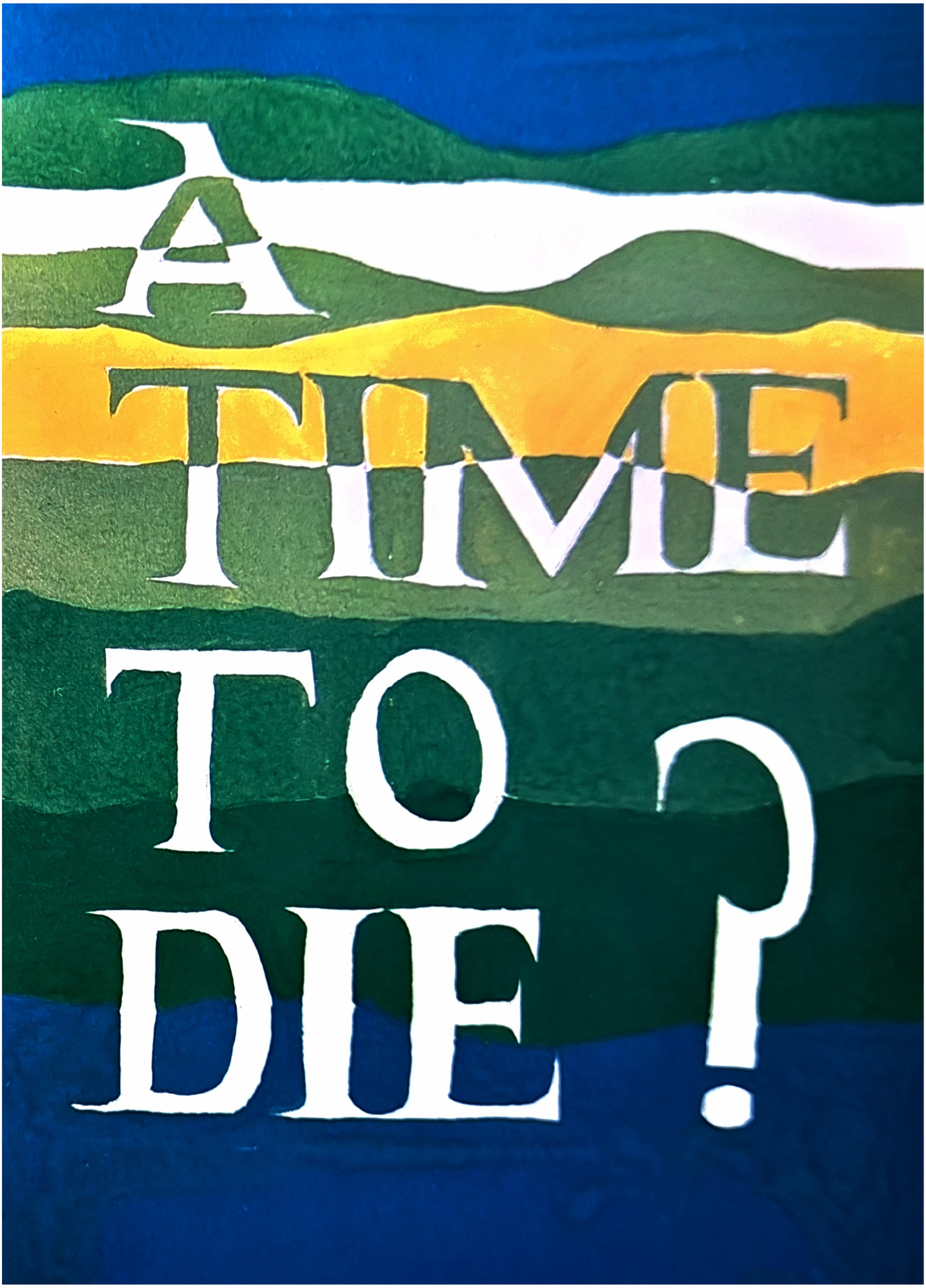
A TIME TO DIE ?

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A Christian View of Euthanasia

by

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Cover designed by Mavis Abernethy.
"Sea of life and sands of time."

Foreword

by Rev. W. D. J. McKay, B.A., B.D., M.Th., Ph.D.

