

We are IntechOpen, the world's leading publisher of Open Access books Built by scientists, for scientists

5,600

Open access books available

138,000

International authors and editors

175M

Downloads

Our authors are among the

154

Countries delivered to

TOP 1%

most cited scientists

12.2%

Contributors from top 500 universities



WEB OF SCIENCE™

Selection of our books indexed in the Book Citation Index
in Web of Science™ Core Collection (BKCI)

Interested in publishing with us?
Contact book.department@intechopen.com

Numbers displayed above are based on latest data collected.

For more information visit www.intechopen.com



The Quality of Life in the Light of Immanence and Its Sacrality in the Light of Transcendence

Ungureanu Mihail Adeodatus and Vasile Astărăstoae

Abstract

One of the biggest current issues of European society is the dramatic decrease of the natality rate in most countries. Comparing these low natality rates and the increased mortality rates, we can conclude that in a not too distant future, the European demographic fund will differ greatly from the current one. In this context, the biotechnological industry is looking for a way to extend life for as long as possible. The paper analyses the way in which the two categories – people who want to extend their life and people who want to bring it to an end – report to the transcendental relationship. The questions for which an answer is sought are: Can we, in the light of immanence, reach the truth? Which are the answers of medicine, bioethics, and theology?

Keywords: quality of life, immanent, transcendent, biotechnology

1. Introduction

The concept of “quality of life” has several traits that have been analysed by researchers to assess human life in society [1]. Without the intention of analysing this phrase exhaustively, we want to show how this concept should be understood in the light of the notions of *immanent* and *transcendent*.

Immanence is a term which, referring to a thing or a being, states that existence and reality exist and evolve by themselves, undetermined by an outside cause and it is characteristic to the nature of the object or being.

The term **transcendence** refers to what lies beyond any given domain, beyond the material world. In Immanuel Kant’s philosophy, the term designates what lies beyond the limits of experimental knowledge, inaccessible to experience-based knowledge, which exceeds the limits of reality. In religious philosophies, it refers to that instance of divinity that lies above its creations.

The quality of life (in a comprehensive interpretation) represents the totality of conditions that ensure the integrity of biological life, the satisfaction of socio-economic requirements related to the level of material and spiritual living that allows balance, the formation and assertion of human personality. The paradigm that characterises the research related to the quality of life refers to bridging the de facto conditions (the conditions of existence) with the people’s perceptions and evaluations, with their moods of satisfaction/dissatisfaction, happiness/frustration.

The concept of “quality of life” leads us to the crucial question “What is life?” whose answer, from a scientific-rational perspective, is ambiguous, since there are

as many answers as various schools of thought are or will be. No real consensus has been reached. From the point of view of Christian theology, there is only one answer to the question “What is life?”, namely “I am the Way, the Truth, and the Life” (John 14, 6). Any other answer part from the words of Jesus Christ has a limitation, since human thought cannot raise beyond certain limits and only what comes from beyond these human limits is real. The problem is for us, as human beings, to accept that we are limited and to acknowledge that Someone is above our comprehension and wishes the best for us.

Studies [2] show that life has meaning only if a state of wellbeing, comfort, health, and satisfaction is reached, a contentment with what the individual wants to have in this world. In the *immanent human thinking*, namely that thinking that is only related to this world, the quality of life would be: wellbeing, health, and self-satisfaction. When one of these aspects is low, less fulfilled, the “quality of life” decreases in intensity, a condition which generates further interpretations and decisions related to it. Here lies the problem: does life still have quality (meaning a purpose) if the targets of wellbeing, comfort, and health are not reached? Are these maximised goals (maximum happiness) desired by all people? *Per a contrario*, if there are individuals who settle for less and have no intention of maximising their wellbeing and health, offering to help the others, does it mean that they have a low quality of life? Does “quality of life” mean “being healthy?” If one is not fully healthy, does that imply a lower quality of life?

These are just a few questions on the quality of life in certain contexts of wellbeing and health or less wellbeing and health that can affect the concept of “quality of life” itself.

