

Euthanasia  
April 14<sup>th</sup>, 2019

Intro:

Situation someone called me about several years ago – they had a relative, about 50, mental handicap, living in assisted living center, had lived a full life, multiple bouts with cancer, complex medical situation now – should he receive intensive and unproven medical care for a blood issue that may give him another year or two but will be painful, or should his current disease be allowed to run its course, in which case he would die within a month or two unless the Lord intervenes. He did have faith in Jesus as savior.

*How would you have counseled her? What should she do?*

Imagine a couple other scenarios

Elderly mother is in a coma, hooked up to a respirator and feeding tubes with no medical hope for recovery. Doctor suggests you consider disconnecting her.

You are diagnosed with a terminal form of cancer that is incredibly painful and, at present, there is no cure for it. Because of the unique dynamics of the cancer, there is little that can be done even about the pain. Someone at work mentions a relative in that situation who took a pill that “put her to sleep” and ended her misery. Should you consider it?

1. Defining The Terms

Euthanasia: two greek words meaning “good death”

Active vs. passive

Active – **Inducing** the death of a person who is undergoing intense suffering, and who has no practical hope of recovery.

Taking a purposeful action to end life

Commission

Taking a life

Passive – Choosing not to **provide** or deliberately **withdrawing** life-sustaining equipment, surgery, or medications from a patient, when such action may result in his or her death.

Withholding treatment to sustain life

Omission

Permitting a death

Ordinary means – feeding tube

Extraordinary means – kidney dialysis, iron lung, cancer treatment

Voluntary, non-voluntary, involuntary

Voluntary – The **patient** requests death or grants permission to be put to death.

Non-voluntary – The patient can neither **confirm** nor **deny** a request to end his or her life.

Brain dead, comatose, with no written or oral instructions while able about his wishes

Involuntary – The patient’s life is ended **against** his or her will.

“Earlier this week, [The Telegraph](#) and the [Daily Mail](#) reported that a Dutch family had to hold down their mother, as she fought against being euthanized by her doctor. The (now deceased) patient’s case will be reviewed by the Dutch Courts to determine if doctors can be brought to trial for euthanizing a patient “in good faith.”

“In the case of the patient who was held down by her family, the patient suffered from dementia and had reportedly told medical officials that she wished to be euthanized when “the time was right.” Even though she reportedly had said “I don’t want to die” several times in preceding days, the doctor determined that the time was right, slipped a soporific into her coffee to relax her, and then tried to administer the lethal injection. The patient woke up and fought the doctor, so the doctor asked the family to hold the patient down while he finished her off.” Bruce Ashford

Direct vs. indirect

Direct – The **patient** carries out the act to end his or her life

Patient takes the pill that is prescribed by the doctor (Oregon law) – doctor can prescribe the medication but cannot give it to the patient himself.

Indirect – **Someone else** carries out the act to end his or her life

Doctor and/or family withdraw the feeding tube and disconnect respirator

Examples:

Terri Schiavo case

26 year old woman collapsed, significant brain damage, could breathe on her own, food and water given through a feeding tube. 8 years later after no significant improvement, legal battle began. No written instructions, comatose state although with some possible activity, supported by feeding tubes.

Feeding tubes were withdrawn by the doctor at the request of her husband March of 2005.

Passive, non-voluntary, indirect euthanasia

Oregon assisted suicide

Someone with terminal cancer given only 3 months to live decides to end their life via physician assisted suicide. The doctor prescribes a pill that they take and they die within 5 minutes.

Active, voluntary, direct

“As reported in one Dutch documentary, a young woman in remission from anorexia was concerned that her eating disorder would return. To prevent a relapse, she asked her doctor to kill her. He willingly complied with her request.” – Joe Carter, ERLC article

## 2. Factors That Complicate The Question

### a. Medical advances

- i. 200 years ago, cancer, diabetes, heart conditions, strokes, etc. were fatal. Once a person stopped breathing, pumping blood, and/or eating and drinking their life was over. Now we can

maintain a person's body through many "artificial" means. With this blessing comes the complicated question: When is life over? When is someone really dead?

b. Determination of death

- i. Medically, when is someone dead? 1968 Harvard Medical School committee defined brain death—irreversible coma—by four criteria. They are
  1. unresponsivity and unresponsivity (no stimuli of any sort evoke any kind of response);
  2. no movements or spontaneous breathing for at least an hour;
  3. no reflexes, and fixed dilated pupils;
  4. flat brain wave (flat EEG) for at least ten minutes, preferably twenty.

