

Christian Ethics: Lesson 4

Suicide and Euthanasia

I. Introduction:

Let's say that your father was in a tragic car accident that left him paralyzed from the neck down. He is still alive, conscious, and can even speak, but the rest of his body will forever be useless. In a moment of desperation, he begs you to take his life and spare him a lifetime of suffering.

- A. Why would many people say that taking his life is a loving and compassionate action?
- B. What value does euthanasia place upon your father's life?
- C. Let's say that your Dad was brain dead and kept alive by ventilator machine which breathed on his behalf? Is turning off the switch murder? Why or why not?

II. Suicide:

In order to discern the ethics of euthanasia, we must assess the morality of suicide. The following exercise will help us clarify when taking your own life is a suicide.

A. When is it Suicide? Discuss each of the following.

1. An elderly man, despairing of life, leaves a note behind and jumps off a bridge.
2. A soldier captured in war takes a poison capsule in order to avoid a torturous death and to hide secrets from the enemy.
3. A truck driver, foreseeing his own death, drives off a bridge in order to avoid hitting children playing in the road.
4. A hospitalized cancer patient with six months to live shoots himself in order to save his family from unneeded psychological and financial suffering.
5. A terminally ill patient, realizing death is imminent, requests that she not be resuscitated again if another heart failure occurs.

6. A Jehovah's Witness refuses a simple blood transfusion for religious reasons and subsequently dies for lack of blood.¹

B. The Definition of Suicide:

An act is a suicide if and only if a person intentionally and/or directly causes his or her own death as an ultimate end in itself or as a means to another end (e.g., pain relief), through acting (e.g., taking a pill) or refraining from acting (e.g., refusing to eat) when that act is not coerced and is not done sacrificially for the lives of other persons or in obedience to God.²

C. The Morality of Suicide:

1. The Sanctity of Life:

- a. *Genesis 1:26-27* Then God said, "Let Us make man in Our image, according to Our likeness; and let them rule over the fish of the sea and over the birds of the sky and over the cattle and over all the earth, and over every creeping thing that creeps on the earth."²⁷ God created man in His own image, in the image of God He created him; male and female He created them.

- What does this passage teach about the value which God places upon human life?

- b. *Genesis 9:6* "Whoever sheds man's blood, By man his blood shall be shed, For in the image of God He made man.

- i. PETA stands for "People for the Ethical Treatment of Animals." They believe, "that animals are not ours to use for food, clothing, entertainment, experimentation, or any other purpose and that animals deserve consideration of their best interests."³ Does *Genesis 9:6* assign such value to animals (cf. *Gen. 9:3*)?

¹J. P. Morland "The Morality of Suicide: Issues and Options" *Bibliotheca Sacra* Volume 148. Dallas Theological Seminary, 1991; 2002, S. 148:216

²Dallas Theological Seminary: *Bibliotheca Sacra* Volume 148. Dallas Theological Seminary, 1991; 2002, S. 148:218

³<http://www.peta.org/about/faq.asp> July 20th, 2005.

- ii. Why is it permissible to kill animals and not humans?
- iii. Why does God take a murderous attack upon man personally?

c. Exodus 20:13 You shall not murder.

- i. What is the positive implication of this command?
- ii. How would you define murder? For instance what is the difference between murder and capital punishment of killing in a just war?
- iii. Why do you suppose God allows the taking of a life via capital punishment and self defense?

Note: The sixth commandment negatively prohibits murder and positively affirms life. This prescription shows that God places a premium on human life. Now there are some exceptions, such as self defense (*Exo. 22:2*), a just war (*Rom. 13:1-7*), and capital punishment (*Rom. 13:4*). However, we must note that Bible explicitly gives these exceptions.

- iv. How would you answer the objection that suicide is not expressly prohibited in the Bible? (Hint: remember the exceptions)

d. Job 33:4 “The Spirit of God has made me, And the breath of the Almighty gives me life.

e. Psalm 66:9 Who keeps us in life And does not allow our feet to slip.

