

The ethics of dying and the dignity of life – an attempt to examine assisted suicide from an anthroposophic perspective

MICHAELA GLÖCKLER

The ethics of dying and the dignity of life – an attempt to examine assisted suicide from an anthroposophic perspective

■ Abstract

Legislation relating to national constitutions, civil rights and professional life in democratic social systems is not based on coherent ethical foundations. A notable example is the current debate in Germany and Switzerland on whether to legalize assisted suicide, or rather allow each patient to make a personal choice in the matter. Steiner's approach to what he called ethical individualism enables us to gain a more detailed understanding of the cultural, legal and social aspects of this debate. His ideas can also provide guidance in developing an attitude towards life that will support actions that respond to the given circumstances and serve the interests of the people concerned.

■ Keywords

Debate on ethics of death
Incongruence in ethical basis
Perception of autonomy
Conscience
Intuition
Suicide

I do not seek, I find!

Seeking is when you start from old things
and in the new
find what is already familiar.
Finding is something completely new,
new also in its movement.

All paths are open,
and what is found
is unknown.

It is a risk, a holy venture.

The uncertainty of such ventures
can only be taken on by those
who know themselves secure in insecurity,
who are led into uncertainty
without guidance,
who in the dark
trust in an invisible star,
who let the goal find them
and do not determine the goal
in their human restriction and confinement.
Being open for every new cognition,
for every new experience,
externally and internally,
that is the essence of the modern human being,
who despite all fear of letting go
still allows for the grace of being held
in the revelation
of new opportunities.

Pablo Picasso

Medically assisted suicide – the current state of debate

In the leading article on the feature pages of the *Süddeutschen Zeitung* newspaper of 3 August 2010, Gian Domenico Borasio, professor of palliative medicine at the Maximilian University in Munich, posed the question: do we need medically assisted suicide? He pointed out the “tortuously slow” progress in rolling out palliative medical care across Germany, which was decided upon in 2007, and cast doubt on whether the success of this measure would be able to remove completely the desire of patients to end their life. The fact was that even where the best possible provision was available there were a number of patients who wanted to determine

the time of their death themselves. The motives for this were to be sought primarily in the perception of autonomy of modern human beings and a life situation which for a great variety of reasons was felt to be unbearable.

That covers all the key points in the current debate which juxtaposes questions of professional ethics, how we see our fellow human beings and the law: how far does the concept of the individual's freedom of action, i.e. patient autonomy, extend in rejecting life-preserving therapy or measures when he or she is ill? How binding should the wishes of the patient be on the doctor? Should pharmacists be forced to dispense lethal poisons/medicines to patients if they are prescribed by the doctor? One thing is clear, neither doctors nor pharmacists see it as their role to prescribe and dispense lethal injections to patients in place of life preserving medicines. Nevertheless, the arguments advanced by patients wishing to die, represented by organizations with significant memberships such as Dignitas and Exit¹, are being fiercely debated in many-layered arguments. As a result, the voices in politics and society worldwide – including in Germany despite its particularly tainted ethical past – expressing their support for such patients and demanding the amendment of the law and freedom from prosecution for doctors when they assist the patient's wishes are growing. The opinion of the German Ethics Council on *Self-determination and Care at the End of Life* expressly reflects this (1). It particularly also emphasizes the aspects of constitutional law in which it is clearly stated that there is neither a prohibition of suicide – this would infringe the basic rights of citizens – nor a “duty of living”. For the professional groups having to deal with the subject, however, comprehensive ethical guidelines are demanded as well as individual case studies to be used in training and advanced training. A particularly sensitive area is the requirement to establish the necessary balance between the proportionality required by legal ethics on the patient side (e.g. the right of self-determination) and the principles of the professional ethics governing doctors and pharmacists (e.g. Hippocratic non-maleficence or possible conflicts/questions of conscience). This requirement is also a key element in the opinion of the president of the German Medical Association, Jörg-Dietrich Hoppe. He unambiguously defends the professional ethical and political position that “The German Medical Association adheres to its strict ‘No’ with regard to actively assisting suicide ... It cannot be a medical option to recommend active killing in hopeless situations.” Equally, in the essay “Assisted suicide from the perspective of medical ethics and law” (2) written together with the lawyer Marlis Hübner, he also sensitively and subtly summarizes the results of the 66th German Jurists' Forum in 2006 at which a majority voted in favour of a number of basic resolutions on the limitation of treatment by doctors without criminal consequences.

The results of a recent survey by a research group from the Bochum university clinic go even further. In it, 1,600 members of the German Society for Palliative Medicine (DGP) were asked how they dealt with terminally ill pa-

tients (3). It reported on 780 cases of death in the last 12 months. According to the palliative doctors, 1.3 % of the cases had received active help from them to die. In three quarters of the cases, opiates had been used for pain relief whereby for various reasons in 47 of the cases it had not been explained to the patients that the correspondingly high administration of opiates can lead to death more quickly. Christof Müller-Busch, an anthroposophical palliative doctor and former chief physician at the Gemeinschafts-Krankenhaus Havelhöhe, was also one of the authors of the study as DGP president at the time, the results of which are now being debated in specialist circles and among the public. The lead author of the study, Jochen Vollmann, writes in his summary: “The official statements on medical professional ethics clearly do not coincide with ... what is being done.” He takes it for granted that what is already being practiced today will soon also be acceptable to society. “Within ten years it will all be over – perhaps even sooner.”² He therefore calls on official opinions to reflect professional practice.

The challenge to anthroposophic medicine to take a view

In view of this lively, controversial and complex debate, anthroposophic medicine also faces a particular challenge. It is rightly expected of anthroposophic doctors that they take a view “from the perspective which incorporates the spirit” (Steiner) (4). It is expected that they take full account of Steiner's spiritual scientific research results on life after death and suicidal actions and that clear reference is made to them in public debate. This has, indeed, been happening for many years – not least through the major “The ethics of dying and the dignity of life” conferences since 1998 organized by the Medical Section at the Goetheanum³ together with the Nikodemuswerk organization for care of the elderly and the “gesundheit aktiv” patient organization (5–12). Accordingly, in response to the consultation of the Swiss federal government, the Medical Section together with the doctors at the Lukas Clinic⁴ also drew up a short opinion on this subject⁵ through its Foundation for Anthroposophic Medicine. This was followed by an opinion from the Association of Anthroposophically-oriented Physicians in Switzerland⁶. An official, international opinion from the Medical Section at the Goetheanum is being prepared. It requires broad support from the national medical associations for anthroposophic medicine which are currently working on this topic. But anthroposophic patients must also take a view. This was initiated at the time during the debate about such legalization in Holland⁷ and has now continued in Switzerland where it is currently an issue⁸. It also provoked a lively and controversial debate among the members of the Anthroposophical Society. Not controversial, however, in the sense that there is any doubt about the principle of acting in the interest of life, but with regard to the question whether – and if yes, what – anthroposophy could contribute to solving the concrete legal issues that must be decided upon. After all, the legal sphere is all about negotiating painful compromises in an inhom-

