

EUTHANASIA

And God spake all these words, saying...

Thou shalt not kill.

Exodus 20 v 13



Christian Values in Education

Age: Senior (13+)

Christian Values in Education

An organisation set up to challenge the atheistic and amoral attitudes found in our education system today.

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Introduction

“I will give no deadly medicine to anyone if I am asked, nor will I suggest any such thing”.

These words were written by Hippocrates, an Ancient Greek physician, who lived approximately 460-377 BC. He was a pagan, and as far as we know, completely uninfluenced by the religion of the Jews or Old Testament teaching. Nevertheless, Hippocrates developed a very enlightened approach to medical care, and is often regarded as the “father of modern medicine”.

The words quoted above come from the “**Hippocratic Oath**”, a solemn declaration of the principles according to which a doctor must practise, and which, in a Christianised form (*see Note 1*), was administered to generations of newly qualified doctors. They no longer take the oath, but the underlying principles, particularly that a doctor must not take life, are still accepted by most doctors worldwide.

This principle was restated by the World Medical Association in 1949, which declared “...*a doctor must always bear in mind the obligation of preserving human life...until death.*” This was confirmed in a further statement in 1992.

In spite of these very clear and historically accepted codes of medical practice, a growing number of people, inside and outside the medical profession, are calling for the law to be changed to allow a doctor, in certain circumstances, to end the life of his patient.

They call this “**Euthanasia**”, or mercy-killing.

What is Euthanasia?

Euthanasia comes from a Greek word meaning “the good death”, and was used from the mid-17th century onwards to refer to a person whose last days were calm, leading up to a peaceful death. As late as 1887, the then President of the Royal College of Physicians wrote a book entitled “Euthanasia”, giving advice on the provision of comfort and pain relief to the dying, but with no question of cutting life short.

It was as the 20th century progressed that the word acquired its present meaning. By way of a broad definition, euthanasia now means to cause death, or to help an individual to achieve death, usually in the context of physical suffering. This may be by taking action such as administering a drug to cause a person’s death (active euthanasia), or achieving the same end by withholding medical treatment, food, or water (passive euthanasia). This can be done with the approval and consent of the person concerned (voluntary euthanasia), or, in the case of an unconscious or mentally impaired person, through approval obtained from a family member or court of law (non-voluntary euthanasia).

More recently there has been an endeavour among pro-euthanasia organisations to achieve a form of respectability for euthanasia through the use of more socially acceptable forms of words. This is perhaps clearest in the very name of one such organisation that has given itself the title ‘Dignity in Dying’, thereby attempting to mask the solemnity of their stated aims. Another recent term is ‘physician-assisted dying’ or ‘physician-assisted suicide’. In reality these are just alternative names for euthanasia but use of the word ‘physician’ aims to provide a perceived legitimacy to the process: a process that is totally contrary to the principle accepted by most doctors, or physicians, that they should **not** take life.

“Legalising ‘assisted dying’ amounts to adopting a principle of indifference towards a special and acute form of vulnerability; in order to allow a few independent folk to get others to kill them on demand, we (become) indifferent to the fact that many less independent people would come under pressure to request the same.” (*See Note 6*).

In summary, euthanasia is **the deliberate ending of a person’s life in an attempt to terminate perceived suffering.**

Some Examples

These are typical cases that supporters of euthanasia put forward:

- An elderly man is dying of cancer. He cannot live for more than a few weeks. He is in severe pain. “Wouldn’t it be an act of mercy to administer a drug to end his life and his suffering as he requests?” they ask.
- A newborn baby is seriously malformed. For the child to live he will need a series of major operations, and will still be left handicapped. The parents are very distressed and ask the doctors to withhold treatment and let their child die peacefully. “Surely this is better than keeping the baby alive for a life of suffering?” they suggest.
- An old lady, widowed some years ago, has senile dementia. She does not know who she is, what day of the week it is, or where she is, and does not recognise any of her family. She cannot even feed herself and requires constant care in a home. Her family are very upset to see her in this condition. “It would be an act of kindness to give her an injection so that she dies quickly and peacefully as her family wish, rather than prolonging a seemingly futile existence,” they say.
- A young man has suffered severe brain damage in a road accident. He has been in a coma for several years, is completely unresponsive, and is kept alive by being fed through a tube in his stomach. His doctors believe there is no hope of recovery. His family find it difficult to cope with his continued existence in this state. They apply to a court for consent for his feeding tube to be removed, and he dies in a few weeks. “This must be better for all concerned,” they declare.

