

THE LIBERTY OF THE SICK, THEOLOGICALLY CONSIDERED

An essay on the liberty of the sick, seen from a theological standpoint, is not just the same thing as an account of the Church's doctrinal statements on the subject. Of course this essay is not intended to go beyond the limits of what the Church's official doctrine says about the liberty, of the sick, either directly and expressly, or indirectly and implicitly. But in so far as the teaching of the Church has actually been formulated, it does not come to grips closely enough with what we mean by the phrase 'the liberty of the sick'. Consequently, however carefully the theologian may take the Church's doctrine into consideration, he is bound to try to say something about this subject on his own account and at his own risk, in the light of the theological data and using theological methods.

Here we shall be limiting the subject to those illnesses in which the sick person is confronted, objectively and subjectively, with death as something that is threatening him and that is pressingly close.¹ A cold, an upset stomach, or any illness which does not really force the person affected out of the circle of the people who are actively able to control their lives freely, does not present any theological problem of its own.

In the first section we shall say something about the nature of liberty as the theologian sees it. From the theological standpoint, [101] liberty is something other than a merely psychological freedom of choice in the individual act, and it differs, too, from a purely legal and civic responsibility for one's actions. Of course this first, theological section is bound to be no more than a fragment; and it stresses – and to some degree isolates – those elements of liberty, in its theological essence, which are of particular importance for our question.² In the second part we shall ask what the liberty of the sick as such consists of and we shall finally inquire about the invalid's claim to liberty where this touches on his relationship to his doctor.

ON THE ESSENCE OF LIBERTY

First of all we must mention a number of features of human liberty which are specifically theological and which are of particular importance for our subject. When the word 'liberty' is used in the secular sphere, it is either understood sociologically, as the absence of social compulsions and estrangements; or it is meant psychologically, as the person's freedom of choice in any given act of decision – always provided that we do not adopt the determinist view, which denies the existence of psychological freedom of choice in general, and tries to interpret responsibility, social sanctions and so forth without the concept of free choice. The theological concept of liberty certainly implies the concept of psychological freedom of choice, but it is more comprehensive and more radical.

The theological concept of liberty is theological in the first place because it explicitly or

¹ The original text of this essay was published in *StdZ* 193 (1975), pp. 31-40, but notes and cross-references have been supplied for the present volume. Some points considered here have already been dealt with by the present author in *Zur Theologie des Todes* (Quaestiones Disputatae 2), 4th edn (Freiburg 1963); ET *On the Theology of Death* (Edinburgh and London 1961). The new angle from which the subject is treated here may, however, open up some fresh aspects.

² On the problem of liberty, cf. especially *Gnade als Freiheit*, Herder Bücherei 322 (Freiburg 1968), with the second group of essays: 'Ermächtigung zur wahren Freiheit', pp. 31-89.

implicitly includes the thesis that whenever there is a radically responsible, true freedom of choice, there is also a definite relation to God. This is so even though in certain circumstances – in fact very often – this relation is not conscious or considered, in any explicit sense. Real, personal freedom of choice is possible only when individual good and individual value are exceeded – even if unconsciously – in man’s transcendental self, in anticipation of the Good in general and *per se*. But this means the existence of a theological dimension of liberty – relatedness to God – even if this is not the subject of conscious reflection. And this is inescapable, whether this relatedness is conscious and reduced to terms and terminology [102] or not. It is inescapable, whether liberty accepts this relatedness in true self-affirmation, or whether it rejects it in that ultimate denial of the self to which we theologially give the name of sin.³

Liberty in the theological sense, therefore, deeply and fundamentally, is not merely the ability to do one thing rather than another, let alone the possibility of always being able to do the opposite of what one has done before. It is rather the possibility open to the free subject or person of disposing totally and finally of himself and his life, as an individual and a whole. Liberty in the theological sense means, first and last, the one and total subject himself in so far as he is object for himself – in so far as the actor, the act, and what has been performed are one – in so far as the one and total life is set in irrevocable finality through this act of liberty; in so far, that is to say, as what we are accustomed to call the eternal being of man comes into existence. And by eternity we do not mean an endlessly continuing time that succeeds our earthly life. We mean the freely ordered finality of the person and his earthly life before God.

These indications of the theological nature of liberty show that there are two different groups of related problems which we must consider in a little more detail. The first is the problem of the relationship between liberty in the theological sense, and the individual, empirical, single object, which can be objectified and expressed in words. The second is the problem of the relationship between liberty and time.

