggestible, whether or not they are facing terminal conditions. Advocating death is a blunt and unnecessary instrument for addressing many legitimate concerns. Wider debate should consider all perspectives and hear all voices, including those of patients and their families and friends, experts in palliative care alongside other medical practitioners, ethical and moral specialists, and the spectrum of faith communities. It must, however, address significant factors such as properly funded economic and social provision for palliative and end-of-life care. It must also ensure adequate safeguarding from coercion or inappropriate pressure, for patients, those close to them, and medical practitioners. Considerable reassurance can be brought to many by better public awareness of all that current end of life and care provisions entail.
6. We approach the reality of death and dying with full seriousness, aware that an appeal to overarching principles alone could appear to ignore or diminish the grim reality of human agony and distress, and natural fear in the face of unavoidable mortality. The particularity of human suffering and death lies at the very heart of our faith: faith in the crucified Christ who bears all human suffering with us and for us, and shares even our experience of death. Orthodox and Anglicans draw on two millennia of accumulated practical wisdom and experience in exercising compassion and care for the suffering and the dying. Christians, with other people

of faith, palliative care professionals and many bereaved, also bear witness that even in the most extreme and challenging of circumstances, the process of dying can prove to be an unexpected source of profound healing. Such experiences neither negate nor justify the enormity of suffering. Indeed, for Christians, it is highly significant that the Risen Christ appears with his wounds still visible (Jn 20.27). However, all this brings to the fore the compelling narrative of the life, death and resurrection of Jesus Christ and its significance for us which must also be addressed in public debate.

7. The COVID-19 pandemic brought into sharper focus the challenges of good 'end of life' care. Too many people tragically died in isolation because of quarantine restrictions, without human contact, comfort, pastoral care or the ministry of the churches. Some critically ill people chose not to seek potentially lifesaving medical care because they feared the dehumanization of this kind of isolation. Too many people buried loved ones alone, without the support and comfort of wider family and community. This highlighted the need for more holistic thinking both about current care for the isolated, the vulnerable, the infirm, the sick and the dying, and our preparedness for future health crises.
8. This is the context in which we offer *Dying Well, Living Well: Our Sure and Certain Hope*.

II. Attitudes to Human Mortality

9. To discuss death requires us to look squarely and unflinchingly at the full extent of human pain and suffering in their most extreme forms, while also being alert to a strange paradox. The process of death, when handled with wisdom, compassion, and care can engender unexpected and remarkable gifts of healing and hope, which bring peace to the dying, and the healing of relationships to the living. This reality is well-documented by clergy, palliative care practitioners, and others who care for the dying from within the life and pastoral ministry of the Churches and interpret the process through the eyes of faith.^{iv} We are mindful of the limitless mercies of the Lord: '... when the goodness and loving kindness of God our

Saviour appeared, he saved us, not because of deeds done by us in righteousness, but in virtue of his own mercy' (Tit 3.4-5).

10. The process of dying can vary widely across today's world, dependent upon availability of basic necessities of life and essential health services, let alone sophisticated forms of medical intervention and treatment. Cultural assumptions about death, and customary conduct in relation to the dying, can also differ widely, as can legislative and health care contexts, and terminology. Sometimes medicine and faith find common ground. At other times they bring differing insights, which we shall explore. Sensitive and complex end of life issues attract diverse opinions and can be difficult to discuss, even within faith communities. At a cultural level there may be a lack of awareness of the spiritual wisdom, counselling and sacramental practices offered by the Churches, even within societies historically shaped by Christian tradition.
11. For many people today, particularly in the more affluent parts of the world, death has become the last great taboo. It is frequently referred to through a host of euphemisms. This itself testifies to a reluctance to speak openly and honestly about human mortality. Death and dying are largely hidden away and professionally managed in these cultures. The fundamental truth is that to be human is to be mortal (2 Cor 6.9).^v Many adults are severely limited in their exposure to the reality of death and to that extent their capacity to participate in well-informed public debate about end-of-life issues can be impeded.
12. Paradoxically, contemporary cultures may appear to be desensitised to death and obsessed with it simultaneously. People of all ages are exposed to scenes of graphic violence and human barbarity through news reports, movies, video games and social media as if they were unremarkable.
13. Birth and death are often contrasted as opposite extremes. While birth is associated with hope, joy and optimism in the promise of new life, death is seen as desolation, loss and despair, accompanied by the fear of annihilation and oblivion.^{vi} But a more profound and holistic understanding of the process of dying invites us to explore their similarities, not least in relation to issues of dependency, as well as their differences.

III. Biblical Perspectives on Death and Dying

14. Alongside its normative authority for Christians, the Bible encompasses insights of great wisdom and lasting relevance in relation to death and dying, and in its engagement with the grim and often complex reality of human suffering.
15. Human beings were created by God from the dust of the earth (Gen 2.7). God intended them to live forever in communion with God. Tragically, deceived by the serpent, humans rejected communion with God, choosing to be God for themselves and thus cutting themselves off from the source of life. As a result, they were doomed to return to the dust from which they were taken (Gen 3.19). This reveals the gravity of sin, but also the true significance of salvation. Though sinless himself, through the incarnation and the redeeming power of the Cross, the obedient Christ overcomes the consequences of sin, reverses the seeming triumph of death, and releases humankind from the gates of Hell and death (Mt 16.18). For God foresaw the fall of Adam and Eve, and through his ineffable mercy God the Father offers his Son, Jesus, to heal the wound of sin (Jn 1.29) and stand as victor over the 'father of lies', sin and evil (Jn 8.44).
16. Death is thus the harrowing consequence of sin (Gen 3.19; Rom 6.23). 'Death is without doubt the sourest fruit of human disobedience, for it is radically contrary to God's intention.'^{vii} The sickness and death that characterise human life in the present world are generally presented in the Scriptures as evils to be resisted. The Book of Job is an extended reflection on the bewildering and heart-breaking reality of undeserved suffering.
17. Paradoxically however, God also intervenes to transform this consequence of human sin and create through it the doorway to resurrection and new life in Christ (Phil 3.10, 12). God denied human access to the tree of life (Gen 3.22-24) not to doom human beings to death, but to save them from an existence of perpetual death isolated from God. Human death in this fallen world is an expression of both God's judgement and saving mercy, which extend to human beings the possibility of resurrection and new life.