2. The quality of life from a medical perspective

The goal of medicine is to care for and treat patients, seeking to ensure good and long health for them. As Hippocrates states in his Oath, medicine should do everything “*only to the benefit and wellbeing of the sick*”. That is why instruments have been invented to measure the quality of a patient’s life, namely the model of the 14 fundamental needs of the patient, which are: 1. Normal breath; 2. Proper feeding (drinking and eating); 3. Elimination of bodily excretions; 4. Movement and maintaining a desired corporal position; 5. Sleep and rest; 6. Selection of proper clothing – dressing and undressing; 7. Preservation of a normal body temperature, by adapting clothing and modifying the environment; 8. The preservation of body cleanliness and protection of teguments; 9. Avoiding dangers in the life environment and avoiding hurting/traumatising the others; 10. Communication with the fellow beings by expressing emotions, needs, fears and opinions; 11. Practice of the religious cult the individual belongs to; 12. Work, which confers meaning and value to life; 13. The ability to play and take part to fun activities; 14. Learning, the satisfaction of curiosity and discovery of the accessible/available medical services. The use of these instruments to evaluate the quality of the patients’ life helps the medical personnel to choose between various alternative treatments, to inform the patients on the possible effects of various medical procedures, to monitor progress of applied treatments, from the patient’s perspective and, finally, it allows the medical personnel to design efficient medical care packages [3].

However, these needs rather define the concept of “quality of health” than “quality of life”. There are voices who state that the definition of the concept of “life” cannot neglect the emotional states. If we dissociate the body from the soul, as it is attempted in the definition of the concept of “quality of life”, then, obviously, we find ourselves in a very limited area, without any possibility of analysing

that there still is something that exceeds us, beyond our “logical” thinking. On the contrary, if we talk about Socratic thinking [4], according to which only the soul has value in the detriment of the body, which is considered evil in itself, we are once again far from determining the true meaning of the concept of “quality of life”. Therefore, there are three types of concepts related to the “quality of life”:

1. The one that relates only to the body.
2. The one that relates only to the soul and
3. The one that relates to the life which comprises both body and soul.

This last concept on the quality of life is accepted by Christian Orthodox theology, since it asserts that this truth was sent by God through the Revelation. Thinking this way, human suffering is approached in a whole new perspective, stating that the medical act can help to alleviate bodily pain, but it cannot decide or determine if an individual can have a better or worse quality of life following this act. *Only together with the “health” of the souls can we state that an individual has a better or worse quality of life.*

When a decision is taken for an embryo to be destroyed because it is suspected of a certain malformation (for instance, trisomy 21 – Down syndrome), it is omitted that the embryo has a “soul” and that it can have, in the future, a superior quality of life compared to another embryo which is perfect from the perspective of its body. When they develop and grow, these children may have a different quality of life. The one with physical health issues may have a better life quality by replacing the body’s damage with a morally superior life. On the contrary, the child without any malformation may, for various reason, develop in its ontogeny a poor quality of life.

Therefore, the medical act may improve the quality of health, but not necessarily the quality of life. The one that suffers, being in a terminal cancer stage, does not necessarily have a poor life quality, but rather a poor health quality. With such an individual, when treated in a holistic approach, the idea of sufferance is changed, no longer being seen as a disaster but as a difficult trial followed by joy, peace.

2.1 The temptation of immortality

Is it possible for humans – each individual – to live forever? Confronted for millennia with the reality of a short life, people have always dreamt of living longer, sometimes taking this aspiration to an extreme, the desire to live forever. As evidence we have countless legends and writings on human being willing to find deathless life, the elixir of youth, the secret of endless life. 10.000 years ago, people did not hope to live for more than 30 years and only 100 years ago, the average lifespan was only 50. Incredible progress has been made, especially in the last century and, due to the scientific discoveries, most probably the series of revolutionary modifications and inventions on the way we live and die will continue. Thus, *immortality has been* a subject of great interest both for clinicians, theologians, philosophers, specialists in bioethics alike, as well as for the common individuals.

With the evolution of medical science and biotechnology, cryogenised human bodies may be unfrozen, healed, and then restarted by means of such devices. The same category counts the methods of genetic engineering, which can transform senescent cells into young cells by their ex vivo telomerisation, namely by the reconstruction of their chromosomes’ heads which shorten every time a cell divides. This is physical immortality. **Immortality– as a continuous spiritual existence**, exists however after the death of the body. The teaching on the immortality of the soul is present in most religions, including Christian confessions. The theory of the immortality of the soul is based on a philosophical idea elaborated by **Plato** in “**Phaidon**”- an imaginary dialogue held on the day of Socrates’ death. The latter speaks about his death as a deliverance of the soul from the prison of the body. For Plato, the soul is an immortal particle, pre-existent before the birth of the individual. **Christian religion** considers that each individual will resurrect – some to

live beside God forever while other to live separated from God, for the punishment of their sins committed in their lives. The Bible tells us that only God the Father, His Son, Jesus Christ, and the Holy Spirit (the three Entities of Divinity) possess natural immortality, in Itself, and that they are the source of life and immortality for the created beings. The angels themselves created by God received immortality, provided that they obey God's law. In the Christian faith, the stake of love for the others lived in this life is nothing else but eternal life: "whoever lives in love lives in God, and God in them" (John, 4,16).

