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Because Harold O.J. Brown is recovering from surgery, this month's *Religion & Society Report* reprints a chapter from his new book, *The Sensate Culture: Western Civilization Between Chaos and Transformation* (Word Publishing), as well as his article from the December 1996 issue of *Chronicles: A Magazine of American Culture*. He thanks you for your prayers.

THE CRISIS IN MEDICINE

When the physician can decide who shall live and who shall die, he becomes the most dangerous man in the state.

—Christoph Hufeland

Medicine has come to occupy an ever more substantial place in human life and culture. While medicine used to be relatively ineffectual and rather cheap, in the past few decades it has become far more effective and incredibly costly. In the United States, for example, medical costs make up one-sixth of the gross national product. It is now a more important element in the culture than education, national defense (at least during peacetime), religion, or the arts. Once considered an art and a calling, medicine has become both industrialized and commercialized. In the United States, which often serves as the bellwether for all of Western culture, medical care, surgery, psychiatry, and hospital care are advertised like automobiles and cosmetics:

"The University of Chicago Hospitals—at the forefront of medicine."

"The only Harvard-trained specialist in male sexuality in Northern Illinois...."

The origin of medicine was modest. Since the beginning of recorded history, sickness and injury have plagued the human race. Human beings have tried whatever they could to heal the sick and injured, but, unfortunately, sickness and suffering are better attested than healing and cures. In the long-run, everyone dies. Thus there is a natural limit to what medicine can do, but as it succeeds in enabling more and more people to extend their lives beyond the point at which sickness or injury would have

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(THE CRISIS IN MEDICINE, *continued from p. 1)*

ended them in the past it encounters increasing frustration—the law of diminishing returns. Its therapeutic possibilities become less and less effective, while its cost rises astronomically. The cost of prolonging an individual's life by a few months or even weeks can exceed all that the person spent on health care over a lifetime.

In addition to being industrialized and commercialized, medicine has become politicized, increasingly defined as a right of all citizens (indeed of all residents, citizens or not) in modern Western states. Because medical care prolongs many lives to the point where the cost of that care becomes impossible for most individuals to bear and creates a huge burden on public finances, the right to medical care is being "supplemented" by a "right to die." This strange "right"—for it is odd to define something that everyone *must* do as a right—can be provided by physician-assisted suicide. In the Netherlands, physician-assisted suicide is already being supplemented by involuntary euthanasia.

Such developments could not have been imagined in past centuries; indeed, they were not imagined even half a century ago. Some age-old scourges such as smallpox and poliomyelitis can now be prevented relatively inexpensively, but the triumphs over certain cancers have become incredibly costly, and no amount of money as yet can give victory over AIDS or Alzheimer's disease and other degenerative processes of aging. Medicine began in prehistory as a simple human concern to give relief from pain and distress and to facilitate healing; it has become an incredibly complicated enterprise, the ramifications of which are contributing to the disorientation of ethics and law.

A Glance at the History of Medicine

Artifacts from prehistoric civilizations offer evidence that medical procedures existed even before writing was invented. Surgery is older than written history; archaeology has unearthed bones that were broken and set, and even surgically opened skulls, some of which have scarring in the opening indicating that the patient survived the operation at least long enough for scar tissue to form. But such early surgery was crude, painful, and dangerous, and the pharmacopoeia of those early days contained only few and often ineffectual remedies. Religion and magic seemed to many to offer better prospects for healing and relief of suffering. Grossly obese statuettes found on archeological sites, sometimes taken to represent fertility goddesses, may have been votive offerings seeking supernatural help for persons suffering from pathological obesity.

When did medicine actually begin? Did Eve have to dress Adam's wounded side after she was formed from one of his ribs? Was it Adam who tied Cain's umbilical cord after Eve bore her first child? The first pages of Genesis do not speak of medical acts, but they describe situations in which medical acts may have been required. From the earliest times, men and women have suffered sickness, injury, and death, and have drawn upon all their wisdom and experience in the effort to heal the one and postpone the other, linking medicine and religion as they sought to do so. As people are plagued by sickness and infirmity and generally die before they are ready to do so, they find their existence and its meaning mysterious and want to know not only how and why they exist, but what they can expect when this earthly life is over.