18. It is against this background that the full meaning and significance of Christ's words and actions can be understood. The life-giving power of Christ is seen not only in his healing of the sick, but also in his raising from the dead of Lazarus (Jn 11.43), Jairus' daughter (Mk 5.41; Mt 9.18-26; Lk 8.40-56), and the son of the widow of Nain (Lk 7.11-17). These miracles testify to Christ's authority over death, to the hope of eternal life in Christ, and to the full extent and significance of Christ's saving power. As St Paul declares, when Christ conquers death he overcomes the 'last enemy', opening for us the path to eternal life with God (1 Cor 15.20-26).
19. In his passion and death, Jesus Christ experienced the full horror of undeserved human suffering (Ps 22). In Gospel accounts we glimpse in Gethsemane his profound apprehension at the ordeal that lies ahead when he asks that the cup might 'pass him by' (Mk 14.36 and parallels). We see Christ's sense of isolation and need for companionship as he chides his disciples, 'could you not remain awake one hour?' (Mk 14.37 and parallels); and we hear his cry from the cross, 'my God, my God, why have you forsaken me?' (Ps 22; see Mk 15.34; Mt 27.46). Yet woven around these themes are concomitant motifs of Christ's steadfast faithfulness, and the active embracing of the Cross ('not what I want but what you want', Mk 14.36), culminating in the conscious surrendering of his life to God, that God's work may be made complete through Christ's own saving death (Jn 19.30). He remains 'tempted as we are, yet without sin' (Heb 4.15; cf. 1 Pet 1.19). Jesus Christ embraced our mortality and became 'obedient to the point of death – even on the cross' (Phil 2.8)^{viii}, so that all who are united with him might be set free from the fear of death, and from its destructive effects. Indeed, in St John's Gospel, Christ's crucifixion and glorification are integrally and inextricably linked (Jn 12.27-28). Importantly, however, the New Testament confronts the dark reality of suffering and death.
20. With the image of the crucified Saviour before them, it came as little surprise for the first followers of Christ to find that suffering, strife, and the prospect of death characterised their discipleship. For St Paul, continually exposed to rejection, persecution, violence, imprisonment (2 Cor 11.24-28) and

ultimately death, these struggles were never to be judged as a mark of failure, but rather as an inevitable aspect of his discipleship (Rom 8.18-25). Imprisoned, St Paul rejoices and sings praises to God (Acts 16.25).

21. For this reason there is a rightly honoured and venerable Christian tradition of embracing unavoidable pain in solidarity with Christ, and as a participation in his sufferings (1 Pet 4.13).^{ix} However, this must not be taken to imply that pain is intrinsically either good or desirable. Undeserved suffering can test the faith of Christians, and lead to searching questions about how a just and loving God can allow such things. Pain remains a harsh intrusion into human life that should, in normal circumstances, be avoided. This is reflected in the Christian duty of care for those who suffer. Yet Christian testimony through the ages attests that it is often when we are at our most vulnerable that we may experience new depths of faith (2 Cor 12.10). This can even be transformative, bringing both courage and encouragement to the sufferer.

IV. Life and Death and the Revealed Will of the Triune God

22. Our life is the supreme gift of the one triune God: Father, Son and Holy Spirit, and the beginning and the end of life are in his disposition: 'In his hand is the life of every living thing' (Job 12.10). As this Commission has stated previously:

In creation, God brings into existence human beings with the freedom to love both God and their fellow creatures. To be human is to know, love, and delight in God and to share in God's life as far as created beings may. Thus it is in praising and worshipping God that we discover who we are as human beings. In the Fall humans chose to live outside the divine-human communion, bringing disharmony, suffering and death into the world. Nevertheless, creation continues to reveal the divine intention, and through Christ God offers forgiveness and the renewal of all creation (Rom 1.20; 8.18-21).^x

The Buffalo Statement goes on to say:

The full potential of the human person is revealed in Christ, by the Holy Spirit. In Christ we are brought face to face with the Father (Jn 14.9). In Christ, we are also enabled to face ourselves and one another as we truly are.^{xi}

23. Descriptions reducing human life to the solely biological, socio-political or economic are inadequate, for 'Christian anthropology goes beyond a merely utilitarian approach to the human being.' Attempts to define the limits of life too narrowly risk stripping human life of any recognition of its true sanctity – a sanctity given and accomplished through relating to the Triune God.^{xii} Human beings were created by God with body and soul in an indissoluble unity,^{xiii} which is breached by the event of death. In virtue of the resurrection of Jesus Christ, we look with hope 'for the resurrection of the dead and the life of the age to come.'^{xiv}
24. The full significance of the present life can be realized only through the human being's potential for renewal and redemption, which is achieved through communion with the triune God: 'And this is eternal life, that they may know you, the only true God, and Jesus Christ whom you have sent' (Jn 17.3). Without spiritual life, grounded in the life of the Church, most notably in the Eucharist, the preservation of human biological or social life loses its full significance, and is deprived of true meaning. For, 'through the Incarnation, Crucifixion, Resurrection and Ascension – and through the extension of these events in the sacramental life – all humanity, together with the whole of creation, is called to participate in God's saving action.'^{xv} Mortality, ageing and death and its consequences are fully overcome and transcended through Christ.
25. The liturgical and sacramental life in relation to baptism is also of profound significance for both Orthodox and Anglicans. The waters of baptism we believe bring us into the family of the Church and open for us the door to new life, no longer bound by the forces of sin and death. In this holy mystery we 'put on Christ' (Gal 3.27), and die with him in order that 'we

too might walk in newness of life' and so might rise with him.^{xvi} Through ongoing repentance and participation in the Eucharist we are continually 'dressing the soul'^{xvii} for heaven. 'When this perishable body puts on imperishability, and this mortal body puts on immortality', St Paul explains, 'then the saying that is written will be fulfilled: "Death has been swallowed up in victory"' (1 Cor 15.53-55).

26. This points to the context in which, from the moment of conception, the human being is inevitably touched by the reality of death, whether through the natural ageing processes of the body, physical or psychological illness or injury, or through experiencing the emotional pain of bereavement. The physical processes of ageing that lead to death are integral to mortal life. They also accompany the growth in wisdom that comes with experience and reflection. While diminution of physical capacity may narrow our horizons, it can also challenge us to engage more deeply with spiritual reality. For 'our vocation as human persons is particularly affirmed by our capacity for conscious co-operation with God: we are fellow-workers (*synergoi*) with God (1 Cor 3.9),^{xviii} after our repentance (*metanoia*), and this remains true as much in our weakness as in our strength. Far from diminishing the human person, our vulnerability can ultimately be transformed into a source of inner strength, of blessing for self and others, and of healing relationships – an experience often also recognized outside the Christian faith (Rom 2.14-16).
27. Since the Christian faith asserts that life extends beyond biological death, the way that one conducts oneself in this life can have profound consequences for the next. In the words of the seventeenth century Anglican theologian Jeremy Taylor, 'He that would die well must, all the days of his life, lay up against the day of death.'^{xix} Consequently, the art of dying well should ideally begin, for those with this privilege, when we are in good health, rather than as we face the end of our earthly life. Similarly, at every divine liturgy Orthodox Christians pray, 'that we may complete the remaining time of our life in peace and repentance, let us ask of the Lord. And let us ask for a Christian end to our life, peaceful, without shame and suffering, and for a good defence before the awesome judgement seat of Christ.'^{xx} In so doing, they remind

themselves of death and implore God to prepare them and accompany them on this journey. Through ascetical disciplines, especially fasting, both Orthodox and Anglicans are called to train themselves to face hardship and prepare for the pain and suffering that so often accompany the end of life.