The right way regarding the interpretation of immortality can only be found when we will be concerned more about what we live behind, in the collective memory, more about the spirit and less obsessed by physical immortality. When the great values and virtues of mankind will be acknowledged and acquired, then our role on Earth will have been found and we will know immortality.

3. The perspective of bioethics

With the extraordinary development of state-of-the art technology, medicine has turned into a "public interest enterprise that creates a stringent necessity of moral orientation, which the existing medical deontology – preoccupied more with the relationships among the medical personnel – cannot satisfy". [5]. It is in this context that **bioethics** has emerged, with the mission of "accounting not only for the individual, confused conscience, but also for the public, undivided one" [5].

Nonetheless, to be able to use bioethics, we should know the moral it is based on. For instance, for Christian bioethics, abortion is forbidden (with rare exceptions), while for secular bioethics, the ban on abortion is a "forced imposition of the pregnancy, which violates a woman's fundamental rights" [6]. These are fundamental notions related to life and death, to good and bad and to right and wrong.

At the moment, a social marginalisation of Christian moral theology is in place, as well as a development of a "global secular cosmopolite culture, and this theology is presented as belonging to the past, to the Middle Ages, being no longer able to cope with the requirements of the modern individual [6]." The current problem is that secular bioethics cannot have a vision that exceeds the immanent and leads towards the transcendent. Being stuck in their immanence, individuals cannot go "beyond" the limit of rational knowledge and that is why there arise laws in "His image and likeness", of a being that considers itself autonomous in relation to the transcendent. The tragedy of the immanent human being is that they consider themselves too proud to establish a contact with the transcendent, as they are "the measure of all things" and therefore need no help.

Therefore, the following question arises: **do we or do we not collaborate with the transcendent?** Do we want to listen to what comes from "there" or do we live our life according to our own laws created by the human mind? If we want to see what is "beyond", the Christian theology states that we should approach a single way, that of seeking the "information" that comes from the transcendent, and this "information" is, in fact, the Divine Revelation, namely the "voice" of God descending from heavens to tell us that He is the "Life, the Wy and the Truth" (John 14,6) and that we should not look for other laws and ways, since there is only one "Life in Christ". Deviation from the Divine Revelation and the neglect of God's word coming from heavens will only lead us to the darkness of ignorance, since knowledge without God is darkness. Even if technologization will be taken to an extreme, we will end up stating what Socrates did: "I know that I know nothing". Which is true, without God, are nothing, know nothing and will know nothing.

The full connection between the immanent and the transcendent can be made by a Christian theology, which asserts that it has kept unaltered the divine truth; that is why it is the only way that can lead to the transcendent. Sufferance, diseases, infirmity, and death are allowed by God for a well determined purpose: to save humans. “By placing the experience of sufferance and death inside a life that aims at transcendence, the immanent preoccupations, and concerns, including those related to medical assistance, are radically relativized. As a consequence, the traditional Christian approach to these problems – such as the continuation or discontinuation of the treatment, the acceptance of medically assisted suicide or euthanasia – acquires another significance that powerfully contrasts with their meaning presented as certain and safe inside a secular moral” [6].

We need, therefore, to enter the “realm” of religion. It is necessary to see the relationship between bioethics and religion (if any) or whether it should be considered. If the relation of bioethics – and of medicine, in general – with religion is not considered at all, then the data change. As Romanians, with an orthodox tradition of over 2000 years and currently reporting to this religion, we are bound to analyse the relationship between medicine and religion, between bioethics and religion. From this perspective, when an individual lives under the immanence of their action, without reporting to the transcendent, it is impossible for them to see that life on Earth does not end with death but that it lasts forever. Without thinking about immortality and living with the eyes fixed only on the finitude of telluric life, individuals act and relate to this desideratum: live your life as well as you can on Earth, by any means, because death is waiting and there is nothing else after it. In this context, it is understandable that humans, severed from the transcendent, attempt to fulfil their dreams and pursue happiness only in relation to their immanent thinking.

This thinking is not novel, but a 1200 years old, when the European human rationality split from the thinking of the Saint Fathers and all sorts of rationalistic concepts appeared, looking for the truth in immanence, and refusing to relate to the transcendent. A new theology was defined as a theology that evolves and adapts to the times, leading to a rethinking of the cult unit, prayer and Christian life in the eyes of human rationality, which in turn led to a multitude of opinions that tore Christianity to pieces. A divided Christianity became incapable of holding a unitary vision regarding moral guidance and a new global moral came to birth in this void of morality, the secular moral. This secular moral separated itself from theology, aspiring to the status of global moral that should bind people as they weaken their ties with the ethnical roots, cultural traditions, and religious constraints.