- How do the above verses strengthen the case against suicide?

Note: From the above passages it is clear that life has been created by God, and only He has the prerogative to give or take it away. God’s prerogative over life helps us to understand the exceptions that he has made, capital punishment, a just war, and self defense are divine means of taking life and judging the disobedient for their sin. Murder is wrong, because it makes man sovereign over the termination of life.

2. The Bible’s View of Suffering:

- a. *Romans 8:28 And we know that God causes all things to work together for good to those who love God, to those who are called according to His purpose.*
- b. *James 1:2-4 Consider it all joy, my brethren, when you encounter various trials,³ knowing that the testing of your faith produces endurance.⁴ And let endurance have its perfect result, so that you may be perfect and complete, lacking in nothing.*
 - i. Why do many people take their own life?
 - ii. How do these verses chafe against the notion that if life is not worth living it would be better to die?
 - iii. What is the value of suffering? How does living with emotional and physical suffering bless other people?

Note: Taking your own life has a rippling effect on all those around you, from family members and friends who will be emotionally distressed. On the other hand living in pain has the following benefits:

- a. This is a moral service to one another.
- b. It shows that life can be endured in spite of the pain.
- c. This presents an opportunity to demonstrate how a life can be lived in the midst of pain, distress, and looming death. Many Christians are able to present a wonderful testimony of the Lord’s faithfulness in their deepest pain.

- d. Committing suicide will mar the memory of your life lived. It also indicts your community on their failure to make your life worth living.

3. The Vilification of Death:

- i. When contemplating suicide, how does the individual regard death? Why does it seem attractive?
- ii. According to the following passages, how does the Bible view death?

Genesis 2:15-16 Then the LORD God took the man and put him into the garden of Eden to cultivate it and keep it. ¹⁶ The LORD God commanded the man, saying, "From any tree of the garden you may eat freely; ¹⁷ but from the tree of the knowledge of good and evil you shall not eat, for in the day that you eat from it you will surely die."

Genesis 3:19 By the sweat of your face You will eat bread, Till you return to the ground, Because from it you were taken; For you are dust, And to dust you shall return."

1 Corinthians 15:54-55 But when this perishable will have put on the imperishable, and this mortal will have put on immortality, then will come about the saying that is written, "DEATH IS SWALLOWED UP in victory. ⁵⁵ "O DEATH, WHERE IS YOUR VICTORY? O DEATH, WHERE IS YOUR STING?"

- iii. How would you respond to the objection that when Paul says "*For to me, to live is Christ and to die is gain*" (*Phi. 1:21*), he sees death as a good thing?
- iv. What is the danger of seeing death as a good thing?

Death is not a glorious escape as some proponents of suicide or euthanasia claim. It is the result of the curse (*Rom. 5:12*), and will be eradicated at the end of time (*1 Cor. 15:26*). Though some will argue that death is gain (*Phi. 1:21*), this does not imply that death is glorious, but that death is the doorway to the glorious presence of Christ. Secondly, death is not gain for those who have rejected the gospel. No amount of suffering they endure in this life will equate the torments of hell which await them at death. For the unbeliever, death is not a means of escape, but the door to an eternal prison.

4. The Reality of Hell.

Revelation 20:14-15 Then death and Hades were thrown into the lake of fire. This is the second death, the lake of fire. ¹⁵ And if anyone's name was not found written in the book of life, he was thrown into the lake of fire.

- How should the reality of hell deter suicide?

D. The Folly of Suicide:

1. In a 2005 study researchers investigated the relationship between gun ownership and successful suicides. In their method they compared “High Gun” states with “Low Gun” states, and what they found was that the High Gun states with three times the amount of gun ownership had three times the suicide rate. Why do you think this is so?
2. What do you think about the theory that people who want to kill themselves will always find a way to do it?
3. How can we minister to those pondering suicide?