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The past twenty-five years have seen a radical devaluation of human life in Britain, as well as in Western Europe and North America. The 1967 Abortion Act opened the door to virtual abortion-on-demand, and increasingly society has accepted the view that it can decide for others that their lives are "not worth living" and that they would be better off dead.

The first victims of this outlook were unborn babies, particularly those who might be handicapped in some way, but with relentless logic the principle of a "life not worth living" has subsequently been applied to the handicapped new-born and most recently to terminally ill patients and the senile elderly. Demands for euthanasia to be legalised should not come as a surprise : it was only a matter of time until the philosophy which allowed life to be destroyed at its beginning led to pressure to allow it to be destroyed at its end.

Only a few Christian voices were raised in protest at the devaluation of life in the 1960s, and the consequences have been tragic. Millions of lives have been sacrificed and the attitudes of society have been turned further away from biblical standards. By the time many Christians awoke to the danger it was too late. The 1990s present a new challenge to Christians as pressure for the legalisation of euthanasia grows.

We still have an opportunity which may soon pass. It is essential that Christians understand the nature of euthanasia and the arguments – biblical, medical and legal – which can be marshalled against it. This pamphlet by Dr. Wesley McGowan, a Christian and a consultant anaesthetist, provides a clear guide to the issues involved in the euthanasia debate and should serve to stir Christians to be active in every way possible to resist the legalisation of euthanasia and to provide alternatives which honour God's gift of life.

Dedication

This pamphlet on Euthanasia is dedicated to the lady in Belfast who, although concerned about the Youth of the Shankill Road, was still interested enough to come to a talk on the YOUTH IN ASIA.

Introduction

"Never mind the quality, feel the width" is a good Ulster view of how to obtain value for money. Translated into modern medical language it might read "Never mind the caring, look at the technology." Medical technology in its various forms enables doctors to save more lives. At best, it can be said that the technology is often far in advance of ethical insights; at worst, that it has simply replaced caring for patients. For many then, the alternative to a failure in technology, i.e. when a cure cannot be achieved, is not caring, but euthanasia. Simply put, the doctor kills the patient, or allows the patient to die, by intent.

This pamphlet is a 'bite-size' view of euthanasia which will seek to discover the background to the current clamour for euthanasia. It did not just happen overnight. There has been a kind of immunisation programme going on to reduce the shock and horror of the wholesale killing of the more vulnerable members of our society and an introduction by stealth of practices which only a few years ago would not have been countenanced, let along considered acceptable.

We will then look at how caring is becoming a dilemma as more and more people with increasing demands, fuelled by high expectations, find that there are not unlimited resources to cope in the NHS – merely £29 billion for financial year 1993/94, £12 million less than expected, but estimated as a real rise of 1.8%. A predicted 0.5% real growth is required just to keep pace with the requirements of the growing numbers of elderly people.

The necessary definitions of important terms are detailed in Section Three. Facts and figures relating to the USA and the Netherlands are given to highlight what is happening elsewhere – to have included other countries would only serve to create an endurance test rather than to further enlightenment.

In a work of this size it is not possible to examine all the arguments that have been raised by the debate on euthanasia. Instead some views are expressed as a basis for rational arguments against the lobby for making euthanasia legal. Difficulties facing doctors are mentioned but cannot be fully discussed. It is hoped, however, that at the very least the old medical adage "Primum non nocere" – First of all, do no harm – is endorsed.

Above all, this is an attempt to emphasise the Biblical idea of a special Creator, a special place for man in God's eyes and hence the sanctity of human life which should be respected and cared for especially in it weaker moments.

1. From small beginnings

Euthanasia has found acceptance in the minds of many because the concepts of personhood and humanity have been changed in recent years. The first great assault was the introduction of evolutionary thinking. The theory of evolution has been promulgated throughout our educational system and many have become brain-washed into believing that we are the result of chance plus millions of years of development. At one time it was alleged that we developed from our so called "cousins", the monkeys, but more recently the idea is that we developed in parallel with the great apes from a common ancestor.

The important thing to appreciate is that this thinking was the starting point of the decline in the recognition of the value of man. It reduced man to "a MAMMAL". Man is just an animal like all other animals and, therefore, if you can take a dog to the vet and have it put down, or if you can shoot an injured horse, then you can do the same for man, because, after all, he is only an animal. Such is the impression that evolution has given. Man is no longer considered a special creation above and different from the animals because man is merely at the top of the evolutionary scale but is in the end only an animal. That is far from what the Bible teaches. The scientific evidence for creation, rather than evolution, is overwhelming.