V. Christian Perspectives on Living Well and Dying Well

28. Christian tradition, in continuity with Judaism, asserts that human beings are created for life with God, a life of abundance (Jn 10.10). Our instinctive struggle for survival and our yearning for God, which have characterised the human heart throughout history, echo our desire for the life with God for which we were originally created. In the words of St Athanasius, 'The Son of God became human so that we might become divine' (or, more accurately, 'god-like', through grace)^{xxi} while St Augustine of Hippo observed, 'You have made us for yourself, O God, and our hearts are restless until they find their rest in you.'^{xxii}
29. Anglican and Orthodox traditions are likewise rooted in reflections upon the life, death and resurrection of Jesus Christ. Within the Jewish culture of his day, a 'good death' was assumed to be an end where the deceased had lived a long life, had left a son behind to maintain the family line, and was buried in the ancestral tomb. The death of Jesus Christ fulfilled none of these criteria, and yet brought about the ultimate good of the redemption of humanity and of all creation^{xxiii} (Col. 1.20-23). As people approach death they often tend to think of what they want for themselves. However, as Jesus Christ approached death his focus was on giving himself for the life of the world (John 6.51). Jesus thus invites us to see death in a radically new way.
30. The Anglican and Orthodox traditions are united in their fundamental recognition that human life is a precious gift from God. It is of infinite value since human beings are created in the image of God (Gen 1.26-27),^{xxiv} and shedding human blood was therefore forbidden by God (Gen 9.6). Murder – the intentional taking of human life – as prohibited in the

Ten Commandments (Ex 20.13; Deut 5.17), is universally condemned. No one has the right to take life from us (Ex 20.3; Mt 5.21), nor, Christian tradition has taught, do we have the right to take our own life. In some cases Christians have seen intentional killing as lawful, for example in self-defence or a 'just war' scenario.^{xxv} Further, unintentionally causing another's death is generally not regarded as murder, and may be described in such terms as manslaughter or homicide, and an individual may be held not legally culpable in the case of accidents. But ending another's life in any of these ways still remains a grievous matter, and Orthodox tradition considers those responsible need the healing that comes through repentance. Christians, agreeing with secular ethics that murder is wrong, see it as a grave sin.

31. The Anglican Church of Uganda tells the story of the martyrdom of Archbishop Janani Luwum in 1977 in the following way.^{xxvi} The Archbishop and six bishops were accused in a show trial of smuggling weapons. Archbishop Luwum was not allowed to answer the charges but shook his head in denial. President Amin asked the crowd: 'What shall we do with these traitors?' The soldiers replied, 'Kill them now'. The Archbishop was separated from his bishops. As he was taken away Archbishop Luwum turned to his brother bishops and said: 'Do not be afraid. I see God's hand in this.'^{xxvii} In a similar vein the Orthodox archpriest Alexei Uminsky has commented that 'we are afraid of death because we do not know Christ well and do not love Him.'^{xxviii} In our own time, both echo the biblical teaching that spiritual death is to be feared more than physical death (Mt 10.28). The testimonies of countless Christian martyrs have endorsed this. Moreover, in extreme situations it may be the case that one can, and sometimes should, lay down one's life, or allow one's life to be taken, for a greater good (Jn 15.13). As Ignatius of Antioch wrote in the face of impending death, 'It is better for me to die on behalf of Jesus Christ, than to reign over all the ends of the earth ... Him I seek, who died for us: Him I desire, who rose again for our sake.'^{xxix} Others in their dying have spoken of experiencing God's transformative presence within their suffering.^{xxx} Sometimes pain is unavoidable even with the benefit of sophisticated medical intervention. Yet Christians

may nonetheless embrace the reality of dying with patience and hope in God, and can find that this speaks to their fears and strengthens confidence in the divine love that transcends death: 'there is no fear in love, but perfect love casts out fear' (1 Jn 4.18).

32. Dying well is not simply a matter of freedom from pain and fear: these may well accompany the ebbing of bodily life and strength. Normal coping mechanisms can fail as weakness takes over. The whole human person is affected by the process of dying. Dying well is clinging to God in the fear and the pain, and saying with our Lord Jesus 'into your hands I commend my spirit' (Lk 23.46). He is the one who gives assurance to the dying with his words 'do not be afraid' and makes real the 'sure and certain^{xxxix} hope of eternal life. All things said, from the perspective of faith death may be understood as a completion of our time on earth.
33. Where pain is embraced with patience, a clear conscience and with faith in the saving hand of Christ the Son of God,^{xxxix} it has the potential to become transformative, not only for the sufferer, but also for those who provide care. From them it calls forth steadfastness, love and compassion, which can also be profoundly costly. The experience of watching a loved one suffer can bring its own agony: hence the true meaning of the word compassion ('suffering with').
34. Since earliest times the Church has evaluated a person's death in the light of their attitude towards the confession of their sins in Christ's name, according to the will of the heavenly Father. Indeed, seen from the perspective of Christian spirituality, a dying well is not always an easy matter, nor is *easy* dying necessarily desirable, for much depends upon the circumstances and the individual's inner disposition (in traditional terms, the state of one's soul). Thus, St John Chrysostom could ask: 'Was John the Baptist's death bad because he was beheaded or Stephen's because he was stoned, or of the many martyrs whose life ended in terrible suffering?'^{xxxix}
35. Often towards the end of life there is a process of decline in which we are stripped of much that we have depended upon for our sense of identity and worth. We may lose

independence, privacy, the ability to communicate, understanding of what is going on around us, control over events or many other capacities. The prospect of pain and loss may bring temptation to despair. Yet this time may also become an unparalleled opportunity to cast ourselves upon God's grace and mercy in new and deeply transforming ways. St Paul calls us to have the mind of Christ Jesus (1 Cor 2.16) who emptied himself and became obedient unto death (Phil 2.5-8). We may also find that embracing the process of having so much stripped away at the end of life can offer grace-filled opportunities to encounter more deeply the living Christ.

VI. Life as Divine Gift

36. All life is a gift from God, who has created human beings with free will. This gives them the capacity to exercise choices, both good and bad, in the use of this gift, including the freedom to choose between life or death. Christian tradition teaches that in fact we are not the 'owners' of our lives, from the perspectives of both creation and salvation: 'Do you not know ... that you are not your own? For you were bought with a price' (1 Cor 6.19-20).
37. Suicide is always a tragedy. It demands pastoral compassion, especially in response to the devastating reality that clinical depression or mental illness or the enormity of circumstances may bring. The families of people who take their own lives should be offered every comfort by their church communities, and, with episcopal permission where required, funeral services and burial in consecrated ground may follow. Even so, suicide has been traditionally described in terms of the ultimate manifestation of despair and a turning away from God. To terminate the gift of life we have received from God's hands is contrary to his intention.
38. A human life in all its fullness can neither be separated from the love of God (Rom 8.39), nor lived in isolation from creation and the rest of humankind. The true significance of life and death should be understood to involve communion with our neighbour and with God. A human being is designed for life in community, and endowed with responsibility to others.

This implies a broadening of the commonly invoked concept of individual human autonomy to reflect the interests and concerns of others as well: notably, those of our kin, friends, neighbours and the wider community for whom we in turn are responsible and with whom we forge a network of intricate relations. The Orthodox thinker Alexei Khomiakov confirms ‘we know that when any one of us falls he falls alone; but no one is saved alone. He who is saved is saved in the Church, as a member of her, and in unity with all her other members.’^{xxxiv} The existence of such networks of mutuality and accountability, for Christian and non-Christian alike, provides common ground for fruitful discussion.

