

# NSW Council of Churches

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Background Paper 2010-1

February 2010

## Considering euthanasia

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The NSW Council of Churches comprises representatives of seven evangelical Christian denominations. For more than 80 years the Council has proclaimed the good news of Jesus Christ and advanced a Christian perspective on public issues. Its purpose is to:

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- encourage fellowship and discussion between member churches
- support strategies for evangelical outreach, mission and ministry
- apply biblical and theological principles to contemporary issues
- engage local, state and federal governments on public policy issues

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# Considering euthanasia

Rod Benson

## Introduction

A sense of the desperate situation and the ethical dilemmas facing people who experience intolerable or prolonged suffering, or who witness such suffering in the lives of friends or family members, are vividly rendered by three hypothetical case studies in ethicist Scott B. Rae's book, *Moral Choices*:

John was terminally ill with incurable stomach cancer that was spreading throughout his abdominal region. His body was wasting away, and for much of the time, he was wracked by pain that could not be adequately alleviated by any pain-killing drugs. As he suffered through his last dying days, he made it clear that he did not desire to live any longer in this terrible condition. John wanted his doctor to "put him out of his misery" by administering a lethal injection of morphine that would quickly and quietly end his suffering by ending his life. He wanted euthanasia.

Donnie was a strong, athletic young man in his early twenties when he and his father were standing close to a gas pipeline that exploded, leaving him severely burned over 90 percent of his body and resulting in the loss of his sight and hearing. As he was lying in the field following the explosion, he begged a passerby to shoot him and end the misery that he was experiencing and that he knew he would experience as he underwent painful burn therapy. The passerby refused and arranged for him to be taken to the burn unit at a metropolitan hospital. The treatment was exactly as Donnie had anticipated: slow, depressing, and excruciatingly painful. Repeatedly he asked the doctors to stop the treatments and simply allow him to die. At times, he also asked them to simply end his life in a more immediate way, by giving him a lethal injection of drugs. He wanted euthanasia.

Nancy lay in her hospital bed in a permanent vegetative state. She was not in a coma, but all higher brain activity had stopped and only

the involuntary functions such as heartbeat, breathing, and digestion – the functions regulated by the lower brain, or brain stem – continued. She had suffered massive head injuries as a result of an automobile accident and had to be given life-sustaining food and liquids through a tube surgically inserted into her stomach. Only in her late twenties, she was likely to live in this condition for years, perhaps decades, before the rest of her body aged naturally. The cost of maintaining her under these circumstances was high, and since her medical condition was irreversible, her family wanted to withdraw the feeding tubes that were keeping her alive. Confident that they were accurately representing her wishes, they wanted euthanasia for her.<sup>1</sup>

We all die, and most people prefer to die naturally and with dignity. Sometimes this is not possible. Since the mid-1970s there has been increasing support in many countries for medical assistance to facilitate death, especially in cases where a patient faces unbearable suffering, terminal illness, or a persistent vegetative state, or because for some other reason their life is considered to be not worth living.

This paper defines euthanasia and related terms, sets forth the main arguments for and against euthanasia, notes representative statements by churches with respect to euthanasia and physician-assisted suicide, and offers a select list for further reading.

## Defining euthanasia

From time to time the media report cases in which a terminally ill or seriously injured person indicates they wish to be "put out of their misery" by lethal injection or similar means. Facilitating death in such cases is euthanasia (sometimes called "active euthanasia").

Where a patient exists in a permanent vegetative state, and legally sanctioned steps are taken to withhold or withdraw nutrition and hydration, and perhaps ventilation, the resulting death is sometimes called "passive euthanasia." Yet there

may be no intention to kill the patient, and the terminology is ambiguous. Is the withdrawal of food and water active, in that tubes are removed from the patient's body, or passive, in that the patient is allowed to die in a natural manner? The following definitions are preferred:

- *Euthanasia*: the general term for the deliberate killing of another person, whether by act or omission, in order to avoid unnecessary pain and suffering or because their life is deemed not to be worth living. The word derives from classical Greek and literally means "good death."
- *Voluntary euthanasia*: euthanasia conducted at the request, or with the consent, of the person to be killed.
- *Nonvoluntary euthanasia*: euthanasia conducted without such request or consent because the person to be killed is not competent to express their wishes (whether through immaturity, intellectually incompetence, or because they were not asked).
- *Involuntary euthanasia*: euthanasia conducted against the express wishes of the person to be killed (e.g. for economic efficiency or social "hygiene").

