

Euthanasia: The Battle for Life from a Christian Viewpoint

Dr. Bohlin approaches this issue from a biblical worldview. As a Christian, he looks at current events and attitudes in this sad area and points out that popular sentiments may be far from biblical and godly.

Physician-Assisted Suicide in the United States

On March 6, 1996, the Ninth U. S. Circuit Court of Appeals struck down Washington state's ban on physician-assisted suicide. By a surprisingly commanding 8-3 vote, the court ruled that terminally- ill adults have a constitutional right to end their lives. Essentially, the court decided that an individual's right to determine the time and manner of his own death outweighed the state's duty to preserve life. This ruling will also likely uphold Oregon's voter approved doctor-assisted suicide law that has been bogged down in the courts.

The only recourse now is the Supreme Court, which is not expected to overrule the Appeals Court's decisions. On April 2, the Second U.S. Circuit Court of Appeals ruled that New York state's bans on assisted-suicide were "discriminatory." Then on May 15, 1996, Dr. Jack Kevorkian, the infamous "Dr. Death," was acquitted for a third time of doctor-assisted suicide in the state of Michigan.

The stage is set for a revolution in the law concerning euthanasia in this country. Kevorkian's escapes from the law and these recent rulings from the Appeals Courts will further encourage the "right- to-die" lobby which seeks to make doctor-assisted suicide the law of the land. What will be

overlooked is over 2,000 years of medical practice and ethical codes. The Hippocratic Oath, originating in 400 B.C., and the standard for medical practice ever since, states, "I will keep [the sick] from harm and injustice. I will neither give a deadly drug to anybody if asked for it, nor will I make a suggestion to that effect."

Allowing doctors to end life as well as preserve life would change the face of the entire medical community. The doctor/patient relationship will be forever compromised. Is your doctor's advice truly in your best interests or in his best interest to rid the hospital and himself of a pesky patient and situation?

Dr. Thomas Beam, chairman of the Medical Ethics Commission of the Christian Medical and Dental Society points out, "While the act of physician-assisted suicide seems compassionate on the surface, it is often the abandonment of the patient in their most needy time. Instead of support, the patient may only find confirmation of the hopelessness of their condition and physician-assisted suicide is legitimized as the only 'way.'" [\(1\)](#) It is not terribly difficult to see how this circumstance would undermine the delicate relationship between a doctor and his patient.

Surely, you say, most people don't agree with the policy of doctor-assisted suicide. However, the *New England Journal of Medicine* reported a poll from the state of Michigan which indicated that "66 percent of state residents and 56 percent of Michigan doctors would prefer that doctor-assisted suicide be legalized not outlawed." [\(2\)](#) And even though doctor-assisted laws were defeated in referendums in California and Washington, the defeats were narrow. And a similar law was finally passed in Oregon in 1994. In addition, 23 states are now considering such legislation. And as mentioned earlier, two different Appeals Courts have ruled in favor of doctor-assisted laws. In this essay I will examine why so many favor legalization of assisted suicide. I will take a close look at

Dr. Jack Kevorkian, the most visible proponent of assisted suicide. Also, I will examine what the Bible has to say about life, death, and God's sovereignty. Finally, I will discuss some test cases and inform you about what you can do to combat this growing evil in our land.

Who is Dr. Jack Kevorkian and Why Do People Seek His Help?

Why is such a large segment of our society, over 60% in some communities, enamored with the possibility of physician-assisted suicide? While there can be many roads that will lead to this conclusion, the primary one is fear. People today fear being at the mercy of technology, of being kept alive with no hope of recovery by machines. Few seem to realize that it is already legal for a terminally ill patient to refuse life-prolonging measures. We must realize that there is a difference between simply allowing nature to take its course when someone is clearly dying and taking direct measures to hasten someone's death. Former Surgeon General C. Everett Koop acknowledges,

If someone is dying and there is no doubt about that, and you believe as I do that there is a difference between giving a person all the life to which he is entitled as opposed to prolonging the act of dying, then you might come to a time when you say this person can take certain amounts of fluid by mouth and we're not going to continue this intravenous solution because he is on the way out. [\(3\)](#)

Extraordinary measures are not required to keep a dying person alive at all costs. But some people fear exactly that. Removing this fear will take a lot of the wind out of the euthanasia sails.

