

Euthanasia: Some theological considerations for living responsibly

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Abstract

This article articulates some of the main arguments both for and against euthanasia under the circumstances being envisaged by the Victorian Parliament's Legal and Social Issues Committee. More particularly, its concern is to attend to some of the theological issues germane to the subject. To this end, it identifies and discusses six arguments for and six arguments against legalizing voluntary euthanasia. It concludes with an appeal to the economy of the divine life as the most responsible lens through which the Christian community thinks about and engages with this issue.

Keywords

Australia, death, euthanasia, human personhood, law, life, religion, theology, Victoria

When I am in doubt
I talk to surgeons.
I know they will know what to do.

They seem so sure.

Once I talked to a surgeon.
He said that when he is in doubt
He talks to priests.
Priests will know what to do.

Priests seem so sure.

Once I talked to a priest.
He said that when he is in doubt
He talks to God.

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God will know what to do.

God seems so sure.

Once I talked to God.

He said that when he is in doubt

He thinks of me.

He says I will know what to do.

I seem so sure.¹

Every decision about death is a judgement about life. The claim of the Christian community is that, despite a great deal of evidence to the contrary, life – its beginning and its ending – is made most intelligible by reference to God as life's creator, sustainer, and end. More particularly, the Christian community's view of life and death has been a persistent exegesis of the Easter events as the primary text for interpreting life. This does not, however, make the world a place in which certainties abound. On the contrary, the life of the world and indeed the universe appears to be characterized by profound and inescapable risk and contingency. This seems to be God's own experience too. Death is not a way to escape life. No one gets out of life alive. 'Every idea about death is a version of life'.²

But this is not the only story to be told, and different stories sustain different descriptions. Even among those with religious convictions and who share much agreement about matters of concern in the field of medical ethics, there is no consensus about many end-of-life questions. That different stories sustain different descriptions – including the fact that as a liberal democracy Australians officially profess to be agnostic about the fundamental ends of human life – makes speaking and legislating about the meaning, means and time of death an especially difficult task. Consequently, it is difficult to imagine such liberal democracies arriving anywhere near to finding consensus about such concerns as the inherent value of human life, respect for an individual's sense of autonomy, protection for its most vulnerable citizens and defining what it means to die with dignity. Drafting law that is both coherent and transparent, and reviewing and policing such law, is a great challenge indeed. Arguments around this subject are, to be sure, 'extremely complicated and full of objective difficulties'.³ No matter which way one turns, the view is never unobstructed.

1 Glenn Colquhoun, 'When I am in doubt', in *Playing God* (Wellington: Steele Roberts, 2002), 89.

2 Avery D. Weisman, 'Appropriate and Appropriated Death', in Edwin S. Shneidman (ed.), *Death: Current Perspectives* (Palo Alto, CA: Mayfield Publishing, 1976), 502–506, see p. 502.

3 Hans Küng, *Eternal Life?: Life After Death as a Medical, Philosophical, and Theological Problem*, trans. Edward Quinn (London: Collins, 1984), 209.

The concern of this article is considerably more modest: it is simply to lay out for consideration some of the main arguments both for and against so-called ‘active euthanasia’⁴ under the circumstances being envisaged by the Victorian Parliament’s Legal and Social Issues Committee – that is, in situations that pertain to ‘adults with decision-making capacity, suffering from a serious and incurable condition who are at the end [that is, in ‘the final weeks or months’] of life’.⁵ More particularly, this article is offered with a view to promoting discussion that is alert to some of the *theological* issues germane to the subject. It identifies and discusses (in unequal length) six arguments *for* and six arguments *against* legalizing active voluntary euthanasia. It concludes with some brief comments about what fundamentally ought guide the Christian community in its attitudes towards living and dying.

Estragon: I can’t go on like this.

Vladimir: That’s what you think.

Estragon: If we parted? That might be better for us.

Vladimir: We’ll hang ourselves to-morrow. (*Pause.*) Unless Godot comes.

Estragon: And if he comes?

Vladimir: We’ll be saved.⁶

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- 4 Less debated is the question of so-called ‘passive’ euthanasia where life is shortened as a side-effect of, for example, increasing pain management medication, or disconnecting a feeding tube, or refusing to perform a life-extending operation, or turning off mechanical life support. While most people (including most medical professions and ethicists) make a moral distinction between active and passive euthanasia, others reject the distinction as nonsense on the grounds that any cessation of treatment is deliberate in nature. Hans Küng has noted that ‘it is often almost impossible to make a specific distinction in practice where a clear distinction must be made conceptually: the boundaries between all such terms as active and passive, natural and artificial, sustaining and ending life, are fluid. And the legal fiction, that passive help in dying is simply “not doing something”, seems to me to be a not very convincing *ad hoc* construction, if not a contradiction in terms’. Hans Küng and Walter Jens, *A Dignified Dying: A Plea for Personal Responsibility*, trans. John Bowden (London: SCM Press, 1995), 28.
- 5 Daniel Andrews, ‘Victorian Parliament To Vote On Assisted Dying Legislation’, n.p. [cited 14 December 2016]. Online: <http://www.premier.vic.gov.au/victorian-parliament-to-vote-on-assisted-dying-legislation/>. One might argue, as indeed Franz Kafka did about himself, that those who are capable of imagining their own death under the circumstances of assisted suicide, and of willing it, are precisely those for whom the possibility is rendered illegitimate. See Ronald Hayman, *K: A Biography of Kafka* (London: Weidenfeld and Nicolson, 1981), 230.
- 6 Samuel Beckett, *Waiting for Godot: Tragicomedy in 2 Acts* (New York, NY: Grove Press, 1954), 60.

Arguments for legalizing active voluntary euthanasia

Six main arguments in *favour* of legalizing active voluntary euthanasia and assisted suicide include:

1. It is a matter of a person's autonomy, or right to self-determination. This means that a competent person 'informed of her or his medical diagnosis, prognosis, treatment options and consequences of those options'⁷ has the 'moral right'⁸ to choose how they will die. 'Physician-assisted suicide', it is argued, 'seems the best way to claim some control over death, a final and ultimate exercise of autonomy'.⁹ Theologically speaking, this argument is particularly important. For this reason, greater attention will be given to it below.
2. Despite significant advances in palliative care over the past decade, active voluntary euthanasia or assisted suicide is necessary for the relief of pain in some situations.
3. There is the question about the inadequacy of the current regulatory frameworks. It is undeniable that active voluntary euthanasia and assisted suicide already happen (in Victorian hospitals, hospices and elsewhere) as a common occurrence despite being unlawful and unregulated.¹⁰ Its unlawful and unregulated nature means that it is more likely that a person exercising their right to self-determination vis-à-vis their own death will act in ways solitary and furtive, away from relatives or friends, and is more likely to die at a time of temporary depression or pain. In addition, Jane Caro has recently raised concerns about the ways that the secrecy around 'our current murky, unregulated, under-the-radar way of death' protects medical professionals but places increased burdens upon family members. 'The Australian way of death', she believes, is 'cowardly, hypocritical and cruel. We all know what happens, we just don't want to talk about it. This leaves the vulnerable people who we force to bear the brunt of the decision-making isolated, grief-stricken and further traumatised'.¹¹

7 Ben White and Lindy Willmott, 'How should Australia regulate voluntary euthanasia and assisted suicide?', *Journal of Law and Medicine* 20(2) (2012), 410–438, see p. 418.

8 Editorial, 'Why our lawmakers should legalise physician-assisted death', *The Age* 7 December (2016) [cited 10 December 2016]. Online: <http://www.theage.com.au/comment/the-age-editorial/why-our-lawmakers-should-legalise-physician-assisted-death-20161207-gt62ti.html>.