All four criteria must apply, and they must still be true of the patient twenty-four hours after first tested.<sup>188</sup>

c. Organ harvesting

- i. Organs are most healthy and transplantable immediately after "death" and before a person is in a long coma. Organ donation is good, but slippery slope if death is hurried to gain access to organs.
- ii. ~~Dr. Willard Gaylin, "While it is one thing to define death in order to ease the agony of the dying family or the individual, it is quite another thing to define death because of an eagerness to get spare parts, even for humanitarian ends."~~
- iii. ~~This effort led to the Uniform Declaration of Death Act (UDDA) in 1981, which established in law that death may be diagnosed by either traditional cardiorespiratory or neurologic criteria. This revision in medical understanding arises from a simple fact: Because of breakthroughs in organ transplantation, the lives of some now depend upon the deaths of others. When and how an individual dies determines whether and how needy patients survive. For whom, then, is the physician to care in this sad hour? The terminal patient in front of him, or the many in the community at large waiting for life-sustaining organs? (First Things, January 2017)~~

d. Pain management

- i. Pain management is almost always attainable through medical means
- ii. Ezekiel J. Emmanuel, leading expert in end of life treatment at Harvard Medical School, "This reflective association between pain and euthanasia – so strong and unshakable in the public mind – is a fiction."
- iii. Joanne Lynn, George Washington University, "People find it hard to believe, but almost all patients can be kept conscious and out of pain. The rest can be kept sedated and out of pain."

3. Biblical Principles

- a. Although **murder** is prohibited because man is made in the image of God, **killing** is sometimes permitted.

**Exodus 20:13** "You shall not murder.

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

Capital punishment, war, self-defense.

So we can't say that this prohibits all taking of life.

Many secular proponents of euthanasia base their argument on their view that man is not a unique creature as an image bearer of God. We are merely another form of animal.

"Proponents of euthanasia and physician-assisted often give arguments similar to Peter Singer's famous redefinition of "humanity" for a new millennium. Singer writes, "We can no longer base our ethics on the idea that human beings are a special form of creation, made in the image of God, singled out from all other animals, and alone possessing an immortal soul." This sort of Christian reasoning is "religious mumbo-jumbo."

Singer and others argue that, instead of ascribing inherent value to human life (based on the Christian understanding of humanity), we should ascribe functional value to all species of animals, including *homo sapiens*. The more conscious or the more high-functioning a human being is, the more he should be valued by society. Singer also argues that membership in the human species is not more morally significant than membership in any other species. He sometimes places higher valuations on animals than on humans, believing that an animal with full capacities may have more right to life than a defective baby or a sick elderly person." Bruce Ashford

- b. God is the ultimate giver and taker of life.

**Deuteronomy 32:39** 'See now that I, I am He, And there is no god besides Me; It is I who put to death and give life. I have wounded and it is I who heal, And there is no one who can deliver from My hand.

**Psalms 139:16** Your eyes have seen my unformed substance; And in Your book were all written The days that were ordained *for me*, When as yet there was not one of them.

There is a humanist bent in much of the "right to die" arguments that places man and his desires at the very center of the ethical question. As believers, we need to realize and remember that life and death starts with the Lord, not us.

"Because God takes pleasure in the life he has given, death grieves him. He expresses deep displeasure when one human being takes the life of an innocent other (Gen 4:10–11). He reminds us that murder offends him specifically because it is an affront to God's own image (Gen 9:5–6). God looks on every member of humanity with a more tender compassion than a mother looks on her own newborn child, and he agonizes over their every pain." Bruce Ashford

- c. We are to show respect to elderly parents.

**Exodus 20:12** "Honor your father and your mother, that your days may be prolonged in the land which the LORD your God gives you.

No expiration date on this command. It appears in the NT as well. Although the authority structure changes when a child leaves his or her parents home, the need to honor and show respect always remains.

Can't allow merely pragmatic reasons for euthanasia to affect what grown children decide on behalf of their parents or encourage their parents to decide.

**What "pragmatic" reasons might lead an adult child to end a parent's life?**

Financial, inheritance, hassle

- d. Death is inevitable for all as a result of sin.

**Ecclesiastes 3:2** A time to give birth and a time to die; A time to plant and a time to uproot what is planted.

**Romans 5:12** Therefore, just as through one man sin entered into the world, and death through sin, and so death spread to all men, because all sinned—

In a way, everyone is dying. Death has a 100% rate. No one is exempt.