They base their arguments on:

- Compassion – “If we really cared for people, we would release them from their suffering.”
- Freedom of choice – “It’s my life; haven’t I got the right to end it?”
- Dignity – “It’s better to die with dignity than to prolong a futile existence.”

Situations such as those described above do arise, sometimes in the full glare of publicity, and those who advocate euthanasia will always try to keep the spotlight on hard cases.

Some of you will remember the case of Tony Bland, severely brain damaged in the Hillsborough football stadium disaster, who died after a court allowed his tube-feeding to be stopped.

There have also been trials of doctors accused of the murder or attempted murder of patients. In 1981 a paediatrician, Dr. Leonard Arthur, was acquitted of the attempted murder of a Down's syndrome baby, who died after being denied treatment at birth, and in 1991, a rheumatologist, Dr. Nigel Cox, was found guilty of attempted murder after giving a patient in severe pain a lethal injection.

In 1999 a General Practitioner, Dr. Dave Moor, was acquitted of murdering an elderly cancer patient after claiming that the primary purpose of the strong pain-killing injection which he had administered was to relieve severe pain, not to kill. Dr. Moor had previously stated in a BBC interview that he had helped many patients to die.

Such cases only represent the tip of the iceberg, and we must acknowledge that there is much real distress and suffering behind the headlines, and that many of those who support and even practice euthanasia are sincere and well-meaning people whose motivation genuinely is compassion.

That is not to say that they are right, and we have to be prepared to give a Christian answer to their arguments on this as on all other matters, taking our arguments from the Bible, the Word of God. (*See Note 2*) Before we look at what the Bible says, there are some other matters which we ought to deal with.

What Euthanasia is Not

- To control severe pain in a dying patient, the doctor may need to administer large doses of drugs. Sometimes this can shorten the person's life. This may be referred to as the "double effect" of the drug. The first duty of the doctor in these circumstances is to relieve suffering, and as long as this is the sole intention, and the drug is given in appropriate doses for this purpose, it cannot be called euthanasia.
- It is not euthanasia to switch off the ventilator which is keeping a severely brain injured patient breathing. In this situation certain tests are performed (which doctors almost all agree to be accurate) to determine whether the person is "brain dead" or not. If brain death has occurred there is absolutely no hope of recovery, the death of the person has already taken place, and the body is being artificially preserved by machinery.
- To withhold certain medical treatments from a terminally ill person, when the process of dying is already clearly established, and which at best could only extend his life for a very short period, sometimes at the cost of additional suffering, is not euthanasia. No hard and fast rules can be given here, all cases being different, but it has been said that the question to be asked is: "Would this treatment give the patient a reasonable chance of an appreciable duration of desirable life at an acceptable cost of suffering?"
- Perhaps today, when talk of healthcare rationing is very common, it needs to be stated that failure to administer a life-saving treatment which is known to exist, but which is not available because of its cost, is also not euthanasia. It is the duty of a government to decide what a nation can afford to spend on medical care, and this money then has to be used for the greatest good of the maximum number of people.

The distinction is sometimes made between what may be called basic (or ordinary) and complex (or extraordinary) medical care and treatment. Basic treatments are giving food and drink (possibly including tube feeding), nursing care, and anything else for the comfort of the patient (which may, of course, include some drugs). Complex treatments are those that go beyond basic care and may be able to extend a person's life. These include certain powerful drugs (which often have severe side-effects), the use of a ventilator to assist breathing, and indeed the whole panoply of modern, hi-tech medicine.

This distinction is not always useful, as what can be defined as basic or complex will depend on the circumstances and vary from case to case. To withhold food, drink, nursing care, and other measures for the comfort of the sick person, should be regarded as euthanasia, while to withhold some more complex treatments from, for example, certain terminally ill persons, is not euthanasia. Sadly, cases have been publicised in recent years where even the most basic of treatments, food and drink, have been withheld to bring about or hasten a death, and it has been strongly denied by those involved that this was euthanasia at all. There have also been some very prominent cases of public figures (President Tito of Yugoslavia in 1980 and General Franco, the Spanish dictator, in 1975, come to mind) where extraordinary efforts were made to prolong the lives of these obviously dying men, probably for political reasons.

Hard and fast rules cannot be drawn up, and each case must be judged on its merits by the doctors involved, but the general principle is that treatment should **sustain life**, though not **prolong dying**.