In September 2000, Kevin Hines, a 19-year-old college student suffering from bipolar disorder, leapt from the Gold Gate Bridge. One of 29 known survivors of the fall, he now advocates suicide prevention.

“I’ll tell you what I can’t get out of my head . . . It’s watching my hands come off the railing and thinking to myself, My God, what have I just done? Because I know that almost everyone else who’s gone off that bridge, they had the exact same thought at that moment. All of a sudden, they didn’t want to die, but it was too late. Somehow I made it; they didn’t and now it’s my responsibility to speak for them.” ⁴

E. Conclusion:

⁴ Scott Anderson, “The Urge to End it All” New York Times, July 6, 2008.

From the above discussion, it is clear that the Bible prohibits suicide as well as the rationale for suicide. Many advocates of suicide and euthanasia claim that when life loses certain qualities such as aspirations, decisions, activities, etc. it is justifiable to end it. Essentially, when one determines that his or her life is not worth living they are free to terminate it. On the contrary, the Bible teaches that the final arbiter of the worthiness of a life lived is God.

III. Euthanasia:

A. Introduction:

In June of 1990, Dr. Jack Kevorkian, a 63-year-old retired pathologist, was charged with first-degree murder after he helped an Oregon woman with Alzheimer's disease commit suicide in June 1990. The charge was dismissed in December 1990. (Michigan has no law against suicide.) In October of 1991, Marjorie Wantz used a suicide machine devised by Kevorkian to take her own life. Kevorkian also assisted Sherry Miller in an act of suicide by pulling a mask over her face so she would inhale carbon monoxide from a tank. Miller's veins were too delicate for a needle involved in Kevorkian's suicide machine. The police found both bodies in a cabin 40 miles north of Detroit. Miller was incapacitated by multiple sclerosis and Wantz suffered from a painful pelvic condition. Neither condition was life threatening.⁵

On the November 23, 1998, broadcast of 60 Minutes, Kevorkian allowed the airing of a videotape he had made on September 17, 1998, which depicted the voluntary euthanasia of Thomas Youk, 52, an adult male with full decisional capacity who was in the final stages of ALS. After Youk provided his fully-informed consent on September 17, 1998, Kevorkian himself administered a lethal injection. This was novel, as all of his earlier clients had reportedly completed the process themselves. During the videotape, Kevorkian dared the authorities to try to convict him or stop him from carrying out assisted suicides. This incited the district attorney to bring murder charges against Kevorkian, claiming he had single-handedly caused the death.⁶

Consequently, Kevorkian was charged with first degree homicide and then served approximately nine years after being convicted of 2nd degree murder.

1. In the mind of Dr. Kevorkian did he commit murder?

2. Why do you suppose there is growing public support for doctor assisted suicide?

⁵ J. P. Moreland "The Euthanasia Debate" *CRI* Statement DE 197-1 p. 1.

⁶ <http://en.wikipedia.org/wiki/Kevorkian> 10/10/08

B. Clarification of Terminology:

The term “*euthanasia*” is derived from two Greek words—*eu* meaning “well” or “good,” and *thanatos* meaning “death.” In contemporary discussions, it stands for a wide variety of practices. Terminology in regard to euthanasia can be divided into three different categories, each adding another dimension to the discussion.

1. VOLUNTARY/INVOLUNTARY/NONVOLUNTARY

This distinction focuses on whether or not the patient requests death. *Voluntary euthanasia* refers to cases where a patient requests death or grants permission to be put to death. It is often considered equivalent to suicide. Euthanasia is *involuntary* when someone is put to death without requesting it or granting permission. Nonvoluntary occurs when the patient’s wishes are unknown. This distinction is crucial to many doctors and ethicists who think euthanasia can be morally justified if requested (voluntary), but not otherwise.

