

## Lecture #19: Euthanasia (Part 1) (Lecture Outline)

*"Give beer to those who are perishing, wine to those who are in anguish; let them drink and forget their poverty and remember their misery no more." (Prov 31:6-7)*

### 1. Introduction

- a. Unlike the world, we have an objective standard to turn to for answers (Scripture)
- b. Euthanasia: "Act or method of causing death painlessly, so as to end suffering" (categories: active; passive; voluntary; involuntary)
- c. Prov 31:6-7 Context is a mother's advice to her son the King - don't cloud their minds with alcohol
  - o Kings must think clearly so their decisions will not be affected and they fulfill their duties
  - o The poor that are in anguish and suffering, however, cannot change their condition and do not affect many others. Relieving their pain is showing compassion
  - o Those in anguish are not euthanised (killed) or drugged into oblivion, but comforted. Their lives are in the Lord's hands (allows opportunity for reflection not focusing on pain)
- d. Examples of suicide in the Bible (pride or remorse, not pain): Judg 9:50-56; 1 Sam 31:1-6; 1 Kg 16:18-19; 2 Sam 17:23; Matt 27:3-5

### 2. Selected Statistics

- a. Netherlands: 82% of public supported active euthanasia (1989). By 1991 official files showed:
  - o Actions taken/omitted with intent to end patients' lives, with patients permission = 10,615 (direct killing = 2,300; physician assisted = 400; excessive morphine with intent to end life = 3,159; removal/withholding of life-prolonging treatment to end life = 4,756)
  - o Actions taken/omitted with intent to end patients' lives, without patients permission = 14,691 (direct killing = 1,000 (14% complete mental capability, 11% partial mental capability); excessive morphine with intent to end life = 4,941 (27% complete mental capability); removal/
- b. Dr. Kevorkian takes credit for 130 deaths, finally convicted of 2nd degree murder 1999 (10--25 years)

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### 3. Secular Reasons Used to Justify - What false assumptions and world views are being used?

- a. If the patient's quality of life is poor, they should not be forced to continue to suffer
- b. There are limited resources to expend, give to those that will result in the greatest benefit instead of to terminally ill patients
- c. A person has a fundamental right to die if they so choose, not allowing is cruel
- d. Keeping a body "alive" when the person is not present does not make any sense

### 4. Biblical Principles

- a. Murder is condemned - this includes euthanasia and suicide (Ex 20:13)
- b. Until a person is dead, he is a living being with a life worthy of being protected
  - o He is made in God's image and deserves to be treated with dignity (Gen 1:27)
  - o His life is to be protected (Gen 9:4-6)
  - o His is a proper object of our love, compassion, and comfort (Prov 31:6-7; Matt 10:23)
  - o God is the one with the authority to take life, not us. The magistrate takes life only to punish evil and not capriciously (Rom 13:1-7)
- c. Even the most severe suffering does not make our lives of less value (Rom 8:18; 2 Cor 4:11-18)
- d. God's grace is sufficient for us, His power is revealed through our weaknesses (2 Cor 12:7-10; Heb 11)
- e. Speaking right of God during times of great suffering brings glory to God (Job 42:7)

- f. Suicide has major moral implications
  - o Violation of the sixth commandment (Ex 20:13)
  - o It destroys part of God's creation intended for His glory and reflecting His image (Gen 1:27)
  - o A person rejects moral responsibility to face difficult conditions of existence (Rom 5:3-6)
  - o It's a refusal to bear in love with the weaknesses of the one closest to us - ourselves
  - o The unforeseen consequences and contributions of continued existence are lost (2 Cor 5:1-9)
  - o It assumes ultimate responsibility for our lives and rejects God's Lordship
- g. Elderly are a special group in Scripture
  - o Deserving respect (Job 12:12; 15:10; 32:7; Deut 32:7)
  - o Deserving protection in their weakness (Eccl 12:2-5; 2 Sam 19:35; Psalm 71:9)
- h. We do not have the right to demand another to give up their life (2 Cor 8:3)
- i. God's people can accept death because they know where they are going (1 Cor 15:54-57)
- j. Cheapening life in any form leads to further abuse later - (James 1:13-15)

#### 5. Discussion Questions to consider (Homework)

- a. *"Is there Biblical warrant (or an absolute moral obligation) for a person to always accept treatment that would sustain life artificially?"*
- b. *"Since 'death' is the last enemy (1 Cor 15:26) should it always be resisted?"*
- c. *"What about comatose patients, or those that are in a permanent vegetative state?"*
- d. *"How about decisions concerning unbelieving, terminally ill persons that want to die?"*
- e. *"How should research money or medical care be spent - how should priorities be determined?" (For example: cancer versus AIDS research!)*
- f. *"Can a person decide for themselves to refuse 'maximal' care in order to prevent others from suffering great burdens and expenses?" (self-sacrificial)*
- g. *"Can a person justifiably choose a treatment to minimize suffering rather than one which lengthens their life?"*
- h. *"Does a severely handicapped person who is a believer have a higher quality of life than a 'normal' unbeliever?"*

#### References:

1. "Matters of Life and Death;" Francis J. Beckwith & Norman L. Geisler; 1991
2. "The New Medicine - Life and Death After Hippocrates;" Nigel M. de S. Cameron; 1991
3. "Medical Ethics - Principles, Persons, and Problems;" John M. Frame
4. "Between Life and Death - The Life Support Dilemma;" Dr. Kenneth E. Schemmer, M.D., & Dave and Neta Jackson; 1988
5. "Life on the Line - Ethics, Aging, Ending Patients' Lives, and Allocating Vital Resources;" John F. Kilner; 1992
6. Focus on the Family "CitizenLink" research paper: "Guidelines for Making End-of-Life Decisions" 27 Dec 1999; ([www.family.org/cforum/research1](http://www.family.org/cforum/research1))