9 Carole Bailey Stoneking, 'Receiving Communion: Euthanasia, Suicide, and Letting Die', in Stanley Hauerwas and Samuel Wells (eds), *The Blackwell Companion to Christian Ethics* (Malden, MA: Blackwell Publishing, 2004), 375–387, see p. 375.

10 See Roger S. Magnusson, *Angels of Death: Exploring the Euthanasia Underground* (Melbourne: Melbourne University Press, 2002); Rodney Syme, *A Good Death: An Argument For Voluntary Euthanasia* (Melbourne: Melbourne University Press, 2008).

11 Jane Caro, 'Anti-euthanasia laws hurt families', *The Saturday Paper* (10 December, 2016) [cited 10 December 2016]. Online: <https://www.thesaturdaypaper.com.au/opinion/topic/2016/12/10/anti-euthanasia-laws-hurt-families/14812884004074>.

4. There is the matter of the incoherence of the current legislative framework. Given that suicide is now lawful, it is odd that it is unlawful to assist someone to commit suicide (that is, to do something that is lawful). Doctors and lawyers, and not theologians or politicians, ought to be responsible for addressing in concrete ways the practical and legal ambiguities here. The legislation soon to be before the Victorian public and parliament offers an opportunity to undertake a legal tidy-up here.
5. If the mainstream media is to be believed, there is growing public support for legalizing active voluntary euthanasia and assisted suicide. An editorial in Fairfax Media bluntly stated, 'We believe there is a compelling case for the change, which polls have shown has long been supported by as many as four in five Australians, and which has happened elsewhere in the world'.¹²
6. The current law is discriminatory. The nature of one's illness and even of one's financial circumstances mean that some people have the physical ability to commit suicide, and/or the means to travel to places where assisted suicide is lawful, while others may not. It is argued that 'legalising voluntary euthanasia and assisted suicide will expand options for individuals who want to die, but currently are unable to end their own lives or access assistance to die'.¹³ Those committed to making our society a more equitable one might argue for active voluntary euthanasia precisely along such lines.

The first argument named above – that concerning personal autonomy and patient 'rights' – is very difficult to counter in the current climate. The Victorian MP Colleen Hartland recently put it thus: 'People who are dying should have the right to say how they will die. It is not up to you, or me, or the AMA,¹⁴ or the Catholic Church to tell those people how they will die. It is up to them'.¹⁵ Similarly, Peter Singer has long argued that 'It is, after all, the patient's life, and as long as the patient is capable of reaching an informed decision, then who better to decide whether life is worth living? Doesn't the patient have a right to ask for this help

12 Editorial, 'Why our lawmakers should legalise physician-assisted death'.

13 White and Willmott, 'How should Australia regulate voluntary euthanasia?', 420.

14 On which, see Australian Medical Association, 'AMA Position Statement: Euthanasia and Physician Assisted Suicide', n.p. [cited 24 November 2016]. Online: <https://ama.com.au/system/tdf/documents/AMA%20Position%20Statement%20on%20Euthanasia%20and%20Physician%20Assisted%20Suicide%202016.pdf?file=1&type=node&id=45402>.

15 Colleen Hartland, '#DyingWithDignity laws', n.p. [cited 8 December 2016]. Online: <https://twitter.com/ColleenHartland/status/806641877818576897>. A recent study in Finland found that 'most of the nurses (89.9%) thought that a person must have the right to decide on his or her own death'. Anja Terkamo-Moisio, Tarja Kvist, Mari Kangasniemi, Teuvo Laitila, Olli-Pekka Rynänen and Anna-Maija Pietilä, 'Nurses' attitudes towards euthanasia in conflict with professional ethical guidelines', *Nursing Ethics* (2016), DOI: 10.1177/0969733016643861.

and, if a doctor is willing to give it, why should the law stand in the way?¹⁶ Leaving aside for now the question of why only ‘a competent person who forms that view should have the right to end her or his life’,¹⁷ in this argument the patient’s right to die is equated with those seemingly most primordial of all natural rights – the right to live, and the right to self-determination. Singer argues that ‘the desire for control over how we die marks a sharp turning away from the sanctity of life ethic’, an argument against active voluntary euthanasia that will be discussed below. ‘It will not’, he continues, ‘be satisfied by the concessions to patient autonomy within the framework of that [sanctity of life] ethic – a right to refuse “extraordinary means” of medical treatment, or to employ drugs like morphine that are “intended” to relieve pain, but have the “unintended but foreseen side-effect” of shortening life’.¹⁸

Critics of this rationale note that ‘the story of modernity fashions a will to die, a means of escaping the anguish of death, if not escape from death. We are given to imagine that we can control our destiny; and so in an act of committal to the god of autonomy, a god fashioned on the boundaries of medicine, many would call upon the practitioners of medicine to forgo restraint, to kill those whom they cannot cure’.¹⁹ Bereft of choices, we would, it is argued, prefer to exercise our ‘right’ to die:

Our society is so captive to the notion of control that we imagine we ought to control our own deaths; thus physician-assisted suicide is nothing if not cooperation born of the desire to secure the ‘best outcome’. Belief in human autonomy, rather than belief in God, is the background belief that makes a positive description of suicide or euthanasia possible. Autonomy has become an imperative; that which we cannot control, our belief in autonomy teaches us to hate. Thus we learn to hate our aging bodies; and we learn to hate those others who are sick and dying. We even learn to hate those we would define as ‘permanently dependent’, exactly because they will always need our care.²⁰

Notwithstanding these legitimate concerns, a strong theological defence of the moral right to choose argument can be made, and that along the lines of underscoring human responsibility for life before God. This includes, it may be argued, a responsibility even to end human life, including one’s own life. So Dietrich Bonhoeffer, who *opposes euthanasia* as it was being practised (see below) while making a case *for suicide*, writes: ‘human beings have their lives not as an

16 Peter Singer, *Rethinking Life and Death: The Collapse of Our Traditional Ethics* (Melbourne: The Text Publishing Company, 1994), 132.

17 White and Willmott, ‘How should Australia regulate voluntary euthanasia?’, 418.

18 Singer, *Rethinking Life and Death*, 147; compare Ronald Dworkin, *Life’s Dominion: An Argument About Abortion, Euthanasia, and Individual Freedom* (New York, NY: Knopf, 1993).

19 Stoneking, ‘Receiving Communion’, 379.

20 Stoneking, ‘Receiving Communion’, 382.

obligation that they cannot throw off, but in freedom to affirm or destroy them'.²¹ This commitment underscores, for Bonhoeffer, the possibility of offering one's life as a sacrifice 'for the sake of a higher good'. 'Without the freedom to sacrifice one's life in death', he argues, 'there would be no freedom for God, and there would be no *human* life. ... The freedom to risk and to give one's life as a sacrifice is the counterpart of the right to life'.²² Following Bonhoeffer's logic here, it could be argued that only under such conditions – that is, only when the purpose is to sacrifice *for the other* (as was common practice in the ancient world, particularly among the well-to-do, as a form of self-justification or family honour-saving) and 'not the destruction of one's own life'²³ – might assisted-suicide be justified. Under such conditions, it *might* indeed be counted as an act of responsible freedom and love for the other. Bonhoeffer cites as examples a prisoner who takes their own life out of fear of betraying others under the pressure of torture, or a statesman 'whom the enemy demands be delivered to them under threat of reprisals against his people', or 'when an incurably ill person cannot help but see that continued care would result in the material and emotional [*seelischen*] breakdown of the family and therefore decides and acts to liberate them from this burden'.²⁴ Here, too, however, freedom 'can easily lead to misuse' and, indeed, to abuse.²⁵

Those who reject the validity of this argument on grounds of incompatibility with and even of subversion of some non-negotiable elements of the Christian story will need to find a way to account for the fact that 'the act of sustaining biological life through artificial means is also a decision. To allow the decision to extend biological life, and to permit the definition of clinical death to be made primarily in terms of scientific or technological criteria may itself be an act of irresponsibility,

21 Dietrich Bonhoeffer, *Ethics*, ed. Clifford J. Green, trans. Reinhard Krauss, Charles C. West, and Douglas W. Scott, Dietrich Bonhoeffer Works 6 (Minneapolis, MN: Fortress Press, 2005), 197.