2. ACTIVE/PASSIVE

These terms focus on the kind of action taken to bring about death. *Active euthanasia* refers to taking some purposeful action to end a life, whereas *passive euthanasia* refers to the withholding or refusal of treatment which will sustain life. Passive euthanasia may also involve withdrawing treatment already begun. The distinction is often equated with the ideas of commission (active) and omission (passive), and some see it as the difference between killing (active) and letting someone die (passive). Giving a lethal dose of drugs to someone diagnosed with AIDS is active euthanasia. Removal of a feeding tube is an example of passive euthanasia. Please note that the intent of both of these activities is the death of the patient.

Upon minimal reflection, one can see that both active and passive euthanasia can be either voluntary or involuntary. What ethicists often debate is whether there is any morally significant difference between killing and letting die.

3. DIRECT/INDIRECT

These terms denote the role played by the person who dies when his life is taken. *Direct euthanasia* refers to cases where the individual himself carries out the decision to die. *Indirect* refers to situations where someone else carries out the decision. These terms are not equal to *voluntary/involuntary*. Those terms refer to whether the individual requests

or permits the act, but not to the actual doing of the act. *Direct/indirect* refers to whether the individual does the act himself or not.⁷

| | Voluntary | Involuntary | Non-Voluntary |
|---------------------------------|---|--|--|
| P A S S I V E | Mr. A is unconscious from a medical condition that is treatable, but if untreated, will lead to death. Dr. B recommends treatment for Mr. A. | | |
| | Mr. A refuses treatment (via AMD) | Mr. A requests treatment (via AMD) | Mr. A's desire concerning treatment is unknown |
| | Dr. B does not treat Mr. A. Mr. A dies from the non-treated medical condition. | | |
| A C T I V E | Mr. A has an incurable medical condition. | | |
| | Mr. A requests a lethal drug. | Mr. A requests non-lethal pain killers. | Mr. A's desires are unknown. |
| | Mr. A ingests lethal drugs [direct], or Dr. B administers lethal drugs [indirect]. | Dr. B administers lethal drugs [indirect]. | Dr. B administers lethal drugs [indirect]. |
| | Mr. A dies from the lethal drugs. | | |

8

4. Morally, is there a difference between active and passive euthanasia?

C. The Case for Euthanasia in All Circumstances:

1. The Quality of Life:

The mere fact that something has *biological* life, says one proponent, whether human or nonhuman, is relatively unimportant from an ethical point of view. What is important is that someone has *biographical* life. One's biographical life is "the sum of one's aspirations, decisions, activities, projects, and human relationships." The facts of a person's biographical life are those of that person's history and character. They are the interests that are important and worthwhile from the point of view of the person himself

⁷Feinberg, John S. ; Feinberg, Paul D. ; Huxley, Aldous: *Ethics for a Brave New World*. Wheaton, Ill. : Crossway Books, 1996, c1993, S. 105

⁸Keith Essex, "Euthanasia" *Master's Seminary Journal Volume 11*. Master's Seminary, 2000; 2003, S. 11:203

or herself. The value of one's biographical life is the value it has for that person, and something has value if its loss would harm that person.⁹

2. Utilitarian Concerns:

An early death can be good for society. For instance, a cash strapped family will not be forced to go into poverty with medical expenses so that they may postpone the inevitable.

- What is the danger of this line of reasoning?

3. Freedom of Choice:

It is wrong to impose our view of life and death upon someone else. Removing choices regarding the end of life is dehumanizing. In addition, euthanasia is not murder if the victim desires for his or her life to be taken. This is similar to the act of theft. The very notion of stealing involves the victim's desire that his possessions *not* be taken. Thus, if I want you to take \$100 of mine and you take it whether I am looking or not, it is dubious that I could rightly accuse you of stealing. Stealing is wrong not just because someone takes something that is not theirs, but because permission is not granted to take it. If I grant permission to take something of mine, that is gift giving, not theft.

- What does this view suggest about the humanity of infants, comatose patients, etc.?
- Is theft an appropriate analogy for euthanasia? For instance, is the act of murder negated when the victim requests to die? Why or why not?

