

Lecture #19: Euthanasia (Part 1) (Detailed Notes)

"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)

Purpose of this Lecture: To Develop a Number of Biblical Principles that apply to the Issue of Euthanasia that will be Helpful in Guiding Decisions - Something we will all face!

- o Basic definitions; **Euthanasia**: "Act or method of causing death painlessly, so as to end suffering"
- o Selected statistics
- o Selected history and rationalizations
- o Biblical principles that are Germaine
- o Practical considerations

1. Introduction: Like so many issues we face, though the principles can be found from scripture, the practical outworking can be difficult

- a. We will all face this issue in one form or another (parents; friends; children; ourselves)
- b. Evangelicals can actually have a more difficult time addressing a problem than non-believers because of the care they take to be obedient to God's will
 - o World can take more of a "pragmatic" approach, since their view of life can be so low
 - o Even with so many rejecting the dignity of life (image bearer of God), God's common grace still allows compassion to be common place in dealing with death
- c. Many issues do not lend themselves to a clear "yes" "no" solution
- d. As we saw previously, even death itself is difficult to determine under certain circumstances
- e. However, we do have an objective standard to turn to, unlike others!
- f. Not all the answers are here, each case that we face will be distinct with nuances; we are to seek God's will and wise counsel
- g. Though there are profound distinctions in who makes the decision concerning life or death (patient; care-giver; family; etc.) the Biblical principles remain the same for all cases!
 - o In fact; our perspective would vary significantly depending upon whether we are talking in the abstract about others we do not know, or our wife, or ourselves
 - o God's truths and priorities should transcend our emotional response
- h. Some of this session contains my own opinions, hopefully that will be obvious as we go along

2. We are to show compassion to those that are dying, but we are not to hasten their leaving (Prov 31:6-7)

- a. This verse contains some of the basic principles that should guide our actions
- b. Context of **Prov 31:6-7** - wisdom given to a king by his mother
 - o Kings are kings all the time and must not do anything to impair their judgment
 - o Kings are to not cloud their minds (or anesthetize themselves) with alcohol since this will affect their decisions and corrupt their judgments
 - o However: this does not preclude the easing of pain for the king if he is perishing, in anguish or in misery
 - o Kings carry a heavy responsibility to protect poor's rights; not to be lax in his responsibilities, and to set an example for others
 - o Secondary instruction concerns the showing of compassion to those that are in pain
 - o The poor have little affect on others, since they are in such a low station of life
 - o The poor referred to are perishing or in anguish (misery), they cannot change their condition, it is hopeless and coming to an end
 - o Unlike kings, clouding own mind to remove pain won't have major impact on others
- c. Euthanising (killing) the poor that are in dire straights is never suggested or implied - neither is suicide
 - o Compassion towards their pain and condition is the rule
 - o Implication is that they are eased from this life - not forcibly removed from it
 - o Implication is that they are not drugged into oblivion but just enough to comfort them
 - o Alcohol was a common form of pain reliever (ease pain by dulling the mind to it)
 - o This allows time to focus on eternity vice their pitiful state of affairs
 - o For those of the covenant community - their hope lies with the Lord
 - o For us, the same is true, concentrating upon our "miserable" and "painful" lives makes us self-centered vice Christ-centered!

- o For those not of the covenant community - their departure from this life is eased, but there is opportunity to direct their thoughts to higher matters not their suffering (which they only know too well)
- o Their death is not hastened, it is in the Lord's hands not mans
- o Exception: sedating someone in order to accomplish a medical procedure (operation; prevent removal of breathing tubes; etc.); but this is temporary, with the expectation that the person will recover after the procedure is completed