As far as the first problem is concerned, we must here briefly say that the fulfilment of human liberty (by which we mean the self-determination of the total subject in the direction of finality) is, of course, inevitably mediated through some individual object of an *a posteriori* kind, existing in space, time and history. It is to this that liberty chooses to be related in its act of choice, though of course in order to establish its own real nature, which is the self-fulfilment of the person or subject. But this individual object, which is indispensable if liberty is to be consummated, in itself gives no final and certain information as to what the self-consummation of the subject really [103] is, and whether it is for good or evil. It is possible for a person to align himself with God for his salvation, at least unconsciously, because he lets himself fall into the incomprehensibility of his existence in serene hope; though it may well be that the object on which this saving disposal of the self is exercised is materially not only very unimportant and limited, but even ought not to exist, and ought not to be realised at all, if it is tested against the obligatory norms and circumstances of this world.⁴

It is therefore, fundamentally speaking, quite possible for personal liberty to be fulfilled

³ For additional material which may give added depth to our view of the subject, cf. what has been said about ‘choice’ in the following essays in *Theological Investigations XVI* (London 1979): ‘Experience of the Spirit and Existential Commitment’, pp. 24-34; ‘Modern Piety and the Experience of Retreats’, pp. 135-55; and ‘Reflections on a New Task for Fundamental Theology’, pp. 156-66.

⁴ For the idea of decision as fundamental option, the author is indebted to Ignatius Loyola’s *Spiritual Exercises*. His theological work has been continually influenced by the desire to work out the theological implications of the spiritual stimulus he has found there, and to make that stimulus fruitful theologically, cf. the essays quoted in n. 3.

even when the material for decision which is offered to the actual free subject *a posteriori* can no longer be fitted into the ‘normal’ contexts of human life and society, with its structures and norms, where the person who is ‘served’ by his experience only in this way is no longer ‘responsible’ in the civic and psychiatric sense. It is quite conceivable, basically speaking, for a free and personal self-ordering of the subject to get along with a much smaller amount of mediating material than we have to assume and demand in normal civic life if we are to concede responsibility to someone. It is conceivable that a particular objective material which is presented to a person from outside and is in itself conceptually understood, may not be eligible at all as material for the person’s real self-fulfilment, because of the actual structure or make-up of the person himself.

The second problem is the obscure relationship between liberty and time. Theologically, liberty must be understood as the personal self-determination of the subject, through which he completes himself as a whole, together with his whole earthly life, in the direction of its final and ultimate form.⁵ But then the conceptual scheme which Christian practice and pastoral care employ is insufficient. For there the assumption is that the final fate of men and women, in the sense of salvation or perdition, is simply determined by the final free act [104] in time, in the history of a given individual. It is decided by an act which stands at the end in temporal isolation, as it were, and this act by itself governs the whole of the person’s previous life. On the other hand, the fundamental option of a person over the totality of himself as subject and over a life extending over a period of time, cannot be thought of as simply taking place outside time and history, and as revealing itself from this meta-historical point only in the many temporally distributed acts of the person. Even free acts, in which the person orders himself and his life in its totality, must take place in history, and must have a place in time and space within the history of the person himself. Otherwise history – and salvation-history above all – becomes a semblance without an essence, on to which a liberty which is above time is projected.

Because of the incongruence we have already indicated between the material through which liberty is mediated and the original act of liberty as the self-ordering of the personal subject himself, the place and time at which such an act of liberty takes place in a person’s life can never be unequivocally stated. Nor should we maintain that a fundamental option of this kind is possible only once, and that it cannot be revised later by the same existentially radical act of decision in the form of a later choice. It is true that human liberty as self-ordering does not imply the arbitrary revisability of its decisions, as if these decisions could continually be remade indefinitely; it wants these decisions to take the form of final decisions. But as liberty that is finite and materially mediated, it always exposes itself to still current time; and so it arrives at the fulfilment of its own nature only through the fact that time stops, because of an event which is not simply within the power of liberty itself, although by virtue of its own nature it lays itself open to that event.

