Euthanasia and Assisted Suicide: A Christian Response

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Introduction

At present both euthanasia and assisted suicide are illegal in Canada. On May 12, 2009 Francine Lalonde, a Bloc Member of Parliament introduced a private member’s bill, Bill C-384, which if passed would change that, allowing medical practitioners to help people die in Canada without facing criminal prosecution. Let us consider a bit of background. In 1993 the Saskatchewan farmer Robert Latimer killed his twelve-year-old daughter Tracy with carbon monoxide poisoning. She had had a severe case of cerebral palsy. For this crime he was convicted of second degree murder and received a ten year jail sentence. He is now out of jail on parole. Also in the early 1990’s Sue Rodriguez, who suffered from ALS, Lou Gehrig’s disease, took her case to legalize euthanasia and assisted suicide through the courts in Canada. The Supreme Court narrowly defeated her request by a vote of five to four. Nevertheless, in 1994 she died either by euthanasia or assisted suicide with the help of an undisclosed doctor. Holland legalized mercy killing in 2002 in cases where a patient clearly states that they want this and is suffering unbearably with no prospect of improvement and a second medical opinion concurs. Both Switzerland and Belgium, as well as the states of Oregon and Washington in the United States, now have assisted suicide laws. Whether or not euthanasia and assisted suicide become legal in Canada in the near future, we can expect that these will remain controversial issues around the world for years to come.¹

In this paper I will offer a Christian response to these issues. To avoid some confusion, we will first briefly consider some common terminology and important distinctions. To better understand the issues we will then consider some of the main reasons why many today are advocating for the legalization of euthanasia and assisted suicide. We will also consider why some argue that these can be ethical at least in some circumstances. Then we will consider some of the main arguments why many, including many Christians and the Catholic Church, consider direct euthanasia and suicide to be always unethical. We will consider too why many advocate that euthanasia and assisted suicide should not be legalized including in a pluralistic society such as ours where people hold different views—ethical, legal and religious. I will also offer a response to the arguments for euthanasia and assisted suicide from a Christian perspective.

A. Some Terminology and Distinctions

The word “euthanasia” comes from two Greek words, eu meaning “well, easy or happy” and thanatos meaning “death.” Merriam-Webster’s Online Dictionary defines euthanasia as: “the act or practice of killing or permitting the death of hopelessly sick or injured individuals (as persons or domestic animals) in a relatively painless way for reasons of mercy.”² Along these lines Mosby’s Medical and Nursing Dictionary defines “active euthanasia” as “the killing of an
individual suffering from an incurable illness or an irreparable injury...” and “passive euthanasia” as “the practice of allowing terminally ill and mortally injured individuals to die without taking exceptional or heroic measures to prolong their lives...” Many today who oppose active euthanasia support this kind of “passive” euthanasia. Some, however, understand “passive euthanasia” more broadly to include any omission of a life-prolonging means that causes or hastens death. For example, in 1982 the parents of “Baby Doe,” who had Down’s Syndrome, refused to give consent to allow minor surgery to correct a disorder in his oesophagus which would have allowed him to eat normally and to live. Many considered this type of refusing “ordinary” or “proportionate” medical treatment to be euthanasia by omission and immoral.

James Rachels uses an analogy to argue that there is no moral difference between active and passive euthanasia: Smith, in order to receive an inheritance, drowns his young cousin in a bathtub. Jones, like Smith, planned to drown his young cousin to receive an inheritance but when he enters the bathroom the boy slips, is knocked unconscious and his face is under the water. Jones realizes that he could easily save the boy but does not since he intended to kill him anyway. Since the intention and result in these cases is the same, Rachels argues there is no real moral difference between them. Since many people accept passive euthanasia he uses this analogy to argue in favour of active euthanasia. Related to such thinking and confusion regarding the terms active and passive euthanasia some prefer to define euthanasia by the intention to cause or hasten death. For example, the Vatican’s Declaration on Euthanasia in 1980 defines euthanasia as “an action or an omission which of itself or by intention causes death, in order that all suffering may in this way be eliminated.” This definition of the Vatican, which we will follow in this paper, is in line with common parlance today where euthanasia has generally come to mean “mercy killing.” The Vatican Declaration on Euthanasia does not use the term “passive euthanasia.” Rather, it speaks of “Due Proportion in the Use of Remedies,” considering it moral to refuse extraordinary or disproportionate means but immoral to refuse ordinary or proportionate means of prolonging human life.

With regard to euthanasia many consider it relevant whether or not the mercy killing is done with or without the person’s consent. In 1995 a special Senate Committee in Canada defined euthanasia as “voluntary” when “it takes place in accordance with the wishes of a competent individual, whether these are made known personally or by a valid advance directive.” It defined euthanasia as “nonvoluntary” when “it is done without the knowledge of the wishes of a patient either because he or she has always been incompetent, or is now incompetent and has left no advance directive.” It defined euthanasia as “involuntary” when “it is done against the wishes of a competent individual, or against the wishes expressed in a valid advance directive.” According to these definitions the case of Sue Rodriguez would have been a case of voluntary euthanasia or assisted suicide, whereas the case of Tracy Latimer was a case of nonvoluntary euthanasia.

The issue of assisted suicide including physician-assisted suicide for “reasons of mercy” is closely related to voluntary euthanasia except that with assisted suicide the person kills him or herself whereas with voluntary euthanasia someone else intentionally causes the death of the person by act or omission. A special Senate Committee in Canada defined assisted suicide as “the act of killing oneself intentionally with the assistance of another who provides the means, the knowledge, or both.” Although refusing gravely burdensome or disproportionate means can
result in one dying sooner, this is generally not considered suicide since this can be done without intending to cause one’s own death. Analogously, St. Maximilian Kolbe, who offered to die in place of another man in a Nazi concentration camp, did not commit suicide even though his action in part resulted in his death. His intention was to save the other man not to cause or hasten his own death.