22 Bonhoeffer, *Ethics*, 197.

23 Bonhoeffer, *Ethics*, 197. Also p. 200: 'God intervenes for the right to life even against those who are tired of life. God gives people the freedom to risk their lives for something greater, but God does not will this freedom to be used arbitrarily against their own lives. As surely as one should offer one's life as a sacrifice for others, so surely one should not turn one's hand against oneself. A person should place earthly life utterly into the hand of God from which it came, even though it be a life of torment, and not try to be liberated from it by self-help'.

24 Bonhoeffer, *Ethics*, 201. Küng observes that 'in the early Christian centuries those Christian women who preferred death by their own hand or with the help of others to brothels were explicitly praised by church fathers like Chrysostom, Eusebius and Jerome'. Küng and Jens, *A Dignified Dying*, 32.

25 Bonhoeffer, *Ethics*, 197. It is important to note that Bonhoeffer does not make this argument as part of a defence of euthanasia; nor does he attend to the matter of 'assisted' suicide. It is also important to note that the kinds of examples that Bonhoeffer offers here are precisely why many people oppose or are most anxious about active voluntary euthanasia, as pressure is placed upon people to take this option as a form of exercising responsibility to others.

humanly and theologically speaking. At this point, the restrictions we would want to place upon those who assume an arbitrary authority over extending life issue from the same theological grounds as restrictions we would want to place on the right to commit suicide'.²⁶

Theologically speaking, the more difficult part of the defence of active voluntary euthanasia on grounds of the creature's responsibility for life is that the creature's responsibility is one exercised not only *before God* but also *to others* with whom one is called to 'bear one another's burdens, and in this way . . . fulfil the law of Christ' (Gal 6.2). Yet even for the wider community, active voluntary euthanasia is 'not a private affair; not just about a patient's right. It is a public and society-wide issue'.²⁷ According to the Christian community, for an individual to claim the right to die as an *individual* right can be to seek a form of individualized justification, and so tear something from the fabric of human life as justified only in its corporate form in the Body of the crucified Christ in whom alone humanity takes on its true shape. But there are other ways of approaching this. For example, what if the decision to die was one undertaken not by the individual alone but, as was often the case prior to the more sanitized death brought on by our veneration of modern technology, by a community committed to bear the burden of the decision together? In such a case, active voluntary euthanasia offers the opportunity to die accompanied by the prayers, worship, and confessions of those who have already for many years been rehearsing for this moment through the sacrament of baptism (that symbol of death with which the Christian journey begins) and the liturgy of the Eucharist where we remember, are re-membered, and anticipate that the tragedy of the grave is not territory of which God is unfamiliar, and where receiving the Cup commits us to practices of patience and caring, and of living and dying, unto the Lord. Might this not be a more 'Christian' way to die? Is this not precisely what the Christian life has been preparing us for all along? Is the church not, after all, as Stanley Hauerwas puts it, 'in the death business', and is not a key part of the community's (and, for Hauerwas, the clergy's) responsibility in that business to 'help people learn how to die'?²⁸

- 26 Ray S. Anderson, *Theology, Death and Dying* (Oxford: Basil Blackwell, 1986), 138; compare Rosie Harper, 'Hans Küng's Theses on Dignified Dying', *Modern Believing* 56(2) (2015), 121–134, see p. 124: 'The right to live one's life to the very end does not mean a moral obligation to do so. Modern medicine and the newest medical technologies can prolong the process of dying for hours, months, years or even decades and deny a patient a humane death'.
- 27 Paul Kelly, 'Legalise euthanasia, and compassionate society dies too', *The Australian* (1 October 2016) [cited 13 December 2016]. Online: <http://www.theaustralian.com.au/opinion/columnists/paul-kelly/legalise-euthanasia-and-compassionate-society-dies-too/news-story/edac86177f0480632d02da83a2225c6d>.
- 28 Cited in Tim Suttle, 'Resident Aliens 25 Years Later: Stanley Hauerwas & William Willimon at Duke's 2014 Convocation', n.p. [cited 15 October 2014]. Online: <http://www.patheos.com/blogs/paperbacktheology/2014/10/resident-aliens-25-years-later-stanley-hauerwas-william-willimon-at-dukes-2014-convocation.html>.

Australians are living at a time and place in history where we are encouraged to think that death due to illness or old age is nearly always a defeat. There are ancient resources (including handbooks, paintings, songs, sermons, woodcuts, and instruction pamphlets) in the Christian tradition to counter this misdiagnosis. Most famously, the *Ars Moriendi* devotional literature from the late Middle Ages and early Protestant period²⁹ were prepared to help Christians (especially healthy ones) practice the art of dying, the idea being that when one finds oneself on one's death bed it will feel somewhat familiar because one has attended many dress rehearsals. The practice also forms one in habits that assist one to discern 'when, and when not, to seek diagnosis and treatment'.³⁰ While there is no doubt that every death is different, for those whose ultimate hope is grounded in the divine love, dying with dignity and with a sense of continuity with a life lived might occasion the possibility of dying accompanied by the songs and prayers of loved ones, and marked with the kind of gratitude and hope that typically marks life's beginnings.

Another important gift of the practice of the *Ars Moriendi* is patience, patience that has its genesis also in the enduring love of God. While not exactly a modern virtue, patience is 'critical for approaching and taking seriously the ways patients have learned to understand what it might mean to *be* bodies'.³¹ We should, instead, it is argued, 'learn to bear all patiently' rather than 'dare death impatiently'.³² Learning to be a patient patient or a patient caregiver happens best, it is argued, when 'we learn how to be patient when we are not sick' and 'in the company of others'.³³

Ray Anderson believes that the real issue here concerns quality of life:

At what point does human life, even when viewed as co-responsibility, become so distorted and without value that death actually is more 'appropriate' than life? If the task of life includes that of embracing one's suffering in a meaningful way, can that task be expected of others whether they want it or not? Or is that something that each one of us must decide for ourselves?³⁴

29 For a list of such, see Austra Reinis, *Reforming the Art of Dying: The Ars Moriendi in the German Reformation (1519–1528)* (Aldershot: Ashgate, 2007), 2–15.

30 Paul Griffiths, 'There is an art to dying', n.p. [cited 12 July 2010]. Online: <http://www.abc.net.au/religion/articles/2010/07/06/2946279.htm>. See Thomas G. Long, *Accompany Them with Singing: The Christian Funeral* (Louisville, KY: Westminster John Knox Press, 2009), 108–114.

31 Stoneking, 'Receiving Communion', 378.

32 Stoneking, 'Receiving Communion', 380.

33 Stoneking, 'Receiving Communion', 378. Stoneking suggests that Christian worship trains us to see that 'euthanasia and suicide are material displays of the impatience that derives from placing trust in the wrong narrative. This false narrative informs the conviction that it is better to do something to ensure the "best outcome possible" than to passively await the inevitable'. Stoneking, 'Receiving Communion', 378.

34 Anderson, *Theology, Death and Dying*, 136.

While it has been argued that ‘our individualism tends to undermine the kind of commitments so necessary for a society to comprehend death within an ongoing narrative’,³⁵ and that ‘the assumption that we must choose between “liberalism and communitarianism” is a choice determined by liberal presuppositions’,³⁶ might not the decision to die at one’s own hands, as it were, or, as in the case of active voluntary euthanasia, upon request to the state, still bear witness to the responsibility of the creature before God? In which case, it has been argued that efforts to decide beforehand what one should or should not do, and so abandon contingency upon the Word in the concrete situation, *can* represent a mode of ethical arbitrariness. Human life, its beginnings and its endings, is always viewed, and judged, while standing inescapably somewhere in the broken middle, and in the mystery of the divine love. So Jesus: ‘Father, into your hands I commend my spirit’ (Luke 23.46).