Religion seeks to explain the mysteries of life, to come to terms with the unknown, and to obtain help for people from a power or powers greater than themselves. Quite naturally it seeks to obtain healing for sufferers. This function of religion continues even today. The well-established, more formal religions do not usually make healing services part of their ministry, and in consequence "faith healers" and charismatic healing services are frequented by those whom medicine has failed to satisfy.

Medicine and health care may seem to be among the more tangible and practical aspects of a culture by contrast with its religion, but like religion, medicine attempts to deal with things that cannot be explained scientifically. It too calls upon powers sometimes only dimly understood to bring help with the problems of life, birth, and death. In early cultures, the two disciplines were naturally closely related. Illness was frequently thought to be caused by bad religion—offended deities or demons. Healing could therefore be sought from good religion, with the help of persons wise in the ways of spiritual realities as well as knowledgeable about herbs and other remedies. The witch doctor is often portrayed as an object of ridicule, as someone whom no enlightened, modern person could take seriously, but many a modern physician armed with the most modern medical technology confesses, "I treat; God heals."

The wisest and most learned people in early cultures were often the priests, and medicine frequently began under priestly or religious auspices. Assuming that sickness had a spiritual origin, the priest or medicine man could try to discover what offense brought it on and could examine the nature of the sickness itself. When an offense to the gods was suspected, it was natural to seek healing by religious or magical means as well as by utilizing the limited therapeutic measures available. Therapeutic possibilities were limited; for many serious conditions, little or nothing could be done. Of course, the natural curative powers of the human body permitted even ignorant physicians and priests to claim many apparent successes.

When medicine entered the era of recorded history, it was part of an integrated culture and had an important part to play in many different spheres of life, less because of what it could do—for it could actually do rather little—than because of the importance of health and suffering in human experience. As civilization progressed, medicine progressed, especially since the beginning of the scientific revolution and with increasing rapidity during the past century and a half.

In the first Babylonian empire eighteen centuries before Christ, the celebrated Code of Hammurabi—the world's oldest law code—dealt with medicine. In that unified culture, which centered on the throne with the monarch playing a semidivine priestly role, the physi-

cian was trained, examined, and paid by the royal household. Those who did best in their examinations could become physicians to the royal household; those who did less well treated the nobility and wealthy citizens, while the poorest candidates treated the common people. Medical care was available to all classes without cost, reflecting the degree to which it was fully integrated into the culture. An unfortunate aspect of this government-provided care was that the physician was a servant of the state and was expected, among other things, to keep the monarch informed about the affairs of his subjects.

Our records for Egyptian medicine are half a millennium later than those of Babylon; there, too, medicine was an integral part of an early ideational culture. Although the Egyptians did not consider it part of religion or a magic art, the study of medicine was associated with the great temples and the priestly educational system. Egyptian physicians have left detailed and accurate descriptions of particular maladies and a pharmacopoeia of five hundred frequently useful drugs and herbs.

Hippocratic Medicine

Our knowledge of the history of medicine expands tremendously in the idealistic period of Greek culture. The tradition associated with the name of Hippocrates has proved extremely durable. It remained dormant in medicine through the sensate period of the Roman Empire; it was developed and reinforced in both medieval Europe and the Muslim lands of the Near East. Only in the late sensate phase of our own culture has it begun to be seriously challenged.

The Hippocratic tradition, so hallowed by centuries of veneration and observance, came into being in Greece during the fifth century B.C. The ideational culture of the heroic period was becoming idealistic, combining an appreciation of empirical evidence and the real world with its sensitivity to supersensory realities. Medicine became more clearly a science and an art rather than magic, but it was science and art dedicated to the gods—to Apollo, Asclepius, Hygieia, Panacea, and all the other gods and goddesses. There is an extensive corpus of works attributed to Hippocrates and his school that provides excellent descriptions of medical and surgical conditions as well as useful advice of a preventive and a moral nature.

The integrated nature of idealistic culture in this period is reflected in the fact that the physician was expected to take an interest in his patients' moral and spiritual lives as well as in their physical health. The most familiar element of the tradition, the Hippocratic Oath, refers quite naturally to the deities venerated in that era. The oath was adopted in amended versions by Christians as well as by Jews and even Muslims. In whatever country it took root, the Hippocratic tradition taught physicians to consider their work a holy calling and to hold themselves accountable to God (or the gods), to their professional colleagues, and particularly to their patients.