B. Some Arguments for Euthanasia and Assisted Suicide

1) Legal Arguments

More people today support legalizing voluntary euthanasia and assisted suicide than nonvoluntary euthanasia so we will first consider some of the main arguments raised for them. One of the first arguments raised is autonomy, that is, that a competent person has a right to die with dignity, in the manner and time that he or she chooses. Supporters of this view typically argue that although some others may consider voluntary euthanasia and assisted suicide to be wrong, they do not have a right to impose their ethical views on those who want these. A proponent of this view Sue Rodriguez asked, “Whose body is this anyway?” Some support this argument by saying that in a pluralistic society individual freedom should not be limited except to prevent harm to others. According to them voluntary euthanasia and assisted suicide do not directly harm anyone else. The website of the pro-euthanasia organization Compassion and Choices states that the majority of people and the majority of terminal patients in many countries want choice. In a video featured on the website Vietnamese war vet Steve Mason, who has terminal lung cancer, says he advocates democracy rather than theocracy. Jocelyn Downie, a health lawyer, says that a competent person already has the right to cause his or her death intentionally by refusing medical treatments that would prolong his or her life. She argues that one should also have the right to have one’s life ended by intentional killing. In support of this view some argue that active euthanasia can be quick and involve less suffering than passive euthanasia which may take some time.

Since most people would not support the killing or assisted suicide of a healthy person who asked for this, many in favour of the autonomy argument qualify it. That is, the person needs to be dying and/or experiencing unbearable suffering. In such circumstances many argue that it would be inhumane to keep a suffering person alive who wants to “die with dignity” and ending his or her life would end his or her misery. For example, the pro-euthanasia website, Compassion and Choices, says that too many suffer needlessly, too many endure unrelenting pain and too many turn to violent means at the end of life. Compassion and Choices describes itself as a non-profit organization which improves care, educates, and expands choice at the end of life. It supports the power of choice according to one’s values, self-determined death, comfort, and a comprehensive approach to dying including professional consultation and training, help in filling out an advanced directive, palliative training and care, as well as assistance in dying. The website of another pro-euthanasia organization Exit International says everyone has a right to a peaceful death. Thus many in support of voluntary euthanasia and assisted suicide see these as compassionate responses to the requests for these of competent suffering people.
Some other arguments in favour of legalizing voluntary euthanasia and assisted suicide are that where it is illegal there are cases of this occurring anyway, the “botched” attempt argument, and the “equality” argument. Those, who argue that these practices are already happening underground, say that it would be better for them to be done openly so that they can be carefully regulated and monitored. Also some of these underground practices involve botched attempts at euthanasia or assisted suicide by those lacking proper training, information and/or means, either unsuccessfully attempted or successful but crudely done and accompanied by a lot of suffering. With regard to this some argue that the involvement of an expert or physician would help prevent unnecessary suffering in such cases. Such professional help, they say, would be more available if these practices were legalized so that trained professionals would not have to fear legal penalties. With regard to the “equality” argument some point out that a number of people who are dying and/or facing severe suffering already commit suicide. They argue that keeping voluntary euthanasia and assisted suicide illegal is not fair to those people such as severely disabled people who want to but are incapable of or do not have the means to commit suicide.13

2) Ethical Arguments

Besides arguments in favour of legalizing voluntary euthanasia and assisted suicide, some ethical methods or approaches could be used, and have been used by some, explicitly or implicitly, to argue that these can be the moral or right thing to do at least in certain circumstances. For example, a hedonist approach holds that one should act in ways that maximize pleasure and minimize pain. Therefore, if one can only expect more pain than pleasure for the rest of one’s life it would be moral to be killed or to kill oneself. A utilitarian approach holds that actions are moral that promote the greatest good for the greatest number.14 Therefore, if one’s life is judged useless or more of a burden than a benefit to society, it would be ethical to end it according to this approach. In such a situation some would even see it as unselfish or an act of kindness for one who is a burden to others and can no longer be productive for society to ask to be killed or to commit suicide. A proportionalist approach holds that an action is moral if the values involved outweigh the disvalues and immoral if the disvalues outweigh the values. Some proportionalists such as Daniel Maguire argue that in some cases of severe suffering causing death can be seen as a “lesser evil” to preserve human dignity.15

A situation ethics approach holds that one should always do the most loving action in the situation. This popular approach is often implicitly used by those who argue that euthanasia and assisted suicide can be compassionate responses to those who are suffering and ask for these (see B.1 above). Joseph Fletcher, an advocate of situation ethics, even invokes one of the beatitudes of Jesus, “Blessed are the merciful,” in support of such a response.16 While many religious people oppose euthanasia and suicide, as we will see in the next section below, some present religious arguments in favour of these in some situations. For example, in his Essay on Suicide, philosopher David Hume argues that since God does not want us to suffer unnecessarily, at times killing can be a proper exercise of our God-given stewardship. In an interview a United Church of Canada university chaplain, Shelagh Parsons, said that she thinks that it can be moral not only to allow someone to die but also that we can be called at times to act in death.17