THE LIBERTY OF THE SICK PERSON

Here the liberty of the sick means quite specifically the liberty of the sick person in his confrontation with death. This relationship between liberty, in the theological sense, and death is of a quite particular kind. But it is easily understandable if we remember what we have just said about liberty in the theological sense; and if at the same time we take into

⁵ On the question of time, seen theologically, cf. the essays on the subject which have been gathered together from the different volumes of *Theological Investigations* and printed in paperback form in K. Rahner, *Zur Theologie der Zukunft* (dtv 4076) (Munich 1971).

account the Christian conviction that in death a person's free history assumes its final form. This means that the final 'Judgement' of the person takes place. It means that the person who in his [105] liberty always has to do consciously or unconsciously with God, finally finds him or loses him.

The situation of approaching death is really an unusual situation for liberty. For death brings to an end the time and space in which a person orders himself in the direction of finality. At all events the free subject cannot be certain that a radical, fundamental choice has already been made in his lifetime in such a way that there is no longer any danger of its being upset again in sickness or dying. This means that the situation of approaching death is really a radical challenge to liberty to decide finally for God on the very basis of the 'material' offered by the process of dying, with its helplessness and loneliness. It should decide for God by accepting serenely and hopefully this 'hopeless' situation of radical helplessness and of being engulfed by the incomprehensibility of what we call God.⁶

This means that a person ought to die 'consciously' as far as possible. He ought not simply to *suffer* death but should also paradoxically *suffer it actively* as an act of liberty. He therefore has the right to know that he is going to die, and when. If and in so far as this knowledge can reach the dying person only by means of a communication made to him by the people round him, this communication must not be withheld. If the moment when this communication is made, and the way in which it is made, are chosen properly, it does not have to come as a frightening shock to the dying person. The very helplessness which the patient experiences inwardly can awake a gently composed awareness of death as the situation confronting him. For unless it is a completely sudden death, biologically speaking, the dying are aware of the situation they are in, even if they suppress their awareness for a while.

Because, and in so far as, death (or the act of dying) is a special situation for liberty in the theological sense, man has a right, and even something of a duty, to mould the situation in such a way that it offers as many opportunities for liberty as possible, even in an empirical sense. An alleviation of suffering which does not simply reduce the sick person to unconsciousness, but leaves him conscious and makes a greater serenity of spirit possible than would be the case if he were overwhelmed by pain in the physiological sense, is therefore [106] not merely a claim made by the vital self-assertion of the patient himself. It is also a demand of liberty in the theological sense, which rightly desires to win for itself as extensive a space as possible and, as far as possible, right up to the frontier of death. The alleviation of pain is not merely important for the patient's physiological and psychological well-being. It is also important in the struggle for the greatest possible area of liberty in the theological sense – an area where a history of salvation may be played out.

What we have just said, however, is not a final answer to the problem of an alleviation of pain which makes the sick person more or less unconscious and incapable of responsible decision. In our present context we need only say that there is no need to dispense with an alleviation of this sort, as long as it does not mean directly killing the patient, and as long as the nature and violence of the pain would in any case permit no more extensive area of liberty.⁷

'STYLES OF DYING'

⁶ In view of the process of dying, the present author does not share the familiar 'hypothesis of a final decision' which is supported by L. Boros in *The Movement of Truth: Mysterium Mortis* (London 1965).

⁷ On the problem of illness and the sick person cf. especially 'The Saving Force and Healing Power of Faith', *Theological Investigations V* (London 1966), pp. 460-7; 'Proving Oneself in Time of Sickness', *Theological Investigations VII* (London 1971), pp. 275-84.

In the course of Christian history, the awareness that death (i.e. the act of dying, as distinct from the state of having died) is a special situation for liberty in the theological sense has given rise to what Arthur Jores has called different ‘styles of dying’.⁸ It is not merely a question of administering the ‘sacraments of the dying’ (which is not simply and directly obvious). There is not merely a special sacrament for the sick who are near death.⁹ Formerly there was also a social and religious ritual for dying, which has largely faded into disuse today. Dying was not merely seen as a biological happening. It was a personal, historical, free event, which quite actively brought life to its final state: eternity. The dying person gathered his family round him, gave them his final blessing, expressed his last wishes, affirmed his [107] faith and hope in a gracious God, prayed the prayers for the dying with those round him and so on. All this can be significant as the completion and proclamation of the task of dying as part of a person’s own history of freedom. The sober courage befitting the Christian in the hour of death, and indeed a great deal else in this traditional style of dying, may seem to be the reflection of a genuine kind of liberty in the face of death. All the same, this particular ‘style of dying’ is, when all is said and done, historically conditioned in many ways, and need not in itself be permanently adopted. (We shall come back later to the sacraments of the dying, which are distinct from the other ‘stylistic’ elements of dying in its traditional form.)