Note

1) Footnotes are at the end of the article.

geneous, pluralistic community of values. This must be taken into account not just in the law and rules of conduct governing the medical profession, where however, in the final instance, the doctor is responsible only to his consciences. Above all it must be reflected upon in the context of patient rights on the basis of the constitutional general human rights applying in the respective countries. What do anthroposophical opinions look like in such a context? Can there be such a thing at all? Is there only the one clear principle of “No”? Or is there the possibility of being involved in legislative proposals which describe the rights of patients with regard to death? The reason why the opinion of the Swiss patient association Anthrosana (www.anthrosana.ch) provoked such a fierce controversy was that these different perspectives – the “No” to assisted suicide as a matter of principle based on spiritual considerations and the willingness to compromise on the basis of a pluralistic community of values – cannot be bridged very easily by way of debate and, furthermore, there was insufficient time beforehand. Otherwise it might at least have been clarified that an opinion from patient side must be judged differently in legal and political terms from one based on the professional ethics and legal perspective of doctors and pharmacists. Hence confusion inevitably arose from the attempt to establish a uniform opinion covering as many anthroposophical institutions as possible or, indeed, of “anthroposophists”. The positive outcome of the debate was, however, that very fundamental questions in this respect with regard to the way that anthroposophy and anthroposophists see themselves acquired a sharper outline: what, for example, would be the value of the anthroposophical perspective if it could only join fundamentalist opinions without difficulty? What would happen if specifically its aura of greatest possible understanding and active tolerance in dealing with the subject were its particular hallmark? Does an anthroposophical opinion represent “anthroposophy”, one or several institutions, or the view of individual people working in a wide variety of fields? Anthroposophy sees itself as a path of knowledge, “to guide the spiritual in the human being to the spiritual in the universe” (13). Hence there is the potential for all shades of opinion among anthroposophists from fundamentalist views and sectarian tendencies to undifferentiated conformity with whatever happens to be the mainstream – but there cannot be a single anthroposophical opinion. For this reason it is also necessary to suffer the ambivalence of the great arc of positions in the context of professional rules of conduct, constitutional law and patient rights which is to be found particularly among anthroposophists. After all, such ambivalence is not only based in the complexity of the topic itself but also in the complexity of the concept of autonomy which lies at the heart of anthroposophical spiritual science and which can only be understood to the extent permitted by one’s own experience on the path to autonomy. Although Steiner’s anthroposophical spiritual science can give spiritual guidance in a comprehensive way through its

research results and experiences, each individual must nevertheless be responsible himself or herself for the actions motivated from or through that. This means that there can be opinions of individual anthroposophists or anthroposophical institutions and associations, but not of “anthroposophy” as such. It is therefore to be hoped all the more that, where there is a requirement, as many anthroposophists as possible get involved through their profession and in general as human beings in exploiting any legal scope that exists or newly develops to create greater professionalism and humanity. This is particularly required in situations where such scope is being restricted for ideological or pragmatic reasons in favour of normative and reductionist or mainly economically motivated arguments to promote assisted suicide. Because the greater and more differentiated the legal scope becomes in the face of the issues of medical ethics relating to the end of life, the more the action in each individual case will be determined by the way in which life and the value of life is regarded. And that is precisely where anthroposophy can help to broaden the view through its spiritual perspective on life after death and before birth, on suicide and its intent-related consequences; in particular, anthroposophists are able to show the way to an embracing concept of autonomy which gives practical expression to the human dignity of the doctor and the patient in a relationship of equals. After all, the quality of life and will to live of a person ready to die is also decisively dependent on how others think and feel about them and what is done with or for them. Furthermore, it is inspiring to experience how many people at present are seeking once again to focus on the individual. Inspiring also because in the basic outlook of academic medicine it continues to be the gold standard not to focus on the individual patient but on the objective statistical significance of generalized statements in which the individual with his all-important – as far as he himself is concerned – subjectivity is precisely irrelevant (14).

Context-sensitive ethics and patient autonomy

A book such as Tanja Krone’s *Kontextsensitive Ethik* (“Context-sensitive ethics”) impressively sets out this new search for the essence and needs of the individual in the field of ethics. In the book Tanja Krone calls for the sensitive and situation-related establishment of the true situation and motivation for a course of action in the context of the individual case beyond the so-called autonomous logical approaches which can be formulated as of general value and binding (15). How, then, could the conditions be formulated in the context of patient rights and professional rules of conduct to bring about and support decision-making in this sense as well as being able effectively to pre-empt abuse? Most certainly, on the one hand, in such a way that the greatest possible adaptation to each individual case is assured. But, on the other hand, also in such a way that alongside the value-free reductionist approach to knowledge in current medical practice the full bandwidth of religious and spiritual worlds of experience can also be taken into ac-

count. The key factor in all of this is, however, that the legal framework should not be binding in such a restrictive way that a decision of conscience and the intuition arising from the particular situation no longer have any opportunity to deviate from the patient's instruction seen as binding or an ethical judgement because a new perception of the patient gives rise to a new intuition how best to serve him.

The necessity of legal safeguards for such a situational process which is not one of general principle is illustrated by the well-documented fate of Prof. Walter Jens. On the one hand, the description by his son Tilman clearly shows how unequivocally in a "generally applicable and logical" way his father stated when times were good: "If the autonomy of the human is no longer at the heart of things ... then I wish to return the life which has been granted me by God" (16). On the other hand, however, he then encounters a person, Margit, who supports and cares for him in such an empathetic and impulse-giving way that he learns to love life once again and can find it beautiful even in his state of needing to be cared for. This example clearly shows that the professor's concept of autonomy in his best years has to be supplemented by a more comprehensive concept of autonomy, which in its richness allows the human being Walter Jens to experience and "live" new aspects even in illness and close to death. All the more so when – as in his case – the ideal condition comes about of a corresponding attitude of love and respect from an empathetic person. Autonomy as an intellectual concept is one thing. Expressions of joy, love and gratitude, as well as being able to accept assistance and support, is something else. But only all these things taken together comprise the value and dignity of the autonomous personality – with it being the case, however, that the intellectual and emotional competences and the competence to act, as skills which each have to be learned in a differentiated way, all have "their time". The conditions when these competences mature can fall in very different times of a person's biography.

This example is therefore also particularly good in helping us to understand that any anthroposophical opinion has to be based on a concept of autonomy and freedom which has been extended in this sense. Not just because Steiner's basic philosophical and ethical work is called *Philosophy of Freedom* and deals with the idea and realization of freedom in our everyday lives (4). On the contrary, these are the classic basic questions of any ethical system: what is good and what is bad, what is subordinate to the concept of freedom and dependent on how it is defined? For a more precise definition of these things, an external legal framework is always required which lays down what is "just" and "unjust", "permitted" or "prohibited", and in this sense "good" or "bad". Or they require a description as to the basis of the inner voice of conscience, how it arises and how it is formed. If this cannot be described, if the description is not transparent and comprehensible for the person concerned and his environment, then this causes the correspon-

ding forms of dependency and lack of freedom. The degree to which a person is aware of what freedom means – as flexible or unflexible, as indeterminate or determining as the concept might be framed – thus shows itself to be the most profound motivator of human thinking and action and thus also as a key determining factor with regard to individual ethical behaviour and the way that values are understood collectively in a society or community of people.