Living Wills

A living will, also known as an advance directive, is often mentioned in debates on euthanasia. This is a document, drawn up by a person, usually when still fit and healthy, which lays down which medical treatments that individual would wish to have administered should he be unconscious, mentally impaired, or otherwise unable to give consent or refusal to treatment. There is strong pressure, mainly from those supporting the legalisation of euthanasia, to have living wills made binding on the doctor, so that he cannot refuse to carry out the directions in them. The Mental Capacity Act 2005 goes some way to balance this position by stating that if people make an advanced directive it has to be specific. If there are reasonable grounds to doubt that the patient did not anticipate circumstances that would have made him think differently, the directive can be challenged.

Arguments Against Euthanasia (without reference to the Bible)

- 1) *Voluntary euthanasia is unnecessary.* Treatments are available to relieve most distressing symptoms for the great majority of people who have a painful and unpleasant terminal illness. It has to be accepted that not everyone in pain or distress receives the best possible treatment, but the answer is to make that available to all, not to take the sufferer's life.
- 2) *Euthanasia is often not completely voluntary.* A person who is severely ill and in pain cannot be expected to make a free choice as to whether to live or die, especially if his mind is clouded by large doses of strong drugs; this is one occasion when there can be no change of mind afterwards. It is argued that this is where a 'living will' comes in, as that had been written when the person was still in good health. But can a person truly predict what he will want to do in a situation he has never experienced? And when that time comes he may be in no condition to change his mind. Is a frail and sick elderly person, who feels he is a burden to his family and that they will be better off when he is no longer here, really making a free choice when he opts for euthanasia? And sometimes his family, in their distress at his sufferings, out of exhaustion from caring for him, or in the worst case, in their desire to inherit his money, may even have suggested it!
- 3) *A request for euthanasia may be based on wrong information.* Doctors are not always right, and a diagnosis can be wrong. Even if the diagnosis of a fatal disease is correct, predictions about the course of the illness and likely life expectancy can be hopelessly inaccurate in some cases.
- 4) *Euthanasia has effects on other people.* The doctor who gives the fatal injection is trained to save life, not to take it. As he "helps" more people to die, his role becomes changed and his conscience hardened. Relatives of the dead person may feel guilt for the rest of their lives, especially if, even from the best of motives, it is they who first suggested euthanasia. Even if they did not, they may feel that it was their lack of love and care that led to it. Society as a whole becomes accustomed to regard certain lives as being of little value, and overall respect for human life is diminished.

- 5) *Voluntary euthanasia inevitably leads to involuntary euthanasia.* Once the principle of “mercy-killing” is accepted, it will inevitably be extended from those who request help to die, either at the time, or by a “living will”, to those whose lives are not thought to be worth living, but who cannot make a decision for themselves, such as the senile elderly, or persons in a prolonged coma. This has already happened in Holland, where an official report concluded that in 1990 there were over 3,000 deaths from euthanasia, of which over 1,000 were not voluntary. Numbers have almost certainly increased since then.
- 6) *Voluntary euthanasia is the beginning of the “slippery slope”.* History suggests that there is a serious danger of legislation on social and moral issues leading to consequences beyond the declared intentions of its supporters. The 1967 Abortion Act is an example of this. It was said to permit abortion only in a few, clearly defined situations but within a few years abortion became available to almost anyone on request.

It is not generally realised that the horror of the Nazi holocaust had its beginnings in the 1930s in a policy of killing the chronically ill and handicapped. Dr. Leo Alexander, who was involved in the Nuremburg War Crimes trials wrote: “It started with the attitude...that there is a life not worthy to be lived. This... concerned itself...with the severely and chronically sick. Gradually...those to be included...was enlarged to encompass the socially unproductive, the ideologically unwanted, the racially unwanted, and finally all non-Germans”. Those supporting euthanasia today would view Nazism with horror, but this is an example of how matters can end up, human nature being what it is.

The Dutch Experience

Euthanasia remains illegal in most countries of the world; attempts to change the law in different countries have mostly been unsuccessful. However, there have been a few exceptions, the best known of which is the Netherlands.