That is one side of the matter. But it is impossible to maintain that the total and final consummation of liberty on the part of the human subject in the direction of finality – i.e. death as total act of liberty – always takes place in immediate proximity to death in the medical sense. In most cases the doctors will have before them a dying person whose condition in any case makes it difficult to conceive (without arbitrary hypotheses) how he could be capable of any radical personal act in this situation – by which I mean an act through which he freely disposes of himself and the ultimate meaning of his life in a thoroughly radical way. Moreover, there is no cogent theological reason for postulating the opposite of what the medical situation would lead us to suppose. The act in which a person freely orders himself in the direction of finality can, even in the case of a ‘responsible’ person, take place much earlier and can, for internal or external reasons, be the final act of this kind even though it takes place a considerable time before death in the medical sense. Dying in the medical sense and dying as an act of liberty need not coincide chronologically. What took place and could take place in life as an act of free and final disposal of the self, on the basis of a relatively modest and not at all explicit ‘material’ for the exercise of liberty, is not necessarily also possible in the case of dying in the medical sense, not even if the ‘material’ there is more explicitly religious and the situation of the dying person is a ‘devout’ one.

HUMAN AND RELIGIOUS HELP IN DYING

There are people who under certain circumstances are called to help the sick person to arrive at a clearly religious death and an explicitly religious act of liberty in dying. (This help does not always have to [108] be an official pastoral duty. It may also be a humane and Christian duty of love on the part of nurses and doctors.) For these people what we have just said has particular consequences. These helpers should draw on the gift of ‘testing the spirits’, so as to try to help the dying person to the attitude which is open to this particular individual in the light of his life history and his religious knowledge and capabilities. A helper of this kind should not therefore exploit the sick person’s weakness in order to clothe his death with the

⁸ cf. A. Jores, *Menschsein als Auftrag* (Bern 1964), especially pp. 114-17 and 121-34.

⁹ On the sacrament of the anointing of the sick, cf. K. Rahner, *Kirche und Sakramente* (Quaestiones Disputatae 10) (Freiburg 1960), especially pp. 100-4; ‘Bergend und heilend – Über das Sakrament der Kranken’ in K. Rahner, *Die siebenfältige Gabe – Über die Sakramente der Kirche* (Munich 1974), pp. 115-37.

hastily donned garment of a religious act which he is not actually able to perform existentially, and which, therefore, contributes nothing to his eternal salvation. If a dying person rejects the visit of a priest or pastor, or any other religious help, his wish should be respected. There should be no attempt to enlist the indiscreet help of relatives or nurses, in order to influence him to the contrary. These people may perhaps be more concerned about social 'respectability' than about the religious meaning of the anointing of the sick and the viaticum, or the eternal salvation of the sick person. (But this is not intended to lay down rules for a person who is charismatically endowed and who can trust himself to achieve a deeper and more genuine conversion or repentance in the spirit of the sick person.) When a dying person is no longer able to arrive at an obviously religiously articulated acceptance of death, or a free and saving act, the question of his salvation is completely open for the person who is at his side. It is a question he cannot decide. For the dying person the personally decisive hour of salvation may have taken place much earlier, while he was still in the midst of life, and the material for his free act may not have been expressly and verbally religious at all.

When it is possible to help the dying person to find an expressly religious significance in his death, and when this is accepted by the sick person, the most important thing, even for Catholics, is that the dying person should arrive at a religiously existential attitude towards death. Receiving the 'Last Sacraments' is only secondary to this. In the case of a Catholic who has practised his religion with normal zeal, these things normally coincide. But this is not true of people who have hitherto been used to little or no expressly religious observance. With these people it may be possible under certain circumstances – and it is also theologically legitimate – to help them to acquire a right inner attitude to the possibility of death (hopeful resignation to their fate etc.). There is no need to expect them immediately to accept a sacramental act. That would only overtax and shock them. Of course [109] in a situation of this kind an earlier sacramental practice, which the dying person was accustomed to a long time previously, can be revived without any great difficulty, so that the sacramental event, in its tangibility and clarity, may facilitate and confirm the act of hopeful resignation to death as God's decree. But this is not always the case, and where there is any doubt the decision should be in favour of help in the existential acts of the dying person. Nobody should force a sacramental event on him which, quite innocently perhaps, he cannot really endorse, and which for that reason he quite rightly refuses.