Note: Murder involves the intentional taking of the innocent life of someone made in God's image. If that is the definition of murder, obviously murder can be committed whether the victim asks to be killed or not. Murder, unlike stealing, can be committed

⁹ Cf. James Rachels, *The End of Life* (Oxford: Oxford University Press, 1986) p 38. As quoted by J.P. Moreland.

with or without the victim’s permission. Thus, the voluntary/involuntary distinction matters in the way suggested to some acts like theft but not to others like murder.¹⁰

4. It is a Demonstration of Mercy:

It is wrong to call upon someone to prolong their suffering when death can end their pain.

- How does our biblical understanding of death and hell answer this argument?

D. Christian Response:

1. The Sanctity of Life:

As we discussed, God created life and presides over when it begins and ends.

2. The Value of Suffering:

Life does not lose its meaning when it loses “biographical” value. God can bring meaning to any life through His providential oversight. Though suffering is neither enjoyable nor to be sought, that does not mean that it cannot have a positive impact on a person’s life. While afflictions are evils, God does use them to work good in our lives as *Rom 5:3–5, 1 Pet 1:6–9, 2 Cor 4:17, 12:10* and the book of *Job* testify.

3. The Slippery Slope:

One might want to limit the breadth of the category of people who qualify for euthanasia, but once it is decided that certain people are to die, it is hard to find any logical grounds for keeping others alive. For example, if the category includes those lacking the dignity of human beings, this can include many not terminally ill, nor in pain, nor desirous of death. They may simply fail to meet some ambiguous standard of what it means to be human. Historically, this is supported by the Nazis who began mercy killing in limited cases to relieve suffering, but the practice exploded into genocide. Proponents of euthanasia invariably guarantee that it will be used only in rather narrowly defined cases. The wedge argument says that “there is no logical or easily agreed upon reason why the range of cases should be restricted.”¹¹ For instance, why stop at terminally ill? Why not

¹⁰Feinberg, John S. ; Feinberg, Paul D. ; Huxley, Aldous: *Ethics for a Brave New World*. Wheaton, Ill. : Crossway Books, 1996, c1993, S. 122

¹¹Feinberg, John S. ; Feinberg, Paul D. ; Huxley, Aldous: *Ethics for a Brave New World*. Wheaton, Ill. : Crossway Books, 1996, c1993, S. 116

extend it to profoundly unhappy people, down 's syndrome children, crippled adults, etc. Once you go down the slope of Euthanasia, what stops you from going all the way down?

4. *Medical Concerns:*

At what point do you determine that someone is terminally ill. History is filled with cures for incurable diseases, and as medicine progresses the deceased has no hope of benefiting from the advances. Further, an agonizing death may be overstated as new medicines can greatly reduce pain to a bearable level.

5. With what certainty can we say that active euthanasia is morally wrong? Why?

E. Exceptions:

The traditional view allows for withholding or withdrawing treatment in some cases where certain circumstances exist; for example, cases where the patient is terminal, death is imminent, treatment is judged extraordinary, and death is not directly intended.¹²

Active Euthanasia is always forbidden, but in certain cases it is permissible to allow a patient to die. The permissiveness of passive euthanasia is allowed when sustaining the life takes extraordinary means.

1. *Extrodinary/Ordinary*

Ethicists frequently distinguish ordinary means of treating a disease from extraordinary means. The term "ordinary" is the more basic of the two and "extraordinary" is defined in terms of "ordinary." Ordinary means are all medicines, treatments, and operations that offer a reasonable hope of benefit without placing undue burdens on a patient (e.g., pain or other serious inconvenience). Extraordinary means (sometimes called heroic means) are those that are not ordinary; that is, those that involve excessive burdens on the patient and that do not offer reasonable hope of benefit.