Following on from this, another trend developed. Humanistic thinking began to consider man as "a MACHINE". Of course there are certain parallels. Many people think of the

human brain as being like a computer. Eyes and ears can be considered as sensors. Arms and legs are like robotics. Unfortunately this means that through such attitudes personhood is devalued. Just as machines become obsolete or break down and can be scrapped, so machine-like man has no more importance than an old car ready for the breaker's yard.

Here there is an interesting paradox. 20th Century humanism, the product of evolutionary thinking, has reduced the concept of man to a machine, yet though all machines have their makers, humanists do not stop to think that there is a great Creator who made the world and mankind.

In 1967, in a sense, evolutionary and humanistic thinking triumphed in the Abortion Act. Not only had man been reduced to the level of Mammal and Machine but now he was further reduced – to a few cells, a blob of MATTER, something that does not count and can be removed and discarded at will. The tragedy of this is that the latter idea was accepted because the previous one had become acceptable.

The Abortion Act has even greater implications for euthanasia because it can be seen to be a 'trial' run. The Abortion Act has changed the moral values in society. People now think that, since abortion is legally permissible, it is therefore morally right. Many who do not stop to think of the deeper issues know that in England abortion is legal, because of the 1967 Act, and so they conclude that there is no problem as far as doing or having an abortion is concerned. Even in Northern Ireland, where it is not legal, abortions take place. If the rot set in with the legalisation of abortion, how much worse is it going to be if euthanasia is established on a legal basis?

In addition, once the Abortion Act became law there was an opportunity to further the 'cause' and enthusiasts tried to ignore aspects of the Act such as the conscience clauses. The Christian Medical Fellowship, C.A.R.E. and other organisations have had to be vigilant and persistent to ensure that, at the very least, the law was adhered to. These activities of pro-abortionists and, even more recently, other subtle ways of getting around certain aspects of that law do not augur well if euthanasia were to be legalised.

2. We have a problem

Trudeau's statue in New York has the following inscription "To cure sometimes; to relieve often; to comfort always". In recognising changing patterns of illness we see that the first statement of Trudeau's is relevant – many infections are curable by antibiotics; therefore "to cure sometimes". There are some diseases that can be cured, but there are many many more that cannot. There is no cure for many of the DEGENERATIVE diseases – those resulting from increased life expectancy – "old age" coming on. The frame begins to break down and there are problems such as arthritis, heart disease, perhaps even some cancers and in the end simply frailty.

Then there is the group of diseases which I will call DEGENERATE – the result of self-indulgent or over-indulgent habits – disease due to smoking, drinking, drugs, immorality and even over-eating. Some of these can be cured, but mostly they cannot be.

One of the problems with these changing patterns in illness is that we are seeing more and more people with illness that

cannot be cured so we are left with "relieve often; to comfort always". This requires "care" and the fact is that "care" itself is becoming a problem.

Life expectancy in the U.K. is currently 81 years for women and 78 years for men. The problem of increasing life expectancy and caring for people whose illnesses cannot be cured is cost, as shown in the table below.

GROSS N.H.S. EXPENDITURE 1990

AGE	COST PER PERSON PER YEAR
75–	£1,186.00
65–74	£593.00
16–64	£178.00

During the 1980s in the U.K. 96% of the increase in prescribed medicines was for the elderly. Currently prescribing costs for each elderly person per year are £65, compared with only £18 for the 16–64 age group. In addition, there is a tenfold increase in the cost of care if someone has to be hospitalised.

It is these costs, "MONEY", that are now also beginning to have a bearing on the euthanasia debate, as we shall see when we look at some things which have happened in other countries.

A leading British doctor's comment is pertinent in this context, "We should not delude ourselves; our 'compassionate society' could find it equally acceptable (i.e. to abortion) to kill the dying and the deteriorating as a CHEAPER ALTERNATIVE TO PROPER SUPPORT AND CARE. All we may need to do for the same to happen again (i.e. the Abortion Act) is to do what was done last time. Keep quiet." (George Chalmers : emphasis mine).