3. *Western History is mixed in its treatment of this area (note (1)):*

- a. Greeks (mixed views) relating to suicide
 - o Pythagoras (ca. 580-500 B.C.): condemned the practice of suicide, Pythagorean movement probably influenced the formation of the Hippocratic Oath (**See Handout: Hippocratic Oath**)
 - o Euthanasia in same category as abortion, and is wrong
 - o Even the suggestion of suicide to dying persons is wrong
 - o Plato (428-348 B.C.): generally negative towards suicide, but sympathetic to the individual whose "cruel and inevitable calamity [had] driven him to the act."
 - o Aristotle (384-322 B.C.)(pupil of Plato): argued that it is cowardice to flee life on the grounds of "cruel and inevitable calamity"
- b. Romans: Seneca (4 B.C.-65 A.D.)(Roman philosopher): typical view was that choosing ones form of death was preferable to suffering, just like choosing where one was going to live
- c. Stoics did not advocate suicide for "any reason" but only when there is terminal illness or other extreme circumstances
- d. Biblical examples of taking ones' life ("suicide" and "euthanasia" are never mentioned directly)
 - o Those believers that were the most desperate in desiring death did not consider suicide a morally valid option (**Jonah 4:3; Job 3:1-26**)(however, see **Jonah 1:12**)
 - o There are at least six recorded cases of suicide (self-homocide) in scripture - each was in a condition of sin before the Lord (pride driven)
 - o Abimelech - rather commit suicide than be killed by a woman (**Judges 9:50-56**)
 - o Saul and armor bearer - rather than be killed & abused by Philistines (**1 Sam 31:1-6**)
 - o Zimri - set fire to the palace around himself (**1 Kings 16:18-19**)
 - o Ahithophel - hanged self after Absalom did not take his advice (**2 Sam 17:23**)
 - o Judas - stricken with remorse by betraying Christ, he hanged himself (**Matt 27:3-5**)
 - o How about Sampson? (**Judges 16:25-30**)
 - o In one sense, Jesus by coming into world to face the cross committed suicide - however:
 - o He did not want to die (**Matt 26:36-46; Mark 14:32-42; Luke 22:39-46**)
 - o He was prepared to die only if it was God's will for Him to accomplish His purpose
 - o The Bible shows the murder of Jesus was an immoral killing (**Acts 2,3,7** speeches)

4. *Some basic definitions of terms (draw a diagram - horizontal and vertical axis)*

- b. **Euthanasia**: "painless, happy death" from Greek "*eu*" for "good, well" and "*thanatos*" for "death"; "Act or method of causing death painlessly, so as to end suffering: advocated by some as a way to deal with persons dying of incurable, painful diseases"
 - o The intentional taking of a human life for ostensibly some good purpose
 - o Generally applied to adults, but can refer to infants also
 - o Entails sins of "commission" as well as "omission"
- c. **Active euthanasia**: Taking a life, producing the death; in medical context this involves actions by the physician or another party in the injection of a drug aimed at inducing death by the physician
 - o Could also be withdrawal of life sustaining essentials: water, nourishment, oxygen or shelter
 - o "Mercy killings" - Jack Kevorkian
- d. **Passive euthanasia**: Allowing a death to occur (omission) without intervening, permitting a death to occur; usually involves withdrawal of extraordinary or burdensome medical treatment resulting in a disease or sickness causing death (commission)
- e. **Voluntary euthanasia**: People choose for themselves (suicide; physician assisted suicide; the means Are provided to the patient so they can kill themselves (Jack Kevorkian))
- f. **Involuntary euthanasia**: When others choose it for them

5. *Statistics, though limited, show the trend towards removing those that are burdens*

- a. Netherlands (Most liberal nation in application of euthanasia)(note (5)):

- o Causing the death of a patient remains illegal in the Netherlands, however
- o Government appointed "Commission on Euthanasia" and the court system have expressed support for the practice when strict conditions such as clearly expressed wishes of the patient are known and followed
- o The Dutch Medical Association has proposed guidelines for performing euthanasia
- o Public opinion poll in 1989 showed 82% of the public supported active euthanasia
- o 1991 "Dutch Committee to Investigate the Medical Practice concerning Euthanasia" found:
 - o Actions taken (or omitted) with the intent to end patients' lives, with the patients permission = 10,615 (direct killing = 2,300; physician assisted suicide = 400; giving excessive morphine with intent to end life = 3,159; removal or withholding of life-prolonging treatment with intent to end life = 4,756)
 - o Actions taken (or omitted) with the intent to end patients' lives, without the patients permission = 14,691 (direct killing = 1,000 (14% had complete mental capability, 11% had partial mental capability); excessive morphine with intent to end life = 4,941 (27% had complete mental capability); removal or withholding of life-prolonging treatment with intent to end life = 8,750)
- b. Recent information
 - o Informal survey of Oregon physicians showed 67% unwilling to give people deadly doses of drugs (co-author Dr. Katrina Hedburg)(note (6); 20 Mar 99)
 - o "Death with Dignity" movement says doctors have the right not to kill patients who ask to die; In 1998; 15 committed suicide under the new Oregon law (6 turned down by at least one doctor)(note (6); 20 Mar 99)
 - o Feb "Journal of Medical Ethics" one in five cases of assisted suicide occurring in Holland takes place without the patient's consent. Nearly two thirds of Dutch euthanasia cases in 1995 were not reported as required by law (note (6); 13 Mar 99)
 - o Dr. Kevorkian sentenced to 10-25 years in prison for second degree murder (videotaped and shown on CBS's "60 Minutes"; takes credit for 130 deaths since 1990; also sentenced to 3-7 years for delivery of a controlled substance (concurrent)(note (6); 24 Apr 99)
- c. Ethical issue:
 - o Doctor's that have been trained to support, protect, respect and comfort life are now asked to determine if that "life" should be continued or not
 - o When does the doctor decide to destroy the life instead of doing all that is humanly possible to protect and lengthen it?
 - o Conflicts occur over organ harvesting - others can benefit, the longer they wait the less benefit others may accrue