The 17th century hails the *Enlightenment* which, paradoxically, aimed at being similar to Christian thinking but refused to relate to traditional Christianity. Enlightenment creates a reinvented Christianity in immanent rational terms.

The current thinking supports loudly the “upgrade” (aggiornamento) of Christianity to cosmopolite liberal culture. Edward Schillebeekx confirms it: “*in the form it was taught to us, Christian revelation no longer provides a valid answer to the questions about God formulated today by most people.* It seems to no longer significantly contribute to the modern individual’s understanding of the self, in this world and in the history of humanity. It is obvious that more and more people are dissatisfied and disappointed by the traditional Christian answers to their questions” [6].

This reinvented Christianity has led to the secularisation of Christianity. The 20th century makes millions of victims in the name of a new secular future, allegedly better: that of justice, equity, and human rights. Human life has been channelled to attempts of bringing “heaven on Earth” (for instance, national-socialism and communism) but instead, they brought hell instead of heaven [7].

Orthodoxy states that the divine teaching came to us through individuals inspired by God, who prepared themselves in fasting and prayer before conceiving laws for people. Due to human pride and vanity, the European started making laws for humans that adapt to the times, without considering the laws given by God to humanity through *chosen* and *inspired* people. That is why we have come to the *multitude of opinions* regarding how the world can be led to reach happiness and wellbeing. This desire for happiness was not related to heaven, though, being directed only towards Earth, with its finitude here. Thus, a new type of moral appeared from the benches of rational academies, which was applied in the human society, at the beginning in as many “morals” as opinions there were, later unified in a single moral, the *secular* one.

3.1 Christian or secular bioethics

Christian bioethics argues that life begins at conception and that starting with the zygote, there is a human being in the making, which needs to be treated as such. Reporting human life to eternity, Christian bioethics defends the embryo, acknowledging its soul. Christians do not “raise the problem of the embryo just for fun but reach it starting from the resurrection” [8] but still, they are different in thought. Tristram Engelhard was wondering, “which Christianity is better for a Christian bioethics?”, answering that “we should see Christianity from a historical perspective, in the sense that it is at the basis of the historical roots of contemporary Christianities, or that we should see it not like something from the past, old and obsolete, but as something present, animated and alive” [6]. In the West, theology went towards *aggiornamento*, meaning that the accent transferred on the “accommodation” with the world, while in the East, orthodox Christianity kept the tradition, the accent being placed on sanctification of the world. The *aggiornamento* of theology has decisively influenced bioethics, which in turn became “accommodated” with the worldly, immanent interests to the detriment of the transcendent. There arises thus a dispute between bioethics built on the grounds of the transcendent Divine Revelation and bioethics built on the grounds of immanent human rationality.

In the context of secular moral there also appears the *principle of permissiveness* which is a procedural one. This principle “will justify, support and explain moral practices based on procedures, such as the rights and contracts, to give up on what we are entitled to (forbearance rights and contracts), including contracts for health care services. The principle of permissiveness will be central not because it would be valued, but because the people’s permission is the only accessible source of secular authority. In the absence of a canonical ethic, the bioethics of such a society will prioritize certain practices such as informed consent, the right to refuse the treatment, the development of contracts for health services and the right to do to oneself and to the others who consent as it was mutually agreed upon (for instance, a doctor assisted suicide or euthanasia)” [6]. Kierkegaard states that “Christian bioethics should never become a matter of academic erudition” [6]. As it is impossible to talk about love if one does not love, about the good if one does no good or about forgiveness if one does not forgive. The good that God wants for us differs from the good we want, as humans. Transcendent good differs from the immanent good. In transcendental terms, the “good” of a medically assisted suicide becomes “evil” and in immanent terms, the “evil” of human sufferance becomes a “good” performed through euthanasia. In the absence of transcendental communication, sufferance acquires extreme dimensions in the immanent world, which is why it is put to an end by medically assisted suicide. “In transcendental Christianity, the accent falls on experiencing God, which implies the content of moral life (including what is related to health care (...)) therefore, Christian bioethics should be more of a lifestyle

than a collection of principles, rules, ideas, or conclusions to arguments” [6] since “nowhere are the questions regarding the meaning of life more troublesome than in healthcare. The hospitals are the arena where sickness, infirmity, and death come to play on people” [6].