3. Coming to terms with Euthanasia

WHAT IS EUTHANASIA?

EUTHANASIA is the deliberate bringing about of a gentle and easy death in the context of incurable suffering or disability, by means of an action or an omission, i.e. killing someone deliberately with premeditation.

VOLUNTARY EUTHANASIA is euthanasia requested by the patient.

INVOLUNTARY EUTHANASIA is induced to end the life of a sufferer who cannot at that time request explicitly, or comply willingly with, being killed.

PASSIVE EUTHANASIA is the hastening of death by the deliberate withdrawal of effective therapy.

This last aspect is perhaps a little more difficult to understand. The key issue in passive euthanasia is that there IS effective treatment available, but it is deliberately withdrawn and the person dies as a result. In active euthanasia a doctor would administer a drug which causes the death of the patient.

Where the confusion arises, and where we need to be careful, is in distinguishing passive euthanasia from what happens in many situations where people are very ill, possibly terminally ill, and approaching death. Now the dividing line

between these two things may sometimes be a little blurred, but we must make the distinction between passive euthanasia (i.e. deliberate withdrawal of effective therapy) and the withdrawal of treatment which is quite unhelpful to the patient in circumstances where death is imminent, (i.e. within days, rather than weeks or months) in order to allow that person to die naturally, and recognising that the intention is not to kill.

A LIVING WILL is a document in which the person requests that various kinds of medical care (which may be specified) be provided or withheld in the event that he/she becomes incapable of making a request as a result of being seriously ill or injured.

CRYPTHANASIA is a term which is being used in Holland at the moment. It is actually another name for 'involuntary euthanasia – the active euthanasia of sick people without their knowledge. The use of such a term to conceal the real meaning often happens in such situations to obscure the debate. If you begin to use terms that people don't quite understand, they will find the subject difficult to debate or even argue against.

TAIGETHANASIA is a term of my own invention. The Spartans took sickly and weak babies up into the Taigetos Mountains near Sparta and left them there to die – it was a form of euthanasia, so I have coined this term Taigethanasia. It is the practice of allowing certain groups to die out.

There are many people who would like to see Downs Syndrome children being allowed to die, so that we do not have the problem of looking after them throughout life.

Parents will not have the problem either and, when the parents are too old, Society will not inherit the problem. That is Taigethanasia. At the other end of life it is suggested that we should not put heart pacemakers, into patients over 75 years of age who are otherwise healthy. Because of the cost of pacemakers, however, and because of the cost of the operation and the time in hospital, it is being suggested "let these people die". That is taigethanasia and I am convinced that sooner or later it will be a term used in an attempt to obscure what people are doing.

Another example of an attempt to blur understanding and confuse issues is the introduction by doctors of the term BIOLOGICALLY TENACIOUS to describe patients who simply do not die within an acceptable time frame as determined by their family or by society. Watch out if you hear yourself described so! It means that you are alive but someone would prefer you dead!

EUTHANASIAST : short for euthanasia enthusiast.

4. Across the Atlantic

In 1973 Joseph Fletcher, an Anglican theologian and American euthanasiast, said "The day will come when people will be able to carry a card, notarized and legally executed, which explains that they do not want to be kept alive beyond the humanum point (i.e. the capacity for reason and communication) and authorising the ending of their biological processes by any one of the methods of euthanasia which seems appropriate".

That prediction goes beyond the "living will" but today there are some 40 of the States in the USA that have "living will" legislation. In this context food and water are even defined as medicines. What is being said is that you can starve a person to death or cause a state of dehydration if someone reaches the situation where, in hospital, food and water have to be administered by a medical procedure, (in other words – tube feeding). There are certain circumstances where even food and water can be called medicines and can be withdrawn to effect "living will" passive euthanasia.

Once you get a foot in through the door you can start to wedge it open a bit more and so many of the States are now introducing amendments to the living will legislation by adding these three little words "aid in dying".

They are, in fact, moving from passive "living will" euthanasia to active voluntary, (so called), euthanasia.

