

EUTHANASIA: Care or Killing?

The Bible is realistic about how hard the end of life can be:

Remember your Creator in the days of your youth, before the days of trouble come and the years approach when you will say, "I find no pleasure in them" - before the sun and the light and the moon and the stars grow dark, and the clouds return after the rain; when the keepers of the house tremble, and the strong men stoop, when the grinders cease because they are few, and those looking through the windows grow dim; when the doors to the street are closed and the sound of grinding fades; when people rise up at the sound of birds, but all their songs grow faint; when people are afraid of heights and of dangers in the streets; when the almond tree blossoms and the grasshopper drags itself along and desire no longer is stirred. Then people go to their eternal home and mourners go about the streets. (Ecclesiastes 12:1-5)

Those whose latter years are without hardship and those who pass away peacefully are perhaps the exception, not the rule. Those who care for the terminally ill and dying know just how difficult the process of dying can be first hand. This year there will be a Bill before the Tasmanian Parliament seeking to change the current law to allow for *Voluntary Euthanasia* (or *Physician Assisted Suicide*). What are Christians to think about this? What does the Bible say about this vexing issue?

Thou shalt not kill

God calls upon his people to refrain from murder, or "unlawful killing":

You shall not murder. (Exodus 20:13)

Human life is valuable to God. Human beings are created in God's image. God calls us to preserve human life, and it doesn't get any clearer than here in the sixth commandment. Are we to exempt ourselves from this command? Are we to consider ourselves somehow more special or of less worth such that it doesn't apply to us and that we may kill ourselves?

If someone wishes to kill themselves then that is ultimately between them and God. However, absolving oneself from the responsibility of their own death and placing that burden on another individual is clearly immoral. Supporting a Bill to legalise voluntary euthanasia is morally irresponsible and stands against God's command "You shall not murder."

Protect the vulnerable

God calls upon believers to defend the weak, the poor, the fatherless, the refugee, the oppressed and all who are vulnerable. More than that, God calls upon believers to rescue and save those in danger and difficulty:

Defend the weak and the fatherless; uphold the cause of the poor and the oppressed. Rescue the weak and the needy; deliver them from the hand of the wicked. (Ps 82:3-4)

Those nearing the end of their life, including those who cannot give consent to end of life decisions, those in deep pain, and those suffering debilitating depression are almost the very definition of vulnerable. A bill allowing for Voluntary Euthanasia stands against our call to protect the vulnerable.

Why, you do not even know what will happen tomorrow

The fact of the matter is that we don't know what the future has in store for us.

Now listen, you who say, "Today or tomorrow we will go to this or that city, spend a year there, carry on business and make money." Why, you do not even know what will happen tomorrow. What is your life? You are a mist that appears for a little while and then vanishes. (James 4:13-14)

We may think we know. All indications may be that our loved one will get sicker and sicker - but we are all profoundly ignorant about the future. We do not know what the future has in store for us. Some situations "seem" hopeless, but God is able to bring about a great reversal. Just listen to some of Brenda's true story.

In late 1987, I was diagnosed by the head neurologist at Royal Prince Alfred Hospital as suffering from MS. By the early 1990's I was wheelchair bound and rapidly losing my upper body movements, my speech became slurred, and I also suffered from low vision accompanied by severe glare problems, so I wore dark glasses and an eye-shade. Next, I lost the ability to chew my food properly and so I had to be fed with pureed food. This meant I was now totally dependent on others to help me live and function as a normal person. Then, to top everything else off, I started having fit like spasms, so that now I was also strapped into my wheelchair for safety reasons.

By this time, I was very, very angry about all the damage my illness had done to me and so I just wanted to die! I could see no earthly reason why I should remain on this planet! Daily I was hoisted up in a net, which was part of the hand-pumped lifting machine, and just like a sack of potatoes, I was lowered into my reclining wheelchair in order to go and eat lunch in the dining room. Once there, the person feeding me was too busy talking to another carer nearby, who was feeding someone else, to take much notice of me or the meal they were feeding me. It was so depressing! Like living in a private hell on earth!

In 1993, at the suggestion of a friend, I returned to Tasmania from Sydney and was admitted to an Aged Care Facility in Kingston. It was at this Facility that I suddenly went into remission after roughly seven years of paralysis. About 1997 my long rehabilitation journey began. Firstly, I went from a reclining wheelchair to an upright wheelchair and from trolley bath to shower chair. Then from a wheelchair to a walking frame. This step I found very hard because I had gotten so used to living life in a wheelchair that I really wasn't that happy about changing once again back to a walking frame. I knew that this meant lots of hard work on my part too. Finally the day came when I was well enough to use a Wheelie-frame. Over the ensuing years my walking began to get better and better. About mid 2003 I was given the all clear to walk outside without a carer at my side. On the 20th April, 2005 I finally left (or escaped) the Aged Care Facility. Then I began the long re-adjustment back into society after almost fourteen years in institutionalized care. In 2007, I was ordained to work as the honorary chaplain at the same aged care facility I had lived in for so many years attending to the pastoral care needs of the residents.

If you loved me, you'd kill me

Some feel that it is more loving to allow those who are suffering to end their life than to leave them in such distress and pain. Clearly this can't be applied universally; few would argue that we should be helping depressed teenagers to commit suicide. The question is then where do we draw the line. Is it when they have a terminal illness? incurable illness? hopeless circumstance? deep depression?

The problem is that all these descriptions are highly subjective. To say that some lives are not worth living is to say that not all human lives are equal, that circumstance determines worth even when that circumstance may not be terminal and that some lives are superior to other lives. Supporting the cause of those nearing the end of life is not to help them end their life, but to allow them dignity in life, to ascribe to them worth just as much as anyone else and to give them compassion and care in the time of their greatest need.