In addition, there are related terms which it is also helpful to define:

- *Assisted suicide*: a form of voluntary euthanasia in which a patient kills himself or herself with the assistance of another person. Such assistance may take the form of providing moral support, information on how to commit the act, the means necessary to commit the act (e.g. prescribing a lethal dose of medication), and/or direct assistance (e.g. supervising or physically enabling the patient to commit suicide, such as assisting a frail patient to swallow medication). Where a physician assists, the act is called *physician-assisted suicide* (PAS). Assisted suicide is currently a criminal offence in all Australian states and territories, whereas suicide is not.
- *Double effect*: the notion that it is permissible to perform an act which has both good and evil consequences under certain conditions (such as the condition that the good effect is intended whereas the evil effect is accepted as a "side-effect"). In cases involving double effect, the law

generally distinguishes between intention and foresight.

- *Persistent vegetative state* (PVS): a medical condition in which the brain stem (which supports basic bodily functions such as breathing and digestion) remains active but the brain cortex (which supports consciousness) is inactive. Submitting a PVS patient to euthanasia can be highly controversial, as the case of Terry Schiavo illustrates.<sup>2</sup>
- *Advance directive*: instructions on how a patient's personal care is to be managed in the event that he/she loses the capacity for decision-making. An *instructional directive* (or so-called "living will") lists specific instructions to be followed by medical professionals and courts; a *proxy directive* (also known as "durable power of attorney for health care") specifies another person to act as a substitute decision-maker to make health care decisions in the event that the patient's decision-making capacity is lost. Most formal advisers recommend a proxy directive rather than an instructional directive because even explicit written directives on medical treatment can be legally ambiguous, and it is virtually impossible to foresee all contingencies which may give rise to the need for decisions on treatment.
- *Palliative care*. The specialized health care of a patient suffering from an advanced, progressive terminal illness (including services such as hospice, nursing, analgesic drugs, etc).

### Common arguments for euthanasia

1. *Euthanasia is compassionate killing*. Modern medicine and medical technology prolong life and may unintentionally increase suffering; euthanasia simply relieves such suffering.
2. *Euthanasia promotes the greatest good of the greatest number*. If the benefits outweigh the harms caused, the practice should be pursued.
3. *Suicide is legal* – therefore assisted suicide should also be legal.
4. *Active and passive euthanasia are the same thing*. There is no morally relevant difference between killing a patient and allowing them to die.

5. *Euthanasia is compatible with medical ethics.* It is not a violation of the Hippocratic Oath.
6. *Personal autonomy.* The state should not interfere with a person's right to make their own health care decisions.
7. *May not involve killing.* A distinction may be made between a patient's biological life (their physical existence) and biographical life (aspects of one's life which render it meaningful). Not all human beings are persons, and non-persons may be euthanased.

### **Common arguments against euthanasia**

1. *Sanctity of life.* Humans are created in the image of God, and human life is therefore of incalculable value. Taking an innocent human life dishonours God who gave it and cannot be condoned.
2. *Abuse of vulnerable persons.* A patient may feel obliged to consent to euthanasia out of convenience to others (such as healthy relatives, or taxpayers who fund the public health system).
3. *Misdiagnoses are possible.* Though rare, the misdiagnosis of a terminal illness is possible and death cannot be reversed.
4. *Benefits of suffering.* The experience of suffering may facilitate character development. Also, suffering may be more in the eyes of the relative or friend than the patient.
5. *Playing God.* Legalisation of euthanasia would place physicians (or others) in the place of God in determining how and when death occurs.
6. *Slippery slope.* Legalisation of voluntary euthanasia may lead society to accept involuntary euthanasia.
7. *Patient-doctor relationship.* Legalisation of euthanasia may undermine the trust between a patient and their physician, as well as the moral integrity of the medical profession.
8. *Health care funding.* Legalisation of euthanasia may weaken a society's resolve to provide adequate funding to care for the dying.
9. *Health care methods.* Legalisation of euthanasia may undermine the impetus to develop better approaches to the care of the suffering and the dying.