VII. Competing Values

39. Whenever ‘assisted dying’ is debated, arguments relating to ‘quality of life’ are routinely invoked. These sometimes relate to instrumentalist and utilitarian criteria, or to subjective evaluations of how worthwhile a person’s life may appear to be. Faith communities and others have long argued that quality of life must be considered within a broader, more integrated perspective, which transcends merely biological, psychological or socio-economic considerations. This is also widely recognized in palliative care.
40. In the Buffalo Statement we resist utilitarian understandings of the human person, recognizing that ‘Seeming weakness – even permanent disability or terminal illness – may contain strength of the highest order, where “power is made perfect in weakness” (2 Cor. 12.9). Such weakness is the context in which the uniqueness of human personhood ‘may shine forth most strikingly’ in both those who give and receive loving care.’^{xxxv}
41. This is in stark contrast to some contemporary views. There are those whom some may regard, in purely utilitarian terms, as an economic burden rather than a positive asset. These include the frail, the terminally ill, the elderly, the depressed and those who suffer from chronic illness. There are also those who are not necessarily terminally ill, but who may be unable to contribute economically to society. Yet

arguments that are primarily based on financial, technical, bureaucratic or legislative expediency can gain a momentum of their own. These should be resisted and society's moral obligation recognized to ensure adequate funding of care for those in need, including palliative care. The ethical and social consequences of economic and legal thinking alone, particularly when assessing the intrinsic 'worth' of human life, are perilous, leading to a purely instrumentalist evaluation of human life.^{xxxvi} Further, any acceptance of such fallacious arguments risks insidiously influencing suggestible people to conclude that their life is not *worth* living, or is unacceptably burdensome, including financially, to others. No one should believe that it is selfish to wish to stay alive. Other life-enhancing options may be fully available but ignored.

42. At times Christian discipleship calls us to embrace paradox in matters of life and death. We must acknowledge our mortality while resisting the darkness of death, which we do confident in the victory of Christ (1 Cor 15.26,55). In Christian experience death and resurrection are inseparable: 'dying, and see—we are alive' (2 Cor 6.9). 'God in Christ allows us to experience the continuity of life, which is union with Christ, and thus to reverse death through death itself...' ^{xxxvii} As the Orthodox Church's paschal hymn testifies:

Christ is risen from the dead, trampling down death by death, and bestowing life upon those in the tombs.

In the Order for the Burial of the Dead, in the Book of Common Prayer 1662, Anglicans pray:

In the midst of life we are in death: of whom may we seek for succour, but of thee, O Lord, who for our sins art justly displeased? Yet, O Lord God most holy, O Lord most mighty, O holy and most merciful Saviour, deliver us not into the bitter pains of eternal death.

43. Christian faith also calls us to question the extent to which the quality of any life can be seen as largely constituted through economic productivity, physical and mental capacity, or notions of dignity, autonomy and independence. Every human life has an intrinsic value which is never diminished by any type of weakness. Yet those facing the prospect of reduced

independence or perceived loss of dignity may be fearful and may conclude that to avoid these apparent weaknesses they should be able to access premature death as a preferable alternative. Yet we accept dependency in infants during life's earliest years, and it need not be inappropriate in life's later stages. This may challenge our vanity and pride, but facing our flagging capacities in illness or age may also draw us closer to Jesus Christ in his humility in the face of death (Phil 2.7). 'We are called to change and grow in grace and faith, to become more Christ-like. Death can be accepted as a means of participating in the self-emptying of Christ.'^{xxxviii}

VIII. Cultural Perspectives on Death and Dying

44. Cultures, past and present, have held a variety of understandings of what it means to die well. In some circumstances, however, to use language of 'dying well' might appear inappropriate. Particular challenges arise, for example, from stillbirth and death in infancy, where death is caused suddenly by accident or natural disaster, or where death through violence, deprivation or otherwise, could have been prevented.
45. Although people of all faiths and none feel the need to respond compassionately to situations of suffering and death, there may be differences of interpretation regarding what constitutes such a response. The circumstances of a death, and the inner disposition and framework of meaning held by the person facing death, can also be profoundly significant in determining what constitutes a good death. This is widely recognized by leading figures in modern palliative care.^{xxxix}
46. Some modern cultures tend to exalt autonomy and independence in evaluating quality of life. Hence claims to an individual human right to choose to bring about death in the face of pain and incapacity can become a dominant, if not the sole, criterion in debate. A culture that privileges individual autonomy as an ultimate value can fail to recognize the unexpected and sometimes profound gifts that can accompany the experiences of being vulnerable and 'ministered unto'. Indeed, the very notion of absolute

autonomy is a 'fiction'.^{xi} Relationship with others is integral to our identity and wholeness as human beings. An individual's dying and death affects many others. There may be much good in embracing a phase of life in which our vulnerability opens up a compassionate and supportive response from those around us. Conversely, opportunities to learn compassion and patience in caring for the weak and the vulnerable can engender within us virtues, perhaps previously undiscovered or unrecognised, that can deepen our own humanity.

IX. Pastoral Care in our Churches: An Holistic Approach

47. Christian pastoral care addresses the whole human person. Our Churches, called to be faithful to the crucified and risen Saviour, who has destroyed death and opened the gates of eternal life (Rev 21.22), are uniquely placed to help all people face mortality and physical vulnerability with honesty and without fear.
48. The Church is thus called to engage in a committed and compassionate way with the hard reality of human suffering,^{xli} especially when intractable pain overshadows the end of a person's life. In the support that can be offered, through companionship, prayer and sacrament (especially in confession, holy unction and Eucharist), the whole Church stands beside those who suffer and pleads for their release from intolerable pain. We bear witness to the ways in which God can fill pain with his presence, sometimes extended through the love and care of others.
49. The pastoral outreach of the Church and the support given by the community that gathers around those who have died and are bereaved is not limited to the time of physical death, nor to the earthly side of the burial rite. Both Anglican and Orthodox Churches offer their pastoral care, liturgically, to the life beyond, in anticipation of being with the risen Christ forever, in the coming glory of His Father's Heavenly Kingdom (Jn 1.5; Rev 1.8; 4.8). Thus, in the Orthodox Litany of Fervent Supplication, the deacon exclaims:

O Thou Who desirest not the death of sinners, but rather that they should return to Thee and live: spare and have mercy on Thy servant(s); O Merciful One, banish sickness, drive away all passion, and all ailments...^{xlii}

In the Funeral Service of the Church of England the minister prays:

Remember for good this your servant *N* as we also remember *him/her*. Bring all who rest in Christ into the fullness of your kingdom where sins have been forgiven and death is no more.^{xliii}

The liturgical calendars of our Churches (such as Anglican observance of the Commemoration of the Faithful Departed) also provide occasions when we are specifically exhorted to reflect on the reality of death.^{xliv} Memorial prayers engage with the reality of physical death while affirming the truth of resurrection into life eternal.

50. Such liturgical occasions can play a vital role in helping to acknowledge and to heal the experience of profound grief for the bereaved. Great care is taken to reverence and re-member the body for 'eternal memory' in Christ. For the Church has the authority, and the means of grace, to pronounce forgiveness to the dying and to commend the deceased to the Lord: 'Truly I tell you, whatever you bind on earth shall be bound in heaven, and whatever you loose on earth will be loosed in heaven' (Mt 18.18).
51. The Church guides people through the deepest and broadest human concerns. These range from existential questions about the meaning of life and death, evil, pain or suffering, to more concrete problems including caring for the sick, their relatives, medical ethicists, doctors and nursing staff, and funeral directors. Skilled pastoral care and theological insight and wisdom are required in order to respond to these complex and evolving questions.