These circumstances are also described by Novalis in his book *Heinrich von Ofterdingen*.

The culture of conscience and the core of the personality

In his search along the spiritual path for the "blue flower", Novalis has the hero of his novel, Heinrich von Ofterdingen, engage in a conversation with the doctor, Sylvester. This dialogue describes in a unique way the connection briefly outlined above between the nature of conscience and the essence of the autonomy or freedom of the personality (17):

Heinrich: When will fear, pain, affliction and evil no longer be required in the universe?

Sylvester: When there is only one power – the power of conscience – when nature has become pure and moral. There is only one cause of evil: a general weakness, and this weakness is nothing other than too little moral receptiveness and a lack of the spur of freedom.

Heinrich: Help me to understand the nature of conscience.

Sylvester: If I could do that I would be God, because in understanding conscience it arises. Can music be explained to the deaf? ... Conscience appears in every serious accomplishment, in every truth that is formed. Every aptitude and skill transformed into a world view through reflection becomes an instance, a transformation of conscience. All education leads to what cannot but be called freedom, notwithstanding that this is not to describe a mere concept but the creative foundation of all existence. Such freedom is mastery. The master exercises free authority in accordance with his intent and in a specific deliberate order. The objects of his art belong to him and are at his disposal and he is not bound or hindered by them. And it is precisely this all-embracing freedom, mastery or sovereignty which is the driving force of conscience. In it is revealed the sacred singularity, the direct creativity of the personality, and the action of the master is at the same time the revelation of the supreme, simple, unencumbered world – God's word ... Conscience is the most intimate essence of the human being, in full transfiguration, the heavenly archetypal human being. It is neither this nor that, it does not give instructions in general phrases, it does not consist of individual virtues. There is only one virtue – the pure, serious will which when the time comes makes a direct decision and choice. In living, singular indivisibility it inhabits and ensouls the fond symbol of the human

body and can trigger the truest activity in all the spiritual limbs.

What Novalis sketches out as the nature of conscience, not by accident placing the words in the mouth of a doctor, shows on the one hand the essential identity for him of the concepts of conscience – freedom – God – “pure, serious will”, i.e. the core of the human personality. On the other hand it becomes clear that action on the basis of this innermost trigger of the conscience means free action for Novalis. And if it is truly free it is also ethically good which has the effect that “fear, pain, affliction” are no longer required in the universe. Because these only exist for as long as human beings can be made unfree and the inner and outer paths to becoming free are obscured.

Ethical individualism – congruence of freedom and love

Steiner based his philosophical approach of ethical individualism on the question whether the human being was a spiritually free being or subject to the constraints of scientific necessity. In the preface of 1918 he narrows down this question in the form of two “root questions regarding the human soul life”:

1. *Whether there is the possibility of looking at the being of the human being in such a way that such an observation can support everything else with which the human being comes into contact through his experience or through science, but with regard to which he has the feeling that it cannot support itself, that it could be driven into the realm of uncertainty through doubt and critical judgement* (in the sense of Novalis this is the question about the autonomy, the freedom of the personality which – wholly out of itself – can trigger truest activity in all the spiritual limbs and – autonomously – ensouls the physical body without being dependent on it).
2. *May the human being, as a being with intent, ascribe freedom to himself or is such freedom merely an illusion which arises in him because he does not see through the threads of necessity to which his intent is attached in the same way as any other natural occurrence?* (18) (according to Novalis acting from conscience, from “God”).

On the one hand, the ethical individualism intended by Steiner aims at an understanding of the human being which wishes to assure itself through the thinking of the human capacity for autonomy. On the other hand these two root questions illustrate the power struggle in the modern human being, who is always at risk of asserting himself and making use of his freedom at the cost of the other – or alternatively as seeing himself in evolutionary terms as a genuinely unfree animal driven by nature, placing the human being “beyond freedom and dignity” (19).

It is clear, therefore, that the answer to Steiner’s second root question is dependent on clarification of the first. After all, in a world governed by the laws of nature

freedom can only appear as a predisposition and not become manifest. Because if the latter were possible, if there were a law of nature which could produce freedom “by itself”, i.e. in a natural way, then this would be proof of its non-existence. Freedom can only be understood and grasped in a sphere which, although it is governed by and acts in accordance with laws, does not do so in accordance with the laws of nature. Steiner saw such a sphere in the human capacity for thought. Because the latter describes all accessible laws of nature without being dependent on nature. It is what is active in nature without being affected by it. Furthermore, beyond understanding natural circumstances, the thinking can also grasp every form of ethical and moral value and self-determination which is culturally creative but not governed by nature. *Nature turns the human being merely into a thing of nature, society into a being acting in accordance with the law – only he himself can turn himself into a free being* (4, p. 170).

It is to Steiner’s credit that he showed that the appearance of thinking is due to a repression of natural physiological processes in the body and not their continuation (4, p. 147). The interesting thing is that this philosophical approach from Steiner’s has most recently found neurobiological support in publications such as by Thomas Fuchs: *Das Gehirn als Beziehungsorgan* (The brain as relational organ) (26). However, the extent to which the capacity for freedom can manifest itself in the thinking activity of a person and come to expression in his feeling and action is necessarily dependent on his personal understanding of autonomy and his determination to achieve freedom. Because at no time is freedom “a given” – it requires constant practice in the sense of Pablo Picasso’s words which introduce this contribution as its motto. Hence an ethic based on freedom cannot either be the foundation for any kind of normative ethics. But it can genuinely describe the approaches of normative ethics as stages on their eventual overcoming.

Before demonstrating the possibilities which Steiner’s concept of autonomy offers with regard to an opinion on assisted suicide, we will attempt here a brief description of the position taken by his philosophy of freedom and ethics: the starting points for Steiner’s philosophy of freedom are the conscious thinking activity mentioned earlier on the one hand and physical and environmental experiences through sensory perception on the other. This duality manifests the interaction of necessity – i.e. the human being’s determination through his bodily nature – and his capacity for freedom in the form of thinking self-determination. But in being able to discover new things through his thinking, his physical constitution and the associated experience of self also changes. Steiner refers to the physical constitution capable of transformation under the influence of thinking as the characterological disposition of the human being. He contrasts such a characterological disposition with the purely spiritual, free capacity of thought. Because of the individual biographical experiences and develop-

ment, the way in which each person achieves awareness of the 'I', or self-awareness, is very different. And thus each person's thinking and action is highly dependent on their life experience and how they have dealt with it, i.e. the way in which a person's actions are always the result of the interaction between his world of thinking and ideas – where the motivation for action originates – and what is made possible by the characterological disposition as the “driving force for action” tied to the body.