In this section we have so far focused on some of the main arguments in support of voluntary euthanasia and assisted suicide. But if we reflect on these we can see that all of these arguments
can easily be adapted to support nonvoluntary euthanasia as well, that is, the mercy killing of those such as Tracy Latimer who are not able to ask to be killed, or those who are legal minors or adults who are not judged to be legally competent. People who commit nonvoluntary euthanasia typically say that they did this out of compassion to end the other person’s misery or that the other person’s life in his or her condition was not worth living. It is not too difficult to see how hedonist, utilitarian, proportionalist and situation ethics approaches can be used to argue that nonvoluntary euthanasia can be the right thing to do in certain circumstances. Some incompetent people also attempt “botched” suicides. It seems that more people are in favour of legalizing voluntary euthanasia and assisted suicide, however, than nonvoluntary euthanasia. Related to this pro-euthanasia and assisted suicide organizations generally focus on promoting the legalization and availability of voluntary euthanasia and assisted suicide. They typically take a pro-choice approach which emphasizes autonomy. They favour a competent person’s right to choose the manner and time of his or her death. Some holding this view oppose other people making such judgments for incompetent persons including some that are severely disabled. They would agree that no one has the right to judge that another person’s life, such as that of Tracy Latimer, is not worth living. In response to such objections to nonvoluntary euthanasia, however, bioethicist Eike-Henner Kluge argues that incompetent people who can not ask to be put out of their misery should not have less rights than the competent who can ask. To avoid cases of nonvoluntary euthanasia being misused to kill unwanted people he argues that decisions concerning nonvoluntary euthanasia should be made only by the courts. According to him a judge, after hearing arguments raised both in favour and against nonvoluntary euthanasia in a particular case and after considering all appropriate evidence, would best be able to judge whether or not it was acceptable.18

In this section we have considered some of the main arguments for euthanasia and assisted suicide. We will now consider some of the main arguments on the other side.

C. Some Arguments against Euthanasia and Assisted Suicide

1) Ethical Arguments

The Catholic Church teaches that the direct killing of innocent human beings is objectively and intrinsically immoral. Such deliberate and directly intended killing of an innocent human being is a kind of act that is always wrong to choose. With regard to this, in his Encyclical Letter on the Gospel of Life Evangelium Vitae, Pope John Paul II says in part that, “the absolute inviolability of innocent human life is a moral truth clearly taught by Sacred Scripture, constantly upheld in the Church’s Tradition and consistently proposed by her Magisterium.” By virtue of his authority as pope he, too, confirms “that the direct and voluntary killing of an innocent human being is always gravely immoral.” He says that this consistent teaching is also “based upon that unwritten law which man, in the light of reason, finds in his own heart (cf. Rom 2:14-15)”. Catholic teaching focuses on the object of the act chosen,19 that is, its objective or moral meaning and nature. Following the conditions of the principle of double effect this teaching does allow one to sometimes choose actions or omissions that indirectly result in the death of one or more human beings for proportionate reasons. Examples include not using disproportionate life-prolonging means and treating a serious pathology of a pregnant woman, such as removing a cancerous uterus to save her life when this cannot be delayed until the fetus
is viable. In such cases one is directly intending to avoid another grave evil rather than directly intending to take human life. Formal cooperation in an immoral action of someone else, as would be the case in assisting someone’s suicide, as well as in promoting direct euthanasia, would also be immoral since one would be directly intending that these immoral actions be done.

Direct euthanasia of human beings and suicide are typically seen as always wrong to choose by many Christians because by choosing them one is rejecting God’s gift of life, sovereignty and wise providence. The Bible teaches that human beings are created in the image and likeness of God. (see Gen 1:26-27) Human life, therefore, is a great good or value. Jesus also taught that we are to love as he and God the Father love. (see Jn 13 and 15) While God tolerates or allows immoral actions, he never directly intends that we sin or commit immoral actions including ones that fail to respect properly his gifts including the great gift of our lives. The ten commandments in Exodus include the commandment, “Thou shalt not kill” (20:13). Some following verses in Exodus (21:12-14 and 23:7) make it clear that one should not willfully kill innocent human beings. There is thus biblical support for Catholic teaching that one should never directly cause the death of an innocent human being.

With regard to God’s sovereignty a number of biblical passages (e.g., Dt 30:19 and 32:39) teach that God is the Lord of life and death, and that we are to choose life. The Apostle Paul teaches that one should regard one’s body as belonging to God rather than to oneself and that one should use one’s body for the glory of God. (see 1 Cor 6:19-20) He also teaches that God will never allow one to be tempted beyond one’s strength and that he will provide the grace one needs in every situation. (see 1 Cor 10:13) With regard to God’s loving providence Jesus teaches (as reported in Mt 6:25-34) that for those who seek first God’s kingdom and righteousness, God will provide everything one needs. Many Christians thus believe that the circumstances of our lives and deaths are in God’s hands and that we should ask for and trust him to provide us all the graces we need. This includes the time when we approach and experience the mystery of death. In response to Joseph Fletcher referring to Jesus’ beatitude, “Blessed are the merciful” (Mt 5:7), to support euthanasia (see section B.2 above), we can note that Jesus also taught that to enter into the life of God one needs to keep God’s commandments including “Thou shall not kill” (see Mt 19:16-19). Clearly Fletcher has taken one of Jesus’ sayings out of the context of all of Jesus’ teaching and applied it in a way that Jesus would disapprove. While Catholic teaching and many other Christians consider direct euthanasia and suicide to be always objectively wrong, this teaching also recognizes that certain factors can mitigate or sometimes even eliminate a person’s subjective culpability who does such actions. With regard to this the Catechism of the Catholic Church says: “The imputability or responsibility for an action can be diminished or nullified by ignorance, duress, fear, and other psychological or social factors.” Therefore, if someone, for example, commits suicide we should not attempt to play God and try to judge how that person stands before God. (cf. Mt 7:1-5)

Here we can note that not only Catholic teaching and many Christians consider direct euthanasia and suicide to be objectively immoral. The great Greek philosopher Aristotle considered suicide to be “against nature and an injustice to the community of which the person is a part.” Another great philosopher Immanuel Kant considered suicide to be “the greatest of crimes because it is a person’s rejection of morality itself… To kill oneself is to treat oneself as a thing (a means)
rather than as a person.” Besides Christianity, the monotheistic religions of Judaism and Islam have also always opposed suicide “because they regard life as God’s gift, which his children are to use as faithful stewards.”