Hippocratic medicine defined the physician's duty to the patient for the first time; the patient was to be seen as made in the image of the divine. Outside of the Hippocratic tradition, physicians frequently worked for the monarch or the state. They had no specific duty to their patients as individual human beings in the same way that a veterinarian has no specific duty to the dogs or horses he treats but rather to the owner who pays him. Hippocrates instructed his students and all who followed in his tradition concerning their duty to the patient first of all. Specifically, the new physician promised not to perform or counsel abortions and not to perform or counsel "assisted suicide."

The widespread acceptance of abortions in the West entailed a devaluation of the Hippocratic Oath; in the United States, the Oath was specifically rejected as a guide to medical ethics by the United States Supreme Court in January 1973. That approval of abortion would soon be followed by approval of euthanasia, as opponents of abortion predicted and abortion supporters denied, is being proved true in several countries.

It may seem to be a digression to look at detailed aspects of early medicine, but these provisions of the Hippocratic Oath are important because they reflect a fundamental understanding of human nature and man's moral responsibility—an understanding that is entirely compatible with idealistic culture but that comes to appear naive and foolish in a sensate culture. The prohibition against providing a deadly drug or counseling anyone to take one would appear to rule out physician participation in execution by lethal injection, which is becoming the "treatment of choice" for condemned criminals in the United States.

Whether a person sentenced to die is killed by a headsman with an ax, a hangman with a noose, a warden pulling the switch on an electric chair, or a white-coated "health care professional" with a syringe may seem a trivial difference to the condemned man or woman, but resorting to capital punishment by lethal injection with its medical aura, even when no physician participates, is a significant clue to the pervasiveness of the cultural shift our society is undergoing today. The serious moral question of capital punishment is reduced to a discussion of technique, and a change in technique suffices to quell the protests of many who are otherwise inclined to oppose the death penalty.

Significantly, the Hippocratic physician worked for the patient. Unlike the Babylonian physician a millennium earlier, he did not work for or report to the monarch but instead had to respect the patient's privacy. Again, this is typical of an idealistic culture, which values the human soul and sees it in a position of personal responsibility to God. A culture that rejects all supersensory realities finds it increasingly difficult to respect the individual as an individual and will come to look on him or her as only organic material, to be cared for and enhanced as long as it is useful and to be discarded in a sanitary manner when its usefulness is over.

Hammurabi's physicians practiced government medicine; Hippocrates gave us human medicine. Today, consistent with a sensate mentality, we are returning to government medicine, in which the treatments afforded a patient will depend on the patient's

real or potential value to the state. Various national health service plans in the West today are moving to make the physician the servant of the state, which will ultimately take precedence over all duties to the patient.

Finally, the Hippocratic physician looked for rewards and sanctions from his fellow physicians, from the general public, and not least, from the divine order. His responsibility was not to government but to God and to man.

When a culture loses its awareness of and sense of responsibility toward God or the divine order, in other words, when it is no longer ideational or idealistic but sensate, it becomes increasingly difficult to respect individual human beings as such. They become ciphers in the calculus of societal utility, like the animals in a veterinarian's care, treated and healed when it is possible and economically feasible, but painlessly disposed of when it is not.

Medicine in the Sensate Culture

Medicine, like the other aspects of an integrated culture, conforms to the basic orientation of the culture, although like religion, it may preserve some distinctive attitudes of its own. In a sensate context, medicine tends to disregard all approaches to healing that do not depend on material means—surgery and drugs in particular. In an ideational society, the tendency will be to disregard medical therapy and to look only to the spiritual realm for healing. Even in our contemporary society, which is predominantly sensate, there are people who prefer a purely spiritual remedy for sickness; this is the attitude of the religious denomination known as Christian Science.

Although in principle one would expect a sensate culture to take only material causes and cures seriously, in our own overripe sensate culture, people are increasingly turning to "alternative" medicine, which is based partly on the wisdom or lore of herbalists and other healers of the past, and partly on various occult and magical influences that only a few decades ago would have been rejected as nonsense and superstition redolent of medicine men or shamans.[1] This too is an example of chaotic syncretism. It reflects the sociocultural shift that we are beginning to experience, leading to a gradual abandonment of the certainties of sensate reality and a search for other sources of truth.

Much of the general public is of two minds concerning the triumphs and achievements of modern medicine. On the one hand, medicine (particularly specialists and great hospitals) is held in almost religious awe. On the other hand, the immense cost of medical services along with what some perceive as avarice and indifference to human suffering on the part of many health care professionals, highly publicized failures of particular therapies, techniques, physicians, and hospitals, and the apparent ease with which the profession is abandoning the Hippocratic Oath and embracing euthanasia and abortion is creating a loss of trust in physicians and a hostile atmosphere toward the profession.