Euthanasia was openly practised in the Netherlands for many years even though it remained technically illegal. But from 1973 onwards a series of court rulings opened the way for doctors, who had administered lethal doses of drugs to certain patients, to escape prosecution as long as certain conditions were met. In 2001 this was all formally legalised by an Act of Parliament which came into force the following year. The conditions are as follows:

- The patient's suffering is unbearable with no prospect of improvement.
- The patient's request for euthanasia must be voluntary and persist over time (the request can not be granted when under the influence of others, psychological illness or drugs).
- The patient must be fully aware of his or her condition, prospects and options.
- There must be consultation with at least one other independent doctor who needs to confirm the conditions mentioned above.
- The death must be carried out in a medically appropriate fashion by the doctor; or by the patient, in which case the doctor must be present.
- The patient is at least 12 years old (patients between 12 and 16 years of age require the consent of their parents).

In the same year the Belgian Parliament passed a similar law.

More recently the so-called 'Groningen Protocol' has been established. This provides an escape from prosecution for doctors that kill new-born babes who, in their opinion, are experiencing unbearable suffering, often those with spina-bifida.

The situation in the Netherlands is indicative of how the issue can escalate:

"It started with turning a blind eye; then voluntary euthanasia; and then involuntary euthanasia with 1000 deaths now occurring each year; ...that has led to the killing of spina-bifida children. It has already happened at Groningen Hospital. This is what happens when we move in that sort of direction." (*Quotation by Lord Alton; see Note 6*).

It should be noted here that Dutch doctors have a brave and honourable history. In 1941 they unanimously refused to obey a Nazi order that would have led to the denial of treatment to chronically ill patients, and ultimately to their elimination. As a result 100 of the doctors were arrested and sent to concentration camps, but the profession did not give way.

WHAT THE *BIBLE* HAS TO SAY

For the Christian, this is what really matters, whether we are discussing euthanasia or any other issue. Of course, Scripture does not lay down specific rules for all the problems that we face, and euthanasia as such is nowhere clearly mentioned in the Word of God, but we can derive the guidance that we need on all matters if we prayerfully study what is written, and euthanasia is no exception to this rule. Here are some helpful texts from the Bible. You will understand them better if you look them up in the Bible for yourself, and read the chapters in which they are found. This is especially so for the accounts of the deaths of certain wicked men which are mentioned below.

Genesis 1 v 26-27

And God said, Let us make man in our image, after our likeness: and let them have dominion over the fish of the sea, and over the fowl of the air, and over the cattle, and over all the earth, and over every creeping thing that creepeth upon the earth. So God created man in his own image, in the image of God created he him; male and female created he them.

Genesis 2 v 7

And the LORD God formed man of the dust of the ground, and breathed into his nostrils the breath of life; and man became a living soul.

↳ Man, uniquely out of all creation, was made in the image of God, with a living soul, distinct from all other living creatures which have no soul. (See Note 3)

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## **Genesis 3 v 16-19**

*Unto the woman he said, I will greatly multiply thy sorrow and thy conception; in sorrow thou shalt bring forth children; and thy desire shall be to thy husband, and he shall rule over thee. And unto Adam he said, Because thou hast hearkened unto the voice of thy wife, and hast eaten of the tree, of which I commanded thee, saying, Thou shalt not eat of it: cursed is the ground for thy sake; in sorrow shalt thou eat of it all the days of thy life; thorns also and thistles shall it bring forth to thee; and thou shalt eat the herb of the field; In the sweat of thy face shalt thou eat bread, till thou return unto the ground; for out of it wast thou taken: for dust thou art, and unto dust shalt thou return.*

**Psalm 90 v 9-10**

*For all our days are passed away in thy wrath: we spend our years as a tale that is told. The days of our years are threescore years and ten; and if by reason of strength they be fourscore years, yet is their strength labour and sorrow; for it is soon cut off, and we fly away.*

**Romans 6 v 23**

*For the wages of sin is death; but the gift of God is eternal life through Jesus Christ our Lord.*

↳ As the result of sin, the sentence of death came upon all men, after a limited life-span marked by sorrow and suffering.



**Job 12 v 10 (See Note 4)**

*In whose hand is the soul of every living thing, and the breath of all mankind*

**Ecclesiastes 3 v 1-2**

*To every thing there is a season, and a time to every purpose under the heaven: A time to be born, and a time to die; a time to plant, and a time to pluck up that which is planted;*

**Ecclesiastes 8 v 7-8**

*For he knoweth not that which shall be: for who can tell him when it shall be? There is no man that hath power over the spirit to retain the spirit; neither hath he power in the day of death: and there is no discharge in that war; neither shall wickedness deliver those that are given to it.*

↳ The times of our birth and death are not under our control, but in the hand of a sovereign God. No man knows when death will come to him, and no skill or effort of men can ultimately prevent it. We have no more right to decide the time of our death than the time of our birth.