Steiner writes: *We must therefore distinguish:*

1. *The possible subjective dispositions which are suited to turning certain ideas and concepts into motivation; and*
2. *The possible ideas and concepts which are able to influence my characterological disposition in such a way that an intention results.*

The former represent the driving forces, the latter the objectives of morality (4, S. 151).

In detail, Steiner specifies *four driving forces*, which can give rise to the motivation to take action:

First driving force: the spectrum of all possible sensory perceptions. If a person acts purely in reaction to the senses without prior reflection or permitting an emotion, this gives rise to a purely compulsive act which is exclusively dependent on the respective characterological disposition. Hence such spontaneous reflex actions extend from “seeing and eating” to habitual actions of the most noble kind which occur directly without reflection.

Second driving force: feelings such as shame, pride, sense of honour, humility, remorse, sympathy, revenge and gratitude. They provoke action in the sense that ideas here only serve the purpose of turning the determining feeling into concrete motivation for action.

Third driving force: thoughts leading to ideas or concepts which can subsequently become maxims for action as they come into contact with a characterological disposition and which become such on the basis of personal life experiences such as, for example, “do to others as you would have them do to you”, or “thou shalt not kill, thou shalt not commit adultery, honour thy father and thy mother, thou shalt not bear false witness”.

Fourth driving force: pure conceptual thinking without consideration of any particular perceptual content. In such a case the content of the concept is obtained by intuition from the purely ideational sphere of the thinking independent of the body which is common to all human beings and which opens the opportunity for everyone to grasp the concept of one's own 'I' intuitively (4, p. 153). As a consequence, when acting on the basis of intuition, only “pure thinking”, or pure reason, comes into consideration. The driving force for action effective here, i.e. its physical and characterological part, is now no longer anything physical. Now only the spiritually perceptible 'I' of the human being which is grasped in body-independent thinking has become the driving force for action.

These are contrasted with the motivations for action produced by the thinking. Steiner names *three ethical (moral) objectives*:

First ethical objective: ideas of one's own or another's benefit – i.e. action based on personal egoism or enlightened self interest in the sense of the saying: Do as you would be done by.

Second ethical objective: purely conceptual content of an action – e.g. system of principles which can assure ethical action in a given social context or value context. These ethical principles are founded in the competent authorities in the family, religious community, scientific community, state or also in the voice of conscience shaped by their teachings.

Third ethical objective: action on the basis of individual insight – independently of authoritative moral ideas and concepts. Of relevance here are the demands and requirements which the individual person prescribes for himself with regard to his ethical actions: these can be objectives such as

- a) promoting the greatest possible benefit for humanity as a whole,
- b) serving cultural progress or the cultural and moral progress of humanity,
- c) implementing purely intuitively grasped ethical objectives.

In the case of a) and b) these are objectives/ideals which can be used to guide one's actions and be considered in situations when a decision needs to be made as to how these objectives can be best served through one's own activities. Action in individual cases is accordingly dependent on what ideas or concepts one has about the common good or cultural progress. The more this bears ideological traits, the more overtly such action can take on something of a merciless lack of individuality, such as for example the apparently so idealistic Nazi slogans like “the common good before individual benefit”, which in the final instances leads to the eradication of the individual.

In the case of c), however, where the individual faces up fully to the challenge of adjusting his actions to the given situation on a personal intuitive basis, truly situational or context-focused action can be realized. Then the human 'I' referred to above is directly involved in that it identifies to the greatest possible extent with its course of action. If this is given, the human being acts not just in freedom but also out of love. And then there is a big chance that where two people act out of love their freedoms are also congruous.

This ethical standpoint, which is rooted in the intuitively accessible world of thoughts, which also includes the own self or 'I' as grasped through the thinking, is called “ethical individualism” by Steiner (4, p. 160)⁹.

The human 'I', itself essentially active in this world of thoughts, obtains the motivation for its actions from here. But because these motivations become wholly its own and wholly personal through the feeling of love to-

wards them, it also experiences its action as originating from and determined by itself, and thus free. Steiner concludes his work with the adjunct to the new edition of 1918: One must be able to experience the idea; otherwise one falls under its yoke (4, p. 271). Normative ethics – however much they may be based on ever such beautiful values – will lead to enforced conscience and action, or action from a sense of duty, until such time as the norms and values have been rediscovered from out of myself in the context of the particular situation in which I wish to act. Then normative ethics have turned into ethical individualism.

Ethical individualism in day-to-day medical practice

Ethical individualism has at its heart the fundamental insight *that all people* are rooted with their thinking in one and the same world of thoughts and ideas – which is why profound mutual understanding is always possible if one really wants to understand the other person. The same applies to helping and action – it is done out of free will and the other person feels that he has been treated in a loving way which leaves him free.

Hence a comprehensive concept of autonomy as well as self-schooling and self-reflection by therapists, nurses and doctors occupy a central position in anthroposophical medical training. That is the only way to ensure that the patient with his needs remains the focus, and not the ideas, personal preferences or dislikes of the professional.

But why is it also necessary from a political perspective that prescribed ideas and social norms and values should not just be learnt but *individually experienced* so that as a result they can be handled in freedom? Because only that makes it possible to deal with the individual case and not sacrifice it for an idea, as always happens in totalitarian regimes. Only then is it possible to assess realistically what is appropriate both in the specific situation and in the context of one's own conscience and values. Only if this play of possibilities, with its open-ended result, is experienced, are the circumstances given for free actions and true progress of human culture. Because the latter is measured by the number of free deeds which are at the same time deeds of love in the sense of the above. Only when I love an action am I so connected with it in my ethos that it gives me pleasure to do it. That in turn means with regard to my counterpart, for whom I am acting, that I place my cognitive and practical abilities at his disposal. If I have the will *to understand him*, the possibility is given that my counterpart also feels himself truly understood and thus respected and not violated in his autonomy – even in a state where he requires the greatest help. Such action represents a contribution to human culture of the highest order. Steiner sums up the dual aspect of a free deed as follows: *Living in the love of action taken in freedom and letting live, in understanding of the other's intent, is the basic maxim of free human beings* (4, p. 166). In the therapeutic context this maxim can become the indicator for the comprehensive development of empathy.

What, then, can considerations such as these contribute to the debate about assisted suicide? What could be the characteristic feature of an anthroposophic opinion? Let me use an example to explain: an anthroposophic doctor working in a clinic recently wrote to me:

So far we have looked after three patients in our department who requested to be put in touch with an assisted suicide organization. In two cases we were able to persuade them not to continue along that path. An AIDS patient still went on a trip to South America after her release from hospital and then departed this life with an assisted-suicide organization. Recently a critically ill cancer out-patient and the members of his family approached me as their GP with the urgent request to prevent him from active suicide by shooting himself, which he threatened to do immediately, through providing the details of an assisted suicide organization. Despite my sympathy for their situation I was not able to give way to such blackmail and asked for a direct meeting with the patient and his family and then merely gave him a medical certificate with his diagnosis. But that was sufficient for him to be given assistance to commit suicide from an assisted dying organization.