Two important points should be made regarding this distinction. First, it utilizes terms such as "reasonable hope" and "excessive" which change as medicine progresses. What was excessive in medicine fifty years ago may be ordinary and routine today. Thus, the distinction between ordinary and extraordinary is relative to the current state of medical science; but this relativity is factual, not moral. Normally, we are obligated to offer ordinary treatment but not extraordinary

¹² Ibid. p. 10.

treatment. Factually, what counts as ordinary or extraordinary depends on our medicine and technology.

Second, the distinction between ordinary and extraordinary should not be made abstractly for *kinds* of treatments, but should be made in terms of kinds of treatments for specific persons in specific situations. The idea here is that what is excessively burdensome and offers little hope for one patient may be less burdensome and more hopeful for a second patient in a different state of health.¹³

It should be noted that a feeding tube would not be considered extraordinary means. Food and water are in a completely different category than life-sustaining medical treatments. Medicine treats the disease while food and water sustain life. Secondly, when an extraordinary treatment is forgone death *may* ensue. Yet, when food and water are withheld, life *will* end. Thirdly, when food and water are withheld, the patient does not die from the terminal illness, but from starvation and dehydration.

Regarding the respirator, we must remember that the machine assists the function of the body. When the respirator is shut down it does not cause the death so much as permits the existing pathology to run its course.

- How does our understanding of modern medicine factor into the euthanasia debate?

2. When Death Occurs:

Death with dignity cases are especially difficult, and part of the problem is evident when one understands what happens physiologically as someone dies. Traditionally, death was thought to involve cessation of heart beat and respiration. Today it is common knowledge within medicine that the heart continues beating for a few minutes after breathing ceases. Thus, artificial respiration can sometimes restore life. Respiration depends on reflex nervous activity which is governed from a center in the brain stem. Reflex action stops quickly if the oxygen supply to the brain fails. This information became especially important when techniques of mechanical respiration were invented. The respirator allows oxygenation of the brain to continue even if the reflex center or its connecting nerves are irreparably damaged. As a result, one may be kept biologically alive by means of a respirator. If the reflex center will not function autonomously and one pulls the plug on the respirator, oxygen will not reach the brain, and the person will die.¹⁴ This is a case where medical technology is able to keep a dead body alive.

3. Determining when to “pull the plug.”

¹³ Moreland, *The Euthanasia Debate* p. 7.

¹⁴Feinberg, John S. ; Feinberg, Paul D. ; Huxley, Aldous: *Ethics for a Brave New World*. Wheaton, Ill. : Crossway Books, 1996, c1993, S. 124

- a. Seek the wisdom and medical expertise of a pro-life doctor.
- b. Rehearse the value of life and the Bible's perspective on the sanctity of life.
- c. When it has become clear that medical treatments are doing nothing more than postponing the inevitable, there is a clear sense that the patient's time has come.
- d. Bathe every decision with prayer.
- e. Seek to show mercy in every way possible short of actively causing death.

IV. Thought Questions:

- A. What does the Euthanasia debate reveal about the secular view of life and death as contrasted with a biblical view?
- B. Should we as Christians take a live and let live or, in this case a live, and let die approach to Euthanasia? How strongly should we advocate against the rising tide of euthanasia laws?

V. Conclusion:

Euthanasia serves as another cultural battle regarding the ongoing war of the worldviews. At its nerve center is an assessment about the nature, meaning, and quality of a life. As Christians our responsibility to be salt and light to the world, is to let all know that life has meaning. Even the lives of the weak and defenseless can have purpose. Naturally, for true meaning to be found, they must embrace Jesus Christ as their Lord and Savior.

Through Jesus we need not fear death. While death is our enemy through the resurrection Jesus defeated it. We also know that our Lord will put an end to death and the euthanasia debate once and for all when He returns. In the mean time, we must warn people not to expedite their death as it is an insult to the God who gave them life, and it thrusts many of them into eternal destruction. With each extra breath that they take, they are afforded one more opportunity to repent.