

THE RIGHT TO DIE?

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“When asked about what kind of death they would prefer, most people say that they want to die without prior warning, as in an accident; what they fear most is dying alone in a strange hospital, hooked up by tubes to machines and other devices.”¹

It is precisely this fear that has led to the increasing acceptance in society of a person's right to choose the time and manner of his own death – the so-called right to “die with dignity”. This desire is not new; suicide was an acceptable practice in the ancient world and the concept of a “good death” was advocated as long ago as 1624 by the Dean of St. Paul's when he asked “Whether it is logical to conscript a young man and subject him to risk of torture, mutilation and probable death, and refuse an old man escape from an agonising end?”² The campaign for euthanasia has, however, gained considerable momentum in the twentieth century. From 1935, when the Voluntary Euthanasia Society was formed in Britain, until 1978, when Baroness Wooton proposed that euthanasia and certain cases of assisted suicide be no longer regarded as criminal offences, there has been a rising tide of support for the principle of “mercy-killing”. Three separate bills have been presented in the House of Lords at Westminster to legalize, or allow for, voluntary euthanasia, and, though these were defeated, the fact that they reflect a changing social attitude is quite clearly demonstrated by several concrete examples. In 1967 there appeared on a notice board in Neasden Hospital a memorandum under the heading NTBR, which read :

The following patients are not to be resuscitated : very elderly, over sixty-five, malignant diseases, chronic chest disease, chronic renal disease.

There were, of course, protests and the people responsible were reprimanded, but, as Francis Schaeffer comments, “it remains a chilling example.”³

Sadly, the attitude manifested in that memorandum has also been displayed in other areas of the National Health Service, for in 1976 a paper entitled “Prevention and Health” was issued by

1 John Ladd; *Ethical Issues relating to Life and Death*; (Ed. John Ladd) p. 4 (Oxford University Press)

2 *Biathanatos*. An essay published in ‘Prose and Selected Poetry’

3 *Whatever Happened to the Human Race?* Francis Schaeffer & Everett Koop p.77 (Marshall Morgan & Scott)

the Department of Health and Social Services in Great Britain. It contained the following statement :

An increasing number of old people inevitably means more cases of disability and more chronic degenerative disease . . . Some have questioned the morality of devoting large resources to seeking to extend their lives for what must be relatively short periods of time, especially when the quality of such extended life must be open to question.

Euthanasia, then, is not a subject that is of interest only to the moral philosopher or student of medical ethics. It is a pressing, practical issue which will impinge, in some way or other, upon the life of every one of us.

ARGUMENTS USED IN FAVOUR OF EUTHANASIA

The supporters of voluntary euthanasia base their case upon three principles : the right to decide, the right to end pain and the right to die with dignity. These arguments are sometimes supported by a fourth, the folly of spending vast sums of money to keep people in a state of “living death.”

1. The right to decide

Shortly before her death in 1939 Dr. Charlotte Gilman wrote :

When all usefulness is over, when one is assured of an imminent and unavoidable death, it is the simplest of human rights to choose a quick and easy death in place of a slow and horrible one . . . Believing the choice to be of social service in promoting wider views on the subject, I have preferred chloroform to cancer.⁴

The underlying philosophy is that personhood brings with it the inalienable right of total control over all issues of life (including death).

The right to die, if it is construed as the right to determine the manner and timing of one's own death, would seem to follow as a necessary part of a good life, for dying should be something that relates a person intimately to others as a moral agent and that is closely bound up with his personal moral values and ideals. In taking away this control from a

4 Euthanasia and the right to death; A. B. Downing (Ed.) p.185 (Peter Owen)

person one has deprived him of an essential element of moral responsibility and moral personality.⁵

2. The right to end pain

It is often stated that severe pain, especially linked to terminal illness, is degrading and dehumanising : “In such cases the sufferer may be reduced to an obscene parody of a human being, a lump of suffering flesh, eased only by intervals of drugged stupor.”⁶ To refuse to allow people in this kind of condition to be released from their suffering by a painless and peaceful death is seen to be cruel in the extreme. When suffering has deprived the individual of all that makes life bearable, then, it is argued, it is kind and compassionate to allow and even to help that person to die. In an essay on euthanasia Philippa Foot separates the idea of life from that of good and contends that when life ceases to have in it any elements of good, it is a positive good to terminate such existence : “Ordinary human lives, even very hard lives, contain a minimum of basic goods, but when these are absent the idea of life is no longer linked to that of good.”⁷

3. The right to die with dignity

Even in cases where there is no great suffering involved, but merely the degeneration of physical and mental processes, so that a person has lost all ability to communicate or reason and life is passed in an unknowing “haze”, there is, it is argued, a case for euthanasia. Surely it would be better for someone to be allowed to spend the final years of life as a dignified person and to end life before reaching the “degrading” situation so feelingly described by David Potter :

