

MERCY OR MURDER: THE DEBATE OVER PHYSICIAN-ASSISTED SUICIDE *A Theological Analysis by Glenn Mortimer and Jan Parke*

Description of Topic

The debate over physician-assisted suicide (PAS) rages throughout much of the nation. Some countries, most noticeably the Netherlands, have made this a legal part of the medical profession, but it remains a contentious issue in the United States. Oregon is one of the few states to have adopted laws permitting PAS for terminally ill patients who wish to end their lives when their pain or their quality of life becomes unbearable.

The debate over the so-called right to die has been going on in the United States since the 1970s. The movement to address the issue, however, began to gain voice in the 1990s. The assistance of physicians in suicide has been either barred by law or prohibited by ruling of the courts in every state except Oregon. In November 1994 Oregon's legislature became the first state to make PAS legal. Following many battles since the law was passed by the state legislature in 1994, a final referendum was put to the voters of Oregon in 1997. On November 4, 1997, Oregon voters upheld the law overwhelmingly, making PAS legal in Oregon.

Some definitions will enable us to examine the issue of PAS more carefully. Physician-assisted suicide (PAS) is generally defined as a physician responding to a request from a patient by providing a prescription for a lethal dose of a medication which the patient intends to use to end his or her life. PAS differs from euthanasia. In PAS the physician responds to a patient's request by providing the means by which the patients may terminate his or her own life. In euthanasia, the physician acts directly by administering a lethal injection to end the patient's life. (Attached picture taken from www.thelutheran.org/9706/hamel.gif, 1/28/05).



In order to define narrowly the scope of the practice of PAS that is the subject of this project, some other issues should also be mentioned in order to understand the medical, moral, and ethical questions that arise from this end-of-life subject. In terminal sedation, a patient is sedated to a state of unconsciousness, allowing the patient to die of the underlying disease. Withholding or withdrawing life-sustaining treatment occurs when a competent patient refuses to take medical measures to sustain his or her own life. State laws allow a patient the right to refuse medical treatment. Administering pain medications to terminally ill patients can cause respiratory problems or other side effects that may hasten death. Both the medical profession and the legal system see this as an acceptable decision and have upheld the practice with the proviso that the sole purpose of administering the pain medication is to alleviate unbearable suffering.¹

Many opponents of PAS suggest that it would only be the beginning of a slide down a slippery slope leading to the euthanasia of disabled persons or even elderly people who are considered a nuisance. Opponents are concerned about what they perceive as the short step between voluntary assisted suicide and euthanasia imposed upon people without their consent.

¹ Dr. Clarence Braddock, Dr. Mark Tonelli, *Ethics in Medicine*, University of Washington School of Medicine, 1997, web project posted in 1998.

Most medical groups, such as the American Medical Association, officially oppose physician-assisted suicide. They view physicians as healers who should never hasten death or give it a helping hand. The Roman Catholic Church, as well as other religious groups, consider church teachings to clearly state that PAS is the taking of human life, which is morally wrong under any circumstance.

Opponents argue that the legalization of PAS will have devastating effects on society. Even with the safeguards that are in the Oregon law or in other pending laws, many patients will still be vulnerable to abuse. There is fear of abuse by those who are concerned about the devastating financial impact of caring for a seriously or terminally ill family member because of the high cost of medical care. Other opponents fear that a person may elect PAS to avoid burdening their family or caregivers with expensive medical care in order to sustain life. PAS may suggest to relatives and doctors of the elderly, the poor, or the mentally or physically disabled that suicide maybe a viable alternative to a poor quality of life.

Opponents also bring up the “slippery slope” theory that suggests that society would move from PAS of terminally ill people to allowing the assisted suicide of those who are disabled, have chronic or debilitating illness, or those who are clinically depressed. This theory is stated clearly by the following quote by Dr. Herbert Hendin, a psychiatrist and Executive Director of the American Foundation of Suicide Preventions. The article containing the quote appeared in the *Journal of the American Medical Association* in June 1997 and argued “that the experience of legal assisted suicide in the Netherlands confirms my fears that suicide will eventually be extended to those who are not terminally ill. Assisted suicide is illegal in the Netherlands, but it has been tolerated for 15 years, as has euthanasia. Along with other opponents, I cite instances in the Netherlands in which patients have been helped to die who they say clearly should not have been, such as a woman who was depressed and was helped to die by her psychiatrist. The most disturbing fact to emerge from the studies was that in close to 1,000 cases annually, Dutch doctors admitted to ending patients’ lives without the patients’ consent. While many of those patients were not mentally competent, many were.”²

Proponents of PAS emphasize the merciful aspect of not prolonging suffering for those who have no chance of recovery and who want to die with dignity. As the debate continues over the legal, ethical, and theological aspects of PAS, Christians, especially clergy, need to examine all aspects of PAS in preparation for responding to questions about this difficult issue.

