

A Primer on Euthanasia and Assisted Suicide

CLR Staff

QUESTION: What's the difference between voluntary euthanasia and non-voluntary euthanasia?

ANSWER: Voluntary euthanasia involves a competent and stated desire of someone to have his or her life terminated. Non-voluntary euthanasia pertains to the termination of someone's life by another without the patient's knowledge or consent.

QUESTION: What exactly does physician-assisted suicide mean?

ANSWER: Many advocates of euthanasia do not merely settle for the right to commit suicide. The methods employed by people to end their lives often do not work and leave the person in worse shape than before a suicide attempt. Rather, euthanasia advocates argue for the right to seek out a qualified physician to help terminate a person's life. The argument is that physicians know the best means of maintaining and stopping human life most effectively. In light of that fact, many who wish to commit suicide want to be sure they do it right and therefore request the assistance of a physician to make sure they die.

QUESTION: Why are some people afraid of physician-assisted suicide?

ANSWER: When abortion was legalized in 1973 people warned about the beginning of the *slippery slope*. The slippery slope argument contends that once a segment of the population is devalued, it slowly spreads to other segments of society. In general, those fears have already been realized. Today people talk about "lives not worth living." Many look at death not as the last sad consequence of sin, but as the ultimate and most effective medical treatment for serious ailments. The result of this slippery slide is that more and more people presume that they should have the right to die or that, in the event of diminished health, they cannot allow themselves to become a burden on others. If physician-assisted suicide becomes legalized, what is seen as an option for some becomes a felt obligation for others. Out of fear of becoming a burden, some individuals feel obligated to bring their life to an end. This not only challenges God's authorship over life, it denies the Christian family and community the privilege of reflecting the sacrifice of Christ in carrying the burdens of others.

QUESTION: We can't afford to keep Dad in the hospital any longer. What are our alternatives?

ANSWER: Hospital stays are intended to be for the short term. When extended care is needed there are options such as adult care centers, nursing homes, hospices, home health care and visiting nurses programs. The hospital staff will help you sort through the options and provide you with direction.

QUESTION: The rest of the family thinks Mom should be allowed to die peacefully. Should I agree with them to pull the plug?

ANSWER: No. If pulling the plug is intended to bring about her death, then one cannot, as a Christian, “pull the plug.” God reserves for Himself the right to terminate life. Even when we do not like the quality of life God has allowed to remain, we do not have the authority to take action to end that life. Nevertheless, there is no denying the difficult predicament a Christian is in when a family feels this way. Nearly everyone hopes for a peaceful and quick death when it comes. That desire, however, is not a right. A Christian will want to patiently and gently correct any misunderstandings in the family regarding this point and illustrate our role to care while it is God’s role to terminate the life.

QUESTION: Is it wrong for us to attempt to shorten the time of suffering for someone we love?

ANSWER: It is not wrong to take action to reduce or end suffering. It is wrong to take action with the specific purpose of shortening life. This becomes complex when continued or necessary increases in medication to ease pain may, by its nature, shorten life. Here, motive is the important determinant of what is right or wrong. The motive is not to end life, but to ease suffering. The result of death is not the expected or intended outcome, but the unfortunate consequence of easing suffering.

QUESTION: Isn’t pain a good reason to die?

ANSWER: The Apostle Paul said that he and his fellow workers rejoiced in sufferings (Romans 5:3). Many people presume that because pain makes this existence less than perfect that we should have the *right* to escape it. Yet, God uses pain for some very important reasons. It was the result of the fall into sin (Genesis 3:16). It is used by God to discipline (Job 33:19). It also focuses our attention on God for deliverance and hope (1 Peter 2:19). Because of such benefits, pain may arguably be a good reason *not* to seek death! This does not, however, remove our responsibility to relieve pain. Bear in mind that to pursue death is to pursue an end which only God can authorize or make happen. Pain is not a good reason to die. Pain is a good reason for concerned Christians to take action to make a person comfortable in diminished pain.

QUESTION: Out of Christian love and concern, am I ever able to make a decision to remove a feeding tube?

ANSWER: Providing a feeding tube is what we do when a person is no longer able to take food by mouth. It is often a remedial step in one’s health care. Patients are sometimes put on tube-feeding with the expectation that, following therapy, they are eventually able to take food by mouth. Others are put on tube-feeding simply because it is easier than spoon feeding. In each circumstance, the intent is to provide *a means* by which food is brought into the body.

The reasons for stopping or removing a feeding tube are the same as those for stopping feeding by mouth. There may be circumstances in which continued feeding would be futile. The use of

the term, “futile,” means that whether or not feeding continues, death comes within a few hours or days.

There are also circumstances in which feeding may be harmful. There are certain medical conditions, such as an inoperable intestinal blockage, in which the body is unable to process food. In such a circumstance the continued administration of food actually agonizes, and perhaps accelerates, the dying process. So, as with feeding by mouth, feeding by a tube could and should be halted.