**Genesis 9 v 5-6**

*And surely your blood of your lives will I require; at the hand of every beast will I require it, and at the hand of man; at the hand of every man's brother will I require the life of man. Whoso sheddeth man's blood, by man shall his blood be shed: for in the image of God made he man.*

↳ God clearly shows the value that he puts on human life by instituting the death penalty for deliberate killing, very early in history.



**Exodus 20 v 13**

*Thou shalt not kill.*

**Exodus 23 v 7**

*Keep thee far from a false matter; and the innocent and righteous slay thou not: for I will not justify the wicked.*

↳ Thou shalt not kill. (See Note 5)



**Ecclesiastes 7 v 3**

*Sorrow is better than laughter: for by the sadness of the countenance the heart is made better.*

**Romans 8 v 28**

*And we know that all things work together for good to them that love God, to them who are the called according to his purpose.*

**2 Corinthians 12 v 7-9**

*And lest I should be exalted above measure through the abundance of the revelations, there was given to me a thorn in the flesh, the messenger of Satan to buffet me, lest I should be exalted above measure. For this thing I besought the Lord thrice, that it might depart from me. And he said unto me, My grace is sufficient for thee: for my strength is made perfect in weakness. Most gladly therefore will I rather glory in my infirmities, that the power of Christ may rest upon me.*

↳ Suffering may help a person to grow and mature, and God uses it for the good of His people. It is therefore wrong to regard sickness and suffering as wholly negative experiences, not knowing God's purpose in allowing them.

**Exodus 20 v 12**

*Honour thy father and thy mother: that thy days may be long upon the land which the LORD thy God giveth thee.*

**Proverbs 23 v 22**

*Hearken unto thy father that begat thee, and despise not thy mother when she is old.*

**Leviticus 19 v 32**

*Thou shalt rise up before the hoary head, and honour the face of the old man, and fear thy God: I am the LORD.*

**1 Timothy 5 v 1-2**

*Rebuke not an elder, but intreat him as a father; and the younger men as brethren; the elder women as mothers; the younger as sisters, with all purity.*

↳ We are commanded to honour and respect our parents, even when they are old, and to respect all elderly people as if they were our parents. To lovingly care for such would seem to be in line with the Biblical injunctions, rather than to take their lives.



**Leviticus 19 v 14**

*Thou shalt not curse the deaf, nor put a stumblingblock before the blind, but shalt fear thy God: I am the LORD.*

**Deuteronomy 27 v 18**

*Cursed be he that maketh the blind to wander out of the way. And all the people shall say, Amen.*

↳ God shows His care for the disabled, and places a curse on those who mistreat them. Our concern should be to see that these people are looked after as well as possible, not made victims of euthanasia.



**Matthew 11 v 5**

*The blind receive their sight, and the lame walk, the lepers are cleansed, and the deaf hear, the dead are raised up, and the poor have the gospel preached to them.*

## **Luke 10 v 30-37**

*And Jesus answering said, A certain man went down from Jerusalem to Jericho, and fell among thieves, which stripped him of his raiment, and wounded him, and departed, leaving him half dead. And by chance there came down a certain priest that way: and when he saw him, he passed by on the other side. And likewise a Levite, when he was at the place, came and looked on him, and passed by on the other side. But a certain Samaritan, as he journeyed, came where he was: and when he saw him, he had compassion on him, and went to him, and bound up his wounds, pouring in oil and wine, and set him on his own beast, and brought him to an inn, and took care of him. And on the morrow when he departed, he took out two pence, and gave them to the host, and said unto him, Take care of him; and whatsoever thou spendest more, when I come again, I will repay thee. Which now of these three, thinkest thou, was neighbour unto him that fell among the thieves? And he said, He that shewed mercy on him. Then said Jesus unto him, Go, and do thou likewise.*

↳ The Lord Jesus clearly demonstrates His care and compassion for the sick and suffering (many examples in the healing miracles of the Gospels), and tells us what it means to be a good neighbour to a person in trouble or distress. The Christian should seek to follow His example, and to be a good neighbour to those in need.

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1 Kings 19 v 4-5

But he himself went a day's journey into the wilderness, and came and sat down under a juniper tree: and he requested for himself that he might die; and said, It is enough; now, O LORD, take away my life; for I am not better than my fathers. And as he lay and slept under a juniper tree, behold, then an angel touched him, and said unto him, Arise and eat.