4. The quality of life from a theological perspective

Sufferance leads to a crucial question: is there life after death? Does sufferance have any meaning in relation to the transcendent? Even if medicine argues that sufferance can be controlled and death postponed, eventually death wins. Supporting euthanasia these days is like Seneca’s pagan stoicism expressed in his letters on suicide: “One death involves pain, another is simple and easy, why not take the easy one?” [9]. It is known that Seneca, to avoid being captured and tortured by Nero, commits suicide together with his wife. In the current secularised society, which encourages self-determination in an exacerbated way – with individuals no longer observing any moral principle – the intention is that religion should encourage active voluntary euthanasia and medically assisted suicide. In other words, Christians should be encouraged to avoid sufferance and choose death as great dignity. This is how the commercials that encourage these suicidal acts have appeared: “The Death Club: leave this life with the same spark you have lived it”, “The last journey: experiment death that you have always wanted! Leave in dignity, pleasure and style!” or “Executive death: for those who have always been in control” [6].

Through biotechnology, the life expectancy has increased but the 21st century’s individual “lives a spiritual crisis, namely a crisis of significance because they want to maximize happiness in this earthly life, seeking to transform the biological in the search for perfection” [10]. The Church expressed its concern that genetic research is not closely monitored and regulated to ensure the protection of the community [10]. The Romanian Orthodox Church has initiated an action, by setting up in 2001 certain Bioethics Committees that debate litigious themes where the faith in life’s Sacrality is expressed, as well as in human dignity and its individuality [11]. There needs to be an open dialogue between researchers (laic people) and the representatives of the Church regarding the implications of genetic technologies: “The determination of a relationship between science and religion should seek common points in time to observe the gap between metaphysics and epistemology. Hence, the importance of initiating a dialogue between religion and science by means of Bioethics” [11].

The influence of evil on those in pain is often remembered in theology. Thus, in the case of St. Martyrs Timotheus and Mavra who were in the ordeals of death, the devil showed to them under an angel’s face to allegedly save them from sufferance; however, his presence was meant to take from them the crown of martyrdom [12]. Although individuals suffer with their body, the temptation addresses the soul, because the “soul is the vital principle of the body – the one that gives it life, structures, puts it into motion and keeps it alive [13]. Unfaithful people are afraid of death while the faithful see death as a “gate to eternal life” [14], death “not being evil in itself, what would be bad is to die badly” [15] as St. John Chrysostom says, namely unprepared for eternity. “The world, in its entirety, as well as each thing created by God, has a rationality, they were created for a reason and towards a certain finality” [16]. “The physical world, aware or not of God’s love, is created as a means of His love for humans” [16]. Christian theology speaks about the *necessity of sufferance*. Saint Isaac the Syrian argues that sufferance “is necessarily useful to people. For the sinful for humbleness and return from sin while for the more spiritually advanced to strengthen them and help them move forward towards

being God-like” [16]. The soul, in orthodox conception, is created simultaneously with the body at conception and, “once created, the soul is characterized by immortality, that is it will not die, but be reunited with the body at the resurrection of the dead” [17]. Saint Irine draws a distinction between eternity and immortality, arguing that “eternity should not be understood as an endless space in time, but rather as a *quality of the being*, in permanent communion with God. On the other hand, immortality involves the suspension of death, its annihilation” [17]. From here we infer that the *quality of life into Christ* is essential when reporting to immortality, eternity. It is only in this *key* that sufferance and death appear as a blessing and not as punishment. We cannot say that when a doctor prescribes a bitter drug, they want to punish us, so this is how sufferance and death should be understood, as allowed by God. It all reports to eternity, that is why the Church encourages and prays for those in sufferance to bear it until the end, when God decides their fate for eternity. “As much as you would pray, do not use the prayer as you use sufferance, because in all troubles hides a great secret, for God knows about people’s suffering and allows it” [18].

4.1 Case study: euthanasia versus palliative care

The “treatment” through euthanasia or medically assisted suicide is expressed using various euphemisms, such as “to put down out of mercy”, “gentle death”, etc. which brutally enters a human being’s life (body and soul), putting an end to the body’s pain but failing to consider spiritual values. Several factors account for the patient’s sufferance, such as the emotional, physical, and emotional factor. Euthanasia only “solves” the physical factor. With an honest palliative therapy, that approaches all determining factors (including the psychic and spiritual ones), the patient’s emotional state is modified, and the quality of life acquires a whole new meaning. The justification of euthanasia starts from the following premises: the individual has a right to die and the value of human life is measurable, human life can be approached as animal life, sufferance cannot have any beneficial function, the request for euthanasia is always rational and trustworthy, the medical diagnosis and prognosis are always certain, the degree of an individual’s sufferance can always be realistically appreciated, the efficient alternative methods to alleviate sufferance are nowhere to be found and euthanasia is a justified duty of the doctor. If we study the premises for the practice of euthanasia, we see they have a doubtful value, especially those of a medical nature. Initially, euthanasia was approached only in case of incurable patients, to put a stop to their suffering, but it then took a turn for the worse, when the old, the handicapped, invalids, chronic patients, depressive patients, children and newly-born with malformations became vulnerable. Three out of four paediatricians are trained in euthanizing children and newly born [19].