The medical establishment itself is beginning to turn away from the absolute ethical principles (specifically, from the standards of Hippocratic medicine) that enabled it to gain such respect in the past. For centuries, medicine has occupied such a special status in culture that it was able to hold to the absolute standards of Hippocrates, formulated in an idealistic culture, long after most of Western culture had become thoroughly sensate and ceased to think in terms of divine or natural laws being universally valid and binding. Despite outbursts of cynicism and satire, the general public perceived physicians as having higher ideals and a greater sense of dedication than general mankind. Now, however, the full impact of the shift to sensate culture has battered down traditional medical principles, with the United States and the Netherlands leading the way in spurning the Hippocratic maxim, *Primum non nocere*—"First of all, do not harm." Medicine here and elsewhere is increasingly accepting the utilitarian approaches of abortion, euthanasia, and physician-assisted suicide. This shift in our approach to medicine is another indication that our overripe sensate culture is in a transition phase. If the sensate sociocultural supersystem is in a crisis, as is plainly the case, we need not be surprised to find medicine also in a special crisis of its own. The crisis of medical costs (the debates in the United States over Medicare and Medicaid) is only the most visible part of the crisis in medicine, which is part of the crisis of culture as a whole.

Modern medicine has an ability to cure diseases that were previously considered death sentences. It can even go so far as to change, or appear to change, one of the most fundamental aspects of nature—an individual's sex. Thus medicine appears to be transforming the human condition and raising man above nature, freeing him from the constraints of biology. In fact, however, it is plunging humanity and medical science into an ever deeper predicament. The effort to indefinitely prolong human life begins to exclude all awareness of man's spiritual nature. People who think of themselves as having an eternal destiny and the prospect of eternal life are less likely to cling frantically to mortal life.

The Hindu teaching that the soul is repeatedly reincarnated is often proposed to explain the fact that the very high culture of India, primarily Hindu, has traditionally viewed human suffering with indifference and life as cheap when contrasted with the Christian West. Christianity emphasized the hope of a future life but denied reincarnation; each person lives on earth only once. This gave an impulse to compas-

[1] Our sensate culture does not deny the psychosomatic nature of many illnesses nor exclude the possibility of psychic healing, but it regards the human psyche as part of the material world. The field called "alternative medicine" is immense and includes genuinely wise and helpful procedures and products long ignored by academic medicine as well as many things based on fantasy, superstition, and the occult and totally lacking in experimental verification.

sionate concern and care for each individual, but at the same time it made it easier for physicians and patients to accept the inevitable defeat of death, believing as most did that death does not spell the end of an individual's existence.

As Western culture has become fully sensate, and as the sensate mentality has increasingly taken hold in medicine, there is no longer a general conviction of life after death nor of a divine judgment where one must give an account for the deeds done in earthly life. Consequently, when life is no longer attractive, medicine forgets *primum non nocere* and administers deadly drugs, euphemistically called "death with dignity" or "physician-assisted suicide."

Medicine in the West, having shucked off its earlier Christian convictions, is becoming increasingly manipulative in dealing with human lives, from the facile abortion of unwanted babies to the increasingly accepted termination of elderly or chronically ill patients, the material value of whose lives seems to have become inadequate. In a purely sensate culture, especially in its degenerate phase, nothing is more natural than for medicine to cease to be a healing art dedicated to the gods and to the dignity of the individual and to become a utilitarian technique for limiting social costs and improving social utility. The achievements of modern medicine are creating virtually insoluble financial problems—a situation made worse by the fact that more and more social and behavioral problems are being treated as medical problems.

Although the situation varies in details from country to country in the West, medical care in the United States is not atypical. Among the many inconsistencies and contradictions of American public policy, there is a determination to increase the care and provisions made for the disabled, the aged, and the medically indigent, contrasted with pressure for the rationing of services and even the promotion of physician-assisted suicide as the appropriate way to deal with long-term human suffering and cut medical costs at the same time.

