
EUTHANASIA - I

A Christian View of Death, Part IIA

What Is Euthanasia?

The term *euthanasia* comes from the Greek. Literally it means “easy death” or “happy death.” As harmless as this word may sound, it refers to shortening the life of a terminally ill or hopelessly sick individual. According to former U.S. Surgeon General Dr. C. Everett Koop, “Euthanasia means that you do anything you can, actively or passively, to hasten the demise of someone who is considered to be either a nuisance or no longer productive.”³

Euthanasia can be broken down into different categories. To aid in understanding the issue, here are a few definitions:

- *Active euthanasia*—The termination of life by direct intervention. (Example: lethal injection)
- *Passive euthanasia*—Hastening death by failing to provide or by withdrawing treatment that sustains life. The Baby Doe case is an example of this form of euthanasia.
- *Voluntary euthanasia*—The killing of a patient in accordance with his or her wishes. (This is broader than suicide because it involves a second party in bringing about the death.)
- *Involuntary euthanasia*—The killing of an incompetent or comatose patient without his or her consent, justified as merciful or humane.

The Muddy Waters of Euthanasia

To demonstrate how muddy the waters of euthanasia can be, we offer the following actual cases:

- A 55-year-old man suffered brain damage while undergoing heart surgery. His family had his respirator removed, with the expectation that he would die. However, he did not die. So he was denied food and water and succumbed to dehydration six days later. A court dropped murder charges against the physicians, ruling that the artificial administration of food and water constituted “medical treatment” and could be denied on orders of a third party.
- A Florida man was convicted of killing his wife and was sentenced to life in prison. The defense argued that the man shot his wife, who was suffering from Alzheimer’s disease, out of love. The prosecution argued that the man took this action because his wife had become too much of a burden.
- In Michigan, the late Dr. Jack Kevorkian helped more than twenty people commit suicide, even though a state law was passed barring such practices. His first victim was Janet Atkins who was diagnosed with the early signs of Alzheimer’s disease. She played a game of tennis shortly before taking her life with the help of Dr. Kevorkian.⁴

READ 1 Samuel 31:1-6; 2 Samuel 1:1-16.

What type of euthanasia was practiced in the death of Saul?

Why did David execute the Amalekite?

What similarities do you see between the arguments of Saul and the Amalekite, and those who favor euthanasia today?

Small Beginnings

“It started with the acceptance of the attitude that there is such a thing as a life not worthy to be lived.”⁵ So wrote the Boston psychiatrist Leo Alexander in the late 1940s. As a consultant to the Secretary of War, Alexander outlined the reasons that led up to the German holocaust.

Besides the annihilation of many Jews, Hitler’s master race plan also called for the practice of active euthanasia. Alexander stated that Hitler exterminated 275,000 “undesirable” people in this way. The first to be killed were the aged, the infirm, the senile, and the mentally retarded and defective children. As World War II approached, the category of the doomed was broadened to include World War I amputees and even children with badly modeled ears.⁶

READ 2 Corinthians 6:1-2.

What does this passage say about the value of all human life?

READ James 1:14-15.

Apply these words to the matter of Euthanasia.

The Right to Die Movement

The Euthanasia Society of America was formed in 1938. Now called Choice in Dying, this movement has gained considerable momentum in recent years.

One of the leaders of this movement is Derek Humphrey. In 1979 he founded the Hemlock Society, which has as its stated purpose, “advocating active euthanasia legislation and assisted suicide.” Humphrey has also published a number of “suicide manuals” which explain how a terminally ill person can end his or her life. These include the book *Let Me Die Before I Wake* and a more recent volume entitled *Final Exit*. The latter was on the best-seller list for quite a few weeks.

It’s clear that Humphrey approaches the matter from a secular, humanist viewpoint. In the opening chapter of *Final Exit*, he states, “If you consider God the master of your fate, then read no further. Seek the best pain management available and arrange hospice care. If you want personal control and choice over your destiny, it will require forethought, planning, documentation, friends, and decisive, courageous action from you. This book will help, but in the final analysis, whether you bring your life to an abrupt end, and how you achieve this, is entirely your responsibility, ethically and legally.”⁷

Humphrey is very specific about the type and amount of drugs needed to cause death. He encourages people to seek out a sympathetic doctor who will supply the drugs. He also instructs people to store these drugs in a safe, dry place so they can be used if and when they are needed.

As a backup, Humphrey suggests placing a plastic bag over the head. He explains, “There is a ten percent chance that my body might for some freakish reason ride out the assault of the drugs, or I might vomit despite the precautions. So I would have on hand a plastic bag.”⁸

READ Deuteronomy 32:39.

What does this passage say about a person’s “right to die”?

READ 1 Timothy 1:9.

Which phrase of this passage applies to the “right to die” movement?