Euthanasia has been made legal in many states, but the law is extremely unclear and imprecise in the countries that accept it. As an example, the term “terminal suffering” is not clarified. The word “terminal” is not mentioned, and euthanasia can be applied in non-terminal cases, as well. That happens in 15% of the cases. Only physical and psychic sufferance are stipulated. Since the law is unclear, it has come to be applied in a larger and larger context. Furthermore, it has been assessed that euthanasia is delegated more and more often to nurses, while normally only the doctor is allowed to carry it out. It has been assessed that the effect of the law is not to provide people with enough support in life. People are suggested to resort to euthanasia, although that was not their initial thought. Euthanasia can be asked by people with poor sight who do not want to wear glasses, because the law allows it. To practice euthanasia is, by excellence, a problematic act. In Netherlands, but

in other states as well, euthanasia no longer applies to people in terminal cancer or with Alzheimer, but simply to anyone who “has had enough of life”. It came to be used in case of children, which is particularly serious. This “service” can be performed “at the client’s address”. It may be asserted that, once legalised, euthanasia can no longer be kept under control. The law stipulates that any euthanasia should be reported with the authorities, but those who carry it out argue that it is a “waste of time” and “boring bureaucracy”. The introduction of the presumed consent is being attempted. These events trigger a movement *against euthanasia*, based on the following arguments:

- a. Euthanasia is too radical. It destroys a problem instead of solving it. By putting an end to the patient’s life, it deprives them of any hope and of any possibility of regret or change of hearts.
- b. Euthanasia has not ethical justification. There is an ethical principle of totality that allows the sacrifice of a part for the sake of the whole. There is no reverse principle – to sacrifice the whole for the sake of a part. Certainly, that would be illogical and non-ethical.
- c. Euthanasia is difficult to put in practice. The various schemes of euthanasia suggest that euthanasia will be performed by doctors. Nevertheless, doctors are trained to preserve life, not to destroy it. Probably there will not be too many doctors who want to be known as the executioners of their patients, since that would undermine their doctor-patient relationship.
- d. Euthanasia becomes less and less necessary. When the ideas supporting euthanasia were launched, the concept and practice of palliative medicine were unknown. The doctors had no practical guides and no experience in analgesics and in eliminating other unpleasant symptoms caused by incurable diseases. With an efficient approach of several bothering symptoms, with the development of psychiatric facilities and healthcare units, the necessity for euthanasia has drastically lowered.

Oncologist David Cundiff shows in his book, “Euthanasia is not the right answer” that: “*Uncontrolled pain and suffering are on top of the list for the euthanasia request*”. Many patients who suffer excruciating pains have proper medical insurance that offers them access to pain control medication or brain surgeries that led to the disappearance of the perception of pain. He underlines that with the legalisation of euthanasia, “*the right to die will become the duty to die*”. Accusations of the type – “*the most vulnerable*” people “*are under the assault of euthanasia practitioners*”, and families need to cope with “*anti-life assaults on the loved ones*” which “*threaten the lives of the medically vulnerable*” – are more and more frequent.

Now, there is a better solution than euthanasia, and that is caring for the human being. Palliative care is the active and global medical care for patients for whom any other treatment fails to work. It is important to bring attention to the fact that the end of life usually occurs slowly and naturally. A palliative care covers all, from a dying child to family, brothers, sisters, all those involved in their life, because after a child dies, the others remain here. *All patients who request euthanasia should mandatorily be offered palliative care first*. Then they will see that the desire to die disappears most of the times when physical sufferance is diminished and when emotional support is offered. There is always a possibility of finding the good, the quality of life, of finding a purpose, even for the sick and disabled. Regardless of a disease an individual might have, loss of autonomy does not equal loss of dignity” [20].

Palliative care should be the answer to the question why euthanasia should not be resorted to, because this care implies bioethics, psychology, theology, etc. There is research which shows that a significant percentage of those requesting euthanasia give it up once they sign up for a palliative care program. Certainly, the family plays the most important role [21] but together with the other actors of the palliative care, hope can be reached, a chance given for the patient's life to change, even if terminally ill. A lived hope may prove determining [22].