**Hebrews 9:27** And inasmuch as it is appointed for men to die once and after this *comes* judgment,

**Philippians 1:21** For to me, to live is Christ and to die is gain.

Gateway to heaven for the believer, yet we are often those who cling to life the most.

Appropriate in some ways because we want to value life. However, we need not fear death any longer or grieve death as those who have no hope.

e. Death is an enemy.

**1 Corinthians 15:26** The last enemy that will be abolished is death.

Fact, command, or promise? Past, present, or future

**Revelation 21:4** and He will wipe away every tear from their eyes; and there will no longer be *any* death; there will no longer be *any* mourning, or crying, or pain; the first things have passed away."

f. God can use our pain and suffering but it is legitimate to relieve pain when possible.

**Psalms 119:71** It is good for me that I was afflicted, That I may learn Your statutes.

John Johnson - "God is taking you through a chapter, one that many of us will go through. It is designed – like all the others – to get us ready for heaven. He is using this life to prepare and shape us for eternity (2 Cor. 4). He is preparing us for glory by gradually un-preparing us for this life."

How can God use pain and suffering?

Pie chart – fall, sin of others against you, consequences of own sin (origin issues, next are "purpose"), for good purposes, to help others, shape our character, discipline us

We want to short-circuit pain and suffering at times because we are a culture that idolizes comfort. We also want to distance ourselves from death.

**1 Timothy 5:23** No longer drink water *exclusively*, but use a little wine for the sake of your stomach and your frequent ailments.

#### 4. The Principles Applied

a. Christians should never support active euthanasia.

i. Whether voluntary, involuntary, non-voluntary; direct or indirect because it takes a life.

ii. In the voluntary form it is suicide, in the involuntary form it is murder.

iii. The argument that it alleviates pain is rarely valid, as discussed earlier.

iv. Higher responsibility to preserve life than to show mercy – graded absolutism.

v. Idaho officially criminalized assisted suicide in 2011. It had been considered illegal but without a direct law against it, it may have been difficult to prosecute.

vi. Randy Alcorn's personal story with his dad:

I must add a personal note, regarding an experience I had after I'd already written this paper.

My 84-year-old father, who was not a Christian, began thinking about the possibility of suicide in 1991. He had been resistant to my every attempt to share the gospel with him, and when I'd written him a letter detailing the biblical plan of salvation he had been offended. A proud and independent man, he was facing in old age increasing mental and physical difficulties. He had formerly found significance in years of hard work, which he was no longer able to do. He was experiencing the ravages and indignities of old age.

My father had read with interest and approval the accounts of Dr. Kevorkian and his suicide machine, which several sick or elderly people had used to take their lives. He posted on his walls various clips about death with dignity. He told me he wished suicide machines would become legal, and that doctors could fulfill people's requests for life-ending drugs. In fact, I later discovered that he had actually approached several physicians, asking them if they could give him a pill or some other "clean and effective" means to painlessly take his life. A few were sympathetic, but would not violate the law to "help" him in this way.

As a resident of Washington State, Dad had high hopes that the November 1991 ballot measure legalizing physician-assisted euthanasia would succeed. It came very close, but did not pass. My Dad was disappointed, because he was ready to take advantage of that law the moment it was put into effect.

Though I did not know the extent of his plans, on the one occasion where he spoke of suicide with me, I shared with Dad some of the same principles of Scripture in this paper. I reaffirmed to him my love and my family's, and expressed a willingness to help him in any way that conformed to God's principles. Because he did not know Christ, and had been exposed to pro-euthanasia literature and television movies, the biblical principles prohibiting active euthanasia didn't seem to make sense to him.

Six weeks ago as I write this postscript, my father called to say "Goodbye." Two days earlier he had been diagnosed with prostate cancer. A surgery was scheduled, but that day he was unable to urinate, and was convinced he was going to die a painful death. When he called me, he had a loaded gun, and was about to end his life. I begged him to hold on while I made the thirty minute drive to his house. After running a few red lights I pulled up to his house, jumped out and knocked on the door. No answer. I opened it. On the floor were two guns. My heart raced. I called "Dad, Dad," but there was no answer. Holding my breath I walked into the other room. There he was—disoriented but still alive.

I called the doctor, and he had us meet him at the hospital. He relieved my father's immediate problem with a catheter, and scheduled surgery for the next morning. Though my father had resisted me every time I'd shared the gospel with him over the years, in his desperation he now listened. I read Scripture and prayed.