On December 1st, 1991 a Federal Statute became law entitled 'The Patient Self-Determination' Act (P.S.D.A.) which applies to all health care institutions receiving Medicare or Medicaid, though it seems likely that its recommendations will be more widely accepted. Basically, all such health care institutes must now provide written information describing the patients' legal rights to make decisions about medical care, and, in turn, must ask patients to say in advance under what circumstances treatment should cease. To many American physicians, however, it seems that the PSDA has been imposed too quickly without adequate consultation; they fear an insensitive and bureaucratic system and there is a strong feeling that patients' best interests should take precedence over even their most thoughtful choices made under difficult

circumstances. The concern is that, because this law was designed so that a patient can write an advance directive without any help from a physician, the law's requirements interfere with the relationship between doctor and patient.

The American Medical Association report that only between 4% and 17% of Americans have completed a living will although 70% of people who die in hospitals do so after the withdrawal of life-sustaining treatment.

Washington State's referendum on physician-assisted suicide was defeated but it is likely that other states will be balloted on the euthanasia issue. Perhaps it is only a matter of time until one of the States finally crosses the line and introduces legal euthanasia.

5. Nearer home

Perhaps in the news media the country best known for euthanasia is the Netherlands. It is there that we look to see what it would be like should euthanasia be legalised in this country.

In 1981 in the Netherlands 30,000 people carried "credit" cards for an easy death, a piece of paper sandwiched in plastic which actually acts as a "living will" document. How this came about and the extent to which euthanasia is accepted in the Netherlands make an interesting study.

It all began in Germany with "lives unworthy of being lived". In 1948 Dr. Leo Alexander, one of the investigators of the Holocaust, wrote an article in The New England Journal of Medicine outlining the small beginning in Germany and showed how intelligent people, in the name of science, actually

allowed themselves to accept that there was such a thing as a life not worthy of being lived. First philosophers, then psychiatrists, took up the idea, and gradually the sphere of those to be included in this category enlarged, until Hitler started talking about eugenics and the master-race and it ended up with the Holocaust. It is hard to believe that it could have happened but it did. The influence of "the life unworthy of being lived" has lingered on in the Netherlands.

A whole generation of Dutch people has been raised without ever hearing any serious opposition to euthanasia because the media have been virtually monopolised by euthanasiasts. The idea of a "life unworthy of being lived" lives on and the result is that elderly people have come to consider themselves a burden to society and feel under obligation to start conversations on euthanasia or even request it.

Despite all this, euthanasia is carried on illegally in the Netherlands and when some of the doctors are brought before the courts it is very interesting to see what happens. They are convicted of a crime. Guilty! But no sentence is passed. They are let off without punishment. The extent to which this is happening can be deduced from the table below, based on information in the Remmelink Report in 1991 and reported in the British Medical Journal.

TYPE OF EUTHANASIA	NUMBER OF DEATHS
Active Voluntary	2,300
Assisted Suicide	400
Passive Involuntary	1,030
Passive Voluntary	21,470

The issue of passive voluntary euthanasia, in this context, is cleverly clouded by classifying these cases as "medical decisions at the end of life". On the basis that the intention (explicit or implicit) of the doctor was to shorten life, I believe that it is justifiable to include these cases as euthanasia.

The total of deaths ascribable to some form of euthanasia is 25,200, of which 1,030 are known to have been involuntary : i.e. the patients had not said that they wanted to die. The total population of the Netherlands is 15 million persons and the most recent annual death rate is given as 8.6 per 1,000. This gives the total number of deaths per year as 129,000. If 25,200 are due to euthanasia then 19.5% of all deaths, or one-fifth, are by this method. One difficulty found by researchers in Holland is that some two-thirds of Dutch GP's admit to certifying the cause of death as "natural" when in fact euthanasia has been practised. The Remmelink report is a major piece of work and can be considered accurate and up to date.

Recently 90% of Dutch economics students indicated support for active euthanasia of sick people without their knowledge in order to streamline the economy. This, with the costs outlined in section 2, shows that the euthanasia lobby will have a powerful ally in politicians interested in cost-containment. The cost of caring, when counted, may just be too high even in the "wealthy" west and the economics of euthanasia will be very tempting for governments trapped in economic recession.

One additional aspect of the Netherlands connection requires comment, but first to Dublin. A High Court injunction in Dublin failed to prevent a young girl from going to England

for an abortion. A European law dealing with "the right to travel" was enacted and over-ruled the Irish Law and Constitution relating to abortion. Could the "right to travel" legislation in Europe turn Holland into a euthanasia haven? Perhaps while euthanasia remains illegal in Holland it will be difficult, or even impossible, to use European law to obtain euthanasia in this way from another EEC country.

