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Religious views on death and dying rituals affect the ways humans view an individual taking their life. These beliefs affect the ways in which Jains view the difference between suicide and Sallekhana, and the way that Catholics view the difference between physician-assisted suicide and the withholding or withdrawal of care, even though all of these acts involve an individual making a choice to end their life at a certain time. The religious lens through which these situations are viewed classifies some of these acts as suicide (an unacceptable way to die in both religions) and some of these acts as an acceptable way to die within the faith.

For the terms of this paper, I will be using the authors Folkert, Chapple, and Tukol as representatives of Jainism, and the authors Kelly et. al as representatives of Catholicism. These authors are purely representatives, used with the understanding that as a whole these religions are internally very diverse. Not all claims made in this paper will reflect all members of these religions – the views of these individuals are meant to provide insight into their respective beliefs about the religions, rather than a comprehensive view of the religion’s beliefs as a whole.

Death and dying rituals are an essential part of practicing a faith that has afterlife or post-death beliefs. In both Jainism and Catholicism, how you live life affects how you die. And, in these faiths, dying in a way that is not supported or encouraged by the religion will affect what happens to you or your soul after you die.

Jainism is an Indian religion that promotes a non-violent lifestyle for it’s members. Members practice non-violence through meditation, fasting, praying, and adapting their lifestyle to create the least amount of harm for all living things. Jainism subscribes to the principle of continuous rebirths at death, and the highest Jaina goal is to liberate one’s spirit from this cycle. Jains also believe in karma – to achieve neutral karma at death is ideal, as this is the only way to escape the rebirth cycle. Jains prepare for death by altering their diet around the midpoint of their life – those who previously ate meat will become vegetarians, etc. in order to cause the least amount of harm to living beings. This period of fasting – and eventual freeing of the individual from rebirth – is a practice called Sallekhana.

An understanding of Jain beliefs on life and death is necessary to understanding their differentiation between Sallekhana and suicide. Because Jains believe that everything is alive, it is customary to enter this final fast at the end of their traditionally-75-year lifespan, so that their death does not cause any harm or create any karma. For Jains who live their lives in such a way as to not harm a single living being, this is the most peaceful way to leave the earth. It is described as a way to “demonstrate a willingness to devote oneself in an ultimate sense to the observance of nonviolence” (Folkert, 197). To partake in Sallekhana, one must be at the end of their life and already dying of old age, have an incurable disease, or be in a position where living a normal life and following Jainism is no longer an option.

Sallekhana is a reflection of the way Jains live while they are alive: they follow five vows of nonviolence, which prohibit them from harming plants or animals, or accepting medications that are full of unnatural chemicals. But not just any Jain can practice Sallekhana – those who follow the religion must fast, meditate and study Jaina texts to prepare for the ritual. Guidelines for the fasting process of Sallekhana are listed in the Kavaca, a religious instructional for Jains. The process must be followed properly, and at the right time, to be considered true Sallekhana. There are seventeen kinds of death in Jainism: Sallekhana and sixteen additional ways that a Jain can die. Jains who face death with an absence of fear are honored in the religion. So, unlike suicide, which is usually performed by someone attempting to escape a bad situation or an unpleasant life, Sallekhana is a celebration of life and a peaceful and non-violent ritual. The Jaina texts “makes clear to the reader that this is not a form of suicide but a deep expression of religious faith” (Folkert, Chapple p. 198).

Although Sallekhana is not seen as suicide in the Jain tradition, it is possible for Jains to commit suicide, although it is not permitted by the religion (except in extreme cases, where it would be considered ‘okay’ if you were doing it to help your family or doing it to alleviate a burden on others). Because Jains view Sallekhana as a religious celebratory tradition that come with sacred rules and guidelines in order to partake, it is completely separated from the act of suicide in their culture. The main distinction between Sallekhana and suicide is the freeing of one’s soul through peaceful means, to honor the vows of non-violence Jains make and live out during their lifetimes, and celebrate the hopeful achievement of escaping the rebirth cycle.

Like Jainism, Catholicism pronounces that the way in which you live affects what happens to you after you die. Catholicism is a Christian religion that believes in one sovereign God. As infants, Catholics are baptized, a process that removes their natural sin. After this, members receive the sacrament of reconciliation when they are still young, around the age of seven and eight. This sacrament means that Catholics are then expected to participate in Confession. Although it is virtually impossible to never sin, if an individual confesses their sins and repents their actions, their sins are absolved. After this, individuals are confirmed into the church and are expected to live by the teachings outlined in the Bible. Catholics believe that their actions during their time on earth affect their destination in the afterlife. If one has lived a good life, served God, and dies with minimal sin, that person has a good chance of going to Heaven. The other two options are Hell or Purgatory, for those who have failed to confess their sins and fulfill their obligations to God.