QUESTION: What types of treatment are acceptable for a Christian to withhold from a dying loved one?

ANSWER: To answer this question we must examine the issues of futility and motive. If a treatment is futile, meaning it is ineffective in doing what it is supposed to, then that treatment could be discontinued. One must constantly search the heart to determine a person’s motive for authorizing treatment or non-treatment. Care should be taken that the motive is NOT to end the life and therefore remove the burden of caring. Our motive is to always glorify God in these decisions. We act in acceptance of God’s gift of life, regardless of its level of quality, and in acceptance of God’s decision to bring death.

QUESTION: What does “futile” mean?

ANSWER: We often talk about ceasing “futile” treatment or care. Care or treatment is futile if it fails to provide the intended benefit of the care or treatment. For example, if cancer has progressed to the point in which death will occur in a day or so, it would be futile to have an optometrist perform an eye exam for new glasses. The exam would fail to provide the intended benefit of seeing better when death will surely come first.

In a previous example we note that tube-feeding would be futile if no benefit can be derived from the food. The key element here, however, is to recognize the intended benefit of food. Food is not curative in nature. It is not intended to heal cancer, repair a damaged heart or to restore brain cells damaged in a stroke. Food is intended to fuel the body for continued functioning.

Some are tempted to call tube-feeding futile in the advanced staged dementia patient because, after feeding, the patient would still not know his or her surroundings. The misunderstanding, however, is that such a result is not the intent of feeding. Feeding simply maintains bodily functions. It is not intended to cure dementia.

QUESTION: My loved one is in a great deal of pain. Wouldn’t it be better to end the suffering?

ANSWER: There are three distinct elements in this question that each need to be understood within the context of Christian decision-making. First of all, this is a “loved one.” As such there is deep-seeded emotion at work. Doctors often will not provide medical care to close family members because they recognize that they would lack the necessary objectivity to always do what is right. Their familiarity and empathy with a loved one would cloud their judgment. So

also, while many of us must make medical decisions for loved ones, the hard decisions are often best made after consultation with objective sources.

Secondly, there is pain and suffering. Some medical experts claim that the problem with modern medicine is that practitioners are poorly trained in pain management. In fact, some say that if a patient complains to his doctor of persistent pain it might be time to get a new doctor. A Christian will want to do all within his right to alleviate the pain. That should be the primary focus in this concern.

Finally, to seek the “better” route presumes that choices are made between two or more options. What defines “better” for the Christian is not what makes us happy or even what makes the patient happy – it is what makes God happy. To know that we must look at God’s Word. From His Word we learn that suffering is a part of life. In fact, it often serves some very important purposes by making us mindful of God, giving us opportunity to praise God, and helping us to realign our priorities as we care for the suffering. So one cannot claim that he or she has some sort of “right” to be free of suffering. God may be using it for a very specific purpose.

Additionally, the implied suggestion is that the preferred option is ceasing care or treatment with the specific purpose of causing death. It is not “better” to do that which is contrary to the will of God. To take specific action or to neglect specific care or treatment with the purpose to bring life to an end is wrong and, for the Christian, not an option.

QUESTION: In what countries is euthanasia legal?

ANSWER: Euthanasia is illegal in the United States. As of 2014, assisted suicide is legal in four U.S. states (New Mexico, Oregon, Vermont and Washington). A Montana Supreme Court ruling in 2010 left the status of assisting suicide in that state ambiguous. Assisted suicide is also legal in Albania and Luxembourg.

Active euthanasia, commonly referred simply as euthanasia, is legal in the Netherlands and Belgium. Colombia also allows legalized voluntary euthanasia.

Switzerland does not punish doctors who perform euthanasia. In addition, Swiss law does not consider assisting suicide as complicity in a crime. Swiss law instead allows private suicide facilitation, and as a result, Switzerland has become a destination for “suicide tourism.”

In 1995, the Northern Territory of Australia approved a bill to allow legalized euthanasia. The law went into effect in 1996 but was overruled by the Australian Parliament in 1997.

QUESTION: What is Christian Life Resources’ position on euthanasia?

ANSWER: God’s Word teaches that human life is to be protected throughout its stages of development, growth, and decline. Unless God has made an allowance for or commanded it to occur, human life is not to be ended actively or passively by anyone. Rather, the clear will of God is to love all people as we have been loved, as witnessed in the sacrificial life, death, and resurrection of His Son, Jesus, as our Savior from sin. Even when life loses its earthly quality,

we care for it as a precious gift from God, created by Him and redeemed by Him through Jesus. Because of Christ's sacrifice we are compelled to show concern not just for lives but especially for the souls of all people, including those who would advocate or assist in terminating life. Since this is God's position, it is therefore the position of Christian Life Resources.

For additional information and resources in dealing with this life topic, visit the Christian Life Resources website at www.ChristianLifeResources.com or call us at 1-800-729-9535.