The next morning before he went into surgery, I walked my Dad through the gospel one more time. Knowing full well the answer, I asked him, "Dad, have you ever confessed your sins to God and accepted Jesus Christ as your Lord and Savior?" He said, "No, I haven't," then after a pause, added "but I think it's about time I did." I had the joy of hearing my 84 year old father pray aloud, confess his sins and give his life to Christ.

The issue of passive euthanasia became very personal to me ten years ago as my Mom was dying. The issue of active euthanasia has now become very personal to me because of my Dad. If a single one of those doctors had "helped" my father when in his desperation he asked them to, or if the state of Washington would have passed that law which was narrowly defeated, without a doubt my father would have taken his life. And in doing so he would have gone into a Christless eternity. So much for "mercy killing."

1995 Postscript: My father now lives in a retirement center near our home where I visit him regularly. He has grown in Christ and is doing amazingly well for a man of 87, and apart from some aches now and then, has no pain (four years after the doctor said he was terminal and maybe had six months to live). Several times my father has told me "I'm so glad I didn't take my life." If not for the diligent efforts of some people in Washington to defeat the "Death with Dignity" bill in 1991, I shudder to think what would have happened to him. (Oregon's 1994 "Physician Assisted Suicide Bill" was essentially the same thing, and it passed, but has not yet been implemented due to a challenge to its constitutionality.)

If people who are desperate, hurting and confused can go to others in their weakest moment, and obtain drugs or equipment that make it convenient to take their own lives, many will do just that. But if they are receiving the support they need to make it through, many of the same people who don't legally have an assisted suicide recourse will join my father in saying, "I'm so glad I didn't." The Bible makes it clear God is also glad.

- b. Passive euthanasia is a "slippery slope" that can lead to great evil.
  - i. Could they really recover? Were they given an opportunity? Did the hospital simply want to free up a bed? Did the family simply tire of caring for them? Did the insurance company not want to pay the bill? Did someone want their organs?
  - ii. The "culture of death" can spiral quickly into other areas.
    - 1. Holland – legalized physician assisted suicides in 2001 although widely practiced in the 1990's with as many as 3,000 per year. In 2004 Netherlands' University Medical Center released guidelines that state when infanticide is permitted – including cases where infants have a poor prognosis, dependent on intensive care, are deemed likely to have a very poor quality of life.
      - a. This is active, non-voluntary, indirect euthanasia
- c. If basic care is met, there is a place to evaluate the extent of treatment that should be given in terminal cases.
  - i. Should never take life but at some point a decision may be made that the ongoing medical treatment or proposed procedure would offer little by way of life expectancy and is only minimally prolonging the unavoidable.
  - ii. We may, in some circumstances, choose not to continue life-preserving technology. It may be a decision to trust in the Lord's goodness and sovereignty. He can still resuscitate the person contrary to medical expectations or He may take them home as expected.
  - iii. Some period of time must be given after a person enters a comatose state to give them an opportunity to respond.
    - 1. Difficult to prescribe a precise timetable.
  - iv. Are we sustaining life or prolonging death?
- d. Treatment that is designed to relieve pain but may hasten death as a secondary effect is acceptable.
  - i. Principle of double effect
  - ii. Idaho law
    - 1. (5) The following shall not be deemed a violation of the provisions of this section:
      - (a) A health care professional who administers, prescribes or dispenses medications or procedures to relieve another person's pain or discomfort, even if any such medication or procedure may hasten or increase the risk of death, unless such medications or procedures are knowingly and intentionally administered, prescribed or dispensed to cause death.
- e. It is wise to specify your desires so that your family is not forced to make a decision on your behalf.
  - (5) The following shall not be deemed a violation of the provisions of this section:

(b) A health care professional who withholds or withdraws treatment or procedures in compliance with a living will and durable power of attorney for health care

List out on the board: active/passive, voluntary/nonvoluntary/involuntary, direct/indirect – which can we cross off?  
Which have “maybe’s”?



# EUTHANASIA

1

## 1. Defining The Terms

### Active vs. passive

Active – Inducing the death of a person who is undergoing intense suffering, and who has no practical hope of recovery.

Passive – Choosing not to provide or deliberately withdrawing life-sustaining equipment, surgery, or medications from a patient, when such action may result in his or her death.

2

## 1. Defining The Terms

### Voluntary, non-voluntary, involuntary

Voluntary – The patient requests death or grants permission to be put to death.

Non-voluntary – The patient can neither confirm nor deny a request to end his or her life.

Involuntary – The patient's life is ended against his or her will.