FOR FURTHER DISCUSSION

1. Derek Humphrey believes in personal autonomy. He feels each person should have the right to determine the time and circumstances of his or her death. React to this argument.
2. Humphrey also refers to active euthanasia as “self-deliverance.” Why is it senseless to speak about it in this way?
3. Discuss the subtle pressures physician-assisted suicide places on the ill and the elderly.
4. Evaluate: Doctors are in a good position to provide assisted suicide since they can prescribe the drugs and also know the person’s medical history.

The Sanctity of Human Life

In their book, *Whatever Happened to the Human Race?*, Francis A. Schaeffer and C. Everett Koop trace the problem of euthanasia back to secular humanism. While secular humanism glorifies man by placing him at the center of the universe, it also devalues human life. It believes man evolved by chance and that some human life is expendable. It ultimately gives man the right to alter and manipulate the human race. The feeling is that this should be done for the common good of man.

READ the following passages. Why is *human* life special, as opposed to *animal* life?

- **Genesis 1:26,27**
- **Matthew 10:28**
- **Romans 5:8**

READ the following passages. What do they say about the sanctity of human life?

- **Ephesians 2:10**
- **Jeremiah 1:4,5**
- **Psalms 139:13-18**
- **Genesis 9:1-6**

READ Isaiah 55:6,7; Philippians 1:21.

For what purpose does God give us life?

The Quality of Life

Some people believe that the value of a person’s life depends on the quality of his life. They feel that when sickness or other health problems limit what a person can do and diminish the quality of his life, death may be the better alternative. Or they feel that when a person can no longer contribute anything to society or when he becomes a burden to others, his life becomes

meaningless. This results in doctors sometimes making health-care decisions based on whether or not a person will regain or maintain a meaningful quality of life.

EVALUATE the following statements:

1. A healthy person has a higher quality of life than someone with medical problems.
2. A wealthy person has a higher quality of life than someone who is poor.
3. An intelligent person has a higher quality of life than someone who is mentally disabled.
4. An attractive person has a higher quality of life than someone with ordinary looks.
5. A person's life is meaningful as long as he enjoys a good quality of life.
6. Human life is valuable because it's human life.

The Moment of Death

Years ago it was relatively easy to determine when a person died. If his heart stopped beating or he stopped breathing, he was pronounced dead.

It's no longer that simple. It is becoming more and more difficult to pinpoint the moment of death. Everyone knows people die. The question is when.

Because of advancements in medical technology, a person whose pulse and breathing have ceased momentarily can be resuscitated and "brought back to life." Add to this the fact that a heart and lung machine can maintain these bodily functions for an extended period of time. Is such a person alive?

Because this question is difficult to answer, some physicians use another criterion called irreversible coma or brain death. Even though a person's breathing and pulse may be maintained mechanically, physicians consider a person "dead" if he has a flat electroencephalogram (brain wave test). However, even when this test is applied, many gray areas still exist.

To establish some guidelines in these areas, the medical community has produced the Uniform Determination of Death Act. While not a legal document, it sets down the criteria that those in the medical community use to determine the moment of death. It states that an individual can be declared dead if he or she has sustained either (1) irreversible cessation of circulatory or respiratory functions or (2) irreversible cessation of all functions of the entire brain, including the brain stem.

READ Ecclesiastes 12:7 and John 19:30.

From a biblical point of view, when does death occur?

READ the following passages and use them to evaluate the following statement: God predetermines the moment when we die.

- **Job 14:5**
- **Psalms 139:16**
- **Isaiah 38:1-5**
- **Psalms 31:15**
- **Psalms 55:23**

EUTHANASIA - II

A Christian View of Death, Part IIB

Preserving Life or Prolonging Death?

Because medical technology is now able to maintain vital bodily functions mechanically, the question is often raised, “Are we preserving life or prolonging death?” Even Christians, who recognize that God holds the authority over life and death, have to struggle with this question.

In this connection it’s helpful to distinguish between ordinary and extraordinary care. Ordinary care could be described as basic medical treatment: proper food and fluids, medications, surgery, and other treatment that is essential in sustaining life.

Extraordinary care refers to use of aggressive and often immediate medical treatment in order to reverse a medical crisis. Such treatment is done with the reasonable expectation that the condition can be reversed and the emergency procedure will not cause the patient undue hardship.

The familiar case of Karen Ann Quinlan demonstrates this predicament. In 1975 she became comatose after ingesting a combination of alcohol and drugs on an empty stomach. After a legal battle that led to the New Jersey Supreme Court, her parents obtained permission to remove the respirator, maintaining it was an extraordinary means of support that was keeping her from dying a natural death. When the process of weaning her off the respirator was completed, Miss Quinlan continued to breathe on her own, to the surprise of all. She lived nine more years until her death in 1985.

While a respirator may be extraordinary treatment in some circumstances, in other cases like Quinlan’s it may be ordinary care needed to sustain life, even though the person’s quality of life has been diminished.

