Dying with Dignity, Voluntary Euthanasia and Assisted Suicide:
A Briefing Paper

Introduction.

Over the next 10 years Australian society will continue to grapple with a series of complex spiritual, moral, social and legal questions about how people can be assisted to die with dignity. As progressive Christians, we have an obligation to think hard about these matters and where appropriate enter the public debate. While most Christians would agree that it is clearly good for people to be able to die with dignity, most official teaching of the churches over the last 50 years has been against voluntary euthanasia and assisted suicide. At the same time, many ordinary Christians and a number of theologians have argued that there is a place, with appropriate safeguards, for both voluntary euthanasia and assisted suicide.

This briefing paper is designed to highlight the issues in the Australian context and particularly in relation to the Victorian Inquiry into End of Life Choices and the resulting Bill which will shortly come before the Victorian Parliament. It is intended to assist progressive Christians in thinking about these complex issues as legislation is proposed in each of the States or Territories in which they live.

Some traditional arguments against euthanasia and assisted suicide.

In this section, we will use as a starting point the work of Brendan McCarthy as a well-articulated example of the traditional position. The issue of the ‘slippery slope’ as raised by Frank Brennan will also be described. There are four main principles that McCarthy says underpins his argument.

Protection of Life

The biblical teaching that every human being is made in the image of God places immeasurable importance and significance on every human life. We are not our own, but rather we are expressions of God’s loving, creative essence and, as such, every person and every life has an importance and an innate dignity that abides within us but which has its source beyond us. We are God’s creation and it is he, the creator, who has invested us with significance. Life is a gift from God and every person is the beneficiary of that gift. Protection of life is the only response that we can make if we are to respond with gratitude to God the giver of life (McCarthy 2009).

Protection of the Vulnerable

The Scriptures are full of commands and encouragement to care for the oppressed, the downtrodden and the vulnerable. In some of his most striking and startling teachings, recorded in Matthew 25, Jesus stated simply that as we act towards the most vulnerable we act towards him. He is the bereaved mother, he is the depressed young man and he is the elderly, abused person who is made to feel that his life has become worthless. True compassion means taking the side of the oppressed, the lonely and the vulnerable and is the hallmark of genuine Christian faith (McCarthy, 2009, 26).
Building a Cohesive Society

In contrast to the rampant individualism evident today, the biblical model for human living is one of community and relationship. Christians are not to live solitary, self-occupied lives but are part of the body of Christ. We are also enjoined both by Jesus and by the apostle Paul to act as responsible citizens. Our true citizenship may be in heaven but we are to be salt and light in the world, bringing justice and demonstrating God’s love within society (McCarthy, 2009, 26).

Respect for the Individual

Jesus did not coerce people to follow him and he did not force obedience or allegiance from anyone. As the body of Christ, we are to act as Jesus acted and so we must respect every individual and encourage each person to live a life that demonstrates integrity, not paying lip-service to the beliefs and opinions of others. While respect for individuals ought not to lead to advocating selfish and untrammelled freedom of action, it ought to lead to advocating for maximum degree of individual freedom consistent with the other principles outlined above (McCarthy, 2009, 27).

The Slippery Slope

A well-known Australian Christian who has also argued strongly against legislation that supports assisted dying is Frank Brennan SJ (2015, 27-55). His argument, based largely on an analysis of legislation and policy is that once assisted suicide is allowed in one instance legislatively, then pressure will mount so that eventually assisted suicide will be regarded as a right generally and legislated accordingly. In these circumstances, it is impossible to provide safeguards for the most vulnerable in any legislation. Other supporters of this argument have pointed to the experience in the Netherlands which is said to have seen an increase in euthanasia rates much higher than was expected and in cases which were not predicted. Indeed, in the Netherlands in 2015, 3.9 per cent of all Dutch deaths were cases of assisted dying (Inquiry into End of Life Choices: Final Report, 8).

At the same time, Frank Brennan acknowledges that the amount of such legislation will increase, and the wisest approach is to place as many restrictions (crampons) on the legislation as possible to slow the slide down the slippery slope.