Bonhoeffer argues that ‘one cannot speak of a compelling demand as long as the patient’s life still makes demands of its own – in other words, as long as the physician is obligated not only to the will but also to the life of the patient’.³⁷ It is difficult to avoid the charge that this position views the body exclusively as a means to an end, a position at odds with Christian teaching on the subject that makes the resurrection of the body determinative for understanding and appraising human personhood, and which builds on the claim that ‘the right to life has priority over the right to kill’.³⁸ That said, while one may object to the reality of self-inflicted or physician-assisted death, no one should be condemned for seeking, or for resisting, their own death. Both outcomes are possibilities that can exist in faith, hope, and love. One may, it seems, lay down one’s life on one’s own accord for others as the ultimate expression of love and of friendship (John 10.11, 15, 17–18; 15.13). But the decision for life and against death may also be the better expression of mercy that ‘has its source in the moral virtue of upholding the value of a human life when it least deserves it or cannot bear it’.³⁹

Arguments in support of active voluntary euthanasia must account also for the rights of the wider community to live in a jurisdiction where its institutions (such as governments and hospitals) do not legalize or sponsor state-sanctioned killing. This is true even where such requests are made in the most horrific of circumstances, or are acted upon only under the very strictest of conditions, conditions

35 Stanley Hauerwas, *Naming the Silences: God, Medicine, and the Problem of Suffering* (London: T&T Clark, 2004), 110–111.

36 Hauerwas, *Naming the Silences*, 110.

37 Bonhoeffer, *Ethics*, 191–192. That active voluntary euthanasia ‘changes forever the doctor–patient bond’ is a point made also by Paul Kelly in opposition to any proposed legislation (see Kelly, ‘Legalise euthanasia, and compassionate society dies too’) and by Rodney Syme in defence of such a proposal (see Syme, *A Good Death*, xiv–xv).

38 Bonhoeffer, *Ethics*, 191.

39 Ray S. Anderson, *The Shape of Practical Theology: Empowering Ministry with Theological Praxis* (Downers Grove, IL: IVP, 2001), 301–302.

that include such assurances as regular and politically bipartisan reviews undertaken with coronial powers.

Arguments against legalizing active voluntary euthanasia

Six main arguments *against* legalizing active voluntary euthanasia and assisted suicide are made allowing the following lines:

1. The sanctity of human life.
2. The impossibility of constructing abuse-proof legislative safeguards around the practice of physician-assisted suicide.
3. Concerns about a ‘slippery slope’ into situations beyond that stipulated in legislation.
4. That advances in medical knowledge and palliative care render obsolete the justification for active voluntary euthanasia and assisted suicide.
5. That such a practice by doctors would be a contradiction of the Hippocratic Oath.
6. That it may result in a reluctance by other vulnerable persons to seek medical assistance due to concern that they may be encouraged to consider a premature end to life.

Let us consider these one at a time.

The first argument concerns the direct challenge that active voluntary euthanasia poses against the sanctity of human life.⁴⁰ This argument is most common among those who hold a religious commitment, and is offered on the grounds that life is a gift of the Creator and that therefore ‘decisions about life and death should be reserved for divine agency’.⁴¹ Life simply is not ‘ours’ to end. Thomas Aquinas,

40 Proponents of this view do not normally extend this conviction about sacredness to life generally, to animal and plant life, for example. Furthermore, it seems that even when it comes to the matter of human life, some lives are more sacred than others. So, for example, not all who hold this view are committed pacifists, or oppose capital punishment, or abortion, or violence against those who perform abortions.

41 Joanna Sikora, ‘Religion and Attitudes Concerning Euthanasia: Australia in the 1990s’, *Journal of Sociology* 45(1) (2009), 33; compare Catholic Church, *Catechism of the Catholic Church* (Homebush: Society of St Pauls, 1994), §2277; John Paul II, *The Theology of the Body: Human Love in the Divine Plan* (Boston, MA: Pauline Books & Media, 1997), 504, 543–547; Sacred Congregation for the Doctrine of the Faith, ‘Declaration on Euthanasia’, n.p. [cited 12 December 2016]. Online: http://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_19800505_euthanasia_en.html; John Paul II, ‘Evangelium Vitae’, n.p. [cited 12 December 2016]. Online: http://w2.vatican.va/content/john-paul-ii/en/encyclicals/documents/hf_jp-ii_enc_25031995_evangelium-vitae.html; Daniel Callahan, ‘The Sanctity of Life’, in Donald R. Cutler (ed.), *Updating Life and Death: Essays in Ethics and Medicine*, (Boston, MA: Beacon Press, 1969), 181–223; Presbyterian

for example, represents this view when he avers that ‘it belongs to God alone to pronounce sentence of death and life. . . . Therefore to bring death upon oneself in order to escape the other afflictions of this life, is to adopt a greater evil in order to avoid a lesser’.⁴² Likewise, the *Catechism of the Catholic Church* is unambiguous here: ‘Intentional euthanasia, whatever its forms or motives, is murder. It is gravely contrary to the dignity of the human person and to the respect due to the living God, his [or her] Creator’.⁴³ In the Protestant tradition, Karl Barth argues similarly although he seeks to bind the creature not to some fixed position but rather to the determination of the divine command itself, a word that, to be sure, carries with it ethical riskiness and a heterogeneity of faithful possibilities. He writes ‘that it is for God and God alone to make an end of human life, and that [the human person] should help in this only when he [or she] has a specific and clear command of God’.⁴⁴ The assumption here is that ‘human life is not biologically determined but contingent upon a source and power beyond mere biological life’.⁴⁵ Bonhoeffer takes a similar stance: ‘The right to the end of life is reserved for God, because only God knows the goal toward which a life is being directed. God alone wishes to be the one who justifies or rejects a life. Before God, self-justification, and therefore

Church (USA), *In Life and in Death We Belong to God: Euthanasia, Assisted Suicide, and End-of-Life Issues* (Louisville, KY: Christian Faith and Life Area, Congregational Ministries Division, PC(USA), 1995).

- 42 Thomas Aquinas, *The ‘Summa Theologica’ of St. Thomas Aquinas*, trans. Fathers of the English Dominican Province, 22 vols. (2nd revised ed.; London: Burns Oates & Washbourne, 1920–1925), Q 64, Art 5.
- 43 Catholic Church, *Catechism of the Catholic Church*, §2324; compare Bonhoeffer, *Ethics*, 193: ‘Life created and preserved by God possesses an inherent right, completely independent of its social utility. The right to life inheres in what exists [*im Seienden*] and not in some value or other. There is no worthless life before God, because God holds life itself to be valuable. Because God is the Creator, Preserver, and Redeemer of life, even the poorest life before God becomes a valuable life’. The idea is clearly expressed also by the French biologist Jean Rostan: ‘For my part I believe that there is no life so degraded, debased or impoverished that it does not deserve respect and is not worth defending with zeal and conviction. . . . I have the weakness to believe that it is an honour for our society to desire the expensive luxury of sustaining life for its useless, incompetent and incurably ill members. I would almost measure society’s degree of civilization by the amount of effort and vigilance it imposes on itself out of pure respect for life’. Cited in Howard Peskett and Vinoth Ramachandra, *The Message of Mission: The Glory of Christ in all Time and Space* (Leicester: Inter-Varsity Press, 2003), 39.
- 44 Karl Barth, *Church Dogmatics III.4*, ed. Geoffrey W. Bromiley and Thomas F. Torrance, trans. A. T. Mackay et al. (Edinburgh: T&T Clark, 1961), 425.
- 45 Ray S. Anderson, *Dancing with Wolves While Feeding the Sheep: The Musings of a Maverick Theologian* (Eugene, OR: Wipf & Stock, 2001), 118.

self-murder, is the epitome of sin'.⁴⁶ This needs to be held in tension with what we noted from Bonhoeffer earlier concerning the freedom of a wholly responsible decision to end one's life as an act of love.