Margaret Somerville, the Founding Director of the McGill Centre for Medicine, Ethics and Law in Montreal, while not writing from a religious perspective, says, “Euthanasia is inherently wrong because it contravenes respect for human life and harms the human spirit.”

Although I am a believing Christian who agrees with the Christian reasons presented in this section, it seems to me that some atheists, although they would not look at human life as a gift of God could look at it as a gift of nature since they did not create it themselves. Would it not be reasonable for someone who does not believe in life after death to cling to life in this world even more than someone such as a believing Christian? For the atheist this is the only life there is, whereas for the Christian this life is understood as a preparation for a fuller life after death. Therefore, if an atheist commits suicide or asks for euthanasia, does this not raise the question of whether or not he or she was or is of sound mind?

Another main argument against euthanasia and assisted suicide is that it is better to alleviate pain than to kill a human being as a means of relieving or ending pain. Pain control experts today say that with modern medical means physical pain can be adequately controlled in almost all cases. In the rare cases when it can not be controlled to the satisfaction of the suffering person palliative sedation is an option, that is, using medications to render the person unconscious so that he or she does not feel anything. Some point out that physical pain is not the only kind of human suffering. One can also suffer psychological and moral pain or what some call existential pain.

These can involve such things as depression, loneliness, a lack of sense of meaning or hope or of one’s worth, guilt, stress, mourning, and so forth. Some of these can be related to family or other relationship problems. Those who oppose euthanasia and suicide as legitimate options generally see asking for euthanasia or committing suicide as destructive attempts to “escape” one’s problems rather than to solve them constructively. They consider killing such people or assisting in their suicide to be forms of false mercy and false compassion. True compassion does not kill or reject or abandon those who are suffering but helps them to deal effectively with their various kinds of pain including existential pain. Among other things, it helps those who lack these to recover a sense of meaning, hope and their own value and worth as persons. For example, someone may be asking for euthanasia or help in committing suicide because they have experienced many rejections in life and are in despair. Complying with the request is adding a final rejection of the person rather than loving him or her properly and responding to his or her real needs. Related to this consider the following statement in the Vatican’s Declaration on Euthanasia: “The pleas of gravely ill people who sometimes ask for death are not to be understood as implying a true desire for euthanasia; in fact it is almost always a case of an anguished plea for help and love. What a sick person needs, besides medical care, is love, the human and supernatural warmth with which the sick person can and ought to be surrounded by all those close to him or her, parents and children, doctors and nurses.”

Sue Rodriguez’s own experience seems to confirm the above even though she took her case to have euthanasia and assisted suicide legalized to the courts in Canada. In her book, Uncommon Will: The Life and Death of Sue Rodriguez, written with the help of Lisa Hobbs Birnie, Sue explains that following her diagnosis of Lou Gehrig’s disease her husband left her and got
involved with another woman. A few days before Sue’s death was assisted by an undisclosed doctor, Lisa asks Sue, “... if you were surrounded by love, by a family that hugged and kissed you and brought you hot soup, and a husband who held you precious, brought you flowers, rubbed your back. Sweet Suzie, would you now be doing this?” Sue responded honestly and emphatically, “I don’t know. I don’t know.”

The outcome of the case of Judge Sam Filer, who was also had Lou Gerhig’s disease, is quite different. Within a few years following his diagnosis in 1986, this disease made him a quadriplegic. He could no longer walk or talk. He needed a respirator to breath. His mind and memory, however, remained good, and he was able to communicate with Morse Code, tapped into a computer with his jaw or his baby finger on his left hand, or by blinking his eyelids which his wife Toni translated. Surprisingly, in this condition he continued to serve as a judge by reviewing and adjudicating certain matters where the parties did not need to be present. When interviewed in 1993 he said in part, “I am proud to be able to serve my community in my present capacity...” With regard to his decision to choose life, he said he initially felt hopeless and helpless, but that his “decision was made somewhat easier when Toni reiterated, time and again, that she would rather have me on a ventilator than not at all.” He said he preferred to think about what he could still do rather than what he could not do. Six years later in 1999 he received an award for his defence of human rights. In 2004 he retired from his service as a judge and on March 28, 2007 he died. By comparing these cases of Sue Rodriguez and Sam Filer, who both suffered from the same debilitating disease, we can see how important loving support is. Sue, who was left by her husband for another woman, chose death. Sam, who was loved and supported by his wife, chose to continue to live and serve others.

What has come to be known as “palliative care” focuses on meeting the physical, emotional and spiritual needs of people at the end of their lives. It either confirms a dying person’s sense of hope, and the meaning and value of their lives, or helps a person to discover or recover these. Palliative care includes the use of modern and effective means of pain management as needed. Palliative sedation may also be used if necessary. Some of those most strongly opposed to euthanasia and assisted suicide work in palliative care. They focus on caring for the whole person and note that caring for a person is not equivalent to trying to cure a person since this is not always possible. Caring for a person does not include killing the person even if he or she asks for this or assisting his or her suicide. While good palliative care is already available to many people around the world, this whole area needs to be developed further so that all who need it can receive it.