X. Christian Guiding Principles

52. Anglicans and Orthodox have each reflected on resources drawn from Scripture and our own traditions concerning complex questions around end of life issues. The 1998 Lambeth Conference identified ‘five bedrock principles’^{xlv} Numerous Orthodox consultations and documents have also discerned such guiding principles.^{xlvi} There is remarkable consistency in the conclusions drawn by our Traditions. Drawing also on wider bioethical reflection^{xlvii} this Commission has distilled the following foundations for sound thinking about end of life issues:

- Life is God’s creation, has intrinsic sanctity, significance and worth and is to be respected. All life must be recognized as gift. This includes a necessary and appropriate respect for human diversity and variability, embracing imperfections and disabilities. Progress in biomedical knowledge must be pursued with prudence and care, and without undue haste, gathering an understanding of wider implications or possible consequences for future generations. It should never open a back-door route to the hastening of death, or racist or eugenic practices.
- Human life has unique sanctity and dignity. All political or legislative changes must respect the fact that every person is a unique, irreplaceable and unrepeatable being. Each has been given free will, is sacred, and thus is of transcendent worth.
- Human life is essentially communal and not reducible to that of an individual existing in isolation. Human beings exist in relation to God, to the whole creation and in relationships with others. Every human person is inextricably connected with other human beings, within a particular environment. With these relationships come rights and obligations, responsibilities and duties. Every person’s death affects a myriad others. Within the providence of God, death may often contribute positively to community building, as it mobilises the solidarity of those who in the support and comfort of that person as their life is nearing its natural end. Admitting to frailty can draw out unexpected gifts of relationship and intimacy.

- Human beings are moral beings with the capacity to make moral choices, though human autonomy is not absolute and is limited by responsibilities to God, to other people and to creation.
- Compassion is central, and extends beyond purely interpersonal considerations. Through Christ's act of self-giving love on the cross, God reconciles all creation to himself (Col 1.20). Human beings are called to participate in expressing such tangible love for one another, for future generations, and for the environment. Our decisions and actions often have a profound impact on those around us and those who come after us, both directly and indirectly. To allow others to care for us can be a compassionate act in itself. Such caring is not always a burden unfairly laid upon them.^{xlviii}
- This life is not the sum total of human existence; we find ultimate fulfilment in eternity with God. Earthly life is not the entirety of human existence. More than this, it is in eternity with God that we shall find its ultimate fulfilment.

XI. Medical Care Around the Ending of Life

53. Increasingly sophisticated medical developments are transforming the care of the suffering and dying, and changing the frontiers of what is possible for those able to access these advances. Some diseases that were terminal are now preventable, curable or manageable, and average longevity is increasing. Medical interventions that relieve pain and alleviate conditions that previously shortened or constrained life are to be welcomed. For example, there is no evidence that morphine, in the right and carefully-adjusted dose for an individual will foreshorten life. Better access to palliative care can extend life. Human skill and ingenuity are fundamentally God-given gifts.
54. Such advances also give rise to an evolving range of ethical questions and challenges. For example, at what point does intervention aimed at the preservation of human life become an inappropriate and artificial extension of life, with the potential to prolong suffering? Medical advances in end

of life care may influence moral and clinical judgements, which may in turn generate new and previously unforeseen dilemmas. Ethical decision-making is seldom static within the medical realm.

55. Access to high quality palliative care for all in need, and support for those closest to them, should be our priority. Its ready availability can calm many fears around illness and dying. Our Churches can contribute distinctively, alongside other professions, in the care of the dying and their families in body, mind and soul, and work together, having minimal differences around palliative care. Much has been done in some countries with the modern hospice movement, which looks to the monastic tradition of care for the dying and has profound Christian roots. Since its inception the hospice movement has recognized the value of holistic approaches, and much can be learnt from this in places where hospices^{xlix} are still emerging. Others are ready to care for elderly relatives and the dying within the family. Such different expressions of Christian love and concern are complementary. The COVID-19 pandemic also highlighted the need to be aware of wider aspects of holistic, human-focussed, end of life care.
56. Terminally ill people should be provided with sufficient information so that where possible they can make informed decisions about their care and treatment. The ill person should be supported in this by their family, friends, pastors, spiritual advisers and medical professionals. In some circumstances a decision to cease what could be life-sustaining or life-prolonging medical intervention, in the knowledge that death may come sooner, is broadly deemed legally and morally acceptable by our two Traditions. An example would be the cancer patient who actively chooses to cease chemotherapy after being enabled to make an informed decision that has considered both quality of life and longevity. Suggested care should always be appropriate and avoid excessively burdensome treatment.
57. The dividing line between extending life and prolonging the dying process may not always be easy to define: a medical treatment designed to preserve life and minimize suffering has the potential to extend life artificially in a way that is of no

discernible benefit to the patient and may ultimately prolong or increase suffering. There is considerable consensus within Anglicanism and Orthodoxy regarding an individual's freedom to refuse medication or resuscitation, and to decline treatment that the patient regards as futile or burdensome. Thus, in practice, in some carefully evaluated cases and for reasons of compassion, the withdrawal or withholding of treatment may be deemed acceptable. Sometimes a treatment begun in the hope of preserving life can later transition into a treatment that lacks benefit yet prolongs dying.ⁱ

58. Withdrawing artificial feeding and hydration is sometimes regarded as the ethical equivalent of withholding medical treatment. In practice this may not be the case. While arguments relating to human dignity and quality of life may be invoked, there must also be safeguards against narrowly utilitarian criteria dominating.ⁱⁱ
59. When nearing the end of life, a patient may not always be able to exercise choice. Decision-making may rest with someone who has been granted power of attorney. Practices around who is authorised to take decisions about continuing care vary according to legal context.

XII. 'Assisted Dying'

60. Provisions for what is often termed 'assisted dying' take a wide variety of forms, which raise different kinds of moral issue. Public debate also varies enormously depending on national factors and local contexts, not least the nature of the health services (which may or may not be readily accessible, of variable quality, and either free or affordable at the point of delivery). Legal frameworks also differ greatly, as does the use of sometimes loose or euphemistic terms such as 'assisted dying', 'voluntary' or 'physician-assisted' dying, 'assisted suicide' or 'euthanasia'. These terms, particularly euthanasia, require careful definition. The dying may be voluntary, with the patient's consent and with the decisive final action taken by a doctor, or through enabling the patient to be the direct agent of their death. Involuntary euthanasia is when the consenting will of the patient is absent in some way, or where euthanasia

is conducted against the patient's will. In the latter case it may be named non-voluntary euthanasia.