The traditional Catholic belief is that life is sacred and should be lived as long as humanly possible. The religious belief behind this is that God is in control, and God’s will permits humans from having any doing in the timing of their death. In traditional Catholicism, dying a ‘good’ death involves living a natural life as long as you can, and living to carry out God’s will without sin. Because of this, Catholics believe God should control when it is your time to leave the earth. Catholics are not to interfere with God’s plan, and because of this, some medical treatments are not permitted. For Catholic bioethics, Kelly explains how the Principle of Double Effect (PDE) is used to determine what is acceptable or allowed, and what is not. Distinctions between ordinary and extraordinary levels of care make treatments obligatory, or optional, respectively.

With advancing medical technology, bioethical issues are becoming a hot topic within the religion, as Catholics are having to apply the PDE to issues they hadn’t had the option to consider when their texts and doctrines were first created. Perhaps the most controversial idea presently is the concept of physician-assisted suicide. Suicide is not permitted in Catholicism. With changing political views in an always-expanding western culture, physician-assisted suicide has become an especially contended issue within Catholicism. While individual Catholics may agree with physician-assisted suicide or support the general practice, the Catholic law comes from the Pope, who condemns physician-assisted suicide. He also has the firm stance that life support should always be used when it is an option.

This is where a distinction can be made between different ways of choosing when to die within Catholicism, much like the distinction that exists in Jainism to differentiate Sallekhana from suicide. We know that suicide is not allowed in Catholicism, and therefore, physician-assisted suicide is not allowed either. However, Kelly makes the argument that there is a religious difference between an individual choosing to withhold or withdraw end-of-life care, and actively practicing physician assisted suicide. In this, he explains there is a difference between actively killing a person (not allowed by Catholicism) and passively allowing a person to die (which can be allowed by Catholicism).

In the Catholic church, it used to be okay for sick or dying individuals to stop consuming food and water toward the end of their death. In the case of patients in a persistent vegetative state (PVS patients), it can make even more sense to withdraw food and water and let the individual die naturally. This practice was allowed by the Catholic church until Pope John Paul II decided this would no longer be an acceptable option for Catholic PVS patients, because it was taking it upon an individual to decide when that life ended, when that decision should ultimately be left up to God. Gerard Magill, a Catholic and professor of Medical Ethics, who spoke at the last Comparison Project event, disagreed with this ruling. He argued that Catholicism is not about living as many days as possible, but about the quality of the days a person does have. He also said that just because medical technologies give us the capabilities to keep a person alive for a long time, doesn’t mean that we *should* do so. His main argument for this was to allow a person to die with dignity, and die in a way that allows them to be aware of their situation, so that they may take the appropriate religious measures to ensure they die the ‘best’ Catholic death possible.

Magill’s ideas on PVS patients translate directly to cases of physician-assisted suicide as well. Physician-assisted suicide is not allowed by the Church because it involves an individual makes a decision to die at a certain time (the general principle condemned in the act of suicide), and also involves a second party that then has to violate the commandment, ‘Thou shalt not kill,’ by providing life-ending medication. Magill’s idea about not keeping a person alive just because it is medically possible could also apply in this situation. Kelly argued that when you look at the situation as a whole, each of the possible scenarios and outcomes associated with physician-assisted suicide includes an individual making a decision, and then that individual dying a non-natural death. At first glance, there really is no distinction between any of these acts and suicide. However, after an exploration of the topic, he concludes that really, withdrawing or withholding care still allows a person to die a natural death, and is a separate act from suicide. This works well with Magill’s explanation that putting an individual into a medically-induced coma and withdrawing care (like food and water) and letting them die naturally is allowed by Catholicism because it is not actively killing the person (and thus is not considered suicide).

In any religion, there will be people who disagree or interpret doctrine differently. Much like Jainism has seventeen classifications of death, the authors Quill, Dresser, and Brock provide five distinct ways of distinguishing between different ways of killing and/or letting a patient die, that disagree with Kelly’s statements. These are: withholding life-saving treatment, withdrawing life-saving treatment, pain relief that hastens death, physician-assisted suicide, and active euthanasia. These authors concluded that each of these five scenarios are all a variation of killing a person, and that for this reason, none of them should be allowed. However, Kelly says on page 212 of his reading, that withholding or withdrawing care is considered okay by the official Catholic teachings.