With regard to controlling physical pain Pope Pius XII and the University of Toronto Joint Centre for Bioethics’ consensus guidelines both affirm that it can be moral to use all the pain medication necessary to control pain even if this results in the person dying sooner provided that one does not directly intend to hasten death. This is seen as different morally and legally than intending to kill the person to end his or her pain. Pope Pius XII said that it can also be moral to use pain management even if this renders the person unconscious but that a serious reason is needed to justify this and it is important to allow a person to fulfill all of his or her moral, family and religious obligations.
A few other arguments against euthanasia and assisted suicide will only be briefly mentioned here. Since death is irreversible, killing a person eliminates the possibility of finding a cure that could have helped the person. Many of those who have died as a result of euthanasia or suicide could have lived much longer, even years longer. Modern medicine, including cancer therapies, somatic gene therapy and somatic stem cell therapies, is progressing at a remarkable rate. Euthanasia and suicide also are final and do not allow a person to change his or her mind. A number of people who were given a diagnosis of a terminal illness or have become disabled due to an accident or illness, initially wanted to and asked to be killed. Many of these people who were not killed, however, later came to accept their disability and realize that there lives still have value, often to serve others in new ways. Consider, for example, the real case of Joni Eareckson Tada. As a result of a diving accident in 1967 that broke her neck, she became a quadriplegic at the age of seventeen. She initially wanted to die but later came to accept her disability. She learned to paint with her mouth and has led a very fruitful life which includes helping other disabled people to live better and more fruitful lives. She got married in 1982. Among other things, she became a strong Christian and has shared her experience with thousands of people in many countries with her biography, the movie Joni and by other means.31

Euthanasia and suicide eliminate the possibility of one continuing to grow as a person and doing good. This is especially the case with regard to voluntary euthanasia of a competent person who by definition is conscious, has at least an adequate level of understanding, and is able to communicate this. Even if such a person is not able to physically do many things, they can still love others by listening to them, sharing their experiences, praying for them, and so forth. While studying in Rome in the late 1970’s I got to know a wonderful woman, Grazia, a quadriplegic who blessed many people including me by doing just that. The time of approaching death has been a special time of growth for countless people, often in remarkable ways. Many others have witnessed this as the completion of their lives rather than what would have been a premature ending if they had had their lives ended with euthanasia or suicide. With regard to continuing to do good for as long as one is able, from a Christian perspective we can consider, for example, Jesus’ Parable of the Talents which calls us to make fruitful use of what we have been given (see Mt 25:14-30 and Lk 19:11-27). The Apostle Paul also says that we will be rewarded or punished in the next life according to the good or bad that we have done in the body in this life (see Rom 2:6-11).

Catholic teaching on merit relates to this.32 Everyone who gets to heaven will be completely happy and enjoy God and others to the fullness of their capacity. But those who have cooperated to a greater degree with God’s grace and loved more in this life will have a greater capacity to enjoy God and others in the next life. The person who has a death bed conversion and a great saint can both get to heaven and be completely happy, but the great saint will enjoy a deeper happiness. We are all called to become perfect in love, to become holy and saints, to become like God (cf., e.g., Mt 5:48; 1 Th 4:1-8; and 1 Jn 3). Cooperating with God’s grace well, in particular when one approaches death, can very much contribute to our personal growth, sanctification and eternal happiness.

It should be noted that not all suffering can or should be eliminated with good pain control, such as that connected to relationships and loving. The Christian perspective has much to offer with regard to better appreciating the mysteries of suffering and death which are illuminated by Jesus’
own suffering and death. Here we can only briefly touch on this which some Christian writings including Pope John Paul II’s Apostolic Letter on the Christian Meaning of Human Suffering *Salvifici Doloris* and some of the writings of Chiara Lubich have treated more fully. As human parents collaborate with God the Creator as co-creators of new life, so we can also collaborate with Jesus Christ, the Redeemer, as co-redeemers. The Apostle Paul shows an appreciation of this by saying in Col 1:24 that he rejoices in his suffering since it contributes to the good of the Church, the body of Christ. The Christian perspective on pain and suffering is neither masochistic nor sadistic. Jesus calls us to love God, oneself and others properly. This can at times mean taking advantage of modern means of pain control, and at other times it can mean uniting in love our own suffering with that of Jesus, but never rejecting God’s gift of life by asking to be killed or killing oneself. 33

2) Legal Arguments

In this section (C) so far we have not focused on legal arguments against euthanasia and assisted suicide, but mainly on some relevant ethical considerations and Christian insights. These are relevant to arguments against legalizing euthanasia and assisted suicide since they clearly show that there are always better alternatives to killing suffering and dying human beings. This includes good palliative care, a truly compassionate and humane response, which attends to all the needs of suffering and dying people, and accompanies them to the end with love, rather than getting rid of them.

With regard to specifically legal arguments, it is true that the law need not legislate on or make a crime everything that every religion or group considers unethical. Nevertheless, the law in a pluralistic society has an important role to protect the innocent and vulnerable from being harmed by others and to promote the common good. 34 For example, Jehovah Witnesses believe that blood transfusions are immoral, whereas most people including most Christians consider them generally to be life-saving and good. While the right of adult Jehovah Witnesses to follow their consciences in this area should be respected, such a view should not be imposed on everyone else in society. On the other hand, a number of behaviours which many people consider to be unethical, such as murder and sexual assault, are also against the law in pluralistic societies because they are widely seen to harm innocent people and the common good of society. We will now briefly consider some reasons why keeping euthanasia and assisted suicide illegal contributes to protecting many innocent and vulnerable people and to promoting the common good of society.