61. We agree that human beings are created in the image of God, and that personal autonomy and freedom are gifts of God to be cherished and advanced. However, personal autonomy is not absolute. It must be held in relation with the conviction that human life is not our own to dispose of as we will but belongs to God. Secondly, as we have shown, 'personal, moral autonomy is inextricably bound up with the autonomy, rights and responsibilities of others.'ⁱⁱⁱ
62. Anglicans and Orthodox affirm and uphold both the sanctity and dignity of life.ⁱⁱⁱ We reject the intentional hastening of death. Where the needs of dignity of life and sanctity might appear to be in competition, appropriate pastoral and moral responses must be ensured. An example would be some forms of degenerative conditions, such as motor-neurone disease. Agony and anguish can also take mental, emotional and spiritual forms, and feel boundless and timeless in the experience and perception of the sufferer – this underlines the need for comprehensive mental and spiritual health care.
63. Although still illegal in most countries worldwide, various forms of physician-assisted dying or euthanasia have become lawful in an increasing number of nations over the past twenty years. Anglican and Orthodox Churches are united in their resistance to this form of legislation.
64. There are many grounds beyond those arising from Christian faith for opposing such legislation. These include ensuring adequate protection of the vulnerable and suggestible, and avoiding undermining the essential relationship of trust between physician and patient. Indeed, legalisation of forms of assisted dying fundamentally subverts essential understandings of medical care, which align closely with the Church's spiritual and ethical precepts. Normalizing termination of life in this way will have profound negative long-term consequences. We have already seen how such a process of normalizing puts at risk some people who are not terminally ill, people who are suffering from depression or are mentally ill, or those who simply wish to end their lives.^{iv}

XIII. Consequences of Legalising 'Assisted Dying'

65. The false assumption that what is *lawful* must therefore be moral or ethical drives a normalization of ethically unacceptable practices and closes down continuing discussion. St Paul reminds us that what is permissible is not always helpful (1 Cor 10.23). This applies to many areas of moral debate. Furthermore, what is legally permissible in extreme cases, may become normalized to the extent that 'assisted dying' might be seen not only as increasingly uncontroversial, but an option to be encouraged or morally expected.
66. The Universal Declaration of Human Rights declares that the most fundamental human right is that of every person to the integrity of their life, together with the right also to medical care and security in the event of sickness, disability, or old age. These rights should be protected by law.^{lv} Again, we need to reiterate: arguments around self-determination and individual choice need to be placed within wider understandings of selfhood, found most fully in relationship with others. Self-determination properly encompasses the right to compassion from others: most significantly, including the ability to choose the safekeeping of one's person. This is particularly important if and where involuntary and non-voluntary euthanasia becomes legal or is already available. Likewise, we should be able to expect proper medical care when needed, together with palliative treatment if required. We should also be entitled to self-care and even protection from self-abuse, for example where an individual is prone to hurting themselves because of mental illness or psychological disorders. Finally, we should be protected from any form of inhumane treatment.^{lvi}

XIV. Through Death to Life Eternal: A Hope-filled Faith

67. We have explored together complex issues around dying, the end of life, and death, and the great mysteries within them. Drawing on the resources of our Churches and considering wide-ranging contemporary perspectives, we have reflected on how living and dying well may be understood. We have underlined our opposition to what is broadly called 'assisted dying', 'assisted suicide' and related terms, and this is shared by many outside the Christian faith. In concluding this document, we call to mind that our Saviour Jesus Christ has abolished death and brought life and immortality through the gospel (2 Tim 1.10) and so death may be for us the final healing.
68. The foregoing analyses indicate the pervasiveness of systemic injustices, and also the dangers inherent in lowering the bar of social tolerance towards 'assisted dying' or euthanasia. The classic triad of temptations: money (greed and financial concerns), power (bureaucratic expediency) and status (professionalization of life and death questions, while diminishing humanity in favour of commodification) are ever-present. They are wholly incompatible with the Christian understanding of the inherent sanctity and dignity of human life.
69. Each human person is created in God's image (*eikon*), as the Buffalo Statement affirmed, and is called to attain the likeness of God through deification (*theosis*) which is our ultimate goal.^{lvii} The call of discipleship encourages the Christian to respond in trusting faith, not only in health or happiness, but also, in our fallen world, to inevitabilities of sickness, pain, disaster and death (Rom 8.31-38).
70. By living in the Body of Christ, the Church, we are invited to become dead to sin (Rom 6.11) and to draw upon the powers of Christ's Cross and Resurrection, in loving obedience and self-denial, bearing our own cross daily (Lk 9.23). In this way, we cast off the fear of death and reap the first fruits of true freedom and spiritual restoration. Indeed, only 'if the Son makes you free, you will be free indeed' (Jn 8.36).^{lviii} We are thus released into the great hope of reaching a way of life

unconstrained by the strictures of sin, death and corruption. The Apostle Paul gives this profound assurance: 'If the Spirit of him who raised Jesus from the dead dwells in you, he who raised Christ from the dead will give life to your mortal bodies through his Spirit who dwells in you' (Rom 8.11).

71. Jeremy Taylor's conclusion to *Holy Dying* summarises the entire matter with wisdom and insight:

It remains that we who are alive should so live, and by the actions of religion attend the coming of the day of the Lord, that we neither be surprised nor leave our duties imperfect, nor our sins uncanceled, nor our persons unreconciled, nor God unappeased; but that, when we descend to our graves, we may rest in the bosom of the Lord, till the mansions be prepared where we shall sing and feast eternally. Amen.^{lix}

72. More recently Orthodox tradition holds, in the compelling words of St John of Kronstadt (1829–1908):

Sometimes in the affliction of your soul you wish to die. It is easy to die, and does not take long; but are you prepared for death? Remember that after death the judgement of your whole life will follow. You are not prepared for death, and if it were to come to you, you would shudder all over. Therefore do not waste words in vain. Do not say: "It is better for me to die," but say rather, "How can I prepare for death in a Christian manner?" By means of faith, by means of good works, and by bravely bearing the miseries and sorrows that happen to you, so as to be able to meet death fearlessly, peacefully, and without shame, not as a rigorous law of nature, but as a fatherly call of the eternal, heavenly, holy, and blessed Father unto the everlasting Kingdom.^{lx}

73. We can therefore conclude that dying well can only be understood in the broader context of living well, with care, diligence and humility, aware always of the transitory nature of this mortal life and its challenges, without cause to be despondent.^{lxi} Life is God's precious gift, for which we give thanks, and receive it and nurture it, full of hope.

Go forth upon thy journey from this world, O Christian soul,
In the name of God the Father Almighty
who created thee. *Amen.*

In the name of Jesus Christ who
suffered for thee. *Amen*

In the name of the Holy Spirit who
strengtheneth thee. *Amen.*

In communion with the blessed Saints, and
aided by Angels and Archangels, and all the
armies of the heavenly host. *Amen.*

May thy portion this day be in peace, and thy
dwelling in the heavenly Jerusalem. *Amen.*^{lxii}

Give rest, O Christ, to thy servant with thy saints:
where sorrow and pain are no more;
neither sighing but life everlasting.
Thou only art immortal, the creator and maker of man:
and we are mortal formed from the dust of the earth,
and unto earth shall we return:
for so thou didst ordain,
when thou created me saying:
“Dust thou art und unto dust shalt thou return.”
All we go down to the dust;
and weeping o’er the grave we make our song:
Alleluia, alleluia, alleluia.^{lxiii}

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Metropolitan Nektarios of Kytion, Church of Cyprus
Prof. Dr Miltiadis Konstantinou, Church of Greece
Prof. Dr Nathan Hoppe, Church of Albania