So, under the blanket of Kelly’s Catholicism, suicide and physician-assisted suicide are not allowed, but withholding or withdrawing care, and providing pain relief that hastens death are allowed. Magill and Kelly both conclude this (although Kelly thinks it should be illegal, even if it can be considered morally right). In his presentation, Magill took this idea a step farther and argued that there may not be enough of a difference to allow one and not the other. This is only his interpretation – it is based on questions of ethics and morality rather than actual Catholic doctrine. Magill argues that if pain relief that hastens death is allowed, the following scenario is allowed to occur: a patient with terminal cancer may be injected with strong pain-relieving drugs on Monday, fall into a medically-induced coma, and die on Friday. This is allowed by the Catholic Church. But, Magill argues, that this really is no different from injecting that same terminal patient with stronger drugs on Monday, and just allowing them to die at that moment instead of dragging out the exact same outcome just because one is ‘allowed’ and one is not.

In both Catholicism and Jainism, there are blurred lines between different ways an individual can choose to die. One of the main differences is the absence of a God role in Jainism, because following God’s will and not destroying God’s creations is one of the main reasons suicide is not allowed in Catholicism. The role of human decision-making is limited in both Jain and Catholic deaths, in that a person cannot just decide they’d like to die and act on that decision. Both religions have narrow requirements for allowing individuals to make decisions to end their life – Jains must meet the guidelines for Sallekhana, and Catholics can refuse care only in certain situations, where natural death is inevitable in the near future anyway. Sin and karma and their roles in the afterlife play a similar role in this process too – if a Jain commits suicide before the 75 year mark that is considered the end of the human life cycle, they will experience all the karma they’ve missed all at once (not an ideal situation, and also ensures that the Jain will be reborn). If a Catholic commits suicide, they are committing a sin, and likely will not go to Heaven (also not ideal).

In one sense, Sallekhana being separate from suicide is easier to understand, because Sallekhana is such a specific, traditional ritual. It is the ultimate goal for Jains, and it makes sense that they would want to do it. In the case of Catholic bioethics, the Bible doesn’t say ‘you should strive to be in a place where you could accept pain-reducing drugs that hasten your death.’ These are, in some sense, case-by-case situations because there aren’t guidelines for bioethics listed in traditional Catholic doctrine. Using the PDE is useful for encounters with these situations that don’t have doctrine-set guidelines, but it can also be seen as a get-out-of-jail-free card, or a perpetual guilt machine, because there will always be Catholics who choose not to use the PDE and believe they’re living their faith more purely.

These ideas are particularly compelling when you consider the fact that in each scenario, an individual is making the choice to end their life, and shortly after, they are dead. Beliefs in the afterlife (or another life) are what make the scenarios so different for those within the religions. From the outside looking in, it’s easy to dismiss these beliefs. From a perspective of someone who is neither Jain nor Catholic, it’s easy to think all of these situations or scenarios are really the same, and having labels on what is ‘okay’ and what is not can seem silly.

After all of this analyzing of Jain and Catholic dying rituals, I was questioning why we feel the need to categorize these things within religions, and what difference it really makes if the outcomes are the same anyway. Through my writing process, I came to a few key conclusions. Every religion has it’s own set of beliefs around death and dying rituals, because dying is something we don’t know much about. Since no living human can actually tell us what *really* happens when we die, religion gives us a way to explain the unknown. Because of this, even though every belief system thinks their beliefs on death are right, there is no way to know who is ‘actually’ right. But this is actually beneficial to the study of religions – there is no way to know who is right, so no one actually has to be right. Not knowing about death is a terrifying idea to us as humans, which is why we have the constructs of religion in the first place. We as humans ritualize things we are afraid of so that they become a rite of passage, which explains why Jains and Catholics are so adamant about differentiating ways of dying in their religions.

We don’t need to have a ‘true’ answer for any of these big questions. Simply believing in a faith makes it true for that individual, and that is the biggest value in subscribing to a set of faiths. From my perspective, it doesn’t matter as much *which* set of beliefs a person subscribes to, but *that* they have beliefs, and that the beliefs provide answers or guidelines for that individual. So, for a Jain, the difference between Sallekhana and suicide is just as real as the difference between PAS and more passive measures with the same end result for Catholics – and these differences are just as real for any other religion and their respective rituals, even if we can’t be sure about what actually happens to humans after death.

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