One of the main line of arguments against legalizing even voluntary euthanasia and assisted suicide is commonly referred to as the “slippery slope” argument. That is, as history has shown us, legalizing these will most likely not stop there but will lead us down a slippery slope towards legalizing even more objectionable practices such as nonvoluntary and involuntary euthanasia. David Roy, John Williams and Bernard Dickens present an historical overview of euthanasia noting how things developed both in Nazi Germany and in Holland. For example, Holland gradually moved to legalizing voluntary euthanasia with certain conditions but a number of reports have revealed that there are many cases where these conditions have not been met. There are also many reported cases of nonvoluntary euthanasia in Holland. Since 2005 the medical institution in Holland even has guidelines called the Groningen Protocol with regard to
euthanizing infants. What is the reason for this slide? People can become desensitized to many things including the killing of human beings. For example, in many countries legislation allowing abortion was initially introduced for cases related to the health or life of the woman, or pregnancy as a result of rape or incest, cases which arouse much sympathy. Soon, however, “health” was interpreted very broadly so that any woman who would be upset by not having an abortion could have one without anyone suffering any legal repercussions. And now in many countries we have virtually abortion on demand and many people seems quite apathetic to this tragic senseless destruction of millions of innocent human lives. So, it is not surprising that people can also become desensitized to killing disabled children, teenagers and adults including those who are not close to dying.

The growing acceptance of nonvoluntary euthanasia in Holland has eroded the trust of many in doctors. For example, many elderly people there refuse to go to hospitals or nursing homes fearing they may be killed without their consent. In an article, “Legalizing Physician-Assisted Suicide Would Harm Society,” Margaret Somerville points out how legalizing euthanasia would not only harm society generally, but also medicine and the law in particular which “are the principle institutions that maintain respect for human life in a secular, pluralistic society.” She says in part that “changing the norm that we must not kill each other would seriously damage both institutions’ capacity to carry the value of respect for human life.”

The legal sanctioning of voluntary euthanasia and assisted suicide also harms society and people other than the ones asking for this by publicly approving behaviours that involve trying to escape one’s problems with a “quick fix” that is destructive rather than a responsible constructive approach. This sets a bad example. For example, a number of people already commit suicide and many more have thoughts of doing this when depressed or facing a crisis in their lives. When voluntary euthanasia and assisted suicide are against the law and generally seen as wrong in society this has an educational value with the message that killing human beings or taking one’s own life is not a good way to solve problems and that there are other healthier ways.

Legalizing euthanasia and assisted suicide would send a wrong message that certain lives, in particular those involving serious disability, are not worth living. It is no wonder that some of the strongest advocates against legalizing euthanasia and assisted suicide are disabled people. They typically point out that people are not pushing for euthanizing and the assisted suicide of healthy able-bodied people. This shows that many people unfortunately value the lives of the disabled as less worthwhile than that of so-called “normal” people. Research has found, however, that in general those who do not know a disabled person well tend to value their lives far less than the disabled themselves. The disabled also generally value their own lives more than even their caregivers.

Euthanasia and assisted suicide also deprive others of a unique member of the community. Each of us is a unique unrepeatable person. Although others can step in to do tasks we have done such as when we retire, they cannot replace us on the personal level for those who know us. Consider the case of Sue Rodriguez who had her life prematurely ended by euthanasia or assisted suicide. This deprived others of her friendship. She also left behind a nine year old son thus depriving him of his mother at an age when having a mother is very important. It is true that many other
children tragically lose parents by accidents, disease and so forth but we should not be creating such tragedies by causing and hastening death before its time.38

It is also important to consider why people who request voluntary euthanasia or assisted suicide do so. With regard to actual cases research has found that people who ask for these are generally depressed, feeling hopeless and/or feeling a burden to others. Many frail elderly people feel they are a burden to others and would like to spare others the trouble of caring for them. When euthanasia and assisted suicide are against the law they do not feel pressure to ask for these. However, making these legal options can put a lot of pressure on such people to ask for these. There may also be pressures put on them, subtle or less so, by others to ask for this to save health care costs and/or the time and expense of others such as relatives. The latter may even have worse motives such as wanting the person dead so that they can get their share of the inheritance sooner. In cases where someone including an apparently lucid adult asks for euthanasia or assisted suicide, the person may not be fully competent and free. Thus euthanasia and assisted suicide can really involve murdering an incompetent person unable to protect him or her self.39 As we considered above, there are always other options to respond effectively to physical pain and other types of human suffering. These include good palliative care which uses modern effective pain management as needed. True compassion and mercy responds to people’s needs, helps them to overcome depression and/or to recover hope, etc. It does not kill human beings or cooperate in their suicides. Euthanasia and assisted suicide should, therefore, be kept illegal.

3) A Response to Arguments for Euthanasia and Assisted Suicide

I agree with the arguments against euthanasia and assisted suicide as they have been presented above. They already provide a response at least implicitly to the arguments for these. With regard to the subtitle of this paper, “A Christian Response,” I would like to explicitly respond further to a few of these “for” arguments.

A few of these arguments are related to ethical approaches such as hedonism, utilitarianism, situation ethics and proportionalism. These methods can not be reconciled with an authentic Christian approach to morality. With regard to hedonism Christianity is not against pleasure. Indeed, a Christian view understands that God created us so that we can enjoy God, each other and the rest of God’s good creation. But the norm for Christian morality is not to seek to minimize pain and maximize pleasure. Rather, as Jesus taught the norm for us is to love properly—God, oneself and others.(cf., e.g., Mt 22:37-40) Such love can lead us to sometimes forgo certain pleasures and to accept certain sufferings that are part of the human condition. Also, with hedonism the person becomes a means to be used rather than respected and loved properly as a person. This is also the case with utilitarianism whereby individual persons can be treated as mere means, as things or objects, or even sacrificed, in an attempt to achieve the greatest good for the greatest number.40 Such would involve doing evil to try to achieve good, a view that was strongly rejected by the Apostle Paul (see Rom 3:8).