From the perspective of ethical individualism he then added the following questions with regard to medically assisted suicide:

Who has what freedom under these circumstances? Which suicide should I be preventing? What responsibility did I avoid? Does "higher knowledge" – such as for example the results of Rudolf Steiner's spiritual research about life after death – allow the restriction of subjective freedom in such an individual case? How do we reconcile our categorical rejection of choosing ourselves when to terminate our life with our meanwhile daily practice of deciding the time when life should start, which is hardly questioned anymore?

These questions go to the heart of the debate about ethical individualism – after all, such "higher knowledge" can only apply to those who want to make it the motivation for their actions – unless we are dealing with a ward on whose behalf we may or must act. But what, then, is the situation with regard to people whose characterological disposition gives rise to different driving forces for their actions? How do we support them? If we tried to make the results of Steiner's spiritual research a template for the action of third parties this would be diametrically opposed to the claim which underlies anthroposophic ethical individualism. Because the latter demands that the other person be guided from and through himself to insights which are his own. And what is possible in that respect in each individual case has its foundation in the circumstances governing the destiny of the person concerned. But these cannot be predicted and are always completely individual. We might still add: where is there any truth which has not been the result of struggle with mistakes and pain? If God and nature had wanted to preserve human beings from such a fate of having to find truth, "which brings freedom", that would have been quite

possible – the animals provide evidence of that. Lifelong learning and the ability not only to experience joy and pain but to put them in the service of individual development and the search for truth is only given to human beings. No bird becomes more “bird”, no lion more “lion” through pain and suffering because they cannot reflect on them and use them to transform their characterological disposition. Only human beings can become more human, autonomous, loving. Only to them has it been given to open up perspectives of meaning and developmental steps which can take them decisively beyond their current level of development. That also suggests the truth of the fact, confirmed by Rudolf Steiner’s spiritual research, that human beings do not live just once but that in the course of many earth lives they work on their humanity and learn from everything connected with such a development what happens with and through them.

Another example from my own experience: an 83-year-old patient with dementia had fallen and been taken to hospital. She developed a symptomatic transitory psychotic syndrome, was additionally disorientated, reacting accordingly with aggressive desperation, and as soon as possible was transferred back to her familiar nursing home. There she subsequently refused to take any food so that the doctor treating her considered acceding to her wishes not to prescribe force feeding or a drip and to let her die. The issue was put to her daughter, living 300 km away, and she was asked whether she was in favour of life-prolonging measures for her mother or not. She said that from such a distance she could not determine what her mother really wanted, what her real intention was now. She had to see her for that, something which was not immediately possible. She asked that the doctor treating her mother, taking all the time he needed, should consider in her direct presence what she wanted. Then would he please ring again.

The doctor observed the patient once more intensely, sought to make himself receptive to the her intent – and decided intuitively out of the situation to treat her with a drip although he had previously been of a different opinion.

The patient subsequently recovered quickly, was soon able to eat independently again, regained her mobility once more and three months later participated in a large family celebration. There she saw many people again from her former social circle who greeted her with great warmth, she showed great pleasure in seeing her grandchildren and died a short time later of heart failure cause by flue.

This medical history clearly illustrates how necessary it is to reflect on the way that therapeutic intuition comes about. What caused the doctor to change his assessment of the situation? Empathy lives off three qualities: understanding; the feeling of compassion, being on the same emotional wavelength as the other; and intuition as to how best to act as the other would want. Because the more one tries to make one’s will intuitively dependent on the will of the patient, the more profoundly the patient feels consulted and accepted – and the more he experi-

ences at a feeling level that there is honest interest and receptiveness for the way he is, for his destiny, and unconditional commitment to help him, the more he feels loved in a spiritual way.

The most difficult thing to access and learn in this context is to bring about the situationally “correct” therapeutic intuition, as the example of the dementing patient shows. Initially the doctor had reached the conclusion on the basis of his observation of the illness and his empathetic experience of her refusal to take food that he should respect the directly expressed wish of the patient and accede to her refusal to take food.

But when after the telephone call with the daughter he looked at the situation once more with complete openness and no preconceived opinions, he changed his view. But only this receptiveness and lack of preconceived ideas made it possible to get beyond the “situationally reactive” wishes of the patient to her more all-encompassing forward-looking will living outside the body in the thought world, which is “there” and can only be grasped intuitively.

But this will of the other person is only revealed, as noted at the beginning, in the situational, unprejudiced “context-sensitive” commitment to him and the circumstances of his life. Learning to recognize it and work in its interest is the source and objective of an intuitive medicine like anthroposophic medicine. But it also contains guidance with regard to an ethic of dying in the light of the dignity of a life which each person fashions individually as his wholly personal destiny – including illness and the need for help (20).

In the *Philosophy of Freedom* Steiner describes such intuitive ability as the result of the fact that all human beings have their roots in the same world of thoughts and ideas and as a consequence also receive the intuitions in their thinking from this common spiritual world: *In such intuitive thinking activity each of the people goes beyond the sphere of their consciousness; the sphere of the others and of oneself comes to life in it* (4, p. 265).

For the doctor this means that he can grasp through the intuition of his thinking what his patient “thinks” and “wants” even if the patient’s state of health no longer permits conscious reflection and the expression of thoughts and wishes. It does, however, require thorough training to develop one’s intuitive ability to read the will of the patient and to prevent own feelings or motivations taking the place of those of the patient.

How do I find the good – an approach to training therapeutic intuition

The approach to training outlined originates in 1924; it does not assume a knowledge of *Philosophy of Freedom*. But experience through practice – supported by such knowledge – leads to greater assurance of intuition. Steiner communicated this approach in the form of a meditation in preparatory meetings for a training course for medical students and doctors (21). He focused on the basic ethical question: how do I find the good? Three further questions are connected with this, regard-

ing if and where in the human being the prerequisite for good is given. If one pursues these questions, one can find at the same time a general guide to anthroposophic meditation:

In a first step, one asks oneself questions to which one finds ever new answers in a dialogue in one's thinking with oneself and with the subject of the search for knowledge. In that way one actively enters the spiritual world of thoughts from where – in the meaning of the *Philosophy of Freedom* – intuitions come.

In a second step, what has been worked at in this way is deepened in that one makes it part of one's experience, i.e. one unites with it with all the intensity of feeling of which one is capable and complete comes to rest in it for a few moments.

A third step can then lead to the realization of intuition, to the fully intentional "oneness" with what one has unlocked for oneself from the spiritual world through the questions and answers.