Medical educators, philosophers, and social scientists, whether they hail these developments or deplore them, recognize them as "a break with the humanitarian tradition," and attribute it to "the biologization of ethics under Ernst Haeckel and other Darwinians of his day."[2] This is true, but it is not the whole story and does not express the full nature of the break. The humanitarian tradition in medicine goes back to Hippocrates and was continually reinforced through the idealistic phase of Western culture,[3] particularly by religion—Christianity, Judaism, and Islam. It must necessarily come to an end, however, in the sensate phase of culture, in which culture, having "liberated" man from the "superstitions" of the categorical imperatives, has "taken from [man] an invisible armor that unconditionally protected him, his dignity, his sanctity, and his inviolability."[4]

Much of the problem results from a false definition of the physician's task as "ending suffering." Hippocrates himself never spoke of "ending suffering" but only of healing. If human life has no meaning beyond the pleasures and pains of bodily life, if there is nothing to look forward to after death, it is apparent that an excess of suffering will make living seem a burden to be thrown off as speedily as possible. It is self-evident that death ends suffering—at least here on earth. (What happens afterwards in eternity is a matter with which medicine is not prepared to deal.) If Hippocrates had been concerned primarily with ending suffering, he would have prescribed rather than prohibited deadly drugs. He made a categorical distinction between healing and killing, and while he acknowledged that healing is often impossible, he rigorously rejected killing.

The trend to euthanasia is being facilitated by a curious emphasis on "patient autonomy," which permits the liquidation of the useless or suffering under the pretext of affording each individual the maximum range of choice. Our late sensate society no longer even bothers to ask *whether* physicians have the right to kill certain patients but assumes that they do and argues only about how and when.

America's most eminent Surgeon General, C. Everett Koop (served 1981-89), has frequently said, "The corruption of law conspired with the corruption of medicine to produce this situation." A surgeon who has devoted his life to helping handicapped infants and children can only look on the present situation as a total reversal of all the values by which he has lived. Dr. Koop is correct, of course, but even his sweeping criticism only touches the surface of the systemwide cultural crisis. It is not only the professions of law and medicine that are corrupted, but the crisis pervades the entire culture. The ready resort to euthanasia for problem patients is symptomatic of the fact that the culture itself is ripe for euthanasia. One will reject this convenient solution only if one has ethical fixed stars, such as used to be provided by both the Christian faith and the Hippocratic tradition.

Medicine, like engineering or industrial production, is often considered a technique rather than a philosophy or worldview. In fact, however, medicine brings its practitioners into touch with a broad range of human existence; changes in the culture sooner or later must affect medicine, and changes in medicine cannot fail to affect the entire culture.

—Reprinted from Harold O.J. Brown, The Sensate Culture: Western Civilization Between Chaos and Transformation *(Dallas: Word Publishing, 1996), pp. 191-202.*

[2] See Jürgen Sandmann, *Der Bruch mit der humanitären Tradition*, in *Forschungen zur neuren Medizin- und Biologiegeschichte*, ed. Gunter Mann and Werner F. Kümmel, vol. 2. (Stuttgart and New York: G. Fisher, 1990).

[3] See Ludwig Edelstein, "The Hippocratic Oath," in *Supplements to the History of Medicine*, vol. 1 (Baltimore: Johns Hopkins, 1943).

[4] Pitirim A. Sorokin, *The Crisis of Our Age*, 2d. ed. (Oxford: Oneworld, 1992) 134-35.

SACRAMENTS OF DEATH

Among the sacraments of the Christian churches, the one most frequently received is the Lord's Supper, also known as the Eucharist or Holy Communion. In the classic English-language liturgy of the *Book of Common Prayer,* the ministrant offering the consecrated bread will say, "The Body of the Lord Jesus Christ, broken for thee, preserve thy body and soul unto everlasting life." Thus the sacrament at one and the same time evokes the memory of the death of Jesus and looks forward to the resurrection life of the believer who is joined to Christ by faith.