10. *Smokescreen for murder.* Euthanasia may be used as a justification for an act which would otherwise be classified as murder.

### **Selected church statements**

The Catholic Church teaches that euthanasia is a "grave violation of the law of God" and can never be a morally good act.<sup>3</sup>

The Uniting Church in Australia published a comprehensive "Euthanasia Discussion Kit" in response to a Synod statement on euthanasia in 1995. The recommendations on page 11 include a recommendation "That the churches affirm... that it is not appropriate that society prevent euthanasia from being an option for patients who find other options unsatisfactory."<sup>4</sup>

On 16 May 1995 the NSW Council of Churches issued the following media release on euthanasia:

The practice of euthanasia as the intentional killing of one person by another can never be regarded as the compassionate answer to the burdens which may be suffered by a dying patient. It is not a private matter since it always has serious implications for all members of society. Evidence from Holland, where voluntary euthanasia is permitted under strict conditions, shows that it is quickly followed by non-voluntary euthanasia.

Christian teaching affirms the value of each individual, made in the image of God. Our lives are a gift from God. Neither our own lives nor the lives of others, are ours to take. Giving one person the power of life and death over another strikes not only at the heart of Christian teaching, but also at the obligation of the State to protect its citizens – particularly the weak and vulnerable. Additionally it places an unacceptable burden on doctors.

Attempts are being made in the Northern Territory, the A.C.T. and South Australia to legalise voluntary euthanasia and doctor-assisted suicide. NSW must reject any such pressure. Dr Brendan Nelson stated recently in NSW that doctors must never be 'sanctioned to kill.' It may, at times, be judged necessary to withdraw or withhold certain treatments because they are considered futile or unduly

burdensome. This differs radically and in a morally significant way from intentional killing.

The compassionate answer is to provide the best palliative care and medical services possible for the patients, and to give support and comfort to all those affected by the pain and suffering of their loved ones. Even in the midst of these, the Christian hope of eternal life beyond death stands firm, giving dignity and meaning to death itself.<sup>5</sup>

A detailed “Statement of principles” on end-of-life issues, including euthanasia, was adopted by the Baptist Churches of Tasmania in July 2007.<sup>6</sup>

Various church-affiliated aged care and health-care institutions have established mechanisms to deal with the wishes of patients in their care as death approaches. For example, Anglican Retirement Villages affirms the general policy of the Sydney Diocese on euthanasia; maintains particular models of care around dementia and palliative care; and states that its “person-centred approach ensures we respect people’s rights and preferences.”<sup>7</sup> A more detailed approach is offered by Baptist Community Services (NSW) which has clear policies for residents/patients on “Dying with Dignity” and “End of Life Care.”<sup>8</sup>

It should be noted that the law in NSW makes no provision for the deliberate shortening of life by acts of omission or commission, and that most (if not all) Christian agencies support this. Legal issues surrounding advanced care directives, advanced care planning and end-of-life choices are complex and open to change. The views of Christians and churches may also change, as evidenced by the recent emergence of a group in South Australia calling itself “Christians for euthanasia.”

## Conclusion

In her book, *The Right to Die? An Examination of the Euthanasia Debate*, Australian journalist Miriam Cosic observes that:

*People do kill themselves to avoid the depredation of disease. Friends do help them do it. Doctors do deliver the coup de grace to their patients. Soldiers do kill mortally wounded comrades rather than watch them suffer or leave them in their hands of their enemies. It has ever been so.<sup>9</sup>*

More personally, in a frequently repeated line, Woody Allen once said, “It’s not that I’m afraid to die, I just don’t want to be there when it happens.” Ironically, those who seek to avoid their own “bad” death by consenting to euthanasia will be there when it happens, for they make it happen.