A corresponding so-called 'secular' version of the argument against active voluntary euthanasia on the basis of the value of human life is present also in common law and in the recognition by the Australian courts vis-à-vis 'the state's interest in preserving human life'.⁴⁷ One challenge facing current parliaments in some Australian states is how to draft legislation that avoids blurring and/or undermining the lines of responsibility between the state, medical practitioners, and individual persons. The first two have as their most basic responsibility the flourishing and protection of life. It might be argued, therefore, that under no circumstances can state-sponsored killing ever be justified. But it remains questionable whether this is a situation that applies equally and always to the responsibility of the individual creature who is called to responsibility for the life given to them.⁴⁸

46 Bonhoeffer, *Ethics*, 198–99; compare Bonhoeffer, *Ethics*, 190–191: 'Never may the killing of another's life be one possibility among many, however well founded that possibility may be. Where there is even the smallest responsible possibility of allowing the other to stay alive, then the destruction of this life would be arbitrary killing – murder. Killing or sparing life are never equivalent alternatives in a decision. The preservation of life has an incomparable priority over destruction. Life may claim all grounds to validate itself, while for killing there is only one single valid ground. Where this is not considered, one runs afoul of the Creator and Preserver of life'. Bonhoeffer's words need to be considered against the background of social-Darwinism that undergirded the policies of the Third Reich, and in particular Hitler's (involuntary) 'euthanasia' programme against so-called 'worthless' lives. In the two years between 1 September 1939 and August 1941, Hitler's special 'killing institutions' euthanized between 60,000 and 80,000 people, mostly Jews, gypsies (the Sinti), slaves, the physically and mentally ill, and others judged to be 'unfit to live'. But this madness was not original to Hitler. In the 1920s, for example, the lawyer Karl Binding and the psychiatrist and neurologist Alfred Hoch argued that society should not be expected to carry the burden of care for 'empty human shells', 'incurable idiots', 'monstrous births', 'mentally dead', 'weaklings', and 'ballast existences'. See Karl Binding and Alfred Hoche, *Die Freigabe der Vernichtung Lebensunwerten Lebens* (Leipzig: Verlag von Felix Meiner, 1920).

47 White and Willmott, 'How should Australia regulate voluntary euthanasia?', 421. White and Willmott cite *Hunter and New England Area Health Service v A* (2009) 74 NSWLR 88 at [5]–[16], and a reference by the majority of the High Court in *Patel v The Queen* (2012) 86 ALJR 954; [2012] HCA 29 at [87] to 'the value the law places on human life'.

48 So Theo A. Boer, 'Rushing toward death?', *Christian Century* 133, no. 8 (2016), 24–27, see p. 27: 'When people invoke their autonomy to end their lives, let them and not doctors or any state authorities be responsible for their deaths. Societal involvement should be directed at providing high-quality care to all and protecting the lives of vulnerable people. Any law making assisted dying possible should stay clear of the impression that a society is ready to organize the killing of its citizens, even at their request'.

It may therefore be incumbent upon those who offer this argument to account for the ways that its defence may inadvertently undermine or in some way limit the dignity of human life as that which is fundamentally responsible before God.⁴⁹ Moreover, there are questions to be addressed here about *what kind* of life should be treated as sacred. Is life to be equated with mere existence, as defined in medical and biological terms? Or is life defined by other realities in which the quality of a life becomes a critical factor? ‘Life’, as Barth reminded us, ‘is no second God, and therefore the respect due to it cannot rival the reverence owed to God’.⁵⁰ When life is preserved solely as an end in itself, with disregard for the quality of that life, then the result may serve an idolatry which is grounded in human ignorance and which ‘has nothing whatever to do with Christian obedience’.⁵¹ Discerning when in fact this may be the case, however, is tremendously difficult, especially *in extremis*.

What is less difficult is to affirm that respect for life must include an awareness of life’s limitations. Freedom for life is always freedom with – and because of – limitations. ‘It may be that death is to be your ultimate gift to life: it must not be an act of treachery against it’.⁵² Arguably, it is possible, even desirable, that Christian theologians defend ‘not only the sacredness of human life but also the sacredness of death. Sometimes death is the best that life has to offer, the moment when we return the gift of our life to God’.⁵³ Writing almost two centuries before Christ, the Jewish scribe Ben Sira stated that ‘Death is better than a life of misery, and

49 See Daniel P. Sulmasy, ‘More than Sparrows, Less than the Angels: The Christian Meaning of Death with Dignity’, in John Swinton and Richard Payne (eds), *Living Well and Dying Faithfully: Christian Practices for End-of-Life Care* (Grand Rapids, MI: Wm. B. Eerdmans, 2009), 243–244; compare Küng, *Eternal Life?*, 210–211: ‘No advocate of a more active assisted death thinks that the person becomes “non-human” or “no longer human” as a result of incurable sickness, senility or definitive unconsciousness. On the contrary, precisely because [the person] is and remains human, [they have] a right to live a life worthy of a human being and to die with human dignity, a right that may *possibly* be denied [them] if [they are] continually dependent on surgical apparatus and medication: that is, when all that is possible is to go on merely vegetating, to sustain a merely vegetative existence. In this light none of the three partial objectives of assisted dying – prolongation of life, diminution of suffering and preservation of freedom – may be made absolute’.

50 Barth, *Church Dogmatics III/4*, 342.

51 Barth, *Church Dogmatics III/4*, 342. It is the conviction of the Christian faith that life is negotiated somewhere between two poles – between ‘In the beginning God...’ and ‘God raised Jesus from the dead...’. These poles, both of which recount ‘events’ inaccessible to us, nevertheless make life meaningful enough to be able to say to the Creator ‘into your hands I commend my spirit’, and rescue sentient beings from the idolatrous temptation to play God. On that temptation, see Glenn Colquhoun, ‘Playing God’, in *Playing God*, 93.

52 Dag Hammarskjöld, *Markings*, trans. Leif Sjöberg and W. H. Auden (New York, NY: Alfred A. Knopf, 1964), 86.

53 D. Dixon Sutherland, ‘From Terri Schiavo toward a Theology of Dying’, in Keith D. Dyer and David J. Neville (eds), *Resurrection and Responsibility: Essays on Theology*,

eternal sleep than chronic sickness' (Sirach 30.17). It may well be argued that this represents precisely the kind of decision that God-botherers are free to make and to hasten as they face their own end. Might such an action, of casting one's life into the mercy, mystery, and love of God's future, be an act of faith, an expression rather than a denial of Christian hope, and a form of love, however broken? Can those who, impatient with providence, turn to medication to *ease* their suffering condemn those who so turn in order to *end* their suffering? It could be argued that 'it is precisely because modern medicine has made it possible for us to choose to resist death that it should also be allowed to help us to choose when to abandon that resistance'.⁵⁴ 'O death, how welcome is your sentence to one who is needy and failing in strength, worn down by age and anxious about everything; to one who is contrary, and has lost all patience!' (Sirach 41.2). Here, the ancient sage may be representing a way to face death most courageously, and faithfully, as a sacramental witness to life.