Steiner called the meditation which he gave to the medical students the "Warmth Meditation". That is a clear expression that therapeutic intuitions reside in the inter-human warmth, in love, in the intimate interest in the person for whom one wishes to find the good. The meditation then begins with the question about the thinking. Each perception has its appropriate, fitting concept – in the same way a specific therapeutic situation also requires the "intuitive idea" of the appropriate thought as to what should be done as "the good". If after more or less preliminary work no meaningful or explanatory thought "comes" with regard to a perception or event, the matter has not been understood and the intuition stays away, although it undoubtedly exists. Anyone who therefore directs their attention to this process of intuition in the thinking, will also recognize the bridging function of the thinking, leading from the world of ideas linked to the senses and the body to the "living" thinking which is independent of the body and from where in the final instance the intuitions come, even if the good has not yet been done but only thought at that stage.

That also marks the threshold for entry to the spiritual world of thoughts in which the human 'I', as a thought being, is just as much at home as all other universal truths about the world, life and development. This spiritual world of thoughts is also called the etheric world in anthroposophic terminology (22). Becoming aware of this world, working on a stance which always counts on this world, is the first step on the path to improving one's own abilities of intuition. Because in that way one has created an intentional relationship between oneself and this world.

The second stage of acquiring intuition is related to the feeling, empathetic experience. Steiner notes in this regard in the *Philosophy of Freedom*: Our thinking connects us with the world, our feeling takes us back to ourselves, it is what turns us into an individual (4, p. 109). And: The person will be a true individual who reaches furthest into the region of ideas with his feelings. There

are people in whom even the most general ideas which lodge in their heads have a particular flavour which link them unmistakably to their owner. There are other people whose concepts have no trace of anything specific, as if they had not come from a person of flesh and blood at all. The feeling is the means by which concepts in the first instance acquire concrete life (4, p. 111).

Feelings are undoubtedly dependent on the body – but what can be most intimately experienced through them in the person can be grasped by the thinking, included in the thinking. That gives thoughts in the form of ideas and concepts their personal flavour, makes them individual, conscious life of the soul. The task is to feel what one thinks oneself, but particularly what others think, say and express through their body language.

The third stage of the meditation leads to the will for intuition breaking through the barriers of the personality and disclosing what the other person needs, what a particular situation demands. Only this – if it is successful – is "the good". This can be practiced all the better the more intensively the first two stages were managed. Those who experience themselves in the world of thoughts, which is accessible to all human beings, and who realize in their own body, as it were, in the empathetic soul, their individual experience of the thoughts and their consequences with regard to taking action, those people will also succeed in taking the decisive third step: to be able to ignore oneself and one's state of mind completely and turn oneself into an instrument of perception for what the other person wants and needs.

In terms of our understanding of the nature of the human being, the etheric organism as the context for all laws governing life in body and spirit correlates with the thinking, the astral body as the context for the mental responses and laws in body and soul correlates with the feeling, and the organization of the 'I' as the context for those integrating laws which enable the human being in his individual body to experience his individual personality as well as allowing him to act autonomously correlates with the will (23).

Then comes the fourth stage of the meditation in regard to which the first three represent a helpful preparation. At this fourth stage the meditative visualization of the great good takes place – the connection with humanity in which the good is created and becomes a bearer of culture in that it is wanted by each individual human 'I'.

Warmth Meditation

Preparation:

How do I find the good?

1. Can I think the good?

I cannot think the good.

Thinking provides for my etheric body.

My etheric body works in the fluids of the physical body.

So I will not find the good in the fluids of my physical body.

2. Can I feel the good?
I can feel the good;
but it is not there through me when I only feel it.
Feeling provides for my astral body.
My astral body works in the aeriform parts
of my body.
So I will not find the good existing through me
in the aeriform parts of the body.
3. Can I want the good?
I can want the good.
The will provides for my 'I'.
My 'I' works in the warmth ether
of my physical body.
So I can physically realize the good in warmth.

Meditation:

I feel my humanity in my warmth.

1. I feel light in my warmth.
(Ensure that this feeling of light occurs in the region
where the physical heart is located.)
2. I feel the substance of the world resound in my
warmth.
(Ensure that this particular feeling of sound goes
from the abdomen to the head but also spreads to
the whole of the physical body.)
3. I feel in my head cosmic life stirring in my warmth.
(Ensure that the particular feeling of life spreads
from the head to the whole of the physical body
(24, p. 296 ff, 25).)

This meditation given to young doctors and medical students to strengthen the will for good and awaken in the living thinking outside the body, can be taken not just as a guide to the systematic training of one's own intuitive capacity. It can also introduce the quality of the unconditional, "free" spiritual warmth of love into the professional context and into the doctor-patient relationship. It is also this which contributes decisively to an atmosphere which – when it is experienced – makes every hour valuable which one is still allowed to experience on earth. It contributes beneficially to the removal of fear, creates security and trust and allows a person to feel "healed" and "whole" again – also and particularly when death is near.

Meditations and verses to accompany the critically ill and following suicide

At the request of doctors and patients, Rudolf Steiner gave numerous meditations, including for ill people and people in need of help. Many of them have been published in manuscript form and are available from the Council of Physicians (Ärztokollegium) of the Ita Wegman Clinic in Arlesheim. The ones reproduced here have been taken from GA 268, which has already cited several times (24).

These examples show that three qualities are always required to come together in order for the meditation to begin working:

- the meditation itself with its thought and word content,

- the intention of the patient, his will to recover,
- the will to help of the supporting doctor, therapist, nurse or a close family member, who pray or meditate for the health of the patient.

The same applies in the case of the verse which Rudolf Steiner gave to a mother whose son had committed suicide, the only difference being that the deceased is directly addressed here as "soul in the land of souls" in order to be actively involved there.

Words spoken by the patient for himself:

O spirit of God, spread through me
Spread through my soul,
Lend my soul powerful strength,
Powerful strength also to my heart
My heart that seeks you.
Seeks through deep longing for health
For health and strength of courage,
Strength of courage flowing into my limbs
Flowing like a gracious gift of God,
Gift of God from you, o spirit of God,
O spirit of god, spread through me.
(24, p. 181)

Words requested by a young person from Rudolf Steiner in order to be able to do something in the spirit together with friends for an ill person:

Hearts which love,
Suns which warm,
Traces of Christ that you are
In the Father's universe,
To you we call in our breast,
You we seek in our own spirit,
O strive to reach him (her).

Human hearts raying out,
Yearning warmed through devotion,
Dwellings of Christ that you are
In the Father's earthly house,
To you we call in our breast,
You we seek in our own spirit,
O live with him (her).