Killing someone or assisting him or her to kill him or herself can never really be the most loving action or the lesser evil in some situations as some supporters of situation ethics and proportionalism argue. As we considered above good palliative care is really a more loving response which results in the greater good for those suffering and/or approaching death. Also, as
we considered in section B.1 above, direct euthanasia and suicide are kinds of acts that are always wrong to choose. They fail to respect properly personal goods or values such as the dignity of the person and the sacredness of human life. The great Christian philosopher and ethicist Dietrich von Hildebrand correctly points out that values such as the dignity of the human person and the sanctity of human life are rooted in who God and we are. Failing to respect such values, as would be the case in euthanasia and assisted suicide, thus presents an objective impediment to true unity and communion with God and human persons.\footnote{Euthanasia and assisted suicide can, therefore, never be a proper exercise of our God-given stewardship as some falsely claim.}

The main arguments for legalizing euthanasia and assisted suicide, compassion and autonomy, are also not valid. As we considered in section B.1 above, euthanasia and assisted suicide are not really expressions of true compassion as is good palliative care which cares for the whole person and responds to all of his or her needs. As we considered in section B.2 above legalizing these would also cause serious harm to society, the legal and medical professions, and to many individuals including those such as the frail elderly and the disabled who may feel pressured to ask for these. It is rightly considered justified in pluralistic societies to limit people’s freedom of action to prevent such harms.\footnote{Jocelyn Downie’s argument that competent people already have a right to cause their own deaths by refusing medical treatments is misleading. No one has a real “right” to cause his or her own death by act or omission. Rather, others do not have a “legal right” to force medical treatments on a competent person. Such would be a form of physical assault or battery.} Jocelyn Downie’s argument that competent people already have a right to cause their own deaths by refusing medical treatments is misleading. No one has a real “right” to cause his or her own death by act or omission. Rather, others do not have a “legal right” to force medical treatments on a competent person. Such would be a form of physical assault or battery.\footnote{A competent person’s right to free and informed consent concerning medical treatments, therefore, does not translate into a right to be killed or a right to have assistance from others to kill oneself. The right to free and informed consent protects one from being harmed by others, whereas euthanasia and assisted suicide cause much harm.}

Other arguments in favour of legalizing euthanasia and assisted suicide such as that they are already happening underground and the botched attempt argument are also not valid. There are many other illegal activities, such as stealing, the underground drug market, speeding while driving and murder, where those who engage in or attempt these may get hurt and suffer. This does not justify legalizing such activities which harm many people. Rather we should try to discourage such activities by good means such as education and responding to the deeper needs of those who are tempted to engage in such. So-called safeguards to regulate and monitor euthanasia and assisted suicide also do not work as we have seen in Holland and elsewhere where these practices have been legalized under certain conditions. First of all, as history has shown, there is the slippery slope of desensitization to killing and the acceptance of more objectionable practices as we considered above. Also, if someone is willing to kill or assist the suicide of someone else when these are crimes, why would we expect them to carefully follow rules or guidelines which allow these? The so-called “equality” argument also fails. Although some able-bodied people may commit suicide they do not have a legitimate right to kill themselves. If we are aware that someone is considering or planning to commit suicide we should attempt to stop them with reasonable means such as by treating their depression and meeting their unmet needs. Likewise, for those who are unable to kill themselves without assistance and who ask for euthanasia and assisted suicide, we should not heed their requests but respond to their real underlying needs.\footnote{Such is true assistance, true love and compassion, as we have considered in more detail above.} Such is true assistance, true love and compassion, as we have considered in more detail above.
Conclusion

Jesus invites us to love God, oneself and others properly (see, e.g., Mt 22:37-40 and Jn 13 and 15). In line with this, it seems to me that, among other things, a genuine Christian response seeks to understand the various views of others including those who present arguments contrary to the Christian traditional position which considers the direct killing of innocent human beings to be a kind of act that is always wrong to choose. This includes direct euthanasia and suicide as well as immorally cooperating in the latter by assisted suicide. With love for people and the truth, a Christian response will also try to present sound reasons and convincing arguments as to why these are indeed objectively immoral, and respond fairly to arguments that erroneously seek to justify these. The traditional Christian position also appreciates that certain subjective factors can diminish or perhaps even eliminate a person's culpability, and so while judging certain actions to be immoral does not condemn persons who do them. In looking at arguments raised both for and against direct euthanasia and assisted suicide today, an authentic Christian view, as well as any other truly humane view, would still hold that these are really acts of false compassion and false mercy. True compassion rather seeks to be with suffering and dying people until the natural end of their lives. It seeks to respond to all of their needs including their need for effective pain management, and their relational, emotional and spiritual needs. A Christian and humane response supports good holistic palliative care. Christians and others in a pluralistic society should promote making such care available to all who need it. We should also oppose the legalization of euthanasia and assisted suicide since this would bring much harm to society and many vulnerable human persons. Instead, as Pope John Paul II has articulated well, we should promote and build a true culture of life.15
Endnotes:


Senate of Canada, Proceedings of the Senate Special Committee on Euthanasia and Assisted Suicide (Ottawa: Senate of Canada, 1995), p. 75.

Ibid., p. 51.


Senate of Canada, Proceedings of the Senate Special Committee on Euthanasia and Assisted Suicide (Ottawa: Senate of Canada, 1995), p. 75.

Ibid., p. 51.

Cf. CDF (see note 5 above), IV.


Jocelyn Downie, Dying Justice: A Case for Decriminalizing Euthanasia and Assisted Suicide in Canada (Toronto: University of Toronto Press, 2004), Ch. 8.

Compassion and Choices (see note 10 above); and Exit International website: www.exitinternational.net Accessed 20 August 2009.