The question of the relationship between the recognition of human life as divine gift and the character of that life as a human task with real responsibilities has been taken up by Hans Küng. Küng's concern is with the question, 'Who has the responsibility for dying?' His response, cited at length, is as follows:

Would it not be consistent to assume that the same God now, more than before, had made the end of human life a human responsibility? This God does not want us to foist responsibility on him that we ourselves can and should bear. With freedom God has also given human beings the right to utter self-determination. Self-determination does not mean arbitrariness, but a conscientious decision. . . . As a Christian and a theologian I am convinced that the all-merciful God, who has given men and women freedom and responsibility for their lives, has also left to dying people the responsibility for making a conscientious decision about the manner and time of their deaths. This is a responsibility which neither the state nor the church, neither a theologian nor a doctor, can take away. This self-determination is not an act of arrogant defiance of God; just as the grace of God and human freedom are not exclusive, neither are God's predestination and human self-determination. . . . If God makes the whole of life a human responsibility, then this responsibility also applies to the last phase of our lives, indeed, it applies even more to the real emergency of our lives, when it is a matter of dying. Why should this last phase of life in particular be exempted from responsibility? . . . As a believer I know that the life of God is a gift, but I also know that at the same time it is a human responsibility (first of my parents and then my own). One cannot simply 'leave everything to God' at the end of one's life, any more than one can at the beginning. . . . No, human responsibility does not cease in

Scripture, and Ethics in Honor of Thorwald Lorenzen (Eugene, OR: Pickwick Publications, 2009), 225–246, see p. 246.

54 Paul Badham, 'A Theological Examination of the Case for Euthanasia', in Paul Badham and Paul Ballard (eds), *Facing Death: An Interdisciplinary Approach* (Cardiff: University of Wales Press, 1996), 101–116, see p. 113.

dying, but here is called for one last time, to the degree that a person consciously experiences this phase. And why should I give up responsibility in particular for the last phase, having been asked to be responsible throughout a long life? Why should I not be able to give my life back into God's hands after a mature examination of my conscience?⁵⁵

For Küng, over against, for example, Peter Singer, it is precisely because incurably ill people can never become 'non-persons' or 'no longer persons'⁵⁶ that any case for surrendering their own responsibilities for their life cannot take place, even where in some circumstances the person will be dependent upon the help of others to fulfil that responsibility. This is part of what it means to die with dignity. Contrary to those who may see in those with advanced Parkinson's disease, for example, an extraordinary witness to the dignity of the human person as the image of a broken and crucified God, Küng sees in such only 'a miserable form, not speaking, not talking', and he is afraid of being 'presented in such a way',⁵⁷ of being before the world like Muhammad Ali and John Paul II were in their final months.

Against such a position, the biomedical ethicist Daniel Callahan challenges us to 'come to see the value of living within restricted frontiers':

The argument for euthanasia seems to be agreeing about the centrality and validity of control as a goal: if medicine cannot now give us the health and continued life we want, it can and should at least give us a total control over the timing and circumstances of our death, bringing its skills to bear to achieve that end. By making a denial of the distinction between killing and allowing to die central to its argument, the euthanasia movement has embodied the assumption, the conceit actually,

55 Küng and Jens, *A Dignified Dying*, 30, 37–38, 120–121. Küng here raises the question of whether one who opposes active voluntary euthanasia can, with consistency, promote the use of contraception. See also Küng and Jens, *A Dignified Dying*, 30. Closely related to this matter of responsibility is the question of the freedom of conscience. Disregard for the conscience, in the case of both the patient and the doctor, would mark, it is argued, a serious breach of human dignity.

56 See Peter Singer, *Practical Ethics* (2nd ed.; Cambridge: Cambridge University Press, 1993), 175–217; Singer, *Rethinking Life and Death*, 132–158; Peter Singer and Helga Kuhse, *Should the Baby Live? The Problem of Handicapped Infants* (Oxford: Oxford University Press, 1985).

57 Jason Berry, 'Hans Küng, influential Catholic dissident, confronts his own mortality', n.p. [cited 16 December 2016]. Online: <http://www.pri.org/stories/2013-12-19/hans-kung-influential-catholic-dissident-confronts-his-own-mortality>. Elsewhere, Küng has confessed: 'I don't want to continue to exist as a shadow of myself. I also don't want to be sent off to as nursing home. ... No person is obligated to suffer the unbearable as something sent from God. People can decide this for themselves and no priest, doctor or judge can stop them'. Francis Phillips, 'How we deal with deteriorating health is a matter of faith', n.p. [cited 16 December 2016]. Online: <http://www.catholicerald.co.uk/commentandblogs/2013/10/15/how-we-deal-with-our-deteriorating-health-is-a-matter-of-faith/>.

that [humanity] is now wholly in control of everything, responsible for all life and all death. Allowing a disease to take its course is no longer to be morally distinguished from outright killing. Either way, it is our doing.

There is a clear consequence of this view: our slavery to our power over nature is now complete. Euthanasia is, in that respect, the other side of the coin of unlimited medical progress.

The compassion it seeks is not just in response to pain and suffering. It is more deeply a response to our failure to achieve final control over our destiny. That is why we cannot be rid of the pain.

The compassion is misplaced. It seems to be a way of saying that just as we have a full right to control our living, we should have a full right to control our dying. Even more, the right to control our death offers a saving antidote to our failure to control life; it makes up for the progress medicine has not yet achieved. We design a healthcare system oriented to meeting individual curative needs and then, with euthanasia, guarantee that, when the skills and knowledge of the system fail, medicine can at least give us a decisive control over our dying. The last word, long sought, becomes ours.⁵⁸

A second argument against active voluntary euthanasia or assisted-suicide is made on the basis of the impossibility of constructing safeguards to ensure an individual who falls outside the legislated practice is not killed. The argument here concerns the difficulty, and indeed impossibility, of ensuring that all legislative requirements vis-à-vis eligibility are satisfied in every case. 'This inability to ensure that safeguards are observed means there is potential for abuse in that a person who does not fall within the ambit of the legislation may be killed. Vulnerable individuals in our society, such as the sick, the elderly and those living with disabilities, will be at risk'.⁵⁹ This argument is based on the conviction that active voluntary euthanasia advocates exercise an unjustifiable confidence in the benevolence of the government and in the mechanisms of the law. So Paul Kelly: 'It is surely extraordinary that people sceptical of the ability of governments to get trains running on time fool themselves into thinking they can confidently manage a regime that sanctions the termination of human life'.⁶⁰ Legislation born of compassionate intentions can, even with the best of wills and the tightest of legal safeguards, help to promote a 'climate of anxiety about scarce resources'⁶¹ and that those spent on the dying are a luxury we cannot afford.

A third, and somewhat related, dispute against active voluntary euthanasia or assisted suicide is the so-called 'slippery slope' argument. Here the concern is that legislative safeguards will, in time, be eroded and that we will increasingly and

58 Daniel Callahan, *What Kind of Life: The Limits of Medical Progress* (Washington, DC: Georgetown University Press, 1990), 242–243.

59 White and Willmott, 'How should Australia regulate voluntary euthanasia?', 421.

60 Kelly, 'Legalise euthanasia, and compassionate society dies too'.

61 Rowan Williams, *Faith in the Public Square* (London: Bloomsbury, 2012), 250.

inevitably witness cases where those who lack competence, or who are minors, or who otherwise fall outside of the legislation's framework, will be killed, and that active voluntary euthanasia will extend to involuntary and non-voluntary euthanasia.⁶² Paul Kelly refers to this as 'euthanasia creep', a situation, witnessed already in Belgium,⁶³ The Netherlands,⁶⁴ Switzerland, and Oregon,⁶⁵ where doctors are encouraged 'to think it is their job to promote the end-of-life', where 'sick people, thinking of families, feel obliged to offer up their deaths', and where 'less worthy people exploit the death process for gain'.⁶⁶ Singer concedes that this is 'the most powerful objection to the legalisation of either voluntary euthanasia or physician-assisted suicide'.⁶⁷

A fourth argument against active voluntary euthanasia or assisted suicide is that advances in medical knowledge and in palliative care, especially insofar as such attend to pain management, are such that the need for active voluntary euthanasia and assisted suicide is now obsolete.⁶⁸ It has also been argued that in the vast majority of cases 'the experience of those working in hospices is that requests for

62 See Ralph A. Capone, Kenneth R. Stevens, Julie Grinstead and Ron Panze, 'The Rise of Stealth Euthanasia', *Ethics and Medics* 38, no. 6 (2013), 1–4.

