

Dying “Well”?

Whatever our religious outlook, most people would agree that two scenarios we greatly fear are those of suffering a painful drawn-out death, or watching someone we love suffering such a death. This is, in part, what drives the current debate on euthanasia and the growing moves to decriminalise/legalise both physician-assisted suicide (where the doctor prescribes the drugs and the patient takes them) and active euthanasia (where the doctor administers a lethal dose of drugs).

The InterChurch Bioethics Council* suggests there is more to be considered in this debate. Many different cultures and religions agree that life is a gift and see the individual in the context of wider relationships. In the face of suffering, the Christian response is to maximise care for those in most need. For those with terminal illness this is now possible through palliative care which includes modern pain management and people trained to help the terminally ill die with dignity.

Ethically, there is a significant difference between actively/assisting in killing another person and withdrawing (or with-holding) treatment so that the person dies as a result of their illness. In both situations the intent of the action is critical. In forms of euthanasia, the intent is to relieve suffering by killing. By contrast, when treatment is futile and is stopped or withheld, palliative care given by skilled professionals who address the pain and suffering caused by terminal illness, provides the best means to respond compassionately to terminal illness and suffering. The intention here is to address the many needs of the suffering person and their family, and to enable a dignified pain-free death. Another ethical consideration is that health care professionals are trained and trusted to promote health and well being and provide appropriate treatment for the living and dying. They are trusted not to cause death.

Much of this current debate centres on a patient’s right to choose when and how to die in the face of severe suffering in a terminal illness. But the right to choose does not take place in a vacuum – no-one is completely free, we are embedded in family and society involving critical relationships that go beyond the care of those who are dying. Our personal freedom is always held alongside the rights of others, and from a Christian perspective, our personal rights have to be considered alongside our responsibilities to others that reflect our love of God as indicated in the command to love both God and neighbour (Mark 12:28-32). The importance of purpose or intent to end life along with our responsibility to others also resonates with traditional Maori customary practices where physician-assisted suicide or euthanasia have no equivalent in language or practice.

Beyond the desire to relieve individual suffering there are societal pressures which lead us to reflect on the reasons for this debate at this time. We recognise the escalating costs of health care (particularly in the last year of life) and ask whether this debate is convenient in the light of socio-economic concerns. This then raises the issue of justice where the Christian response is to ensure that people who are weak and vulnerable receive compassionate

care. As international experience has shown, voluntary euthanasia quickly becomes non-voluntary euthanasia for conditions other than terminal illness (as in the Netherlands). The rights of vulnerable individuals are ignored when decisions are made without their input or consent, based on their perceived lack of value to, or burden on, society.

In light of this, the ICBC would not support legislation for decriminalising or legalising physician-assisted suicide or active euthanasia. Instead, we advocate recognising that death is a natural part of life, and that it is extremely important for skilled palliative care to be made freely available to all of those who suffer to enable them to die “well”.

*The InterChurch Bioethics Council (ICBC) represents the Anglican, Methodist and Presbyterian Churches of Aotearoa, New Zealand. ICBC members have between them considerable expertise and knowledge in science, ethics, theology, medicine, education, and tikanga Maori. See www.interchurchbioethics.org.nz