The tie between death and life is also present in baptism, which unlike the Lord's supper, is a once-for-all event: going down into the water symbolizes the death of the "old man," dying to self and to sin, and the emergence from the water the rising to a renewed life, which begins here on earth and is fulfilled in the resurrection. (It is true that the symbolism is rather weakened by the widespread practice of baptism by effusion, in which a small amount of water is poured or sprinkled, but even those churches that do not regularly immerse teach that baptism implies both death and renewal.) George H. Williams, Hollis Professor of Divinity emeritus at Harvard, used to point out how different Christian fellowships find different ways to meet the same spiritual needs. Adults who come to faith in Christ need a symbolic experience of initiation and acceptance into the company of believers, and adult baptism, usually by immersion, clearly provides such an experience. When such believers have children, however, there is naturally a desire to have their children incorporated into the "family of God," even though they are not mature enough for believer's baptism. For those in the great liturgical traditions—Roman Catholics, Eastern Orthodox, Lutheran, Anglican, Reformed, among others—this is done by infant baptism, a practice rejected by the Baptist traditions that hold that baptism must follow, not precede, a personal confession of faith, and for this reason do not baptize immature children. Such "baptistic" parents nevertheless have a natural desire to bring their children into the Christian family, and therefore infant dedication—which one might call a kind of "waterless baptism"—is practiced.

For those who do baptize infants, a different spiritual and psychological problem arises. The person baptized as a baby has no experience of making a formally recognized and sealed personal decision or a mature commitment to Christ. To fill this need, confirmation is introduced. Many people "come forward" or "make a decision for Christ," either at a public meeting or in private. Some of these, although they may have already been baptized as children, follow up their experience of personal commitment with a second, adult baptism, even if, unlike the Baptist-inclined fellowships, they do not deny that infant baptism is actually baptism.

Other often unnoticed parallels between seemingly rather different practices of different branches of the Christian family reveal the fact that all those who accept Christ and intend to trust Him as their "only hope"—to use the words of the Heidelberg Catechism—have similar concerns and emotional needs that have to be addressed. In consequence, the various branches develop prayers, ceremonies, ordinances, and usages, some based clearly on the Bible, others less clearly so, in order to address those concerns and to meet those needs.

For one and a half millennia, the Christian churches have provided a universe of meaning for the people of Europe, and later of the Americas. Even those who were not thoughtfully and consciously committed to the faith found the great events and phases of life embraced and set into a framework of meaning and ultimate significance by the rites of the church and the seasons of the year. The rhythm of work and repose was celebrated, even to an extent enforced by Sunday closings—now all but abolished in the United States and beginning to be abandoned in Europe. Christmas, celebrating the birth of the Son of God, reminded all adults and children of the wonder of human birth and at the same time alluded to the fulfillment of our deepest hopes in the second coming: "Joy to the World, the Lord is come!" The short-lived celebration of Palm Sunday reminds one of the fickleness of celebrity, before the sad events of Holy Week, when the darkness of Good Friday and the cold silence of the tomb remind believers not only of the death of Jesus but also of their own: *"Du gingest, Jesus, uns voran, durch Leiden himmelan, Und führest jeden, der da glaubt, mit dir die gleiche Bahn."* ("You went on, Jesus, ahead of us, through suffering to heaven, and lead each one who believes the same road with you.")

Then the glorious Easter morn reminds all—not only those who seriously and earnestly believe the message—that death and the grave are not the real and final goal of human life. Even the absurd and sometimes atrocious degeneration of the ceremonies and symbolism of Easter into egg hunts and Easter bunnies echoes the message of Resurrection hope, although faintly and unintelligibly.

With the increasingly rapid, increasingly aggressive secularization of life in the United States, the familiar rhythms and seasons are disappearing. When "Christmas Vacation" becomes "Winter Holiday," the reference-point in divine promise and fulfillment is lost, and people are left with nothing more than the turning of pages or the hanging of a new calendar to mark the great movements of life. The three ceremonies in which virtually all Americans, Protestant, Catholic, or Jewish, participated, marking birth (baptism, dedication, circumcision), marriage, and death, sometimes augmented by a certain coming of age rite, such as Bar Mitzvah, confirmation, "joining the church," or being baptized as a teenager or adult, are no longer shared experiences common to the entire culture, but are losing their solemn sacred significance.

One-third of the babies born in the United States last year were born to unmarried mothers; marriage, the primary, solemn covenant undertaking of two humans before God, is being neglected by many, while others

seek to transform the "honorable estate, established by God" into a state-sanctioned arrangement available to two members of the same sex as readily as to traditional heterosexual couples. Divorce has become so common that some of the trendier religious groups have introduced religious ceremonies for it.

Where marriage—the covenant between a man and a woman—is falling into oblivion, it is self-evident that there will be less infant baptism and dedication. Ceremonies seeking to claim God's covenant promises for a child make little sense to parents, or a single parent, for whom the marriage covenant is unimportant. What then are we to expect at the other end of life, when the thread of life weakens and the approach of death becomes insistent?