Endnotes

- i *In the Image and Likeness of God: A Hope-Filled Anthropology*, The Buffalo Statement agreed by the International Commission for Anglican–Orthodox Theological Dialogue (ICAOTD), (London: Anglican Consultative Council, 2015)
- ii We follow the English usage convention that ‘moral’ broadly refers to guiding principles of right and wrong, while ‘ethics’ relates to accepted codes of practice. Others consider the terms synonymous, and we note the distinction does not hold across all linguistic contexts.
- iii These include Hans Küng among others. Hans Küng, *Eternal Life?: Life After Death as a Medical, Philosophical, and Theological Problem*, trans. Edward Quinn (London: Collins, 1984); Hans Küng and Walter Jens, *A Dignified Dying: A Plea for Personal Responsibility*, trans. John Bowden (London: SCM Press, 1995).
- iv E.g. Kathryn Mannix, *With the End in Mind: Death, Dying and Wisdom in an Age of Denial* (London: William Collins, 2017).
- v *In the Image and Likeness of God: A Hope-Filled Anthropology* §22.
- vi *The First Book of Homilies IX* says ‘Thus we see three causes why worldly men fear death. First: because they shall loose thereby their worldly honours, riches, possessions, and all their hearts desires. Second: because of the painful diseases, and bitter pangs, which commonly men suffer, either before, or at the time of death. Third: but the chief cause above all other, is the dread of the miserable state of eternal damnation both of body and soul, which they fear shall follow, after their departing from the worldly pleasures of this present life.’ *From The First Book of Homilies of the Church of England* first published in 1547.
- vii *In the Image and Likeness of God: A Hope-Filled Anthropology* §22
- viii *In the Image and Likeness of God: A Hope-Filled Anthropology* §8.
- ix See also John Breck, *The Sacred Gift of Life: Orthodox Christianity and Bioethics* (Crestwood, New York: St Vladimir’s Seminary Press, 1998), 22.
- x *In the Image and Likeness of God: A Hope-Filled Anthropology* §1.
- xi *In the Image and Likeness of God: A Hope-Filled Anthropology* §2.
- xii *In the Image and Likeness of God: A Hope-Filled Anthropology* §7.
- xiii *In the Image and Likeness of God: A Hope-Filled Anthropology* §21.
- xiv *In the Image and Likeness of God: A Hope-Filled Anthropology* §22 and the Nicene-Constantinopolitan Creed, Articles 11-12.
- xv *In the Image and Likeness of God: A Hope-Filled Anthropology* §2.
- xvi *The Church of the Triune God* §1.8. ‘Do you not know that all of us who have been baptized into Christ Jesus were baptized into his death? Therefore we have been

buried with him by baptism into death, so that, just as Christ was raised from the dead by the glory of the Father, so we too might walk in newness of life' (Rom 6.3-4).

- xvii Jeremy Taylor *The Rule and Exercises of Holy Dying*, Chapter II, Section 2
- xviii *In the Image and Likeness of God: A Hope-Filled Anthropology* §9.
- xix Jeremy Taylor, *The Rule and Exercises of Holy Dying*, Chapter II, Section 1.
- xx Liturgy of St John Chrysostom.
- xxi Athanasius of Alexandria, *On the Incarnation of the Word*, 54:3, J.P. Migne, PG 25, 192B. Αὐτός γὰρ ἐνηνθρώπησεν, ἵνα ἡμεῖς θεοποιηθῶμεν. "He (the incarnate divine Logos) became human (*enanthropisen*), so that we might become god-like (*theopoiethomen*)" (through deification by grace). By virtue of the incarnation of the Logos it is henceforth possible to become (make oneself) god-like by grace. The Greek term θεοποιηθῶμεν = *theopoiethomen* does not mean 'divine': theologically, it is both more precise and more concrete than the much wider 'divine' (θεϊκός). Strictly translated, then, the verbatim version is this: "He (*Autos*) became en-humaned (*en-anthro-pisen*), so that we might be god-like-made (*theo-poiethomen*)".
- xxii Augustine of Hippo, *Confessions* 1:1; J.P. Migne, PL 32, 661C.
- xxiii *Stewards of Creation: A Hope-Filled Ecology*, The Canterbury Statement agreed by the International Commission for Anglican-Orthodox Theological Dialogue (London: Anglican Consultative Council, 2020), §16.
- xxiv *In the Image and Likeness of God: A Hope-Filled Anthropology* §1, §3.
- xxv Some Christians believe that there is an exception to this prohibition in cases of the death penalty for murder.
- xxvi <https://churchofuganda.org/archbishop-janani-luwum-martyr-for-christ/>. Accounts vary as to his final words. 'They are going to kill me. I am not afraid', as recorded by Westminster Abbey, <https://westminster-abbey.org/abbey-commemorations/commemorations/janani-luwum>
- xxvii In the sixteenth century Bishop Nicholas Ridley (1500?–1555) said before his martyrdom, 'Why should Christians fear death? Can death deprive us of Christ, which is all our comfort, our joy, and our life? ... Let us then not fear death, which can do us no harm.'
- Nicholas Ridley, Letter 33, in *The Works of Bishop Ridley*, ed. H. Christmas (Cambridge: Parker Society, 1841).
- xxviii Archpriest Alexei Uminsky, 'How to Live if Death Exists?', Interview conducted by Oksana Golovko, tr. Maria Trushanina, 16 January 2015, PravMir.com Orthodox Christianity and the World, [https:// pravmir.com/live-death-exists/](https://pravmir.com/live-death-exists/)
- xxix Ignatius of Antioch, *Epistle to the Romans*, 6: cf. *Ante-Nicene Fathers: The Apostolic Fathers with Justin Martyr and Irenaeus*, vol. 1: *The Writings of the Fathers Down to*

- A.D. 325, A. Roberts, J. Donaldson, and A. Cleveland Cox (eds) (New York: Cosimo Classics, Cosimo Inc., 2007), 76.
- xxx See the work of Anglican writer and hospice pioneer Cicely Saunders; also the Church of England Board of Social Responsibility report, *On Dying Well: A Contribution to the Euthanasia Debate*, (London: Church House Publishing, 2020).
- xxxi Heb 6.19 – sometimes translated ‘sure and steadfast hope’.
- xxxii *In the Image and Likeness of God: A Hope-Filled Anthropology* §22.
- xxxiii John Chrysostom, *Homilies Concerning the Statues: Addressed to the People of Antioch*, Homily 5, in J. P. Migne: PG 49, 71.
- xxxiv Alexei Khomiakov (Khomiakoff), “Essay on the Unity of the Church: the Church is one”, in: W. J. Birkbeck (ed.), *Russia and the English Church during the Last Fifty Years*, vol. 1, containing a correspondence between Mr. W. Palmer fellow of Magdalene College, Oxford and M. Khomiakoff, in the years 1844–1854 (London: Rivington, Percival & Co., 1895), 216.
- xxxv *In the Image and Likeness of God: A Hope-Filled Anthropology* §7.
- xxxvi *In the Image and Likeness of God: A Hope-Filled Anthropology* §29.
- xxxvii *In the Image and Likeness of God: A Hope-Filled Anthropology* §22.
- xxxviii *In the Image and Likeness of God: A Hope-Filled Anthropology* §22 – see also Phil 2.4–11.
- xxxix See, for example, statements from the Association for Palliative Care of Great Britain and Northern Ireland <https://apmonline.org/wp-content/uploads/2019/01/apm-pas-position-statement-2019.pdf> and <https://apmonline.org/wp-content/uploads/2020/10/AS-position-statement-Final.pdf>
- xl Rowan Williams, “The Sherrington Lecture”, 30 April 2010, available at <http://aoc2013.brix.fatbeehive.com/articles.php/577/archbishop-highlights-importance-of-local-churches-in-communities>
- xli Suffering, our own and that of others, is an experience through which we have to live, not a theoretical problem that we can explain away. If there is an explanation, it is on a level deeper than words. Suffering cannot be “justified”; but it can be used, accepted – and, through this acceptance, transfigured”. “The paradox of suffering and evil”, says Nicolas Berdyaev, “is resolved in the experience of compassion and love”: Kallistos Ware, *The Orthodox Way* (Crestwood, New York: St Vladimir’s Seminary Press, 1995 [revised edition]), 57.
- xl ii The Litany of Fervent Supplication (Ectenia for the Ailing), in: *Divine Liturgy of St John Chrysostom*. This gesture full of hope and faith is also reflected later, in The Litany for the Departed, when the deacon pleads with the Lord: ‘Again we pray for the repose of the souls of the departed servants of God and that they may be forgiven every transgression, both voluntary and involuntary ... That the Lord God will commit their