But, it's my choice!

Or is it?

Some suggest that those nearing the end of their life don't need protecting - they need to be able to make their own end-of-life decisions. They argue "*It is my life, why can't I make decisions about when I die?*" But how can we know if this really is the person's own decision?

Dr Pollard writes,

All bills require the doctor to be "satisfied" that the patient's request was freely made, though no one could ever know with certainty about coercion from sources of which he was totally unaware. But would coercion be likely? Brian Burdekin, a former Human Rights Commissioner, reported that in his experience, "The most vulnerable were the most likely to be abused and the most likely to be coerced." Subtle degrees of coercion would be almost impossible to detect. If a well person asks for death he will be referred for counselling. If a sick person asks, he is as likely to be supported in his "exercise of personal autonomy". And what of autonomy in the presence of severe illness, especially terminal illness, with its frequent association with depression and unrelieved pain, which powerfully hinder careful evaluation of issues? More importantly, no matter what the patient decides, in every case it will be the doctor's decision that determines whether euthanasia actually proceeds. Leon Kass, a lawyer and prolific author in this area, wrote that, in view of the totality of the impediments to clear reasoning in such patients, "the ideal of rational autonomy, so beloved of bioethicists and legal theorists, rarely obtains in actual medical practice". Doctors are experienced in persuading patients to follow their legitimate advice concerning treatment options, to the point where some have been heard to say, "I can get my patients to do anything I want." Their power, relative to that of the patient, is large even when there is no intention to manipulate. Euthanasia draft bills require doctors to inform patients about the medical details of their illness and future alternatives. Since such discussions will usually occur in private, one could never know whether such information was accurate, adequate, non-coercive and impartial. If the doctor's personal view was that euthanasia was appropriate for a patient, we may be sure some would not be deterred from advocating it.

<http://www.quadrant.org.au/magazine/issue/2011/1/why-safe-voluntary-euthanasia-is-a-myth>

I'm sorry, we're going to have to put her down

We euthanise animals out of mercy because we love them, so why not euthanise humans which we love even more?

Those who reason along these lines are making two mistakes:

The first mistake is that somehow they think that to kill something is to show love for that very thing. With pets, we don't put them down because we love them, we put them down because we don't love them enough; enough to provide them with expensive surgery, treatment or palliative care which would enhance quality of life. Euthanising a pet is the very least we can do for an animal that's suffering, and in context it is often an appropriate course of action. However, humans, and humans alone have been made in God's image, and as such we are under obligation to protect human life, not end it. It is appropriate for us to love and protect human life more than that of animals.

The second mistake is that they are assuming that this killing is more favourable, or at least a reasonable substitute for other options that we might have available when dealing with fellow humans. Extending palliative care to include euthanasia is an absurd proposition because it causes death, not improved life. However, that is exactly what is happening when we offer euthanasia as a legitimate 'treatment' for distress and suffering.

Give the people what they want

Some proponents of euthanasia suggest that the majority of people want euthanasia and so to enact legislation in that direction is to do the will of the people. The problem is that the concept of a moral democracy is deeply flawed. To understand why, consider a simple example: Suppose that nine out of ten participants in a gang rape believe that the experience enhanced their wellbeing. What are we to make of that? The democratic thing to do is to forgo the plight of the one victim and condone the behaviour of what the majority of nine find favourable. Since we all have to die some day, we are all potential victims of a culture that sees euthanasia as something favourable. It might be as subtle as a feeling that we are being selfish and a burden to our family if we choose not to end our life, or it could be something more sinister such as being manipulated by family or carers with selfish motives. It is naive and irresponsible to assume that there will be no victims.

What's being forgotten is that one of the main reasons we have governmental authority is not to simply give the mob what they want, but rather to help provide justice and protection, especially for those who unable to defend themselves.

Make it safe, make it legal

Legalisation of euthanasia is evidently less about reducing unbearable suffering than it is about power, control, and institutionalising murder of the innocent, the aged, the helpless and the unconsenting.

Consider Holland:

In 30 years Holland has moved from assisted suicide to euthanasia, from euthanasia of people who are terminally ill to euthanasia of those who are chronically ill, from euthanasia for physical illness to euthanasia for mental illness, from euthanasia for mental illness to euthanasia for psychological distress or mental suffering, and from voluntary euthanasia to involuntary euthanasia or as the Dutch prefer to call it "termination of the patient without explicit request.

It is now considered a form of discrimination against the chronically ill to deny them assisted death because they will be forced to suffer longer than those who are terminally ill and it is considered bias to force endurance of psychological pain when it is not associated with physical illness. The next step, non-voluntary euthanasia, is then justified by appealing to our social duty to care for patients who are not competent to choose for themselves.

We are sometimes told that legislation would enable harm minimization. The reasoning is that physicians are already doing it, illegally and without appropriate safeguards, and that legalising euthanasia would put better safeguards in place. Instead we observe that the opposite tends to happen; laws get relaxed, the practice becomes more prolific, safeguards are removed to give physicians more power and discretion.

That many physicians are already practicing euthanasia is debatable. It's also irrelevant. The fact that something is already happening doesn't make it right or beneficial to society. Where would society be if we legalised all criminal behaviour in order to supposedly gain better control?

Historically physicians have been given a clear mandate to protect, save and support human life. Surely that is harm minimization at its best.

http://www.euthanasiaprevention.on.ca/Articles/dutch_cure.htm