6. Reasons Typically given to Justify Euthanasia are based upon false assumptions or wrong world views!

- a. In each case; rare (extreme) cases make bad law (or procedures)
 - o Once begun, the "unthinkable" becomes thinkable
 - o Once the wrong principle is at work, anything can be justified
 - o Worldview will dramatically affect each decision
- b. Quality of life - "People without a personal future" or "Persons with horrible burdens" - The argument:
 - o This phrase strongly implies a subjective evaluation of a patients present or expected circumstances
 - o A person in extreme pain or suffering should not be forced to continue to suffer
 - o One that can't return to a "reasonable" level of a enjoyable life shouldn't have to endure pain
 - o A severely handicapped person can never enjoy a "full" life, it is only merciful to allow them to end it and not suffer needlessly
 - o In essence "condition" = "quality" = "value"; slippery slope of logic
 - o Bad examples make even worse law
 - o However:
 - o This is making a value judgment on someone else's life, it placed ourselves in the place of God in determining what life is worth living and for how long
 - o It is equating quality of life with value of life (or better circumstances)
 - o This becomes almost a utilitarian view of life, if it is not at some level of comfort, it has not utility or worth
 - o This denies the basic dignity and infinite worth of life given by God

- c. Limited resources
 - o Extraordinary measures to maintain life artificially when the person will eventually die only uses up limited medical resources that someone else could benefit by; criteria proposed to be used to decide who will receive the treatments includes (have any of these been used?):
 - o Geographic closeness
 - o Probability of success in application of the procedure
 - o More learned from applying to one individual over another for future knowledge
 - o The social worth of the individual (wino vs a pastor, president vs a soldier)
 - o Random selection
 - o Order of application
 - o Ability to pay (J.R. example for a liver)
 - o Financial constraints imposed by and HMO or Medicare/Medicaid coverage
 - o "Star" chamber approach (kidney dialysis machines in 1960's)
 - o Keeping a person on extraordinary measures will consume all of a families resources; financially, emotionally, etc. (minimize your losses)
 - o However:
 - o This is again a utilitarian view of life, when it costs something, it becomes of little value or no value at all
 - o This trivializes the intrinsic worth of life
 - o This creates a conflict between the life of an individual and someone else' self interest
 - o Life is to be preserved, but not made into an "idol" that's to be continued "at all costs"
- d. A person's "**Right to Die**" leads to "**Duty to Die**" leads to "**License to Kill**"
 - o The person has a "right" to die in dignity when they choose and how they choose
 - o A person has a "right" to end his life whenever they choose, it's theirs to do with as they see fit
 - o Maintaining a person on life support systems only delays the inevitable and is cruel and unnecessary (unusual) treatment of the patient
 - o This argument gives the impression this is a fundamental right and as such should not (or cannot) be questioned by others
 - o However:
 - o A person has not been granted that right by law or by God
 - o As long as there is breath, there is hope for that person (spiritually)
 - o For a believer, suicide is not an option
- e. Body alive but the person isn't there any longer
 - o "Bodies without persons"; therefore let the body die!
 - o Since the person is no longer in the body, but the body is mechanically kept alive, the organs can be harvested for others to benefit from
 - o Disincentive to keep the person alive since eventual outcome is known, the longer the wait to harvest, the greater the possibility of damaging useful organs that can save other lives