Some difficulties with the traditional arguments

Protection of Life

While most progressive Christians would want to affirm the importance of life because humans are both created by God and loved by God, (however God is conceived) there is a large conceptual jump to “Protection of life is the only response that we can make if we are to respond with gratitude to God the giver of life.” Even a cursory reflection on the life of Christ, reflected in the Gospels and Epistles, reveals something different.

The greatest love you can have for your friends is to give your life for them. Jn 15:13

This is how we know what love is: Christ gave his life for us. We too, then, ought to give our lives for others. 1 John 3:16

Love takes precedence over life itself. This has always been a strong tradition within the church, not just with the example of the martyrs, but also in the lives of ordinary Christians who have put others’
lives before their own as they have worked with Christ in establishing a new Kingdom of love and justice.

**Protection of the Vulnerable**

It is true that the progressive Christian should have an absolute commitment to those who are being oppressed. This means not just personal charity, but also working to change unjust structures that make people feel “worthless”. In this context, Christians should be working with others to change the conditions that make many people feel that life is not worth living and suicide is the only alternative. It also means scrutinising carefully and opposing any legislation that would put pressure on people to take their own lives out of false feelings of worthlessness.

**Building a Cohesive Society**

Progressive Christians would again agree about the need to be salt and light, bringing justice and demonstrating God’s love. However, they may have legitimate doubts about the assumption that euthanasia or assisted dying is in every case an example of “rampant individualism”.

**Respect for the Individual**

This is where a principles approach begins to get into difficulty from the traditional perspective. On the face of it, the first sentence in the quote from McCarthy above would seem to endorse the freedom of a person to choose euthanasia. Yet the author implicitly implies in the last sentence that because of the other principles that euthanasia is not acceptable. Is this principle of freedom always secondary to the others? Indeed, is this the right way of talking about principles or does there need to be a more nuanced approach? If a principle is always over-ridden or secondary to another principle, is it a principle at all?

**The Slippery Slope**

While this is an important argument, it is not fundamentally a theological argument, but rather a practical one. Will a change in the legislation cause more harm to the most vulnerable, than the harm it reduces by reducing the suffering of those who are dying? This certainly needs to be considered when looking at any proposed legislation.

It also needs to be considered in each jurisdiction, whether current laws that do not contain a provision for assisted dying adequately protect the most vulnerable. In the Victorian situation, the submission from the Coroners Court revealed that for the period 2009 - 2013 some 240 people took their own lives as a result of an irreversible deterioration in physical health due to disease or injury. Had there been a legal framework in place for assisted dying, and protocols for discussing the possibility, it is likely not only that the deaths of a number of these people would have been less traumatic, but also some may have chosen not to have taken their own life.

I will now turn to some of the arguments that Christians have made in favour of euthanasia.

**Some arguments made by Christians in favour of euthanasia and assisted dying**

Hans Kung has been one of the most prominent theologians to argue in favour of euthanasia and dignified dying in certain cases.

*So as a Christian and a theologian I feel encouraged, after a long ‘consideration of the benefits’, now to argue publicly for a middle way which is responsible in both theological and Christian*
terms: between an anti-religious libertinism without responsibility (‘unlimited right to voluntary death’) and a reactionary rigorism without compassion (‘even the intolerable is to be borne in submission to God as given by God’). And I do this because ... I am convinced that the all-merciful God, who has given men and women freedom and responsibility for their lives, has also left to dying people the responsibility for making a conscientious decision about the manner and time of their deaths. This is a responsibility which neither the state nor the church, neither a theologian nor a doctor, can take away (Kung, 1995, 37-38).

Kung argues that the traditional arguments against euthanasia are based on a misguided view of God.

God as the creator who simply exercises sovereign control over human beings, his servants; their unconditional lord and owner, their absolute ruler, lawgiver, judge and basically also executioner. But not God, as the father of the weak, the suffering, the lost, who gives life to human beings and cares for them like a mother, the God of the covenant who shows solidarity, who wants to have human beings in his image, as free, responsible partners. So for the terminally ill our theological task is not spiritualizing and mystification of suffering or even a pedagogical use of suffering (‘purgatory on earth’) but – in the footsteps of Jesus, who healed the sick – one of reducing and removing suffering as far as possible (Kung, 1995, 26-27).