(Attached picture taken from http://www.nursevillage.com/nv/images/nurse_suicide.gif, 1/28/05).



The Oregon “Death with Dignity Law” has a multitude of criteria that must be met before physician-assisted suicide may take place. These criteria are that the patient:

- Must be terminally ill
- Must have six months or less to live
- Must make two (2) oral requests for assistance in dying
- Must make one written request for assistance
- Must convince two independent physicians that he/she is sincere and not acting on a whim. The decision must be strictly voluntary.

² Dr. Herbert Hendin, *Journal of the American Medical Association*, June 1997.

- Must not be influenced by depression
- Must be informed of “feasible alternatives,” including, but not limited to, comfortable hospice care and pain management
- Must wait 15 days³

The 1997 referendum clearly stated that death by lethal injection would not be permitted. Medications to cause death can only be given orally.⁴ Many people saw this as the fatal flaw in the PAS law that Oregon had passed. Most terminally ill patients will have difficulty taking oral medication. The risk of the patient vomiting up the medication or not being able to swallow would leave the patient partially medicated, resulting in a coma.

Subjects of this magnitude raise strong opinions on both sides. Responses to this subject raise not only medical questions but also moral, religious, and ethical questions. Those who support PAS are frequently people with terminal illnesses or those who have had a loved one die of a horrific illness in unbearable pain. Many proponents believe that those who are terminally ill and find that their lives have ceased to have meaning and are in misery have the right to die with dignity. Proponents also contend that the “Supreme Court has upheld the right of individuals to refuse life-sustaining medical treatment.”⁵ Most doctors, proponents observe, already help their terminally ill patients die by prescribing or administering legal drugs such as morphine in response to patients’ requests for help in alleviating pain and suffering.

The debate over PAS is one with looming theological questions. We as clergy should be educated about all sides of this very pervasive issue in order to be able to listen and advise our congregants when this issue arises. The relationship between God the Creator and Sustainer and the intractable pain of serious or terminal illness is one that creates great theological challenges for all clergy.

Analysis

Apart from the legal issues raised by PAS, theological and ethical dimensions of the debate also need to be discussed. Why are we merciful if we end the suffering of a terminally ill pet, but murderers if we do the same for an equally ill and dying human being? The Bible tells us that human beings are created in the image of God (*imago Dei*), but how does suffering fit into this doctrine? Conservative religious groups use the theological argument of suffering to oppose



PAS. They point to the suffering of Job and remind us that suffering is an opportunity for people to associate themselves with the suffering of Christ. Considering that many people in our country do not have access to medical insurance that would enable them to acquire medications to relieve adequately the pain of a terminal illness, it seems barbaric to tell these people that reflecting on the suffering of Christ will make it easier for them to bear their own

³ www.religioustolerance.org, “Physician Assisted Suicide – Activity in Oregon, 1997.”

⁴ Derek Humphry, “Oregon’s Assisted Suicide Law Gives No Comfort to Dying,” *New York Times*, December 3, 1994.

⁵ Marcia Angell, “The Supreme Court and Physician-Assisted Suicide—the Ultimate Right,” *New England Journal of Medicine*, January 2, 1997, p. 50.

pain. (Attached picture of the creation scene from Michelangelo's "Last Judgement" taken from <http://www.nycerome.com/rome-hotels-images/areas-of-rome-images/st-peter-vatican-area-pictures/sistine-chapel-in-st-peter-rome.jpg>, 1/28/05).

The decision to end one's life because of unbearable pain and suffering raises "serious pastoral, moral, and theological questions."⁶ As with all difficult issues, this one has both strong proponents and strong opponents. Theological, moral, ethical, and scriptural arguments are used by both sides, even though both sides agree that life is a gift from God.

Some arguments support the idea that there are circumstances under which PAS may be an acceptable moral and theological choice. These arguments assume that "individuals have the ability to make moral choices" informed by "scripture, tradition, and reason."⁷ They state that "the willful taking of life . . . can be morally justified only if the good desired outweighs the potential evil and only if that good cannot be achieved in a less destructive manner."⁸ In other words, the only moral argument for PAS would be that a terminally ill person has exhausted all other possible methods of alleviating unremitting pain.