7. Biblical truths show us life has dignity and value, we are to protect and cherish it as a gift from God

- a. Murder is condemned in the Bible (**Ex 20:13**), this excludes active euthanasia and suicide
- b. Until a person is dead, he is a living human being, with that 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 He is a proper object of our love and compassion
 - o God is the one with the authority to take life, not us. He also places it within the hands of the magistrate to punish the evil doer, but not to take capriciously (**Rom 13:3-4**)
 - o We are to comfort the ill and suffering out of compassion for them (**Prov 31:6-7; Matt 10:23**)
 - o The cheapening of life in any form invites further abuse later, further weakening safeguards against capricious taking of life. The "unthinkable" becomes "thinkable" (**James 1:13-15**)
 - o In one sense we are all "dying" since each day draws us closer to our physical death
- c. We are to exercise wisdom in protecting a person's life, knowing that it is God that is ultimately in control of when that person will die (our days are numbered)
 - o Active euthanasia is never justified - it is murder
 - o Circumstances may warrant passive euthanasia, but only under specialized circumstances

- o Never by the withholding of primary care (nourishment, water, oxygen, shelter)
- o Treatment of secondary conditions not life threatening and not requiring extraordinary care should be conducted
- d. Even the most severe suffering does not make a life of less value!
 - o God can be glorified through us in our pain (**Rom 8:18**)
 - o We may suffer for others benefit (**2 Cor 4:11-18**)
- e. God's grace is sufficient for us, and His power is revealed through our weaknesses (**2 Cor 12:7-10; Heb 11**)
 - o Speaking right of God during times of great suffering brings glory to God (**Job 42:7**)
 - o God sometimes brings great suffering upon a man to gain his attention and bring him to Himself (**Job 33:28-30**)
- f. Suicide's moral implications (most from note (5)):
 - o It violates the sixth commandment (**Ex 20:13**)
 - o It destroys part of God's creation intended for His glory and reflects His image (**Gen 1:27**)
 - o Rejects moral responsibility by not facing difficult conditions of human existence (**Rom 5:3-6**)
 - o It refuses to bear in love with the weaknesses of the person one has a unique and special relationship with - oneself
 - o Taking ones own life diminishes all of us in that the unforeseen consequences and contributions of continued existence are lost (**2 Cor 5:1-9**)
 - o To assume ultimate responsibility for one's life is to reject God's Lordship. In essence this is a statement that there is no hope for an acceptable future
- g. The elderly are a special group:
 - o Deserving respect because of their wisdom (**Job 12:12; 15:10; 32:7; Deu 32:7**)
 - o Deserving protection because of their weakness (**Ecc 12:2-5; 2 Sam 19:35; Psalm 71:9**)
- h. We do not have the right to require someone to give their lives up for others (financial reasons, emotional, burdensome, etc.)(**2 Cor 8:3**)
- i. God's people can accept death because they know where they are going (**1 Cor 15:54-57**)
- j. Life is a gift from God, but it is not to be prolonged at "all costs" such that it becomes an idol, and it is not to be cheapened in any form - this will lead to further abuse later (**James 1:13-15**)

8. Bottom Line Summary Thoughts (Some Opinion):

- o Dignity and sanctity of life (we are in God's image) compels us to protect it, sustain it (food, water, oxygen, shelter), and try and improve its condition (relieve pain) - we are never to cause the death of an individual (ourselves or others)
 - o The handicapped
 - o The unconscious
 - o Any cheapening of life will eventually lead to further abuses
- o We may allow a person to die when they are dying (imminent death is expected and their condition is irreversible); however, if they are conscious their wishes are the most critical to consider. In addition, there are rare cases of irreversible conditions being reversed!
- o We are to make a person as comfortable as possible, relieving pain (compassion and mercy) with minimal drugs so that ministry can continue on (for believers as well as non-believers)
- o In all of this - seek what will bring the greatest glory to Christ (**Phil 1:9-10**)

9. 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 verses 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?"*

Notes:

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. *"World Magazine"*
7. *Focus on the Family "CitizenLink" research paper: "Guidelines for Making End-of-Life Decisions" 27 Dec 1999; (www.family.org/cforum/research1)*