

# The Best Possible Ending

The Reverend Shawn Newton  
First Unitarian Congregation of Toronto  
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**Reading**      “When Death Comes”    by Mary Oliver  
from *New and Selected Poems, Volume I*

When death comes  
like the hungry bear in autumn  
when death comes and takes all the bright coins from his purse  
to buy me, and snaps his purse shut;  
when death comes  
like the measles-pox;  
when death comes  
like an iceberg between the shoulder blades,  
I want to step through the door full of curiosity, wondering;  
what is it going to be like, that cottage of darkness?

And therefore I look upon everything  
as a brotherhood and a sisterhood,  
and I look upon time as no more than an idea,  
and I consider eternity as another possibility,  
and I think of each life as a flower, as common  
as a field daisy, and as singular,  
and each name a comfortable music in the mouth  
tending as all music does, toward silence,  
and each body a lion of courage, and something  
precious to the earth.

When it's over, I want to say: all my life  
I was a bride married to amazement.  
I was a bridegroom, taking the world into my arms.  
When it's over, I don't want to wonder  
if I have made of my life something particular, and real.  
I don't want to find myself sighing and frightened  
or full of argument.  
I don't want to end up simply having visited this world.

## Reflection

“Just press this button,” he said.

Looking at me—  
his eyes saying so much more than his words ever could—  
the doctor explained that pressing the button on the morphine pump  
would increase the flow of the pain-killing narcotic to my friend Bill,  
as he moved in and out of a coma.

Belabouring the point, he said it again,  
just to make sure that I understood.

“By pressing this button, like this,” he said,  
“we can increase the amount of morphine he’s receiving,  
putting him at ease until he passes.

“We’ll just keep increasing the amount to keep him comfortable  
until he slips away.”

The doctor never said anything about hastening Bill’s death.  
At least never anything direct.  
He was careful to keep the conversation focussed on palliative care.

Yet, almost twenty years later,  
I’m convinced that this compassionate doctor  
was offering me guarded instructions  
about how to help bring my friend’s life  
to a relatively quick and quiet end right there in hospital.

Bill was twenty years my senior.

We were both exploring the possibility of becoming ministers, though everyone knew that he would never make it. There wasn't time.

AIDS had taken a toll on his body, and in the early 1990s, there was still relatively little defence against the virus.

Bill was a generation older than me, and of the generation of gay men first and hardest hit by the disease.

Over the previous few years he had witnessed his closest circle of friends not merely decimated, but completely wiped out.

When it came to be his time, there was no one left to take care of him. His friends were all gone, and his family struggled with whether or not to get involved given their own upset and shame that he had AIDS.

So it was, in my early 20's, that I became his primary caregiver.

Over the final year of his life, I organised care teams and meal delivery. I ordered his meds and scheduled a small army of home healthcare workers.

I learned how to change IV bags and how to change his diaper.

Little had prepared me for such enormous responsibility to another human being.

And nothing had equipped me to make life and death decisions for someone else—or to have a well-meaning doctor explain, with a wink and a nod, how I might help to bring Bill’s ordeal to an end.

Unfortunately, Bill’s last days were not particularly peaceful.

He thrashed about in his hospital bed for days, even as his caregivers steadily increased the flow of morphine, which we today know helps to manage pain, but doesn’t necessarily hasten death.

I’m not entirely certain what choice Bill would have made about the exact timing of his death, but having witnessed his last days and hours, it is hard for me to imagine, that given a choice, he would have chosen the death that he had.

Looking back, now almost twenty years, it’s a shock to me that I am now older than Bill was when he died.

So much of what has shaped my understanding of ministry—indeed, so much of what has formed my understanding of the precious and precarious gift of life itself—I learned from caring for Bill.

And, so much of what has inspired me to advocate for greater choice in the way that our lives end was found in bearing painful witness to Bill’s death.

There in that hospital room, his doctor and I

had a veiled conversation that would never have been necessary had Bill had the legal right to make a decision about how to end his life with dignity and peace.

I know that many of us have a similar story. The details may differ, but the effect is the same.

Those of us who have had the bittersweet privilege of journeying with loved ones through the last days of their lives have often been left with a deeply disturbed hope that things will change and that we will have a better death than the ones we have witnessed.

In the “Living for a Good Death” course that I’ve led several times over the past few years, I make the point that good deaths don’t happen by accident.

They require a certain amount of forethought, a certain degree of intention and planning, and not an insignificant amount, sometimes, of luck.

A good death can’t always be guaranteed.

But, there are times when, especially when legal protections are in place, when a bad death, a death marked by pain and needless suffering can be avoided, or at least brought to a merciful end.

In the seven or eight times I’ve taught the Good Death course, the conversation has invariably turned to the question of choice in dying.

And with remarkable consistency, these gatherings of Unitarians have expressed a strong desire for self-determination at the end.

While no single perspective is ever universally held among Unitarians—and while I certainly know that there are some who still struggle with the ethical implications embedded in some of these questions—I think it can be said that our commitment to freedom and our commitment to human dignity have brought a significant majority of Unitarians to feel that choice in dying is a fundamental human right.

Though a substantial portion of the Canadian population agrees, the leaders of other religions often don't.

Too often, the voice of clergy opposed to choice in dying are allowed to drown out everyone else.

In the coming months and years, I intend to help change that. I want our politicians to know that there are religious leaders who see things differently.

As Wanda made clear, we are at what looks to be a turning point in this country.

Over the next couple of years, we are almost certain to undertake what I hope will be a serious national conversation about the sanctity of life and about the sanctity of the end of life.

I intend to do everything in my power to see that this critical conversation hinges more on dignity than dogma.

I am hopeful that the day is not too distant when the possibility of a good death in this country will grow significantly stronger.

Earlier I said we all have a story—a story or even a series of stories that has shaped our understanding of life and death.

Indeed, so much of what we know about dying we learn from watching those who've gone before us.

But, each of us also has the story that we will tell with our own lives—with our living and with our dying.

As this conversation unfolds around us—in Parliament and the courts, in this congregation and in our own hearts—my hope and prayer is that each of you will give thought and take action to ensure the best ending possible to the story that is still being told.

So be it.