

# Good Friday in pandemic: deadly serious reflections

## Contemplating our mortality in 'the best of times' and 'the worst of times'

*The Son of Man will be delivered into the hands of men; they will put him to death; and three days after he has been put to death he will rise again. But they did not understand what he said and were afraid to ask him. (Mark 9, 31-32)*

Death dominates the headlines with daily coverage of the COVID-19 pandemic mortality and dire predictions of more to come. We have a fearful fascination, as if playing some virtual global doomsday game.

This is very real, bringing us beyond the euphemisms of death denial, to deadly serious decisions for all disciples of Christ.

Difficulty with discussing dying and death should not surprise us. Jesus tried to prepare the apostles for his death, but the apostles were afraid to ask for details in their denial.

Historically, Christians, rooted in belief in the Paschal Mystery, have practiced the *ars moriendi*, the art of dying. This is actually the *ars vivendi*, living every day in readiness for a sudden death.

## Reflection on our mortality in 'the worst of times' and 'the best of times'

Good Friday this year presents an opportunity to reflect on our own mortality.

This is "the worst of times" for planning for our own death, because it is done in crisis. It is also "the best of times", because for many in the death-denying and death-defying societies with advanced medical technology, this pandemic brings unprecedented experiences of vulnerability.

Vulnerability is inevitable because we are embodied in flesh and bone and embedded in families, communities, and global systems and practices.

It is caused by personal health factors, socioeconomic status, and environmental factors as well as oppression, injustice and political violence. In health need, we deliberately place ourselves in a situation of vulnerability and dependence on healthcare professionals and systems.

All serious life-threatening and life-altering diagnoses raise fundamental questions of spiritual and moral meaning.

Many elderly persons, and most seriously ill patients, have contemplated death. But few have had deep discussion with their families or care givers or completed formal planning processes. In this time of vulnerability and uncertainty, these are crucial.

Church teaching supports the need for reflection and planning for our dying.

"Human life, however, has intrinsic limitations, and sooner or later it ends in death. This is an experience to which each human being is called, and one for which he or she must be prepared (Pope Benedict XVI, *Message for Fifteenth World Day of the Sick*, 2007).

Catholic teaching is also helpful in guiding us in health decision-making situations we face at the present.

"Life and physical health are precious gifts entrusted to us by God. We must take reasonable care of them, taking into account the needs of others and the common good," says the *Catechism of the Catholic Church*(2288).

We must also remember the words of John Paul II in his 1995 encyclical on life issues: "To forego extraordinary or disproportionate means is not the equivalent of suicide or euthanasia; it rather expresses acceptance of the human condition in the face of death" (*Evangelium Vitae*, 66).

## **The value of advance care planning**

To assist in difficult medical decisions, healthcare ethicists developed the advance care planning (ACP) tool. When done prayerfully, and in light of Church teaching, it provides practical support for health decision-making and respect for persons' dignity and autonomy.

However, in a time of scarcity, medical emergency triage strictly limits the privileging of personal wishes for the common good. The ACP still has important lessons for patients, families, health care professionals and pastoral care in these challenging times.

The first step in ACP is a prayerful reflection on personal values and beliefs regarding life, health, and end of life care, as well as sacramental needs and funerals.

Many who have accepted their dying assumed they would be accompanied by loved ones, provided with palliative care, and supported by the sacraments.

Quarantine and social isolation, which are necessary for containment, present profound challenges to care in a time of great need. We all now need to support the sick and most vulnerable, including all those who suffer delay in treatment and investigation.

The second step in ACP is communication of these values and beliefs to caregivers and loved ones to help them to understand how to make decisions if you lose capacity.

This is a precious opportunity to address the 'last things' of giving and receiving forgiveness, expressions of love and gratitude and reconciliation with those from whom you have been estranged.

The two-way use of technology to communicate with loved ones, even when in quarantine and social isolation, can be a great grace.

The final step in ACP is an advance directive with the appointment of a substitute decision maker to speak for us if we lose capacity.

This step emphasizes the need for reflection in the specific context of pandemic, "taking into account the needs of others and the common good".

In the darkness of this Good Friday we will hear these encouraging words:

"For it is not as if we had a high priest who was incapable of feeling our weakness with us; but we have one who has been tempted in every way that we are, though he is without sin. (Hebrews 4:15)

Jesus experienced denial of his identity and mission from friends and enemies. He felt the pain of Judas' betrayal and Peter's denial of even knowing him.

From the cross he ensures the care of his mother after he is gone. He resists the temptation to believe the Father had abandoned him and trusts in His faithfulness and love. In the days to come the apostles will experience the Father's response.

You have been taught that when we were baptized in Christ Jesus we were baptized into his death; in other words, when we were baptized we went into the tomb with him and joined him in death, so that as Christ was raised from the dead by the Father's glory, we too might live a new life. If in union with Christ we have imitated his death, we shall also imitate him in his resurrection. (Romans 6:3-6)

Alleluia!

*Nuala Kenny is a Sister of Charity in Halifax, Nova Scotia and a pediatrician. An officer of the Order of Canada since 1999, she has published several books, including Healing the Church (Novalis, 2012) and Rediscovering the Art of Dying (2017). She is co-author of Still Unhealed: Treating the Pathology in the Clergy Sexual Abuse Crisis (Novalis and Twenty-Third Publications, 2019).*