Secondly, people fear the pain of the dying process. Intractable pain is a real fear, but few people today realize

that most of the pain of terminally ill patients can be dealt with. Many doctors, particularly in the U.S., are not aware of all the measures at their disposal. There are new ways of administering morphine, for example, that can achieve effective pain management with lower doses and therefore a lower risk of respiratory complications.

Dr. Paul Cundiff, practicing oncologist and hospice care physician with 18 years of experience treating dying patients says,

It is a disgrace that the majority of our health care providers lack the knowledge and the skills to treat pain and other symptoms of terminal disease properly. The absence of palliative care training for medical professionals results in sub-optimal care for almost all terminally ill patients and elicits the wish to hasten their own deaths in a few. [\(4\)](#)

But many would even be willing to live with the pain if they knew that they would not be left alone. The growth in the hospice movement will help alleviate this fear as well. The staff at a hospice is trained to deal not only with physical pain, but with psychological, social, and spiritual pain as well. If you have seen pictures of the many people Jack Kevorkian has assisted to commit suicide, you cannot help but notice that these are lonely, miserable people. Pain has had little to do with their desire to commit suicide. As a nation we have in large part abandoned our elderly population. When God commanded Israel to honor their fathers and their mothers, this was understood to mean primarily in their older years. Extended families no longer live together even when the medical needs of parents are not severe or terribly limiting. No one wants to be a burden or to be burdened.

Dr. Jack Kevorkian is a retired pathologist with essentially no training in patient care. He is simply on a personal mission to bring about legalized physician-assisted suicide to

help usher in a code of ethics based totally on relativism. "Ethics must change as the situation changes," he says. "That's the way to keep control. Not by an inflexible maxim that applies for two thousand years, but an ethical code that will change a decade later." [\(5\)](#) Right now Kevorkian's victims are the few lonely and desperate individuals who seek him out. The future victims of his crusade will not only be those who wish to die, but those whom doctors and relatives feel should die.

The Lessons of Holland

One of the primary reasons for concern about the legalization of physician-assisted suicide is the now runaway death culture of Holland. Doctor-assisted suicide was essentially legalized in Holland in 1973 by two court decisions. While not officially legalizing euthanasia in Holland, the courts simply said that if you follow certain guidelines you will not be prosecuted.

The problem is that any such regulations are not enforceable. As a result, the government of Netherlands reported in 1991 that only 41% of the doctors obey the rules and 27% admitted to performing involuntary euthanasia. That is, without the patient's consent! In addition, over 2% of the deaths in Holland in 1990 were the result of direct voluntary euthanasia, but 6% of all deaths were the result of involuntary euthanasia.

Many people in Holland today carry around a card that states they are not to be euthanized without their consent! That is precisely where we are headed. Once a right to physician-assisted suicide is established as it was in Holland, it soon degenerates into others being willing and able to make the decision for you. [\(6\)](#)

In Holland, doctors performed involuntary killing because they thought the family had suffered too much; some were tired of

taking care of patients, and one was mad at his patient![\(7\)](#) Even the conditions of allowed voluntary euthanasia are appalling. Robin Bernhoft, a U.S. surgeon of the liver and pancreas, relates an incident where a doctor in Holland told of a 26 year-old ballerina with arthritis in her toes requesting to be euthanized. Apparently since she could no longer pursue her career as a dancer, she was depressed and no longer wished to live. Amazingly, the doctor complied with her request. His only justification was to say that “One doesn’t enjoy such things, but it was her choice!”[\(8\)](#)

With this in mind, when the discussion of guidelines comes up, remember that in Holland, guidelines were useless. Enforcement is near impossible, and families and doctors as well as patients will succumb to the pressures of pain, depression and inconvenience. Sadly, pain and depression are treatable. There have been tremendous advancements in pain management which the American medical community is only recently being brought up to speed on. Depression can also be addressed but some patients, families, and doctors are often too impatient and lacking in genuine compassion to do the hard work to bring someone out of a depression. It is easier to offer help in suicide.