Job 2 v 9-10

Then said his wife unto him, Dost thou still retain thine integrity? curse God, and die. But he said unto her, Thou speakest as one of the foolish women speaketh. What? shall we receive good at the hand of God, and shall we not receive evil? In all this did not Job sin with his lips.

Job 3 v 20-22

Wherefore is light given to him that is in misery, and life unto the bitter in soul; which long for death, but it cometh not; and dig for it more than for hid

treasures; which rejoice exceedingly, and are glad, when they can find the grave?

Job 42 v 2-3

I know that thou canst do every thing, and that no thought can be withholden from thee. Who is he that hideth counsel without knowledge? therefore have I uttered that I understood not; things too wonderful for me, which I knew not.

↳ When Elijah is in great distress, God does not respond to his request for death, and Job, even in his extremity of suffering, firmly rejects his wife's suggestion to "curse God and die". He questions why life is given to those who long for death, but ultimately acknowledges God's greatness and his own lack of understanding. There is no suggestion that either Elijah or Job considered taking their own lives.

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### **1 Samuel 31 v 4**

*Then said Saul unto his armourbearer, Draw thy sword, and thrust me through therewith; lest these uncircumcised come and thrust me through, and abuse me. But his armourbearer would not; for he was sore afraid. Therefore Saul took a sword, and fell upon it.*

See also Judges 9:54 (the death of Abimelech) and 2 Samuel 17:23 (the death of Ahithophel).

### **Matthew 27 v 5**

*And he (that is Judas Iscariot) cast down the pieces of silver in the temple, and departed, and went and hanged himself.*

↳ Suicides recorded in the Bible, or those killed at their own request, are cases of wicked persons dying in disgrace, and are never commended by God. Abimelech, a wicked mass murderer, orders his servant to kill him rather than endure the supposed disgrace of being killed by a woman. Ahithophel hangs himself because his advice is not followed and he cannot face up to the possible consequences of his treachery. Saul, rejected by God because of his disobedience and evil deeds, is wounded in battle and his army defeated. Rather than be captured and killed by the Philistines, he kills himself. Judas Iscariot, having betrayed Jesus, is filled with remorse, and instead of seeking forgiveness, hangs himself.

**Matthew 25 v 46**

*And these shall go away into everlasting punishment: but the righteous into life eternal.*

**John 3 v 16**

*For God so loved the world, that he gave his only begotten Son, that whosoever believeth in him should not perish, but have everlasting life.*

**John 3 v 18**

*He that believeth on him is not condemned: but he that believeth not is condemned already, because he hath not believed in the name of the only begotten Son of God.*

**Hebrews 9 v 27**

*And as it is appointed unto men once to die, but after this the judgment:*

↳ Far from death being an end of suffering, the Bible makes it very clear that all those who die without trusting in the Lord Jesus Christ for the salvation of their souls, will suffer for ever in hell for their sins.

## Scriptural Conclusion

**The Scriptures tell us clearly that man's true dignity lies in him being made in the image of God and in the great value God puts on human life; that man has no more right to choose when he is to die than to choose the time of his birth; and that true compassion is shown in loving care for the sick, handicapped and suffering, not in the premature ending of their lives.**

*It is clear from the foregoing that no support for euthanasia can be found in Scripture, and that in God's eyes "mercy-killing" is murder.*

# The Examples

It may be helpful very briefly to apply these principles to the examples of possible cases of euthanasia given earlier.

- The elderly man dying of cancer should be given all care to make his last days as comfortable as possible, and all available skills and treatments used to relieve his pain. Nothing should be done with the intention of shortening or ending his life, but extreme measures to delay his death by a few hours or a day or two may legitimately be withheld, and can be regarded as meddling.
- The malformed baby is not dying. With appropriate treatment he may have many years of life, and who are we to judge whether that life is worthwhile or not?
- The old lady with dementia is also not dying. She should be lovingly cared for until a fatal illness comes along to end her life in God's time, not at a time of her family's choosing.
- The young man in a coma is not dying either. His body may be perfectly healthy with the potential for years of life, and no one can say for certain that he will not regain consciousness one day. To cause his death by withholding the most basic necessities of food and water cannot be right.

## What is Required

While we totally reject euthanasia, it would be wrong to turn our backs on the handicapped, the suffering, and the terminally ill. We have to offer realistic and viable alternatives.