Human love raying out,
Warming lustre of the sun,
Soul garments of Christi that you are
In the Father's human temple,
To you we call in our breast,
You we seek in our own spirit,
O help him (her).
(24, p. 194)

Words for a mother whose son committed suicide:

Soul in the land of souls,
Seek the mercy of Christ
Which brings you help,
Help from spirit lands,
Which also grants peace to those
Spirits who want to despair
In the experience of peacelessness.
(24, p. 228)

In the *Philosophy of Freedom* Rudolf Steiner also speaks about suicide in various places, but particularly in chapter 13 with the title “The value of life”. Here Steiner contrasts two polar attitudes to life, those of the pessimist and those of the optimist. Here he also mentions the fact that pessimists rarely take their own life since they clearly do not make their continued life dependent on the quantity of pleasure or pain. There is something else: “Human beings only lay hand on themselves when they believe (rightly or wrongly) that they cannot achieve the goals to which they aspire in life. But for as long as they continue believing in the possibility that what they want to achieve can still be done, they continue to fight despite all trials and tribulations.” (4, p. 169)

Here Steiner touches on the riddle of human life and striving: it is indeed not a particular quantity of pleasure which gives life its value, or a particular quantity of pain and discontent which reduces that value. On the contrary, it is the perception of one’s own work, of the activity of one’s ‘I’, which – sometimes also in spite of everything and everyone – gives that life value and dignity. But since nothing appeals to or draws out the ‘I’ of another person – or encourages it to be active – more than the interest of and the encounter with an interested, active other person, the doctor, nurse or family member play a key role in their dealings with the person ready to die or dying. Recognizing this and learning to use it consciously is a central aspect in the training and schooling for anthroposophic terminal care. In this context the *Philosophy of Freedom* turns out not just to be a way towards the autonomous spiritual grasp of the self, as is necessary to find meaning and value in life. It also turns out to be a way to pre-empt as far as possible suicidal inclinations in oneself and in others.

Therapeutic communities – a future-oriented impulse

Rudolf Steiner is known throughout the world as a lecturer and the creator of anthroposophy. He is, however, less well known as the inaugurator of social forms of working. Leadership and management questions and the ethical foundations underlying them also present a great challenge in anthroposophical institutions – as do questions of spiritual community building. How can the needs of the individual be reconciled with the goals of the institution and the aims of various groupings? What determines the therapeutic climate in a facility, a professional association or an institution? A publication has appeared on these questions (27, p. 14ff) which describes the currently practiced forms of collaboration based on individual responsibility in medical and therapeutic contexts.

From 1902 onwards, Steiner turned his attention to issues of community building. A good year before his death, he created a final all-embracing social building during the Christmas period of 1923/24: the “spiritual Goetheanum” as a place of spiritual connectivity. The outer Goetheanum building was intended only to be a physical symbol of the

spiritual one. The intention was that three different forms of community building and collaboration should meet and interact here: the initiative community for which Steiner had founded the Anthroposophical Society as the place of integration. Here each individual should be able to build work connections in the freest possible way in the form of branches and groups of the society – including own legal entities and statutes. Then a global fraternal working community which links the members of the School of Spiritual Science and which has at its heart a meditation course which traces the path of the spiritual search of modern human beings. This modern search for the path starts with not knowing, spiritual blindness we might say, often linked with agonising self-doubt, states of impotence and fear of life, but also a deep longing for freedom, peace and enlightenment. This is followed by awakening the will for self-knowledge and the conscious preparation to familiarize oneself with the threshold to the spiritual world before crossing it and consciously approaching certain areas of the spiritual world. Steiner set three conditions for becoming a member of the School of Spiritual Science which each person should take to heart:

1. An inner obligation to strive for autonomy, to follow one’s own path of development independently.
2. An obligation to enter into contact with the other members of the School of Spiritual Science, to interest oneself in their work.
3. An obligation to take anthroposophy seriously and to live one’s life in the spirit of the humanity associated with it.

Working with these three conditions gives life and the collaboration with others a strong orientation towards self-development, mindfulness of others and pleasure in one’s work, in the realization of intentions found to be good.

Both forms of community building – the proactive community of interests and the spiritually fraternal community – interrelate with a third form for which Steiner set up the sections of the School of Spiritual Science: the professional or occupational community. Rudolf Steiner did not just give the Warmth Meditation referred to above for this but, on the contrary, provided a whole range of professional meditations with the goal of developing therapeutic skills. These meditations for the various professional therapeutic groups have also been published with a commentary in the publication mentioned above (27).

In this way a “management and work style with heart” was provided for which combined the principles of individual responsibility, democratic co-determination and collegial collaboration. But a search for community was also provided for which included the living and the dead. Because the more the individual gains awareness of actively being located in a spiritual world which is accessible to the thinking, the more evident the proximity of the deceased is to him. Many of the verses formulated by Rudolf Steiner in his addresses for the dead (24, p. 233) bear witness to that:

No barrier can separate
 What in spirit united preserves
 The brightly shining
 And love radiating
 Eternal bond of soul
 So I am in your thoughts
 So you are in mine.

or:

I was united with you,
 Remain united in me.
 We will speak together
 In the language of eternal existence.
 We will be active
 Where the result of deeds is at work,
 We will weave in the spirit
 Where human thoughts are woven
 In the word of the eternal thoughts.

The Grail legend describes the community of the Grail around the sick King Amfortas, who at first hopes for healing but then, driven to despair by pain, only longs for one thing: death. But it is not granted to him. Parsifal is in the end able to heal him and become the new Grail king because he has learnt to understand and apply the principles of spiritual community building: loyalty to the inner path, search for the fraternal community of human beings in the service of the good, as well as the intuitive ability to find in the right moment and at the right time the words through which the sick King Amfortas feels himself recognized and touched in his innermost being, which then leads to his healing. It is, however, reported about the community of the Grail that it comprises the living and the dead – according to Wolfram von Eschenbach (28, p. 10) the Grail castle lies in a not physically accessible country of “Anschauwe” – i.e. in the country of the living spiritual perception of thoughts (Anschauwe = Anschauung = Engl.: perception) which cannot be found with the senses.

Dr. med. Michaela Glöckler
 Goetheanum/Medical Section
 International Coordination of
 Anthroposophic Medicine/IKAM
 Postfach, CH-4143 Dornach

Notes

- 1) Dignitas had approximately 6000 members in 2008. Exit, with more than 50,000 members, is the largest assisted dying organization in Switzerland.
- 2) Quoted from: Die Zeit, 30 September 2010, p. 48
- 3) HYPERLINK "<http://www.medsektion-goetheanum.ch>" www.medsektion-goetheanum.ch
- 4) HYPERLINK "<http://www.lukasklinik.ch>" www.lukasklinik.ch
- 5) Opinion from the Foundation for Anthroposophic Medicine (HYPERLINK "<http://www.fanthromed.ch>" www.fanthromed.ch) and the Lukas Clinic on the legislative proposals of the Swiss Federal Council regarding organized assisted suicide (26 February 2010).

The undersigned institutions and persons, working on behalf of anthroposophic medicine in Switzerland and internationally, are watching with great interest the initiative of the Federal Council for the statutory regulation of organized assisted suicide. They wish to support Variant 2, which continues to ban organized assisted suicide.