The old lady in the second bed is well into her eighties. Her frail body, her translucent skin, her wispy white hair, all belie the active person she used to be. Seeing her propped against the pillow, with cotsides raised to prevent her falling out, it is hard to imagine her as a healthy and attractive young woman. She has loved and been loved, raised a family, shared a home, helped others in need and enjoyed the fresh air on her face. Now she “sits” in bed unthinking and unfeeling as life drifts past her day after day. Her family comes and goes from her bedside unrecognized and

5 John Ladd; Ethical Issues p.139

6 Euthanasia and the right to death p.33

7 Philippa Foot; Ethical Issues p.23

unremembered by her. She sometimes speaks in rambling sentences of the disjointed memories of yesteryear. Her former pride in her appearance has long since gone; now she dribbles slightly all the time and the odour of incontinence lingers on the air.⁸

It would have been better in such a case, it is claimed, to have enabled the lady to “die with dignity” whilst still in possession of her faculties.

4. The cost of care

The question of cost has already been raised in the quote from the DHSS paper, and it is by no means an isolated example in the euthanasia debate : “. . . there are instances in which the right choice is to increase the quality of life for a number of people, rather than to use resources to keep a single person alive.”⁹

This fourth principle – constantly employed in the writings of supporters of euthanasia – raises the question of compulsory “mercy-killing” in certain circumstances. It also brings to the fore the problem of “killing or letting die.”

ACTIVE AND PASSIVE EUTHANASIA

Most advocates of euthanasia react very strongly to the suggestion that anything other than purely voluntary euthanasia is in view, and yet language is used which leaves that very open to question, as for example in the statement by Philippa Foot : “. . . when we talk about euthanasia we are talking about a death understood as a good or happy event for the one who dies . . . by an act of euthanasia we mean one of inducing or otherwise opting for death **for the sake of the one who is to die.**”¹⁰ Of course, it may quite properly be said that “for the sake of the one who is to die” should be interpreted as meaning, on the basis of an expressed wish to end suffering, but it is quite clear how these words could be interpreted by the relatives of a terminally ill or senile patient.

Even if the desire that euthanasia should be entirely voluntary on the part of the one who is going to die is accepted, there is still the problem of whether or not it is equally permissible to perform euthanasia by withholding medical treatment and allowing

⁸ **Too Soon to Die**; David Potter p.22 (Evangelical Press)

⁹ **Michael Tooley**; **Ethical Issues** p.79

¹⁰ **Philippa Foot**; **Ethical Issues** p.15

the person to die, or by administering a fatal dose in order to hasten death. Some euthanasia advocates do not acknowledge that there is any moral difference. James Rachels, professor of philosophy at the University of Alabama, says : “I will not argue, simply, that active euthanasia is all right. Rather, I will be concerned with the relation between active euthanasia and passive euthanasia : I will argue that there is no moral difference between them.”¹¹

The difficulty with “passive and active”, “voluntary and compulsory” can best be seen by consideration of some examples :

(a) An elderly person, fragile and ill, contracts pneumonia; expensive and complex treatment may preserve life for a few months more; the withholding of treatment will allow the person to die quietly. Since there has been no action taken to hasten death, this is described as passive euthanasia.

(b) A severely handicapped baby is not given life-saving surgery, necessary food is withheld and the child starves to death. Again, since there was no intervention to end life, it may be described as passive euthanasia.

(c) A severely handicapped baby is deprived of surgery and food and has lethal doses of a drug, such as DF 118, administered. Intervention has taken place; this **should** be described as “active euthanasia”, but, legally, it is not; for there is a legal distinction between killing and letting die.

The supporters of euthanasia maintain that only voluntary euthanasia is in view, but, in the case of the baby in (c) the decision to terminate life was taken entirely by others. Case (b) is similar. It is true that there was no intervention to end life, but neither was there intervention to prolong life – and that is morally culpable. A writer on euthanasia puts the matter into sharp relief when she says :

The fact is . . . that the doctors who recommend against life-saving procedures for handicapped infants are usually thinking not of them but rather of their parents and of other children in the family or of the “burden on society” if the children survive. So it is not for their sake but to avoid trouble to others that they are allowed to die. When brought out into the open this seems unacceptable : at least we do

not easily accept the principle that adults who need special care should be counted too burdensome to be kept alive. It must in any case be insisted that if children with Down's syndrome are deliberately allowed to die this is not a matter of euthanasia, except in Hitler's sense. And for our children, since we scruple to gas them, not even the manner of the death is "quiet and easy." When not treated for an intestinal obstruction, a baby simply starves to death.^{1 2}

Even in case (a) the voluntary principle, so much insisted upon by the euthanasia lobby, is violated : others, doctors and family, make the decision not to treat and thus to allow the person to die.