- Good medical care. Doctors and nurses need to be specially trained in the relief of distressing symptoms in the seriously ill and dying. At present it is estimated that with expert help pain can be almost completely relieved in at least 95% of cases. This is often known as Palliative Care. Further research must be carried out to find ways of helping the very small numbers of people who cannot be adequately treated at the moment.
- Hospices. The Hospice Movement does a tremendous amount of good in

providing places with a homely environment where the seriously ill and dying can live meaningful lives right to the end, cared for by specially trained staff. It also provides trained nurses (e.g. Macmillan Nurses) who give help and support to those dying in their own homes, and to those looking after them.

- Adequate help needs to be given to carers - those who are looking after seriously ill, dying, handicapped, or elderly persons at home. The carer may be a husband, wife, son, daughter, other relative or even a close friend. The burden of looking after someone over a long period can be very great, and help and times of relief are greatly needed.
- For those who have no one to look after them, or who cannot be cared for at home, high quality care in appropriate residential institutions must be provided.
- Company. In this country 2.2 million old people live alone. Loneliness and depression can lead to a feeling that life is worthless, and a request for euthanasia. We must make sure that our elderly relatives and neighbours are not left in isolation, but feel valued and cared for.

The cost of all the above is going to be high, both financially to the taxpayer and to charitable organisations, and in time and commitment, but it is essential if moves towards legalising euthanasia are to be successfully resisted.

The question may be asked: "What can a young person do?"

- As the opportunity arises you can courteously but firmly speak up for what is right at school or college, giving your reasons.
- If you have elderly or housebound relatives, or know of any living nearby who may be lonely, you can try to befriend them. Many are delighted to receive visits from a young person.
- When you are old enough (18 years) you can write letters to your Member of Parliament and Government Ministers explaining your views on issues relating to euthanasia and requesting that they oppose any changes in the law to make euthanasia easier.
- Pray that those in authority will be given wisdom to do what is right, and that attempts to make euthanasia legal will not succeed.

# The Present Situation in this Country

A number of attempts in Parliament to change the law on euthanasia going back as far as the 1920s have all been overwhelmingly defeated. However the legal position is gradually shifting under pressure from the euthanasia lobby, and public opinion appears to be shifting away from the Biblically based traditional position.

In 1994, after an enquiry lasting 12 months, a House of Lords Select Committee concluded that “there should be no change in the law to permit euthanasia”. The Government subsequently announced that it fully supported this view.

In October 2005, Lord Joffe brought a Bill before a Select Committee of the House of Lords entitled ‘Assisted Dying for the Terminally Ill Bill’. At this time there was no consensus in the committee on the acceptability of the Bill. On May 12<sup>th</sup> 2006 it came before the House of Lords for a second reading. During the debate Lady Masham of Ilton said,

“Surely the challenge should be to make living better and safer so that vulnerable people are able to trust doctors and nurses and not fear that their life will be cut short. If there is unbearable pain there should be adequate pain relief. Who are we to play with death, which is what the Bill would do if enacted?”

The Bill was rejected by 148 votes to 100.

While the British Medical Association (BMA) remains officially opposed to euthanasia, it has published a lengthy document discussing and detailing circumstances in which treatments may be withheld, some of the conclusions being satisfactory, and others less so. The 2007 British Social Attitudes Survey indicated that 80% of the British public now support voluntary euthanasia for the terminally ill; responding to this survey the BMA stated ‘we are opposed to euthanasia and physician-assisted suicide. The BMA has members with wide-ranging views on these issues, but at last year’s Annual Meeting the majority of doctors voted to oppose any form of assisted dying’.

Powerful voices and vocal pressure groups continue to press for a change in the law, though there seems no immediate likelihood of this happening, as the Government remains opposed to any formal moves to alter the law. There is, however, a real danger that euthanasia may creep in by the back door, as it did in Holland, through a series of court rulings re-interpreting the law as it stands. This danger was exemplified by the trial of Dr. Moor (mentioned earlier), which

probably made it easier for doctors to hasten death by means of large doses of painkillers, while claiming “double effect”.

The ‘Mental Capacity Act 2005’ came into force during April 2007; this covers a range of issues (see section on Living Wills), but is also an example of the way euthanasia may be introduced by stealth. The Act states that serious medical treatment may be withdrawn in the best interests of the patient. This implies that the Bill may allow the removal of food and fluids from patients in a persistent vegetative state (PVS), as well as stroke victims and newborn disabled babies. The Government states that these matters will be subject to a code of practice and that recourse to the courts will continue for the time being in cases where this happens. However, codes change with time and the Bill may therefore give statutory support, for example, to ending the lives of stroke patients by dehydration as well as lending, without further legislation, support to ending the lives of PVS patients. The Bill also extends Lasting Power of Attorney to health and welfare issues; this gives another individual statutory authority to consent to treatment for those without capacity who refuse it or who cannot consent to it for themselves. However, the opposite also applies, and the person with Power of Attorney may also refuse treatment on behalf of the incapacitated person, possibly hastening death.