Traditionally, Christians have sought to accompany the dying with words and acts intended to remind them and reassure them that the God to whom they belonged and whom they served in life will not abandon them in death, but will bring them through that dark portal into the Father's house. Indeed, so gracious are the promises of God that even those who have not believed and served will be given the chance to turn at the end and to receive the words and signs that promise God's acceptance. After death, the Christian funeral is intended to comfort the living and to encourage them so to believe and live that in due course they may "meet on that opposite shore."

Of course, Christian sacraments, anointings, prayers, and ultimately funerals—aside from the rare death-bed conversion—are at best meaningless, at worst mocking for those who have lived their lives apart from God and his people. Nevertheless, all or almost all people are overtaken by apprehension, anxiety, even dread at the approach of death. Death confronts the Christian with the prospect of entering the presence of the holy God, a "mysterium tremendum" that cannot totally without apprehension. This is a situation in which "ghostly comfort"—the archaic term for the consolations of the faith—is indeed welcome. In our increasingly irreligious culture—the late Pitirim Sorokin characterized it as being in its late, degenerate, sensate phase—the consolations of religion are still available and offered to those who desire them. Unfortunately, in this late sensate culture, the number of those who know enough to ask for them is small, and the number who actually place confidence in them is even smaller.

Where the spiritual sacraments that accompanied and solemnized the mysteries of birth and marriage and even of coming of age fall into disuse and disdain, society develops secular counterfeits to meet normal human emotional and sentimental needs, or, if they cannot actually be met, to put something altogether different in their place. How much greater the need must be when people come up against the apparently absolute limit, death. Even for the believer, death and the prospect of judgment will naturally produce at least some stirrings of dread. When there is no one to say what if anything awaits one on the other side of the line, whether it is an awful Judge, a Savior, or the abyss of nonbeing, nothing is more natural than to seek to surround this mystery with institutions and symbols that at least obscure its frightening dimensions if they cannot transform them.

The desire to obscure the frightening aspect of death is clearly seen in the current fascination with death and dying, stimulated in this country by the work of the Swiss-born physician Dr. Elisabeth Kübler-Ross. It is expressed in words like this: "Dying is as natural a part of life as being born." The courageous words of an archbishop upon hearing that he has only a few months to live, "Death is a friend," are taken out of the context in which he spoke them and made to extol death. For Cardinal Bernardin, because of his faith in Christ, death is the doorway to eternal life. Taken out of context, "Death is a friend" is some sort of a sentimental beautification of what is in reality an ordeal.

It is worth remembering that in the Christian story, even Jesus himself prayed, "If it be possible, let this cup pass from me" (Matthew 26:39). Even the Apostle Paul, who wrote, "To die is gain…and to be with Christ, which is far better [than continuing in life]" (Philippians 1:21, 23), called death "The last enemy that shall be destroyed" (I Corinthians 15:26).

Turning death into "as natural a part of life as birth," and calling it "a friend" without reference to salvation and eternal life, is only the mildest expression of the new thanatophilia, which is making death the goal and the greatest achievement of godless secular man. Does it seem strange to call death—which actually not one of us can evade—an achievement, a "constitutional right"? It may be strange, but it is the hidden reality of a society that regards it as "a triumph of the human spirit" (Lawrence Lader's expression) to bring about the death of one-third of each new generation before birth.

In an earlier day, death was accompanied by spiritual and sacramental ministries, but they served life, not death. The priest or minister came to the bedside—if need be, to the scaffold. He could not avert death, but he did not embrace it. His task was to help the dying person get through "Jordan's water, chilly and cold," not to drown him in it. In the middle of the 20th century, people began to note the way in which medicine was supplanting religion at the bedside. In those years, however, the physicians at first fought death, then, when it became inevitable, tried to make its final throes easier to endure. They had not yet learned, as more and more are doing today, to add to the healing arts a kind of ministry to death.

The medicalization of capital punishment should have given us a clue to what was coming. Earlier in the century, the traditional American method of hanging was found too brutal and, above all, unscientific—new, more complicated methods, the electric chair and the gas chamber, were introduced. The "assistance" of a physician was necessary only to confirm the obvious, the death of the victim. In the last quarter of the century, the revulsion against capital punishment as the taking of human life was reinforced by the apparent mechanical cruelty of the method, and an ominous solution was found: bring in the physicians, and medicalize death. Lethal injection has become the "treatment of choice" for condemned criminals in many states, and the outcry against capital

punishment has diminished.