The lessons of Holland need to reinforce in our minds the necessity of making as many people aware of the dangers as possible. Since our society is now dominated by a worldview that prizes individual autonomy and shuns any mention of Biblical ethics, it can be very easy, yet ultimately, deadly, to go along with the crowd.

Why Life Is Worth Living: What the Bible Teaches

As we discuss the issue of euthanasia and physician-assisted suicide, it is critical that we not only understand what is going on in the world around us but that we also understand

what the Bible clearly teaches about, life, death, pain, suffering, and the value of each human life.

First, The Bible teaches that we are made in the image of God and therefore, every human life is sacred (Genesis 1:26). In Psalm 139:13-16 we learn that each of us is fearfully and wonderfully made. God himself has knit us together in our mother's womb. We must be very important to Him if He has taken such care to bring us into existence.

Second, the Bible is very clear that God is sovereign over life, death and judgement. In Deuteronomy 32:39 The Lord says, "See now that I myself am He! There is no god besides me, **I** put to death and **I** bring to life, **I** have wounded and **I** will heal, and no one can deliver out of my hand." Psalm 139:16 says that it is God who has ordained all of our days before there is even one of them. Paul says essentially the same thing in Ephesians 1:11.

Third, to assist someone in committing suicide is to commit murder and this breaks God's unequivocal commandment in Exodus 20:13.

Fourth, God's purposes are beyond our understanding. We often appeal to God as to why some tragedy has happened to us or someone we know. Yet listen to Job's reply to the Lord in Job 42:1-3:

I know that you can do all things; no plan of yours can be thwarted. [You asked,] 'Who is this that obscures My counsel without knowledge?' Surely I spoke of things I did not understand, things too wonderful for me to know.

We forget that our minds are finite and His is infinite. We cannot always expect to understand all of what God is about. To think that we can step in and declare that someone's life is no longer worth living is simply not our decision to make. Only God knows when it is time. In Isaiah 55:8-9 the Lord

declares, “For my thoughts are not your thoughts, neither are your ways my ways. As the heavens are higher than the earth, so are my ways higher your ways and my thoughts higher than your thoughts.”

Fifth, our bodies belong to God anyway. Paul reminds us in 1 Corinthians 6:15,19 that we are members of Christ’s body and that we have been bought with a price. Therefore we should glorify God with our bodies. The only one to receive glory when someone requests doctor-assisted suicide is not God, not the doctor, not even the family but the patient for being willing to “nobly” face the realities of life and “unselfishly” end everyone else’s misery. There is no glory for God in this decision.

Lastly, suffering draws us closer to God. In light of the euthanasia controversy, listen to Paul’s words from 2 Corinthians 1:8:

We were under great pressure, far beyond our ability to endure, so that we despaired even of life. Indeed, in our hearts we felt the sentence of death. But this happened that we might not rely on ourselves but on God, who raises the dead.

Not only does He raise the dead but there is nothing that can separate us from His love (Romans 8:38). For an inspiring and thoroughly biblical discussion of the euthanasia issue, read Joni Earickson Tada’s book *When is it Right to Die?* (Zondervan, 1992). Her testimony and clear thinking is in stark contrast to the conventional wisdom of the world today. We must do the same.

What Will You Do? What Can You Do?

The Christian Medical and Dental Society has produced an excellent resource on physician-assisted suicide titled *The Battle for Life*. [\(9\)](#) As a part of the package they provide

several cases to test your grasp of the principles involved and to help Christians be aware of the tough decisions that have to be made. I would like to share two of those with you and then discuss what you can do now to combat the “right to die” forces in this country.

Here is test case one:

Your 80 year-old grandmother has been fighting cancer for some time now and feels the emotional strain. She feels like she'll become a burden to the family. Her doctor notes that she seems to have lost her desire to live. Should she be able to have her doctor give her a prescription expressly designed to kill her?