6. Medicine advancing back

There are broadly three major effects on medical practice that result from the practice of euthanasia.

First, the doctor is no longer a trusted confident but a feared executioner. You are an elderly person, you are not feeling too well and you tell your son to send for the doctor. You see the doctor coming and you are wondering "Is he going to give me something to cure me or is he going to give me something to kill me?"

Richard Fenigsen, a Dutch cardiologist, has said that "Voluntary euthanasia should be rejected, because its voluntariness is often counterfeit and always questionable". Why is it always questionable? Some of the stories of personal tragedy coming out of Holland would make one weep. Doctors coerce patients, wives coerce husbands and vice versa and there is fear : fear within families, because old people wonder what their children have in store for them; fear of hospitalisation, because so many who go into hospital are just killed, in euthanasia fashion.

No longer can your wife/husband or your son/daughter be trusted. The doctor is not necessarily going to treat you as

heretofore. You are old, you are frail and your memory is maybe not so good and you feel very, very vulnerable. This has led Dr. H. Jockemsen to comment "A principal goal of medicine, namely to prevent or alleviate the suffering of people, is distorted into terminating the lives of people who suffer or cause suffering. This, in fact, is a perversion of medicine". To me, it is also very sad.

Second, medical research will cease, because it becomes pointless. There's no cure. There's no need to look for a cure. All you have to do is practise euthanasia.

All the tremendous advances that there have been have involved compassionate doctors endeavouring to relieve the suffering of fellow men. The Christian Medical Fellowship has published an interesting book about the many Christian doctors' contributions to the advancement of medicine. But all that will go if euthanasiasts are allowed their way.

Third, euthanasia will replace medicine because there will be no incentive to cure or to care. There is obviously then no necessity for medicine because all you need to do if somebody gets an illness is to kill them.

To some extent this is illustrated by the difference in Nursing Home development between the U.K. and the Netherlands. In the U.K. there is a very highly developed system of Nursing Homes and Hospices to look after the elderly, the infirm and those who are terminally ill and perhaps suffering pain. This development has not taken place in Holland because of the more ready resort to euthanasia. Doctors were implicated in what ended up as the "final" solution in Hitler's Germany and we could be in danger of going down that same road.

7. The heart of the matter

The promise of euthanasia is that it is an act of charity governed by truth and wisdom – just like a glossy magazine advert. There is a flaw, however. Very few deaths are prolonged, agonising and undignified. Often those that are, are the result of the doctor's inability to cope with the fact of death, to provide adequate pain relief and to allow the natural process to happen. To take an example : occasionally after someone has had a severe coronary, it is obvious that there is very poor "cardiac output". It appears obvious that the person is not going to survive but the patient is pumped full of drugs. Life in a sense is forced on this person. The euthanasiasts then come along and say "This should not happen; these people should be allowed to die". That is fodder for the argument to have legalised euthanasia, but the reasoning is flawed, because, not only are these isolated incidents, but they are not even strictly euthanasia. The vast majority of people are not made to suffer prolonged and agonising deaths.

There is also a lie involved. There is talk of euthanasia being an act of charity, but really the only charity is to those who benefit – both directly and indirectly. If you are "well heeled" and you see that your sons and daughters are trying to get the doctors to come to see you, what immediately do you think of? "They want my money! They want rid of me". You become fearful and the act of charity, far from being for your benefit, is to add to the coffers of others.

There is, of course, the indirect aspect. The Nation will save a fortune. You know that if you are over 75 years you are

costing the Nation nearly £2,000 a year. Choose euthanasia and the Nation will be able to cut taxes.

What is the reality? The reality of euthanasia is that far from a peaceful and tranquil death, there is fear and suspicion. Mostly the dying are not afraid to die but they are afraid of being lonely and uncared for. The need is to feel loved and wanted. Recently I read the views of a man who nursed his wife while she was dying from cancer. He called himself an atheist and didn't believe that euthanasia must always be wrong until this experience. Here are some things which he said, "Probably the last thing she enjoyed was my brushing her teeth for her a few hours before she died, unable to speak but demanding that I continue for several minutes the short vigorous strokes she had always practised, to sweeten her mouth ..... Maybe I am selfish but I cannot accept as glibly as before the prescription that abysmal quality of life equals euthanasia. Or maybe a hug is an irrational number on the quality of life scale?"