The taking of a human life must be weighed against the pain and suffering of the person requesting PAS. "The idea of the sanctity of human life is a deep-seated principle in Christian theology." Yet, humans also have a role in God's ongoing creation.⁹ Against the argument that "suicide indicates a lack of trust in God" stands the view that "dependence upon God is in no way violated by the *responsible* exercise of our God-given freedom to choose, especially when it comes to our own death."¹⁰

Biblical arguments in support of the possibility of PAS include the story of the Exodus, which shows that the end of life itself does not necessarily mean the end of "the abundance of life in and through the revelation of God to God's own people, as the primary expression of God's creative force."¹¹ Another Biblical argument proponents use is that of the Resurrection, which was also used to support early Christianity's joyful embracing of martyrdom.¹² Christianity is a resurrection faith, so why should we try to keep people alive as long as possible, regardless of their suffering and their own preparation for what Christ promised us is to come next? As Christians we must respect the dignity of all. That may also include the right to die with dignity when death can no longer be avoided and suffering is unbearable.

Human suffering in the terminally ill is not always manageable, even with modern medicines. Although suffering for the sake of the Gospel is supported by Paul's letters, suffering just to suffer seems inhumane. Christ spent much of his ministry relieving human suffering, so it seems difficult to argue that suffering should be seen as punishment, or that seeking relief from unrelieved suffering should be seen as a moral failure.¹³

Opponents of PAS argue that PAS is never acceptable under any circumstances. They use the commandment against murder (Exodus 20:13) to support their proscription against any type

⁶ "Report of the Task Force on Assisted Suicide to the 122nd convention of the Episcopal Diocese of Newark," www.dioceseofnewark.org/report.html.

⁷ Task Force on Assisted Suicide.

⁸ Task Force on Assisted Suicide.

⁹ "Task Force on Assisted Suicide."

¹⁰ "Task Force on Assisted Suicide."

¹¹ "Task Force on Assisted Suicide."

¹² "Task Force on Assisted Suicide."

¹³ "Task Force on Assisted Suicide."

of suicide. “Christian tradition has taught that suicide is wrong because it is an arrogant and improper assertion of human will that violates the intention of a sovereign God.”¹⁴

One particularly interesting argument against PAS is that suffering is good for you, it is biblical (Adam and Eve’s punishment for disobedience), and it will bring you closer to God. According to this argument, the only time terminally ill people request assistance in dying is when they are depressed; no emotionally healthy person would request PAS. Depression can be treated with medication, which would eliminate requests for PAS. This argument looks for the meaning that can be found in suffering. However, when the suffering cannot be relieved by medical treatment, the danger seems to be that people may think that it is their responsibility to bear physical suffering, no matter how severe, because it may be God’s punishment for their sins. The argument for bearing suffering may have its place, but to impose it upon the terminally ill who suffer unremitting pain and have no possibility of recovery from their illness seems misplaced.

The “slippery slope” argument is also used by opponents of PAS. They see a short step from PAS for the terminally ill to involuntary termination of life for those who are dying or are “inconvenient.” Opponents worry that financial worries will cause people to request that their family members who are a burden be helped to die sooner than nature or God would intend. According to this argument, the next step is assisting those with physical or mental disabilities to die. This would lead to exterminating anyone we find inconvenient.

With all the safeguards in place in the Oregon law, it seems unlikely that this slope would be followed in the way that opponents fear. These events could happen, regardless of what the laws are. This seems like a rather thinly constructed argument, based more on fear of possible consequences than on reality. We have the nuclear technology to destroy all life on the earth, but we have not done so. This slippery slope argument seems like a poor reason to force people to suffer unbearable pain when they know they are going to die soon no matter what is done for them.

In an age when life can be artificially extended far longer than the underlying disease would normally allow, “attempts to keep a person alive regardless of the physical and psychological consequences may actually become an act of aggression rather than an act of caring and kindness.”¹⁵ PAS raises seriously debatable theological and moral questions. There are no easy answers or solutions. The key is continuing theological reflection to attempt to understand how the modern medical technology of today impacts all end-of-life issues. We also need to ask what the role of the clergy is in helping people reach an appropriate decision on a case-by-case basis. In particular, theological reflection on the meaning of suffering is essential. The dignity of human beings must be considered. We need to reflect on how beings created in the image of God can best utilize their God-given free will. We will all face end-of-life issues, both for our loved ones and for ourselves. In preparation for that time, we need to reflect on how to approach these issues, morally and theologically. (Attached picture taken from www.slovakradio.sk/rsi/ang/hardtalk/image/1206_euthanazia1.jpg, 1/28/05).



¹⁴ Robert D. Orr, M.D., “The Physician-Assisted Suicide: Is It Ever Justified?” *Suicide: A Christian Response: Crucial Considerations for Choosing Life*, T. J. Demy and G. P. Stewart, eds., Grand Rapids: Kregel Publications, 1998, p. 63.

¹⁵ “Task Force on Assisted Suicide.”