Of course a position of this kind also means that the people surrounding the sick person are not simply released from the outset from the duty of giving any kind of religious help, just because the invalid is incapable of receiving the sacraments or rejects them. Explicit contrition for the sins of one's past life is really an essential part of a free and living act at the hour of death – if, and in so far as, this sense of sin is alive in the person or can be awakened out of its suppression. But the hoping act of acceptance of one's own situation can be implicit contrition. A person may sometimes succeed in achieving that more easily than in finding an express relationship to past events, to which he no longer feels related. This must also be remembered in connection with religious help for the sick – for example, with regard to the content of prayers said in the presence of the sick person.

THE FREE CHOICE OF DOCTOR

When we come to the claim which the liberty of the sick makes on the physician, we must first of all say something about the free choice of doctor. This is an essential sphere for the liberty of the sick person. If illness were a purely biological event which took place in some realm detached from the actual free person himself, it might be judged an open question

whether the sick person must basically have the right to choose his doctor freely, or whether the State could prescribe a health-service functionary, in the same way that it prescribes other functionaries without asking our permission first.

But for the free person as such, a severe illness means a particular and unique situation. In order for him to fulfil his inner liberty, a person must in principle be conceded as wide a sphere of liberty as possible. Consequently the free choice of doctor is one of the essentials for liberty. Institutions and procedures such as the licensing of medical [110] personnel, the appointment of official doctors for particular groups of people, the compulsory medical examinations required by the State – all these things should continually lead us to ask whether they are not reducing the free choice of doctor more than is absolutely necessary. And ‘absolutely necessary’ means more than is legitimately required by circumstances and by the legitimate pursuit of other benefits for society as a whole.

It is undoubtedly true that the free choice of doctor is often a mere faded ideal, which for social and economic reasons is largely becoming an illusion. Where this is the case, these social and economic conditions must be altered, in order to facilitate, in real terms, as free a choice of doctor as possible. Of course the right to a free choice of doctor must continually be a matter of fresh compromise with other human values and rights. We must not see it in isolation. But we might also ask whether the possibility of choosing one’s doctor freely is not restricted by the unjustifiably high fees which doctors themselves charge. We might well ask whether it is right for doctors’ fees to be thrown open to free competition, like the prices of other commodities, and whether to do so is not a contradiction of the sick person’s right to choose his doctor freely.

THE RIGHT TO DIE

Part of the sick person’s liberty with regard to his doctor is the right to die. We need not inquire here whether under certain circumstances the sick person may even have a duty to claim this right. At all events, the patient, as a free person, is not simply the object of the doctor who allows himself to be guided solely by his aim to prolong the biological life of the sick person for as long as possible, without any reference to other points of view held by the patient himself or by society. There are other values and aims which may make the sick person (or, it may be, someone close to him who represents his interests and is also called to defend his other rights too) freely express the wish not to be prevented from dying.

It is true that, according to the general Christian and Catholic view, it is not objectively and morally legitimate to will an action which is aimed directly at causing the death of the sick person. That is to say, no direct control over a person’s biological life as a whole can be morally justified. But according to the view of Catholic moral theology, this does not mean that the patient or the doctor has the [111] positive duty to apply every conceivable and actually possible means to prolong biological life. It is the generally accepted view of Catholic moral theology that the application of measures for a positively useful purpose – for example the relief of pain – is permissible even when these measures involve a certain curtailment of the patient’s life, if this is an unintentional though known and accepted side-effect. For this is no different from what happens at other times in human life, when a person puts up with something which is harmful from a purely biological point of view if he can thereby arrive at a higher quality of living.