63 In 2013, the Belgian Parliament passed an amendment extending active voluntary euthanasia legislation to include terminally ill children. There is the famous case too from 2015 of 24-year-old 'Laura' (her real name is Emily) whom three Belgium doctors, including a psychiatrist, granted the right to end her own life on grounds of 'unbearable psychological suffering'. Her story was documented in a film produced by *The Economist*. It can be accessed at *The Economist*, '24 & ready to die', n.p. [cited 22 December 2016]. Online: <https://www.youtube.com/watch?v=SWWkUzKfJ4M>. 'Laura' did not go through with the termination.

64 See Theodoor A. Boer, 'After the Slippery Slope: Dutch Experiences on Regulating Active Euthanasia', *Journal of the Society of Christian Ethics* 23(2) (2003), 225–242; John C. Conley, 'Tired of Living', *America* (21 September 2015), 34; Boer, 'Rushing toward death?', 24–27. Boer observes that since 2007, the numbers of assisted dying cases have increased by around 5% each year. The 2014 figure (of 5,306 cases) is almost three times the 2002 figure. Today, 1 in 25 deaths in the Netherlands is the consequence of assisted dying.

65 See, for example, Mary J. Shariff, 'Assisted Death and the Slippery Slope – Finding Clarity Amid Advocacy, Convergence, and Complexity', *Current Oncology* 19(3) (2012), 143–154; Jacob M. Appel, 'A Suicide Right for the Mentally Ill? A Swiss Case Opens a New Debate', *Hastings Center Report* 37(3) (2007), 21–23; José Pereira, 'Legalizing Euthanasia or Assisted Suicide: The Illusion of Safeguards and Controls', *Current Oncology* 18(2) (2011), 38–45.

66 Kelly, 'Legalise euthanasia, and compassionate society dies too'. See also Peter Hudson, Rosalie Hudson, Jennifer Philip, Mark Boughey, Brian Kelly and Cees Hertogh, 'Legalizing Physician-Assisted Suicide and/or Euthanasia: Pragmatic implications', *Palliative and Supportive Care* 13 (2015), 1399–1409.

67 Singer, *Rethinking Life and Death*, 150.

68 See Michael Erdek, 'Pain medicine and palliative care as an alternative to euthanasia in end-of-life cancer care', *The Linacre Quarterly* 82(2) (2015), 128–134; Catholic Church, *Catechism of the Catholic Church*, §2279.

euthanasia do not persist; reassessment of patients' perception of their quality of life after good palliative care demonstrates improvement'.⁶⁹ We might simply note here that when it comes to medical ethics, Christian beliefs are not absolute and unchanging. Many practices that Christians accept as good without question today they once regarded with grave suspicion or judged as evil. For example, some early Christians believed that the giving of medicine (φαρμακεία, see Gal 5.20; *Didache* 2.2) was a form of sorcery. At other times, things such as surgery, the study of anatomy, the dissection of corpses, inoculation, vaccination, anaesthetics, and the use of chloroform in childbirth were forbidden.⁷⁰ Will we in time see a similar change in attitude on the question of assisted suicide in cases where pain has become unbearable and where the gifts of palliative care are judged to have reached their limits?

A fifth argument advanced against active voluntary euthanasia or physician-assisted suicide is that such action represents an unequivocal contradiction of the Hippocratic Oath, which in an original form included these words: 'I will neither give a deadly drug to anybody who asked for it, nor will I make a suggestion to this effect'.⁷¹ Is there an incompatibility between the responsibility given to medical professionals generally to promote their patient's health and the request by a patient to end their own life? 'Is something not terribly awry', it is argued, 'when killing is described as caring?'⁷² This raises a further question: 'what is compassion if it is discriminatory?'⁷³ Why, in other words, limit this defence to

69 Ilora G. Finlay, 'Ethical Decision Making in Palliative Care: The Clinical Reality', in Paul Badham and Paul Ballard (eds), *Facing Death: An Interdisciplinary Approach* (Cardiff: University of Wales Press, 1996), 64–86, see p. 80.

70 See Andrew Dickson White, *A History of the Warfare of Science with Theology in Christendom*, 2 vols, vol. 2 (New York, NY: D. Appleton & Company, 1897), 36–66.

71 Ludwig Edelstein, 'The Hippocratic Oath: Text, Translation and Interpretation', in *Ancient Medicine: Selected Papers of Ludwig Edelstein*, ed. Owsei Temkin and C. Lilian Temkin (Baltimore, MD: The Johns Hopkins University Press, 1987), 3–63, see p. 6. A modern version, written in 1964 by Louis Lasagna, excludes these lines, but includes the following: 'Most especially must I tread with care in matters of life and death. If it is given me to save a life, all thanks. But it may also be within my power to take a life; this awesome responsibility must be faced with great humbleness and awareness of my own frailty. Above all, I must not play at God'. Cited in George D. Pozgar, *Legal and Ethical Issues for Health Professionals* (4th ed.; Burlington, MA: Jones and Bartlett Learning, 2016), 343.

72 Stoneking, 'Receiving Communion', 376. To defend this question, Stoneking cites a number of examples related to North America's most well-known advocate and practitioner of physician-assisted suicide, Jack Kevorkian, including a number of cases where those who were not terminally ill were put to death. Similar examples might be harvested in Australia in relation to Philip Nitschke and the work of Exit International.

73 R. S. Thomas, 'It was because Caliban', in Tony Brown and Jason Walford Davies (eds), *Too Brave to Dream: Encounters with Modern Art* (Eastburn: Bloodaxe Books, 2016), 77.

the ‘terminally ill’? If any person at all wishes to end their life rather than persist in pain, despair, or loneliness, upon what grounds should their request be denied by a doctor, and in whose interests? Moreover, unlike in the case of suicide, assisted suicide or active voluntary euthanasia implicates others in one’s own decision in ways that may in fact violate professional guidelines and, moreover, turn the doctor–patient relationship into something more like a client–doctor relationship. ‘A doctor’s duty’, it has been suggested, ‘is to respect a patient’s autonomy’.⁷⁴ Of concern here is the argument that, in the case of active voluntary euthanasia, the killing implicates the will of a second party who then commits homicide. One way around this is for medical professionals to distance themselves as far as possible from the actual killing process and to limit their role to that of diagnosis and care, accurately informing their patient of all the facts and options available to them, and, where requested, to prescribe medication that a patient might access via a pharmacist if and when the decision to end life is made.⁷⁵ This is often all that a patient desires, the empowerment that comes with knowing that the medication is at hand should the need arise. Beyond this, it is argued, ‘the patient’s trust in the doctor’s wholehearted devotion to the patient’s best interests will be hard to sustain once doctors are licensed to kill’.⁷⁶ Sympathetic to this argument, some of those who advocate for active voluntary euthanasia do so partly on the grounds that medical professionals and hospice providers, or indeed any other third party, refrain from being directly involved in the final act.⁷⁷ Against this argument is the view that patients trust their family doctor, those who have walked with them the rough journey, who know with greater intimacy their medical history and who are, moreover, more likely to know of the patient’s values and family context. The absence of that trusted person at the final moment might mean that the patient chooses to not go through with their decision.⁷⁸

The sixth and final argument against active voluntary euthanasia or assisted suicide that I will name here runs like this: one result of a shift in the culture of

74 Editorial, ‘Why our lawmakers should legalise physician-assisted death’.

75 A case might be made here for involvement of a euthanasia specialist other than the patient’s doctor.

76 Leon R. Kass, ‘Neither for Love nor Money: Why Doctors Must Not Kill’, *Public Interest* 94 (1989), 25–46, see p. 35. White and Willmott name a related concern, that ‘doctors should not be forced to act in a way that is contrary to their conscience. Even if a legislative regime does not require them to provide assistance, such a regime may require a doctor to refer the patient to someone who may be able to assist to end her or his life. An obligation to make such a referral may also be contrary to their beliefs and they should not be required to act in a way that is contrary to their conscience’. White and Willmott, ‘How should Australia regulate voluntary euthanasia?’, 421.