The alternative to euthanasia that the dying need is the comfort of knowing that, with medical, nursing and family support, the level of care expected will be achieved and in an atmosphere of being wanted and being free from suspicions about motives.

8. Who cares?

Christians believe that man is a special creation. That gives man a dignity above that of the animals. We read in the Genesis record that "God breathed into the nostrils of man and man became a living soul". Man, therefore, is a spiritual being in fellowship with others and capable of fellowship with God.

Man is not a machine. There are certain things that machines can imitate in relation to man, but man is by no means a machine. We are capable of relationships, capable of friendships, in possession of personality and capable of love. More than all of that, we are capable of a relationship with and a love for God. Life itself is our opportunity to find that relationship, which will survive beyond the grave, and sometimes illness leads people to seek God after years of neglecting Him.

We are not just a blob of cells that can be grown in a little glass dish to be discarded if not needed. Man forms a special part of God's Creation, he is a human being and special in that respect. There should be a high regard given to life at either end of its span.

Evolutionary, humanistic thinking leading to the 1967 Abortion Act has contributed in a major way to the development of the treatment of the person as a thing, or an abstraction, with a consequent decline in essential caring. For example, hospital patients become reduced to being called by their diseases – the bowel cancer in bed 4, the broken leg in bed 9. The person in a sense no longer exists, only the condition, so it becomes easier for patients with incurable diseases to be convinced that death is the easier option.

Where is the caring? Doctors and nurses especially are generally very caring people, but caring requires effort and is costly in the personal resources of stamina and virtue. Yet there is nothing more rewarding in human terms than to have cared for someone, knowing that that person's closing hours were enhanced with dignity and made bearable because of

meaningful support. Someone has rightly pointed out that "the evidence indicates that the desire to destroy human life is not because its quality is miserable but because human personal relationships have broken down". Every effort must be made to rebuild and strengthen those "human personal relationships". Otherwise our society will become insensitive and barbaric towards those who are the most vulnerable and in the most need of care.

Indeed, the most important relationship needing to be restored for man, is that with God, who in fact has already made a provision for this very purpose. In the Bible we read, "All this is from God, who reconciled us to himself through Christ . . . . . God was reconciling the world to himself in Christ, not counting men's sins against them . . . . . we implore you on Christ's behalf – Be reconciled to God". (2 Cor. 5 : 18–20, N.I.V.). Someone has said, "The heart of the problem is the problem of the heart", and in this context, men's hearts not being right towards God is at the centre of the clamour for euthanasia. Turning to God and believing that the Lord Jesus Christ is "the Way, the Truth and the Life" (Jn. 14 : 6) will avoid the emptiness that left Voltaire "nothing to hold onto" on his deathbed, and will give hope and comfort, not just to the dying, but also to the carers. This, however, should not be considered as a form of escapism. It is the real need of man to know the forgiveness of God and to have a real purpose in life – to love and serve God.

Wherein lies worth? It is not right that the worth of a person should be quantified and be demeaned in the process, merely by a cash value. God has put an infinite value on the life of a soul, which should suggest something to us of His care and His

attitude to the preciousness of life. It is valued not by silver nor gold, but by the "precious blood" of the Lord Jesus.

If God should place such value on the life of man, Christians should support the fight against anything that takes away from the sanctity of life. In fact, there is a long tradition of such concern. It was not merely philanthropy that brought into existence many of the hospitals and orphanages in the U.K. or even overseas medical missions. Christian men like Barnardo and Mueller showed the love of God by caring for children. C. T. Studd gave up riches and sporting fame to go to China. On the other hand, Wilberforce used his position of influence as an M.P. to have slavery abolished. Example upon example could be given of how caring Christians have been to the fore in support of the special place that man holds in God's Creation.

We must not be caught on the hop again by keeping quiet on this issue but we should not underestimate the subtlety of the forces that are rallying in favour of legalised euthanasia. Ultimately, the only way to fight euthanasia is to change people's world view, and the only way to do that is by evangelism.