Charles Birch, the Australian theologian and scientist also addresses this misguided understanding of God that can lead to a false sense in many cases that whatever happens to us is part of Divine will that we must accept.

The concept of an all-powerful, almighty, all-controlling God is antithetical to the reality of the world. That concept, despite its widespread acceptance, is an adolescent and immature view of the nature of God’s activity. ... The nature of the world is consistent with the concept of God as persuasive love that is never coercive. That in the end is the only sort of power that matters. The form of power that is most admirable is that which empathizes with others and empowers them (1995, 112).

More recently Archbishop Desmond Tutu has spoken in favour of legislation to allow for assisted dying based on a similar understanding of God. See https://www.theguardian.com/society/2014/jul/12/desmond-tutu-assisted-dying-right-to-die

At the heart of many of the arguments for changes in legislation there is an ethic of compassion and relationship, as well as experience of loved ones who have experienced very difficult deaths.

Legislation and Policy Change in Victoria.

The key document that anyone who wishes to comment on the Victorian situation needs to study is the Inquiry into End of Life Matters: Final Report by the Legislative Council’s Legal and Social Issues Committee. This is an excellent report based on comprehensive research both nationally and internationally as well as involving substantial input from the community. (There have been over 1,000 submissions to the Committee.) The report summaries the material well and is clearly written. It recognises right from the outset that there are various views on the subject and this was true within the Committee itself.
“The members of the Committee hold different views on the subject of assisted dying, views which align in some cases on some subjects but not on others. Some believe that assisted dying should be available more broadly, others believe that it should be available but that eligibility criteria should be extremely strict and others are simply opposed. For some Committee members their views have changed since the outset of this Inquiry (p.16).”

In many ways, this is a good description of the position of the Management Committee of APCVA. The Legislative Council’s committee then went on to enunciate a number of core values that the committee as a whole endorsed.

Core values for end of life care

**Every human life has value**
Every individual person has inherent value.

**Open discussion about death and dying should be encouraged and promoted**
Death is an inevitable and natural part of life. It is human nature to fear death, however by acknowledging our own mortality through open discussions with health practitioners and family we can plan for our death.

**People should be able to make informed choices about the end of their life**
An adult with capacity has the right to self-determination. This is a fundamental democratic principle which should be respected. Information on end of life choices must be clear and accessible.

**End of life care should be person-centred**
The focus of medical treatment has shifted in recent times from a ‘doctor knows best’ mentality to patient-centred care. End of life care should be no different.

**End of life care should address the needs of families and carers**
The end of a person’s life is a very stressful time for their families and carers, and can take a toll on their physical and mental health. End of life care services should extend to and provide assistance to families and carers during this difficult time.

**Pain and suffering should be alleviated for those who are unwell**
Not all treatment is beneficial for those at the end of life. Treatment provided to a 20-year-old may not be appropriate for an 80-year-old. The goal of end of life care should be to minimise a person’s pain and suffering.

**Palliative care is an invaluable, life-enhancing part of end of life care**
Palliative care provides much needed pain relief for people during the end of their life, and provides comfort to their loved ones and carers. Palliative care often prolongs life.

**High quality end of life care should be available to all people in all settings**
People should be able to plan for death in their preferred setting.

**Each person should be entitled to core rights in end of life care**
All forms of discrimination in end of life care should be ended as far as possible, whether based on geographical location, physical condition, ethnicity or wealth.
**Vulnerable people should be supported and protected**
End of life care should focus on relieving pain and suffering. Safeguards need to be in place to ensure that vulnerable people are not pressured or coerced into making decisions that they do not want to.

**The law should be coherent and transparent**
Health practitioners and patients should be fully aware of their legal rights and responsibilities in end of life care.

**The law should be followed and enforced**
The purpose of end of life legislation should be to provide for end of life choices for patients and protection for doctors. Breaches of laws should be penalised appropriately.

These are core values with which we believe most progressive Christians would agree and which should form the basis of any proposed legislative changes.