The first International Conference for Palliative Medicine Research (May, 1998, Bethesda, Maryland) organised by Dr. Russell Portenoy, the President of the "Pain Medicine and Palliative Care" Department within the Medical Centre Beth Israel in New York and by Dr. Eduardo Bruera, Director of the palliative care program within the "Grey Nuns" communitarian hospital (with the participation of 268 experts in palliative medicine from 22 countries) constituted the event that defined palliative care as a real and efficient alternative to euthanasia. In Romania, at Brasov, there is an organisation – The Medical Foundation Hospice „House of Hope” and a Centre for Palliative Care Medicine. These have organised Courses of Palliative Care in collaboration with the National Association of Palliative Care, which took the form of plenary presentations and workshops. Due to this activity, 43 institutions or sections of palliative medicine (public and private) were set up in the country.

The Christian orthodox church is against the legalisation of euthanasia. Still, the Christian orthodox church has a special prayer for those on the deathbed, which looks like a theological "euthanasia": "*the prayer of the hard separation from the soul*". The priest is called to the moribund patient's bed and, through his God-given grace expressed in this prayer, unties the soul from the moribund body to make it to eternity. *The prayer of the hard separation from the soul* (a prayer for the dying) is a prayer dates at least from the second half of the 4th century [23] and is given when an orthodox believer torments on the sufferance bed, unable to die peacefully. This is the solution of the Church for the prolonged sufferance issue: we ask God to put an end to sufferance by death, for Him to peacefully sever the soul of His servant from their body and rest them with the eternal and the saints. The effect of the prayer is beneficial for the moribund patient, namely that their soul leaving the body will have rested in heavens, beside God's saints. The priest prays for the moribund patient's soul: "*So Lord, God Almighty, hear me, Your sinning and unworthy servant at this hour and free Your servant from this unbearable pain and bitter powerlessness that has a hold on him and rest him with the souls of the righteous...*" [23]. Therefore, the purpose of this sermon that the priest performs by the moribund patient's deathbed is to free them from the body but, at the same time, to protect them from the powers of the demons, since "the demons cannot lead these souls to heavens" [24], but to hell. If, in case of euthanasia and medically assisted suicide, the action of ending the earthly life is carried out by a human being (the doctor, nurse, with or without the patient's approval, in this case of spiritual "euthanasia" the action is performed by God, following the priest's prayer. Only God decides the exit of humans from earth towards eternity. Only Him knows how much an individual still has to suffer to have access to the heavenly skies.

5. Conclusions

In a holistic approach, the quality of life means the relationship between the body and the soul, which only together can determine an individual's existence. According to this approach, separating and ignoring the value of the soul means to mutilate the individual, to wrong them, since joy and pain belong both to the body and to the soul. When the body is in excruciating pain, the soul is the one that

comes to substitute this want of the body, strengthening and supporting it. But the soul can only do that if it receives help and this help can come from family and from society but, above all, the greatest help comes from Divinity, which is immanent and transcendent at the same time in relationship with His creation. It is transcendent by the fact that it cannot be known in Its being, but also immanent through the actions performed in the world, especially in the quality of humans' life. In the Christian orthodox theology, God help human through the soul to overcome these sufferings, offering them a happy living in His kingdom eventually. If God's work is ignored in the world, suffering really becomes atrocious and the individual, unable to take it anymore, commits suicide with the help of medicine, which should cure instead of murdering. That is why to legalise euthanasia under the pretext of the quality of life puts enormous pressure on the sick, the old and the disabled, who come to see themselves as a burden for the others and thus to feel morally constrain to accept death. The psychic sufferance of these individuals is fierce, as they feel useless and unloved, an economic burden for the relatives who must pay for an expensive treatment. On the other hand, by legalising euthanasia, social distress would be created, and there will be great changes in the social attitude towards sickness, infirmity, death and old age, in parallel with root modifications of the role of the medical profession. Human values, such as patience, compassion, solidarity, and commitment become void. Killing becomes a "treatment option", beside surgery, radiotherapy, chemotherapy, the treatment of pain or antidepressant medication. Palliative care may be undermined, and the doctor-patient relationships will be deteriorated. Modern medicine has the capability of reducing pain, even in the worst cases. Meanwhile, those who intent to extend their life by means of biotechnology want, in fact, to build a sort of earthly heaven for them, inventing all kinds of doctrines and utopias to believe that humans alone, without God, may achieve a perfect quality of life, here on Earth. The wellbeing and worldly riches they long for have nothing in common with the true quality of life, which also involves the soul. Instead of immanence versus transcendence, we opt for immanence together with transcendence.

IntechOpen

Author details

Ungureanu Mihail Adeodatus and Vasile Astărăstoae*
University "Grigore T. Popa", Iași, Romania

*Address all correspondence to: astarastoe@gmail.com

IntechOpen

© 2020 The Author(s). Licensee IntechOpen. This chapter is distributed under the terms of the Creative Commons Attribution License (<http://creativecommons.org/licenses/by/3.0>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited. 