Grounds:

We are of the opinion that professional terminal care is one of the central tasks of the medical profession. The incurably ill, those who are in pain and those who want to die present a great challenge to their medical, therapeutic, civil society and political environment. Here there is a need to take action professionally, through civil society and politics, to offer training and practices which can assure a life of human dignity also in suffering and in the face of death. Both the suffering person and his or her social environment are subject to divine-spiritual guidance to which all of us have to account for our actions. Time granted for life is time available for development, an opportunity to make social conditions more humane. Anthroposophic medicine can and wishes to contribute to this.

Dr. Michaela Glöckler,

President of the Foundation for Anthroposophic Medicine, Dornach,

Michael Lorenz, Chief Physician,

Bettina Böhringer, Senior Physician,

Dr. Tatjana Garcia-Cuerva,

Dr. H.-Richard Heiligtag, Senior Physician,

Silke Helwig, Senior Physician,

Dr. Alexander Hintze, Senior Physician,

Dr. Jürgen-J. Kuehn, Senior Physician,

Pedro Mösch, Senior Physician,

Dr. Damian Ouero, Hospital Physician,

Ulrich Reichert, Senior Physician,

Dr. Sabine Rust-Büttelmann,

Theresia Knittel, Assistant Physician,

Dr. Alenka Markoc, Assistant Physician,

Dr. Lara Sonnevend, Assistant Physician,

Jacqueline Vennekel, Assistant Physician

6) See contribution in this issue in the Reports section

7) See contribution in this issue: Bie, Guus van der: “Suizidhilfe in den Niederlanden”

8) HYPERLINK "<http://www.sterben.ch>" www.sterben.ch

9) People are different with regard to their intuitive capacity. One person might be overflowing with ideas while another has to struggle to obtain them. The situations in which people live and which provide the setting for their activities are no less different. The way in which a person acts will therefore be dependent on the way in which his intuitive capacity works in a given situation. The sum of ideas at work in us, the real content of our intuitions, is what comprises those things which are individual in each person for all the general nature of the world of ideas. In so far as that intuitive content influences actions, it represents the moral content of the individual. Letting this content come to expression is the highest moral driving force and at the same time the highest motivation of the person who recognizes that all other moral principles are, in the end, combined in this content. One can call this standpoint ethical individualism (4, p. 160).

Literatur

- 1 www.ethikrat.org
- 2 Hoppe J D, Hübner M. "Der ärztlich assistierte Suizid aus medizin-ethischer und aus juristischer Perspektive". In: Zeitschrift für medizinische Ethik 2009, 59
- 3 Schildmann J, Hoetzel J, Mueller-Busch C, Vollmann J. "End-of-life practices in palliative care: a survey among physician members of the German Society for Palliative Medicine". In: Palliative Medicine, Online First, 6.9.2010, DOI: 10.1177/0269216310381663
- 4 Steiner R. Die Philosophie der Freiheit, GA 4, 16th edition, Rudolf Steiner Verlag, Dornach 1995
- 5 Steiner R. Wahrheit und Wissenschaft, GA 3, 5th edition, Rudolf Steiner Verlag, Dornach 1980
- 6 Steiner R. Inneres Wesen des Menschen und Leben zwischen Tod und neuer Geburt, GA 153, 6th edition, Rudolf Steiner Verlag, Dornach 1997
- 7 Steiner R. Die Verbindung zwischen Lebenden und Toten, GA 168, 4th edition, Rudolf Steiner Verlag, Dornach 1995.
- 8 Selg P. "Der therapeutische Imperativ Rudolf Steiners". In: Der Merkurstab 2010, 63 (5)
- 9 Prokofieff S O. "Christologische Folgen des Suizids". In: Das Goetheanum 2010, (25): 6–12
- 10 Glöckler M, Heine R (eds.) Ethik des Sterbens – Würde des Lebens. Arbeitsergebnisse vom ersten Kongress 1998 in Kassel zu diesem Thema, 2nd revised edition, 2006
- 11 Glöckler M, Heine R (eds.). Spiritualität im medizinischen Alltag. Sinnfragen beim Sterben von Kindern und alten Menschen, lectures from "The ethics of dying and the dignity of life" conferences on "Children and death" in Weimar in 2005 and "Death and love" in Berlin in 2006. Medical Section at the Goetheanum, 2007
- 12 Glöckler M, Heine R (eds.). Handeln im Umkreis des Todes, Praktische Hinweise für die Pflege des Körpers, die Aufbahrung, die spirituelle Begleitung des Verstorbenen, 2nd extended edition, Verlag am Goetheanum, Dornach 2003
- 13 Steiner R. Anthroposophische Leitsätze, GA 26, 10th edition, Rudolf Steiner Verlag, Dornach 1998: 14
- 14 Lown B. Die verlorene Kunst des Heilens. Anleitung zum Umdenken, Schattauer Verlag, Stuttgart 2003
- 15 Bleyer B. Review of Tanja Krone's Kontextsensitive Ethik. In: Zeitschrift für medizinische Ethik 2009; 55 (3): 323
- 16 Jens T. Demenz. Abschied von meinem Vater. Goldmann Verlag, Munich 2009: 6
- 17 Novalis Werke, Tagebücher und Briefe. Mähl H J, Samuel R (eds). Vol 1. Wissenschaftliche Buchgesellschaft, Darmstadt 1999: 379 ff
- 18 Steiner R. Die Philosophie der Freiheit. Op. cit. Preface to the new edition of 1918: 7
- 19 Skinner B F. Beyond Freedom and Dignity. Hackett Publishing Co, Inc., Indianapolis 1971.
- 20 Glöckler M. (ed). Spirituelle Ethik. Verlag am Goetheanum, Dornach 2002
- 21 Steiner R. Meditative Betrachtungen und Anleitungen zur Vertiefung der Heilkunst. GA 316. 4th edition. Rudolf Steiner Verlag, Dornach 2003
- 22 Steiner R. Theosophie. Einführung in übersinnliche Weltkenntnis und Menschenbestimmung. GA 9. 32nd edition. Rudolf Steiner Verlag, Dornach 2003: 37
- 23 Glöckler M (ed). Anthroposophische Arzneitherapie für Ärzte und Apotheker, "Einleitung", 1.6 ff. 3rd edition. Wissenschaftliche Verlagsgesellschaft, Stuttgart 2010
- 24 Steiner, R. Mantrische Sprüche. Seelenübungen, Volume II. GA 268. 1st edition. Rudolf Steiner Verlag, Dornach 1999.
- 25 Selg P. Die Wärmemeditation. Verlag am Goetheanum, Dornach 2005
- 26 Fuchs T. Das Gehirn – ein Beziehungsorgan: Eine phänomenologisch-ökologische Konzeption. 2nd edition. Kohlhammer Verlag, Stuttgart 2009
- 27 Glöckler M, Heine R (eds). Die anthroposophisch-medizinische Bewegung. Verantwortungsstrukturen und Arbeitsweisen. Verlag am Goetheanum, Dornach 2010
- 28 Wolfram von Eschenbach. Parzifal. Prose translation by Wilhelm Stapel. Langen Müller Verlag, Vienna 1997