**Every human life has value**

For progressive Christians, this core value springs from an understanding of the loving interconnectedness each person has with what we call God. This love in turn links all people in bonds of love to all other people and to the universe.

Sadly, it is a reality that often human life is not valued. Our capitalist and market-driven society too often does not value human life in itself, but only as it can perform a function within the market as producer or consumer. Too often too, injustice which is the product of human greed is hidden behind a fiction of reified market forces. One of the results is that too many people in our affluent society are deprived of the necessities for a fulfilled and healthy life. Consequently, even now, Aboriginal people and those who are poor die at a much earlier age than those who are well off financially.

**The importance of good palliative care**

It is for this reason we believe that the Legislative Council Committee’s emphasis right from the outset on improving the availability of good quality palliative care is the correct approach. Unless this occurs prior to changes in legislation which assist people to die in dignity, such legislation will have the unintended consequence of pressuring the poor more than the rich to ask for assistance in dying. Palliative care is expensive. Currently, it is grossly underfunded in most States and Territories. Properly funded palliative care is the most appropriate way of assisting most people die with dignity. Progressive Christians need to beware of any legislative changes that do not go hand in hand with substantial increases in funding for palliative care.

**The assisted dying framework**

Nevertheless, there are still some people for whom even the best palliative care cannot reduce intense and intolerable suffering. At the time of writing, the Death with Dignity Legislation is not yet before the Victorian Parliament. However, indications are that it will be closely based on the recommendations of the Inquiry into End of Life Choices: Final Report, and particularly on the Assisted Dying Framework Summary on pages 237 – 240.
The assisted dying framework specifies that:

“Assisted dying should in the vast majority of cases involve a doctor prescribing a lethal drug which the patient may then take without further assistance. The singular exception is where people are physically unable to take a lethal drug themselves. In this case, a doctor should be able to assist the person to die by administering the drug (237).”

It also has a provision for conscientious objection

“No doctor, other health practitioner or health service can be forced to participate in assisted dying (237).”

Additionally, the framework has quite tight eligibility and assessment provisions that would seem, as far as can be predicted with any proposed legislation, to protect the rights of the most vulnerable.

Some reflections on those who assist

It is important that no person should be forced to assist a person to die. In this the Victorian framework is quite clear on the right of doctors or other health practitioners not to participate.

It is important that doctors and health professionals who assist a person to die be given appropriate ongoing support. Such work is often difficult and emotionally and psychologically draining.

The Victorian framework, precludes family members or friends from administering a lethal drug in those rare cases where a person is unable to administer the drug themselves. (The drug must be administered by a doctor.) This is a wise safeguard both for the person themselves and the family and friends.

Conclusion

In the first instance APCVA would like to affirm the values outlined in the Inquiry into End of Life Matters: Final Report which are described above. We believe these are a good foundation for any changes to legislation.

While we believe life to be of great importance, we believe that love takes precedence.

We do not believe in a God who causes intolerable suffering. Rather we believe that it is the responsibility of Christians to reduce suffering and its causes wherever possible. We also believe that people have a responsibility for their own life and for the choices that they make. From a Christian perspective, this is a God given responsibility that no one should take from them. Consequently, it is not inconsistent with Christian values for a person facing intolerable suffering towards the end of their life to rationally choose to end this suffering by taking their own life.

However, such a person in the first instance should be given the best medical and palliative care available to reduce suffering. Introducing legislation to allow assisted dying without at the same time improving palliative care provision so it is available to all, would ultimately lead to the less wealthy being disproportionately represented among those who take the voluntary euthanasia or assisted dying option.
Legislation cannot be expected to solve entirely the problem of dying with dignity. The law at its best can only assist the individual, the family and the community in addressing this complex issue. Though recognising that the risk of mistakes or abuse cannot be entirely eliminated, any legislation should contain stringent safeguards, checks and balances to reduce this possibility.

Whether a progressive Christian will support or oppose “death with dignity” legislation will depend on whether the proposed legislation is perceived as causing more harm than good for the most vulnerable and whether there are aspects of the legislation that will have unintended consequences.

References