Some definitions might be helpful:

- *Preserving life*—To provide the comfort, care, and sustenance needed to sustain a life, regardless of the quality of life. (This can include either ordinary or extraordinary care designed to restore or maintain the health of a person whose earthly life, according to human judgment, God wants to preserve.)
- *Postponing death*—To employ extraordinary means of medical treatment with the hope of preventing death when according to our human judgment God is calling the person home.

READ Psalm 31:5,14,15.

What should be our attitude toward life and death?

FOR FURTHER DISCUSSION

1. Can a Christian ever refuse certain medical treatment, even if refusing such treatment will shorten his life or that of a loved one? Explain.
2. Evaluate: A Christian should not let cost determine whether a treatment should be used.
3. Evaluate: Since a feeding tube is a form of medical treatment, it can be removed, even if it causes death.

The Benefit of Suffering

One argument used by the right-to-die movement is that euthanasia frees the dying person from severe suffering. While this argument may sound noble and humane, a major point is overlooked. It has to do with the purpose of suffering in the human life.

READ the following passages. What purpose does suffering have in our lives?

- **Genesis 3:16-19**
- **Job 42:1-6; 2 Corinthians 12:7-10**
- **Luke 23:39-43**
- **Job 1:20-22**
- **Matthew 25:40**

READ James 1:2-4,12.

What attitude does James tell us to have about suffering? Why?

READ 2 Corinthians 4:7-10.

What comfort does Paul give those who are suffering?

Advance Directives

An advance directive is a verbal or written statement about our choices for health care, should we become unable to make decisions for ourselves. The laws regulating these directives often vary by state and province.

There are two basic forms of advance directives. One is called a living will. This is a “written statement that tells physicians and family members what life-sustaining treatment one does or does not want at some future time if one becomes unable to make decisions.”⁹ Although the living will was the first type of advance directive, it is generally less desirable for a number of reasons. For one thing, it’s difficult to determine what medical treatment we want in advance. We don’t know what the future holds. What we refuse when we are healthy we may want and need when we are sick. It’s also impossible to cover every situation we may face. Another weakness of a living will is that people can interpret the directives differently.

Another form of advance directive is the Durable Power of Attorney for Health Care. Not to be confused with the Power of Attorney which deals with financial decisions, this is a legal document which appoints an agent to make our health care decisions in the event we cannot make them ourselves. This allows us to state some specific desires and, most importantly, to designate a person whose judgment we trust to make health care decisions for us, guided by God’s Word and based on all the facts.

READ the following phrases. Discuss how they can be interpreted differently depending on a person’s perspective.

1. Terminal condition
2. When death is imminent
3. Artificial or heroic measures
4. No reasonable expectation of recovery
5. Restore a meaningful quality of life

FOR FURTHER DISCUSSION

In 1991, the Patient Self-Determination Act was passed. It requires all health care facilities to inform patients upon admission of their right to have an advance directive and to provide them with information in this area. Why would this not be the best time to confront people with an issue like this?

Choose Your Directive Carefully

When choosing an advance directive, we want to ask ourselves, “Does it reflect our Christian principles about life and death? Or does it approach the matter from the ‘quality of life’ viewpoint?” Since advance directives provided by the state or by secular health care facilities often reflect a “quality of life” viewpoint, a Christian will want to read the document carefully and, if possible, choose an advance directive that approaches the matter from a Christian perspective. Our choice will not only affect our health care decisions but will give us a unique opportunity to confess our faith.

If you haven’t done so, you can obtain a free Durable Power of Attorney for Health Care form from Christian Life Resources. Their form is legally valid in all 50 states, and approaches life decisions from a Christian worldview. Just go to the following website and fill out the form:

<https://christianliferesources.com/resources/christian-medical-directives/>

Otherwise, if you have questions, you can contact Christian Life Resources yourself via telephone, email or “snail-mail”:

Christian Life Resources
Lock Box 56
Richfield, WI 53076-0056

Phone: [414-376-0594](tel:414-376-0594)

Email: info@christianliferesources.com

Endnotes

³*Action Line*, Christian Action Council Newsletter, July 12, 1985, Vol. 9, No. 5.

⁴Euthanasia Educational Packet. (To obtain this packet, contact Christian Action Council, 701 West Broad Street, Suite 405, Falls Church, Virginia, 22046.)

⁵Francis A. Schaeffer and C. Everett Koop, *Whatever Happened to the Human Race?* (Old Tappan, New Jersey: Fleming H. Revell Co., 1979), p. 103.

⁶Schaeffer and Koop, *Whatever Happened to the Human Race?*, p. 106.

⁷Derek Humphrey, *Final Exit* (Secaucus, New Jersey: Carol Publishing, 1991), p. 21.

⁸Humphrey, *Final Exit*, p. 95.