The situation is changing all the time, in Parliament, in the country, and in the medical profession, *so continuing vigilance will be necessary.*

# Further Reading

*Death without Dignity – Euthanasia in Perspective.* Edited by Nigel M. de S. Cameron. Published 1990 by Rutherford House Books, Edinburgh. ISBN 0 946068 42 9.

A collection of papers given at a conference of those opposed to euthanasia, mainly from a Christian viewpoint. The contributions vary in quality and interest, but overall a full, interesting, useful and instructive treatment of the subject.

*Too Soon to Die – by David Potter.* Published 1982 by Evangelical Press. ISBN 085234 169 5

This is an excellent little book, easy to read, Biblically-based, and provides a very adequate coverage of the subject. It is probably the best book on euthanasia that we have found. Unfortunately it is out of print, though there must be many copies in circulation.

*When is it Right to Die – Euthanasia on Trial – by Joni Eareckson Tarda.* Published 1992 by Marshall Pickering. ISBN 0 551 02798 3

Written by the well-known author, this book carries conviction, as she has been wheelchair-bound since an accident in her teens, and feels she could have been a candidate for euthanasia. It is interesting and readable, and the message it conveys is sound, but the style and content are very American, and it is written from an Arminian perspective.

*The Christian Institute, 26 Jesmond Road, Newcastle upon Tyne, NE2 4PQ*

Website: [www.christian.org.uk](http://www.christian.org.uk)

Issue 4 of ‘The Advocate’ (the organisation’s regular magazine of news and comment) is a special edition dedicated to the subject of euthanasia, and associated issues. Also refer to their website for up to date information.

*The Mental Capacity Act – Gateway to Euthanasia? - by A. Treola (2004)*

“Care Not Killing”

A UK-based alliance of individuals and organisations, which brings together human rights groups, healthcare groups, palliative care groups and faith-based organisations with the following aims:

1. The promotion of more and better palliative care.
2. Ensuring that existing laws against euthanasia and assisted suicide are not weakened or repealed during the lifetime of the current Parliament.
3. Influencing the balance of public opinion further against any weakening of the law.

Website: [www.carenotkilling.org.uk](http://www.carenotkilling.org.uk)

# Notes

1. The original oath, as formulated by Hippocrates, contained references to pagan gods.
2. We must not be side-tracked or confused by those who call themselves Christian, but do not believe that the Bible is the inspired Word of God, and who claim to support euthanasia on grounds of “Christian compassion.” True Christian compassion cannot contradict the Word of God, and some ways in which it may be shown are explained in the section “What is Required.”
3. It therefore follows that to kill a suffering animal is legitimate and even desirable. The often heard comment “You wouldn’t let a dog suffer like this” (referring to a person in pain or distress) is not valid, due to the distinct natures of man and animals.
4. “Soul” here really means “life” as shown by the alternative rendering given in the Bible margin, and does not suggest that non-human creatures have a spiritual soul.
5. Elsewhere in the Bible it is made clear that judicial execution for certain crimes and killing in warfare are permitted.
6. Lord Alton in debate on the ‘Assisted Dying for the Terminally Ill Bill’ in May 2006.

## Other Titles Available:

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| <b>Watch What You Say</b>                 | <b>8</b>        | <b>6 - 13 years</b>        |
| <b>Euthanasia</b>                         | <b>9</b>        | <b>Senior (13 years +)</b> |
| <b>Watch What You Do</b>                  | <b>10</b>       | <b>6 -13 years</b>         |
| <b>Relationships</b>                      | <b>11</b>       | <b>Senior (13 years +)</b> |
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**All titles can be obtained from the address on the back cover.**

**There is an increasing number of people, both inside and outside the medical profession, who are calling for euthanasia to be legalised. This will allow a doctor, in certain circumstances, to end the life of the patient.**

**This booklet examines the issues from both ethical and Scriptural viewpoints. It concludes that euthanasia is to be rejected and suggests realistic alternatives to alleviate suffering in the handicapped and the terminally ill.**

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