THE BIBLICAL RESPONSE

In seeking to outline a biblical response to the case presented, it is recognized that advances in modern science present tremendous challenges to the medical profession. It is important to stress however that our response must be on the basis of moral principles and not as a reaction to practical difficulties. Our first concern as Christians must be "what is right?", not "what is most convenient?" With this in mind the three main claims of the pro-euthanasia movement are answered by the following aspects of God's truth.

1. The right to decide and the sovereignty of God

The idea that every person has a basic human right to decide both present and future is based upon the concept of autonomous man. On this view, man lives in isolation and is answerable to nobody outside of himself, so long as his actions do not adversely affect other people. Scripture, however, has a different view. Man is dependent for his existence upon an almighty God (Gen. 2 : 7; Acts 17 : 28; Job 12 : 10). It is God and not man who is in control of present and future (Dan. 4 : 35; Isa. 45 : 5-7). Every man is accountable to God for his actions (Rev. 20 : 12, 13). Man is not free to decide for himself what he shall do without any reference to the God who has created him and who orders the affairs of men and of nations. If man decides to act independently, then he must be aware that those actions will be tested against the infallible Divine standard of the Word of God — "All your words

are true; all your righteous laws are eternal” (Ps. 119 : 160); “You rebuke the arrogant who are cursed and who stray from your commands” (Ps. 119 : 21).

2. The right to end pain and the providence of God

The difficulties caused by long and painful suffering are very real and the desire for relief from distressing terminal illness is quite understandable, but this does not give man the right to assume the prerogatives of the God who has said that he alone has the keys of death and of hell (Rev. 1 : 18). Suffering, even of the most intense kind, must never be seen as purposeless. It may be true that it is very difficult at times to understand the purpose of, or to see what possible good there can be in the grotesqueness of senility or the mind-numbing pain of incurable sickness, but that is due to the limited understanding of man rather than the lack of purpose in the events.

It is a plain fact that God both allows and orders circumstances which result in suffering – sometimes in judgment, sometimes in love, sometimes to improve, sometimes to strengthen faith, sometimes to weaken pride, sometimes to teach and always, always with a purpose!¹³

No matter what happens with regard to health or sickness, long life or short life, nothing takes place by accident but is a part of the overall purpose of the sovereign God, who “works out everything in conformity with the purpose of his will” (Eph. 1 : 11).

3. The right to die with dignity and the commandment of God

No matter what words the proponents of euthanasia use, the fact remains that “death with dignity” is a euphemism for killing – either the killing of malformed babies and senile geriatrics, or the self killing of those whose life appears to them to be unbearable. The commandment of God is quite clear with regard to murder, whether self murder or the murder of another, and as murder has been described as “the act of putting a person to death intentionally and unlawfully”¹⁴, it is proper to use the word in connection with euthanasia, which is both intentional and unsanctioned in the law of God. Man has been made in God’s

¹³ **Too Soon to Die** p. 66

¹⁴ **Chambers Twentieth Century Dictionary** p. 867 (W. & R. Chambers Ltd.)

image and it is thus a serious matter to take human life (Gen. 9 : 6) — apart from the clearly defined exceptions which God himself has given in his Word, namely capital punishment for murder, self defence and legitimate warfare. It is God who gives life and it is God who determines the appropriate time of death, whether that be with fulness of years in peace and without pain, or in circumstances that cause pain to the sufferer and distress to the relatives. But even in the latter circumstances there can be real “death with dignity”. For the believer in Jesus the suffering of the present will give way to the glory of heaven, and even the most painful illness can be sanctified by the presence of the one who has said “I will never leave you nor forsake you” (Heb. 13 : 5) and who has promised “help in time of trouble” (Ps. 46 : 1).

Terminal illness, mental handicap and advanced senility cause real problems and stir the compassion of all. The Christian dare not simply oppose euthanasia and then feel content that he has done his duty. The terminally ill must be helped to pass their final days with as much comfort as possible and with as little pain; they must be prepared to face what lies beyond the grave, that they may be found “in Christ”. The mentally handicapped must be cared for; there may come a time when the most caring and loving of parents can no longer cope with the problems of looking after a disturbed adult. “Is it beyond the wit of God’s people to set up homes for these retarded adults? The cost is immense and the responsibility longterm, but cash and knowhow are not the greatest problems . . . The real issue is whether Christians care enough to do it.”¹⁵ The elderly will need to be made to feel valued and important. As their faculties decline, they will need even more of the love and compassion of the people of God. “Christians must lead the way in loving the elderly sacrificially, imaginatively and perseveringly.”¹⁶

In helping these people to live, the Christian will seek also to help them to die well, trusting in Christ as Saviour and Lord and looking with expectation to that day when God “will wipe every tear from their eyes. There will be no more death or mourning or crying or pain, for the old order of things has passed away.” (Rev. 21 : 4).

15 *Too Soon to Die* p. 11

16 *The Challenge of Old Age* (Reformed Presbyterian Church of Ireland)