There are theoretical obscurities about these specific rules, which try to distinguish between the legitimate permitting of a person to die, and direct killing. These need further clarification. This clarification might perhaps bring about a considerable re-structuring of the answer to the problems we have touched on here. There are also practical difficulties about

the actual application of these rules. But since it is impossible simply to get rid of the problems themselves, we may and must meanwhile work with rules and distinctions of this kind, in order to find a ‘middle of the road’ between euthanasia on the one hand (by which we mean the direct killing of a sick person at his request) and an absolute, unconditional will to preserve biological life, without taking any other points of view into account. If we reject euthanasia in the sense in which we have defined it, and if we hold the preservation of biological life at all costs (even at the cost of inhumanity) to be wrong, then we shall have to accept the validity of the rule-of-thumb view we have indicated. We must simply see it *as* a pure rule of thumb, and hope that the moral theologians will clarify the problem further in the future.¹⁰

A more specialised question arises in this context too. Does the sick person’s right to be allowed to die merely *permit* the doctor to accept his wishes, or does it actually lay on him the *duty* of allowing the patient to die? In a conflict between the patient’s wish for a speedy end, and the doctor’s will to preserve life for as long as possible, the doctor will in practice generally have his way and will override the patient’s wishes. This will be the case especially if he has the impression that the patient’s desire is the expression of his illness and his [112] pain, rather than a genuine, personal decision; and if he is understandably reluctant to do anything except fulfil his primary task as doctor – to defend and preserve life. But this is not a solution to the problem. Does the genuine, personal, carefully considered decision and will of the sick person to accept death, even if it could be postponed for a certain time, correspond on the doctor’s side to a real moral duty to carry out his patient’s wish? For as doctor he has not merely entered into the service of a physiological defence of life. When he accepts a sick person as patient he accepts the duty to serve a person and his total and entire life history (even if under a particular aspect).

It might be said that a problem of this kind is highly academic and arises only in rare cases, because it can only be a question of the will of a sick person during his illness, not while he is still in good health. A decision of this kind made in health cannot simply be accepted as being valid in the situation of illness. In illness itself a truly personal will of this kind seldom exists, and the doctor is seldom able to discern unequivocally that it exists. But we cannot view such cases as impossible, and that means that the problem exists. In addition there is the problem of whether the relatives of an unconscious and dying person can on his behalf express the will to allow him to die, and can express it in such a way that the doctor has the duty to carry out their wish.

The question seems an obscure one. For in general a person’s wish, even though it may be morally legitimate, does not imply another’s duty to enable him to carry out his intention. Also – unless there is an express agreement between patient and doctor – it is impossible to prove that the acceptance of medical duties towards a particular patient necessarily implies the readiness to carry out the patient’s wishes in this particular respect. Admittedly the opposite cannot be proved either, in view of the doctor’s role towards the patient as a total person. We must also consider whether a doctor can opt out of a doctor-patient relationship which was freely entered into on both sides, if he is clearly confronted with the sick person’s will to be allowed to die. This question is hard to answer too; for on the one hand a relationship that has been freely entered into can equally freely be terminated; on the other hand, a sick person in the cases we are assuming here will find it hard to find another doctor.

Basically speaking, I incline to the view that the doctor does have the duty we have been discussing. This is the only way in which an inhumane and undignified prolongation of life can be prevented. And [113] a doctor who recognises this duty will more easily get over his

¹⁰ For moral theology’s view of euthanasia, cf. the articles by W. Schöllgen in *LThK* III, 2nd edn (Freiburg 1959), 1207-8, and H. Vorgrimler in *LThK* IX, 2nd edn (Freiburg 1964), 1053-4; also the bibliographies.

understandable reluctance to let a person die, even though he could have preserved his life for a while longer. But in these questions even Christian ethics no longer succeed in formulating rules which are factually unambiguous, directly applicable and generally comprehensible.

Liberty is a mystery. In its fundamental character, it is the necessity imposed on man to decide freely for or against the Incomprehensibility which we call God. It is the possibility of letting oneself fall in hope and in unconditional trust into this Incomprehensibility as goal, bliss and human fulfilment. The highest power which liberty has is consummated in the helplessness of death. The doctor, too, is drawn into this individual history of liberty and death. He can really fulfil his very own, specific task (as distinct from other human acts) only if he is more than a physician – if, in the fulfilment of his medical task, he is truly man and even (anonymously¹¹ or expressly) a Christian. For that reason the liberty of the sick person, which arrives at its final frontier and its completion in the process of dying, cannot be a matter of indifference to him. He, too, is fighting for the space for, and the right to, this same ultimate liberty. He – as well as the sick person – should resign himself in silent and serene hope to the mystery of death, after he has fought for this earthly life to the last possible moment. The doctor is a servant of liberty.

¹¹ For ‘anonymous’ in this sense, cf. ‘Anonymous and Explicit Faith’, *Theological Investigations* XVI (London 1979), pp. 52-9.