77 See Susan Stefan, *Rational Suicide, Irrational Laws: Examining Current Approaches to Suicide in Policy and Law* (New York, NY: Oxford University Press, 2016), 244–247.

78 This is hardly a knockdown argument, as one might imagine the opposite scenario to be equally likely: that with the absence of a trusted caregiver, a patient may be more likely to end their life.

care may be a reluctance by unwell and other vulnerable persons to seek medical help due to concern that they may be encouraged by their doctor to consider a premature end to life. In defence of this view, it could be argued that Christians are called always to privilege laws that protect the most vulnerable and dependent members of society from being exposed to such pressures, whether from medical professionals, from family members, or from anyone else.

Witnessing to the responsibility ultimately undertaken by Christ

Finally, we might ask: theologically, what fundamentally ought guide the Christian community in its attitudes towards living and dying? The church's long-held response to that question is the life and death of Jesus Christ. It is the Christian community's claim that we are made for life – life that neither precludes nor dulls the actuality of death. Death – whether biological, emotional, or relational – may indeed be life's enemy. But it is an enemy that, like the strange promise of resurrection, is woven into the warp and woof of life in God's world. Whereas it sometimes may be an enemy from which to flee, at other times death may be the enemy we must embrace as an embodied parable of love's final hope. Because God is the God of life, then not only are all of life's experiences of concern to God but also all of life's experiences are in some sense constitutive features of God's own experience with and in the world. In every experience, in every *thing*, God is waiting for us. This means that death is not in the final analysis the contradiction of life but that it is somehow mysteriously and inescapably bound up with the movement of life in the world and in God. Put most simply, Christian faith 'illuminates death in the light of the gospel. Thus it brings light also into the darkness of death'.⁷⁹ Such a claim is made possible because in his own death, the second Person of the Trinity enters into the madness, confusion, fear, manipulation, risk, pain, isolation, and sheer contradiction of the human experience in its totality. Whatever the mode of death, one dies not into nothingness, therefore, but into God, into the life in whom death is not unfamiliar territory, into the first and last reality. In taking on the frailty and dis-ease of human flesh, Christ takes responsibility for the creature's decision vis-à-vis their own death, regardless of the outcome and regardless of the conditions under which such a decision is made. To welcome this Good News is to confess that we cannot be God to ourselves.

It is to confess also that the Good News arrives in the form of a question rather than in that of an answer. It is for this very reason that this article has been a deliberate exercise of intimating that there are no unambiguous lines to be drawn between the divine economy and a single theological argument either for or against active voluntary euthanasia. Many of the same basic theological propositions

79 Eberhard Jüngel, 'Der Tod als Geheimnis des Lebens [1976]', in *Entsprechungen: Gott, Wahrheit, Mensch. Theologische Erörterungen* (Munich: Kaiser, 1980), 327–354, see p. 338.

employed to defend the argument that human beings, *in extremis*, bear provisional responsibility to make final decisions about the manner and timing of their own death, for example, can be employed equally to defend the argument against active voluntary euthanasia on grounds that that responsibility is best exercised by continuing to embrace the gift of life, however impossible that gift has become, by trusting that in the final analysis ‘the right to the end of life is reserved for God, because only God knows the goal toward which a life is being directed’.⁸⁰

Bonhoeffer’s warnings about the sheer impossibility of achieving moral certainties and his appeals for ethical humility and against self-justifying actions are instructive at this point.⁸¹ According to Bonhoeffer, the reality of God in Jesus Christ, and not something like Kant’s *a priori* sensibilism, directs and nourishes faith’s responsible action. One implication of this, Bonhoeffer avers in a discussion on accepting responsibility for others, is that:

The choice is made no longer between a clearly recognized good and a clearly recognized evil; instead, it is risked in faith while being aware that good and evil are hidden in the concrete historical situation.

To act out of concrete responsibility means to act in *freedom* – to decide, to act, and to answer for the consequences of this particular action *myself* without the support of other people or principles. Responsibility presupposes ultimate freedom in assessing a given situation, in choosing, and in acting. Responsible action is neither determined from the outset nor defined once and for all; instead, it is born in the given situation.⁸²

It may be that nowhere is this truer than in ‘extraordinary’ situations where persons are confronted with ‘necessities that are beyond any possible regulation by law’.⁸³ Here, responsible action means also risking entry into the community of the guilty, living with limitations or boundaries, living a contradictory life and delivering all justification for any decisions to God for judgment. ‘Those who encounter the world in a way that accords with reality’ – that is, that accords with the person of Jesus Christ – ‘live and act in limited responsibility, and in doing so allow for the world’s nature and character to be revealed to them ever anew’.⁸⁴

80 Bonhoeffer, *Ethics*, 198. He continues: ‘God alone wishes to be the one who justifies or rejects a life. Before God, self-justification, and therefore self-murder, is the epitome of sin. There is no compelling reason for rejecting suicide as reprehensible other than that there is a God above us’. Bonhoeffer, *Ethics*, 198–199.

81 See, for example, Bonhoeffer, *Ethics*, 227–228, 257–289.

82 Bonhoeffer, *Ethics*, 221. Regarding this responsibility to discern the divine command in the uncertain but concrete situation, Bonhoeffer, later on in his *Ethics*, points out that one ought not deduce from this experience that a responsible human beings is always a ‘Hercules standing in perpetuity at a crossroads, struggling forever to make the right decision, someone worn out by conflicting duties, again and again failing and starting anew’. Bonhoeffer, *Ethics*, 385.

83 Bonhoeffer, *Ethics*, 273.

84 Bonhoeffer, *Ethics*, 267.

It is increasingly likely that reform supporting active voluntary euthanasia under certain conditions will pass into common law in Australian states, including Victoria.⁸⁵ This will be preceded by a series of consultations and public debates. It is hoped that such discourse will be free from the kinds of unsubstantiated, stigmatizing, and ill-informed claims that have tended to characterize other public conversations on complex subjects in recent years. Among those who will be engaged in such discussions are members of the Christian community. Since Joseph of Arimathea and Nicodemus took the body of Jesus and wrapped it with mixed spices of myrrh and aloes, and with linen cloths, Christians have made a habit of caring for, and of living and worshipping with, the dying and the dead, and of reflecting deeply on a wide range of implications for doing both. The Christian community therefore has much to contribute to this wider public conversation. One hopes that its contribution will be both offered and received respectfully, and that the ensuing conversations will provide many welcomed opportunities for Christian communities to witness to the compassionate God of the living and the dead, to underline the gravity and risks involved in recognizing the responsibility to conscience of every person, and to re-consider questions not only about life and death, but also about what the nature of responsible citizenship in a modern democracy might look like.

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85 The first of such was the ‘Rights of the Terminally Ill Act 1995 (NT)’, which was effectively invalidated by the Federal Parliament in 1997 with the Euthanasia Laws Act 1997 (Cth). Willmott et al. identify a convergence of factors that make this change likely: ‘high and sustained public support for reform in Australia; an ageing and increasingly informed population seeking choices for their end-of-life experience; the changing legal landscape internationally; and the media’s interest in the topic and, particularly for social media, its agitation for change’. Lindy Willmott, Ben White, Christopher Stackpoole, Kelly Purser and Andrew McGee, ‘Failed Voluntary Euthanasia Law Reform in Australia: Two Decades of Trends, Models and Politics’, *University of New South Wales Law Journal* 39, no. 1 (2016), 1–46, see p. 42.