Lethal injection—the sacrament of Dr. Jack Kevorkian, the high priest of physician-assisted suicide—is becoming the treatment of choice for the dying; indeed, not only for the dying, but for the chronically ill, the severely handicapped, even the depressed and disconsolate. The fact that the same means of dispatch is applied, after seemingly endless appeals and delays, to the convicted murderer, and without much discussion or delay to the innocent but severely ill patient, surely tells us something significant about our society. There is no longer any real distinction between good and evil. One man "merits" his lethal injection by multiple murders, the other simply by being old, in pain, and a drain on society.

Corruptio optimi pessimum est, the Latin proverb has it: the corruption of the best is the worst. The sacraments of the Christian religion, properly understood, form a kind of symbolic bridge between the beginnings of mortal life here on earth, over the dark valley of the shadow of death, into the life that has no end. When the strength of the faith ebbs, as it has been doing for so many decades, the sacramental idea remains, but it is converted into a hollow counterfeit. Sacraments no longer symbolize the promise of God to preserve thy body and soul unto life, but simply mark the end of a road, "No Exit," as Jean-Paul Sartre wrote.

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IN ADDITION TO WHICH

■ According to a report in the Nov. 29, 1996, *Wall Street Journal*, a Florida physician is being charged with first degree murder for giving a patient a lethal dose of pain killers. The physician pleaded that it was his intention merely to ease the patient's suffering, not to kill him. Neither the patient nor his family had requested this kind of "physician assistance." Dr. Kevorkian was acquitted of a similar act in Michigan because he pleaded, like the Florida doctor, that he only wanted to end the patient's pain, not his life.

■ According to another report, Kaposi's sarcoma (KS) is much less common in hemophiliacs afflicted with AIDS (by means of tainted blood products), than in homosexual men. Infection with KS seems to be facilitated by the presence of a new herpes virus (HHV-8), contamination with which, according to the report, "is consistent with the postulated mode of spread" (i.e., male homosexual acts). As the late Dr. Jérome Lejeune used to say, "Seul Dieu pardonne vraiment, l'homme pardonne parfois, la nature ne pardonne jamais" ("Only God truly pardons, man sometimes pardons, nature never pardons"). Surely male homosexual conduct is far from being the only activity of modern man that is *contra naturam*, but whether it is genetic or chosen, an abomination as the Bible says, or simply an alternative life style, it is evident that it is not without some very serious health risks.

■ A news flash on November 11, 1996, reported that a high Texaco official was exonerated of charges of speechcrime when a tape recording revealed that he had uttered the word "Nicholas" and not "nigger." Despite this, the report said, the F.B.I. was continuing to investigate and Jesse Jackson, to boycott Texaco. Of course Stalin and Hitler were equally sensitive to speechcrime and put the N.K.V.D. and the Gestapo, respectively, on the track of suspected speechcriminals. But there was a certain plausibility to the dictators' actions. After all, the speechcrimes were directed against their regimes and could offer some potential for resistance and rebellion. Modern speechcriminals often hurt no one, but their speechcrimes reveal that they are PIPs, very "politically incorrect people," and it is only natural that the machinery of the federal police should be set in motion against them.

■ Dr. Laura (Schlessinger), whose strict views of family morality and of religious duty have won praise in many places, including this Report, seems to have missed the message of the Torah with respect to homosexuality. Whether she regards it as genetic (a possibility that has been argued but never proved) or as a choice, she seems to feel that it is perfectly legitimate, and unlike adultery and pre-marital heterosexual sex, requires neither repentance nor change. A Canadian correspondent, a Pentecostal minister, has told us that someone who preaches from the pulpit against homosexual conduct might well be liable for criminal prosecution (for speechcrime?) under the Canadian Charter of Rights and Freedoms. In *Romer*, the Supreme Court ruled, in effect, that it is unconstitutional *not* to give special rights and protection to those whom destiny or choice influences to pursue the homosexual life.

■ Harvard College, which once celebrated the values of the Puritans, recently put on an "Evening Tea" for "Lesbian, Gay, Bisexual, and Transgendered People and their Friends." President Neil Rudenstine, who ought to know his Torah, if not necessarily his Cotton Mather, apparently goes along with this sort of thing.

THE SENSATE CULTURE

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