3

## 1. Defining The Terms

### Direct vs. indirect

Direct – The patient carries out the act to end his or her life

Indirect – Someone else carries out the act to end his or her life

4



Terri Shiavo –

Significant brain damage but could breathe on her own; food and water given through a feeding tube; 8 years later after no significant improvement

Feeding tubes were withdrawn by the doctor at the request of her husband March of 2005.

- Passive
- non-voluntary
- indirect

5

Someone with terminal cancer given only 3 months to live decides to end their life via physician assisted suicide. The doctor prescribes a pill that they take and they die within 5 minutes.

- Active
- Voluntary
- Direct

6

## 2. Factors That Complicate The Question

### a. Medical advances

7

## 2. Factors That Complicate The Question

### b. Determination of death

1968 Harvard Medical School committee defined brain death—irreversible coma—by four criteria.

- unreceptivity and unresponsivity (no stimuli of any sort evoke any kind of response);
- no movements or spontaneous breathing for at least an hour;
- no reflexes, and fixed dilated pupils;
- flat brain wave (flat EEG) for at least ten minutes, preferably twenty.

8

## 2. Factors That Complicate The Question

### c. Organ harvesting

9

## 2. Factors That Complicate The Question

### d. Pain management

Ezekiel J. Emmanuel, leading expert in end of life treatment at Harvard Medical School, "This reflective association between pain and euthanasia – so strong and unshakable in the public mind – is a fiction."

Joanne Lynn, George Washington University, "People find it hard to believe, but almost all patients can be kept conscious and out of pain. The rest can be kept sedated and out of pain."

10

## 3. Biblical Principles

- a. Although **murder** is prohibited because man is made in the image of God, **killing** is sometimes permitted.

Exodus 20:13 "You shall not murder.

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

11

## 3. Biblical Principles

- b. God is the ultimate giver and taker of **life**.

Deuteronomy 32:39 "See now that I, I am He, And there is no god besides Me; It is I who put to death and give life. I have wounded and it is I who heal, And there is no one who can deliver from My hand.

Psalms 139:16 Your eyes have seen my unformed substance; And in Your book were all written The days that were ordained for me, When as yet there was not one of them.

12

### 3. Biblical Principles

- c. We are to show respect to elderly parents.

Exodus 20:12 "Honor your father and your mother, that your days may be prolonged in the land which the LORD your God gives you.

13

### 3. Biblical Principles

- d. Death is inevitable for all as a result of sin.

Ecclesiastes 3:2 A time to give birth and a time to die;  
A time to plant and a time to uproot what is planted.

Romans 5:12 Therefore, just as through one man sin entered into the world, and death through sin, and so death spread to all men, because all sinned—

Hebrews 9:27 And inasmuch as it is appointed for men to die once and after this comes judgment,

Philippians 1:21 For to me, to live is Christ and to die is gain.

14

### 3. Biblical Principles

- e. Death is an enemy.

<sup>1</sup> Corinthians 15:26 The last enemy that will be abolished is death.

Revelation 21:4 and He will wipe away every tear from their eyes; and there will no longer be any death; there will no longer be any mourning, or crying, or pain; the first things have passed away."

15

### 3. Biblical Principles

- f. God can use our pain and suffering but it is legitimate to relieve pain when possible.

Psalms 119:71 It is good for me that I was afflicted,  
That I may learn Your statutes.

<sup>1</sup> Timothy 5:23 No longer drink water exclusively, but use a little wine for the sake of your stomach and your frequent ailments.

16

#### 4. The Principles Applied

- a. Christians should never support active euthanasia.
- b. Passive euthanasia is a “slippery slope” that can lead to great evil.
- c. If basic care is met, there is a place to evaluate the extent of treatment that should be given in terminal cases.

17

#### 4. The Principles Applied

- d. Treatment that is designed to relieve pain but may hasten death as a secondary effect is acceptable.

Idaho law

- (5) The following shall not be deemed a violation of the provisions of this section:
  - (a) A health care professional who administers, prescribes or dispenses medications or procedures to relieve another person's pain or discomfort, even if any such medication or procedure may hasten or increase the risk of death, unless such medications or procedures are knowingly and intentionally administered, prescribed or dispensed to cause death.

18

#### 4. The Principles Applied

- e. It is wise to specify your desires so that your family is not forced to make a decision on your behalf.
- (5) The following shall not be deemed a violation of the provisions of this section:
  - (b) A health care professional who withholds or withdraws treatment or procedures in compliance with a living will and durable power of attorney for health care

19