souls to where the righteous repose ... The mercy of God, the kingdom of heaven, and the remission of their sins, let us ask of Christ the Immortal King and our God'.

- xliii *The Funeral Service of the Church of England, Common Worship.*
- xliv Anglicans commemorate the departed around the time of All Souls Day (2 November) each year. Bereaved people may be invited to services at which the dead are named. In the same season of the year many churches and communities also mark Remembrance Sunday and remember all who have died in war or service of their country. For the Orthodox, at each liturgy, in the Holy Anaphora Orthodox Christians pray, 'And remember all who have fallen asleep in the hope of the resurrection to life eternal (here the Priest commemorates by name those departed whom he wishes). Grant them rest, O our God, where the light of Your countenance keeps watch.' There are special memorial services remembering and praying for those who have fallen asleep on the third, ninth and 40th days after death followed by an annual commemoration. There are commemorations for all the departed on the Saturday before meat fair Sunday, on the second, third and fourth Saturdays of great lent, and on the Saturday before Pentecost. For these commemorations koliva is prepared and shared with all in attendance. Koliva is boiled wheat mixed with pieces of fruit, candy, and honey.
- xlvi Anglicans believe 'there are five bedrock principles upon which the discussion of euthanasia and related issues rest:
- life is God-given and therefore has intrinsic sanctity, significance and worth;
 - human beings are in relationship with the created order and that relationship is characterised by such words as respect, enjoyment and responsibility;
 - human beings, while flawed by sin, nevertheless have the capacity to make free and responsible moral choices;
 - human meaning and purpose is found in our relationship with God, in the exercise of freedom, critical self-knowledge, and in our relationships with one another and the wider community;
 - this life is not the sum total of human existence; we find our ultimate fulfilment in eternity with God through Christ.'
- In the debate on euthanasia, these five principles have to be kept in constructive tension with one another. To promote one principle above another leads to serious distortions in making moral choices.' Resolution I.14, *Euthanasia*, and The Official Report of The Lambeth Conference 1998: *Transformation and Renewal* July 18-August 9, 1998, (1998) Lambeth Palace, Canterbury, England, 101-102.
- xlvii This section draws on the Scientific Committee on Bioethics of the IAO, 'Declaration of Basic Principles of Bioethics Based on the Orthodox Tradition': as a resolution of the 9th Annual General Assembly of the Inter-Parliamentary Assembly on Orthodoxy (IAO), Bucharest, June 2002. See also Holy Synod of the Church of Greece Special Committee for Bioethics, 'Basic Standpoints on the Problem of Euthanasia', in: *The Problem of Euthanasia*, Apostolic Service of the Church of Greece, Athens 2003

[English translation in: *ibid*, Athens 2007]); Holy Assembly of Bishops of the Russian Orthodox Church, *The Bases of the Social Concept of the Russian Orthodox Church*, 'Problems of Bioethics': 12.8 Moscow 2000 [English translation available]. Following a proposal of the Scientific Committee, the Secretariat of the IAO decided that the Committee will continue its work, having as a priority subjects on euthanasia. David B. Heart, John Chrysavgis (eds), *For the Life of the World: Toward a Social Ethos of the Orthodox Church* (Brookline MA: Holy Cross Orthodox Press, 2020), § 2.

- xlvi 'Relationships are fundamental to death, dying and grief. Relationships and networks across society must be placed at the centre of efforts to improve experiences at the end of life.' Report of The Lancet Commission on the Value of Death: bringing death back into life *The Lancet*, 399.10327 (2022) 837-884. [www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)02314-X/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)02314-X/fulltext)
- xlvi *In the Image and Likeness of God: A Hope-Filled Anthropology* §19.
- xlix Here the reference is to residential hospices. In some regions the word may mean care that takes place in a home or in hospital. Palliative care is symptom relieving care at any point in an illness, albeit most often where the illness is advanced.
- I For example haemodialysis, or assisted ventilation
- li There may be cases where patients are not able to exercise choice. And legal authority to make choices may have to be given.
- lii The Official Report of The Lambeth Conference 1998: *Transformation and Renewal* July 18-August 9 1998, Lambeth Palace, Canterbury, England 1998, 103.
- liii *In the Image and Likeness of God: A Hope-Filled Anthropology* §21, 30
- liv. For discussion of these issues and of those surrounding the end-of-life debate generally, see articles in <https://livinganddyingwell.org.uk/>
- lv Article 3: Everyone has the right to life, liberty and the security of person. Article 25: Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care and necessary social services, and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control.
- lvi See "Current Euthanasia Law in the Netherlands", New South Wales Right to Life Association, ©NSW website 2003; Brian Pollard, *The Challenge of Euthanasia* (Crows Nest, NSW: Little Hills Press, 1994).
- lvii *In the Image and Likeness of God: A Hope-Filled Anthropology* §12.
- lviii *In the Image and Likeness of God: A Hope-Filled Anthropology* §31.
- lix Jeremy Taylor, 1613–1667, *The Rule and Exercises of Holy Dying*, Chapter V, Section 8.

- lx St John of Kronstadt, My Life in Christ: *The Spiritual Journals of St John of Kronstadt*, Part 1, tr. E. E. Goulaeff (Jordanville, New York: Holy Trinity Publications, Holy Trinity Monastery), 2015), 18.
- lxi St Silouan the Athonite, 'Keep thy mind in hell and despair not', cf. Archimandrite Sophrony (Sakharov), *Saint Silouan the Athonite*, tr. Rosemary Edmonds (Essex: Patriarchal and Stavropegic Monastery of St. John the Baptist, 1991), 42.
- lxii *Book of Common Prayer of the Church of India, Pakistan, Burma and Ceylon* (Madras, India: I.S.P.C.K., 1963). (1960). (Please check the year of publication – BLu)
- lxiii From the Orthodox service for the dead, cf. *The Panikhida service* (Kontakion of the Departed, tone 8)