Re: cooperation in evil see CHAC (ibid.), pp. 13-14 and Appendix II. Assisting someone to commit suicide would involve at least immediate material cooperation and implicit formal cooperation.

CCC (see note 19 above), n. 1746.


Cf., e.g., Pope John Paul II, Apostolic Letter Salvifici Doloris [SD] On The Christian) Meaning of Human Suffering (Website: www.vatican.va 1984), n. 5; and Karen MacMillan, “Presentation on Palliative Care,” for my Chrtc 432 Advanced Bioethics course, Edmonton, the University of Alberta, Fall Term 2006.

CDF (see note 5 above), II. Related to this, in his Pastoral Letter on Euthanasia Archbishop Richard Smith says, “True compassion calls us to stand with our suffering brothers and sisters and affirm that they are always a gift and never a burden; that their lives are at every moment worthwhile and never without meaning. As life nears its natural end, the compassionate response to any pain and hardship is good palliative care, not the killing of the patient.”(Archbishop’s Office, Edmonton, Alberta, Canada, July 2009).


Regarding palliative care see, e.g.: Senate of Canada (see note 6 above), Ch. III; Sharon Carstairs, “State of Palliative Care in Canada,” Canadian Catholic Bioethics Institute Bioethics Matters, Vol. 4, N. 2, pp. 1-2; Moira McQueen, “Some Notes on Palliative Care,” Canadian Catholic Bioethics Institute Bioethics Update, June 2006, Vol. 6, N. 1, pp. 1-4; Michelle Davis, “Palliative and Quality End-of-Life Care Education in Canadian Medical Schools,” Canadian Catholic Bioethics Institute Bioethics Matters, June 2008, Vol. 6, N. 4, pp. 1-4; and Deborah Gyapong, “Do not Mix Palliative Care and Euthanasia: It Would Erode Trust, Distress Patients, says Ottawa Physician,” Western Catholic Reporter, 18 May 2009, p. 5. Cf. also William Sullivan, “Ethical and Spiritual Issues at the End of Life: The Relevance of Spiritual Care to Bioethics,” Canadian Catholic Bioethics Institute Bioethics Update, Nov. 2003, Vol. 3, N. 2, pp. 1-3. It should also be noted that we should try to respond better not only to the needs of the sick, disabled and dying, but also to the needs of their families and caregivers.

See Pope Pius XII, Address of 24 February 1957: AAS 49 (1957), pp. 145-7 (I have relied on the presentation of Pius XII’s views by the CDF [see note 5 above], III); and the News Release: “New Guidelines for MDs Draw Line Between Relief of Suffering and Euthanasia,” online at: www.utoronto.ca/jcb/lhrelease.html Retrieved 16 Sept. 2002. Cf. also Michelle Davis, “Understanding Terminal Sedation,” Canadian Catholic Bioethics Institute Bioethics Matters, June 2008, Vol. 6, N. 3, pp. 1-4. This approach to pain management is in line with the Principle of Double Effect, a moral principle originally formulated by Catholics but now used by medical organizations around the world.

For more information on Joni Eareckson Tada and her International Disability Center see the website: www.jonifriends.org Accessed 3 Sept. 2009.

33 See Pope John Paul II, SD (see note 25 above); CDF (see note 5 above), II and III; and Chiara Lubich, *The Cry: Of Jesus Crucified and Forsaken* (Hyde Park, NY: New City Press, 2001).

34 See Pope John Paul II, EV (see note 19 above), n. 71.


36 Margaret Somerville, “Legalizing Physician-Assisted Suicide Would Harm Society,” in *Euthanasia* (Detroit: Thomson Gale, 2006), ed. by Carrie L. Snyder, pp. 78-84 (the quotes are from p. 80). See also Margaret Somerville, *Death Talk: The Case Against Euthanasia and Physician-Assisted Suicide* (Montreal: McGill-Queen’s University Press, 2001). With regard to the common good Archbishop Richard Smith (see note 26 above) says, “The common good of any society depends upon the commitment of all citizens to uphold the dignity of every human life at each moment and circumstance. The legalization of euthanasia and assisted suicide in Canada would be a major social failure.”


38 See Birnie (see note 27 above).

39 Cf., e.g., Benedict Ashley and Kevin O’Rourke, *Ethics of Health Care: An Introductory Textbook* (Washington, D.C.: Georgetown University Press, 2nd ed. 1994), p. 218; Harriet McBryde Johnson, a disability rights attorney who says, “You know how easy it is to internalize other people’s expectations, how exhausting it can be to oppose them, especially when you’re sick.”, as cited by Corbet (see note 37 above), p. 176; and the video *Euthanasia: False Light* (Copyright IAETF, 1995). The case of Sue Rodriguez also supports a number of these points since a few days before she died she explained to Lisa that while her physical pain was being controlled she felt bored and a burden to her family and caregivers—see Birnie (note 27 above).


41 See, e.g., Dietrich von Hildebrand, *Christian Ethics* (New York: D. McKay Co., 1953). Cf., e.g., also Pope John Paul II’s critique of consequentialism and proportionalism in VS (see note 19 above), nn. 71-83.

42 Cf., e.g., Chamberlain (see not 13 above), pp. 1-2; and Nuala Kenny who says, “Autonomy is not an unqualified principle; it does not include the freedom to harm others or to disrupt social stability…” in *What’s Fair: Ethical Decision Making in an Aging Society* (Ottawa: Canadian Policy Research Network, 2004), p. 19.

43 Cf. Gentles (see note 35 above).

44 Cf., e.g., Chamberlain (see note 13 above), pp. 3-4.

45 See Pope John Paul II, EV (see note 19 above), nn. 64-102.