The 1995 statement by the NSW Council of Churches offers a considered evangelical Christian response to the increasing pressure on legislators and health care providers to relax current prohibitions on active euthanasia. It outlines six principles:

- (a) All persons are made in the image of God and therefore possess intrinsic worth;
- (b) Intentional killing can never be a compassionate response to suffering;
- (c) The state has an obligation to protect its citizens, particularly the weak and vulnerable, from abuse;
- (d) Legalisation of euthanasia would place an unacceptable burden on health-care professionals;
- (e) Best medical practice may require the withdrawal or withholding of certain treatments because they are considered futile or unduly burdensome to the patient;
- (f) The preferred compassionate response to suffering is to provide the best possible palliative care and medical services.

Biblical principles undergirding this statement include the sanctity of human life (see Gen 1:27; Ecc 3:1-2; 1 Cor 6:19-20; Heb 9:27); an ethic of compassionate care (Micah 6:8; Lk 10:25-37); and the Christian hope beyond death (1 Cor 15, etc). Those who follow Jesus

are called to heal the sick where we can, comfort the dying always, and entrust the dead to God. But we are never called, and we are never free, to hasten the dying across the threshold into eternity.<sup>10</sup>

And, for the Christian, a natural death is by definition a “good death” because it is the means by which, in a real and permanent way, the person enters into the presence of Christ.

## Recommended reading

### Books

- Amarasekara, Kumar & Bagaric, Mirko, *Euthanasia, Morality and the Law* (New York: Peter Lang Publishing, 2002).
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- Kerridge, Ian H. & Mitchell, Kenneth R., "The legislation of active voluntary euthanasia in Australia: will the slippery slope prove fatal?" *Journal of Medical Ethics* 22, 1996, pp. 273-278.
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- Yuill, Kevin, "[Ten myths about assisted suicide](#)," Spiked 17 Dec 2004.

### Websites

Dying with Dignity NSW (formerly Voluntary Euthanasia Society)

<http://www.dwdnsw.org.au/ves/index.php>

NSW Right to Life

<http://www.nswrtl.org.au>

### **References**

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<sup>1</sup> Scott B. Rae, *Moral Choices: An Introduction to Christian Ethics* (second edition; Grand Rapids: Zondervan, 2000), pp. 181f.

<sup>2</sup> See [http://en.wikipedia.org/wiki/Terri\\_Schiavo\\_case](http://en.wikipedia.org/wiki/Terri_Schiavo_case)

<sup>3</sup> Pope John Paul II, *Evangelium Vitae* ("The Gospel of Life"), Encyclical letter "[On the value and inviolability of human life](#)," 25 March 1995 (see especially nn. 64-68). See also Sacred Congregation for the Doctrine of the Faith, "[Declaration on euthanasia](#)," 5 May 1980.

<sup>4</sup> "Discussion Paper 1" (1996), in "Euthanasia," a series of five pdf documents available at [http://www.unitingcarenswact.org.au/advocacy/issues\\_index/euthanasia](http://www.unitingcarenswact.org.au/advocacy/issues_index/euthanasia)

<sup>5</sup> See [http://www.nswchurches.com/Resources/Policy/P9501\\_Euthanasia.pdf](http://www.nswchurches.com/Resources/Policy/P9501_Euthanasia.pdf)

<sup>6</sup> See <http://www.tasbaptists.org.au/assets/files/Public%20Questions%20Issues/End%20of%20Life%20Issues%20Statement.pdf>

<sup>7</sup> Statement by ARV Chaplain Allen Cook to Dr Margaret Powell, quoted in email dated 23 Nov 2009.

<sup>8</sup> Documents supplied by BCS Risk & Compliance Unit, 30 Nov 2009.

<sup>9</sup> Miriam Cosic, *The Right to Die? An Examination of the Euthanasia Debate* (Sydney: New Holland Publishers, 2003), p. 11.

<sup>10</sup> David P. Gushee, "Killing with kindness," *Christianity Today*, 7 Dec 2004, p. 62.