References

- [1] <http://www.umfiasi.ro/Rezidenti/suporturidecurs/Facultatea%20de%20Medicina/Oncologie>
- [2] http://www.store.ectap.ro/articole/565_ro.pdf
- [3] <http://www.umfiasi.ro/Rezidenti/suporturidecurs/Facultatea%20de%20Medicina/Oncologie/>
- [4] Oscar Cullman, Nemurirea sufletului sau învierea morților?, Editura *Herald*, București, 2007: 12
- [5] Sebastian Moldovan în prefața cărții Fundamentele Bioeticii Creștine, de H. Tristram Engelhardt jr, Editura *Deisis*, Sibiu, 2005: 7
- [6] H. Tristram Engelhardt jr, Fundamentele Bioeticii Creștine, Editura *Deisis*, Sibiu, 2005: 39: 60: 368: 231: 98: 137: 236: 403: 440
- [7] Ierotheos Vlachos, Dogmatica empirică după învățăturile prin viu grai ale părintelui Ioannis Romanidis, vol. I, Ed. *Doxologia*, Iași, 2014: 225
- [8] Marie-Hélène Congourdeau, Embrionul și sufletul la Sfinții Părinți și în izvoarele filozofice și medicale grecești, Ed. *Deisis*, Sibiu, 2014: 14
- [9] Seneca, The Stoic Philosophy of Seneca, trad. engl. Moses Hadas, Norton, New York, 1958, Letter 70, p. 207 apud H. Tristram Engelhardt jr, Fundamentele Bioeticii Creștine, Editura *Deisis*, Sibiu, 2005: 405
- [10] Vasile Astărăstoae, Ortansa Stoica, Genetică versus Bioetică, Editura *Polirom*, Iași, 2002: 239: 242
- [11] Gheorghe Scripcaru, Vasile Astărăstoae, Aurora Ciucă, Călin Scripcaru, Bioetica, științele vieții și drepturile omului, Editura *Polirom*, Iași, 1998: 187: 191
- [12] Jean-Claude Larchet, Tradiția ortodoxă despre viața de după moarte, Editura *Sofia*, București, 2006: 64
- [13] Jean-Claude Larchet, Terapeutica bolilor spirituale, Editura *Sofia*, București, 1997: 36
- [14] Adrienne von Speyr, Misterul morții, Editura *Anastasia*, București 1996: 60
- [15] Pr. prof. dr. Ioan C. Teșu, Bolile - "divina filosofie", suferința - "pedagogie divină", în rev. *Teologie și viață*, MMB, nr. 1-4, 2012: 15
- [16] Pr. prof. dr. Ioan C. Teșu, Teologia necazurilor, Editura *Cristiana*, București, 1998: 16: 17: 85
- [17] Florin Pușcaș, Savatie Baștavoii, Sebastian Moldovan, Lucian Macrea, Ioan Bizău, Ce este moartea?, Editura *Patmos*, Cluj-Napoca, 2011: 16
- [18] Arhimandrit Simeon Kraiopoulos, Taina suferinței, Editura *Bizantină*, București, 2007: 16
- [19] Miller DG1, Kim SYH1, Euthanasia and physician-assisted suicide not meeting due care criteria in the Netherlands: a qualitative review of review committee judgements, *BMJ Open*. 2017 Oct 25;7(10):e017628. doi: 10.1136/bmjopen-2017-017628.
- [20] Almoș Bela Trif, Vasile Astărăstoae, Liviu Cocora, Eutanasia, suicidul asistat, eugenia - pro versus contra. Marile dileme ale umanității, www.scribd.com
- [21] María Aparicio ,1,2 Carlos Centeno,2,3,4 José Miguel Carrasco,2,4 Antonio Barbosa,5 and María

Arantzamendi, What are families most grateful for after receiving palliative care? Content analysis of written documents received: a chance to improve the quality of care, Published online 2017 Sep 6. doi: 10.1186/s12904-017-0229-5

[22] Rosenberg AR Bradford MC1, Bona K, Shaffer ML, Wolfe J, Baker KS, Lau N, Yi-Frazier J, Hope, distress, and later quality of life among Adolescent and Young Adults with cancer, *J Psychosoc Oncol.* 2017 Sep 21:0. doi: 10.1080/07347332.2017.1382646.

[23] Preot stavrofor dr. Simion Radu, Temeiul rugăciunilor Bisericii pentru cei adormiți, în *Mitropolia Ardealului*, 1977, nr. 1-3: 130: 182

[24] Pr. prof. dr. Dumitru Stăniloae, Teologia Dogmatică Ortodoxă, vol. 3, Editura *Institutului Biblic și de Misiune al Bisericii Ortodoxe Române*, București, 1978: 292