This is precisely what the courts have legalized in recent months and precisely what God's word says is wrong. It is wrong because it would be taking her life into our hands and violating God's sovereignty. Because physician-assisted suicide goes beyond letting someone die naturally to actually causing the death, it violates God's commandment, You shall not murder. There is a clear distinction between allowing death to take its natural course in someone who is clearly dying with no hope of a cure, and taking specific measures to end someone's life. There comes a time when the body is imminently dying. Bodily functions begin to shut down. At this point, people should be made as comfortable as possible, be supported and encouraged by their family and doctors, and allowed to die. This is death with dignity. Taking a lethal injection or breathing poisonous carbon monoxide takes life out of God's hands and into our own.

Test case number two:

Your spouse has an incurable fatal disease, has lost control of bodily functions and is unable to communicate. Special treatment and equipment can extend your spouse's life for a few weeks or even months but will involve much pain and

exhaustion. Would it be morally right for you to not arrange for the treatment?

Many would accept a decision not to arrange for treatment because that would not be killing but simply allowing death to take its natural course. Such decisions are not always clear-cut, however, and a physician and family members must take into account the pros and cons of intervention versus a faster natural death. Sometimes we rationalize that we need to keep the patient alive as long as possible because God may still work a miracle. But just how much time does God need to work a miracle? If God is going to intervene He will do so on His time and not ours.

Now that we have a better understanding of the issues, you may be wondering just what we can do about this threat among us. Three things:

Pray – Pray that God will turn the hearts of people back to Himself and back to protecting life. Pray for righteousness and justice in our legal system, that we enact laws that preserve life, punish the guilty and protect the innocent.

Speak Out – Present this information to other groups. Talk with your friends and family and discuss the reasons for protecting life. Contact your state and federal legislators and tell them to stand against physician-assisted suicide.

Reach Out – Visit the elderly, care for those who can't care for themselves, comfort the sick. Consider joining or starting a church ministry to the elderly, handicapped, or other individuals with special needs. As Christians we must lead the way with our hearts and actions and not just our words. If we devote our energies to providing quality and loving care and effective pain control, the euthanasia issue will die from a lack of interest.

Notes

1. "Why is Life Worth Living: An Overview of Physician-Assisted Suicide." *The Battle for Life: An Educational Resource Kit*. Christian Medical and Dental Society, P.O. Box 5, Bristol TN 37621. 1996.
2. Cited in "Kevorkian going on trial on assisted-suicide charge," *The New York Times*, 12 Feb. 1996, National Report, A8.
3. C. Everett Koop. The Surgeon General on Euthanasia. *Presbyterian Journal*. Sept. 25, 1985:8.
4. David Cundiff. 1992. Quoted in review of *Euthanasia is NOT the Answer: A Hospice Physician's View* by Debbie Decker. *CURRENTS in Science, Technology, and Society*. 1(2):20.
5. Jack Kevorkian. 1990. Quoted in "Kevorkian: A Glimpse into the Future of Euthanasia?" by Sarah Sullivan. *Christian Research Journal* 18(4)23-27, 1996.
6. R. Finigsen. 1991. "The Report of the Dutch Committee on Euthanasia." *Issues in Law and Medicine* 7:339-44.
- P.J. van der Maas. 1991. "Euthanasia and Other Medical Decisions Concerning the End of Life." *Lancet* 338:669-74.
7. "California's Proposition 161 and Euthanasia." 1992. *CURRENTS in Science, Technology, and Society* 1(2):11. Published by Access Research Network, P.O. Box 38069, Colorado Springs, CO 80937-8069.
8. Robin Bernhoft, M.D. 1995. Quoted in *Euthanasia: False Light*. Produced by IAETF, P.O. Box 760, Steubenville, OH 43952. Running time: 14:48.
9. *The Battle for Life* is an educational resource kit produced by the Christian Medical and Dental Society. The Kit includes an award winning video, *Euthanasia: False Light*, a leader's presentation guide with discussion questions, handouts for Christian and secular audiences, overhead transparencies,

Biblical principles summary, research synopsis, cassette tape of public service announcements, and bulletin inserts. The Kit is available from the Christian Medical and Dental Society, P.O. Box 5, Bristol, TN 37621, Phone (615) 844-1000, FAX: (615) 844-1005. The retail price for the complete kit is \$30.

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