

# Euthanasia: A Christian Perspective

*Kerby Anderson looks at euthanasia from a distinctly Christian perspective. Applying a biblical view gives us clear understanding that we are not lord of our own life or anyone else's.*



*This article is also available in [Spanish](#).*

Debate over euthanasia is not a modern phenomenon. The Greeks carried on a robust debate on the subject. The Pythagoreans opposed euthanasia, while the Stoics favored it in the case of incurable disease. Plato approved of it in cases of terminal illness.(1) But these influences lost out to Christian principles as well as the spread of acceptance of the Hippocratic Oath: "I will neither give a deadly drug to anybody if asked for it, nor will I make a suggestion to that effect."

In 1935 the Euthanasia Society of England was formed to promote the notion of a painless death for patients with incurable diseases. A few years later the Euthanasia Society of America was formed with essentially the same goals. In the last few years debate about euthanasia has been advanced by two individuals: Derek Humphry and Dr. Jack Kevorkian.

Derek Humphry has used his prominence as head of the Hemlock Society to promote euthanasia in this country. His book *Final Exit: The Practicalities of Self-Deliverance and Assisted Suicide for the Dying* became a bestseller and further influenced public opinion.

Another influential figure is Jack Kevorkian, who has been instrumental in helping people commit suicide. His book *Prescription Medicide: The Goodness of Planned Death* promotes

his views of euthanasia and describes his patented suicide machine which he calls "the Mercitron." He first gained national attention by enabling Janet Adkins of Portland, Oregon, to kill herself in 1990. They met for dinner and then drove to a Volkswagen van where the machine waited. He placed an intravenous tube into her arm and dripped a saline solution until she pushed a button which delivered first a drug causing unconsciousness, and then a lethal drug that killed her. Since then he has helped dozens of other people do the same.

Over the years, public opinion has also been influenced by the tragic cases of a number of women described as being in a "persistent vegetative state." The first was Karen Ann Quinlan. Her parents, wanting to turn the respirator off, won approval in court. However, when it was turned off in 1976, Karen continued breathing and lived for another ten years. Another case was Nancy Cruzan, who was hurt in an automobile accident in 1983. Her parents went to court in 1987 to receive approval to remove her feeding tube. Various court cases ensued in Missouri, including her parents' appeal that was heard by the Supreme Court in 1990. Eventually they won the right to pull the feeding tube, and Nancy Cruzan died shortly thereafter.

Seven years after the Cruzan case, the Supreme Court had occasion to rule again on the issue of euthanasia. On June 26, 1997 the Supreme Court rejected euthanasia by stating that state laws banning physician-assisted suicide were constitutional. Some feared that these cases (*Glucksburg v. Washington* and *Vacco v. Quill*) would become for euthanasia what *Roe v. Wade* became for abortion. Instead, the justices rejected the concept of finding a constitutional "right to die" and chose not to interrupt the political debate (as *Roe v. Wade* did), and instead urged that the debate on euthanasia continue "as it should in a democratic society."

# Voluntary, Active Euthanasia

It is helpful to distinguish between mercy-killing and what could be called mercy-dying. Taking a human life is not the same as allowing nature to take its course by allowing a terminal patient to die. The former is immoral (and perhaps even criminal), while the latter is not.

However, drawing a sharp line between these two categories is not as easy as it used to be. Modern medical technology has significantly blurred the line between hastening death and allowing nature to take its course.

Certain analgesics, for example, ease pain, but they can also shorten a patient's life by affecting respiration. An artificial heart will continue to beat even after the patient has died and therefore must be turned off by the doctor. So the distinction between actively promoting death and passively allowing nature to take its course is sometimes difficult to determine in practice. But this fundamental distinction between life-taking and death-permitting is still an important philosophical distinction.

Another concern with active euthanasia is that it eliminates the possibility for recovery. While this should be obvious, somehow this problem is frequently ignored in the euthanasia debate. Terminating a human life eliminates all possibility of recovery, while passively ceasing extraordinary means may not. Miraculous recovery from a bleak prognosis sometimes occurs. A doctor who prescribes active euthanasia for a patient may unwittingly prevent a possible recovery he did not anticipate.

A further concern with this so-called voluntary, active euthanasia is that these decisions might not always be freely made. The possibility for coercion is always present. Richard D. Lamm, former governor of Colorado, said that elderly, terminally ill patients have "a duty to die and get out of the way." Though those words were reported somewhat out of

context, they nonetheless illustrate the pressure many elderly feel from hospital personnel.

The Dutch experience is instructive. A survey of Dutch physicians was done in 1990 by the Remmelink Committee. They found that 1,030 patients were killed without their consent. Of these, 140 were fully mentally competent and 110 were only slightly mentally impaired. The report also found that another 14,175 patients (1,701 of whom were mentally competent) were denied medical treatment without their consent and died.(2)

A more recent survey of the Dutch experience is even less encouraging. Doctors in the United States and the Netherlands have found that though euthanasia was originally intended for exceptional cases, it has become an accepted way of dealing with serious or terminal illness. The original guidelines (that patients with a terminal illness make a voluntary, persistent request that their lives be ended) have been expanded to include chronic ailments and psychological distress. They also found that 60 percent of Dutch physicians do not report their cases of assisted suicide (even though reporting is required by law) and about 25 percent of the physicians admit to ending patients' lives without their consent.(3)

## **Involuntary, Active Euthanasia**

Involuntary euthanasia requires a second party who makes decisions about whether active measures should be taken to end a life. Foundational to this discussion is an erosion of the doctrine of the sanctity of life. But ever since the Supreme Court ruled in *Roe v. Wade* that the life of unborn babies could be terminated for reasons of convenience, the slide down society's slippery slope has continued even though the Supreme Court has been reluctant to legalize euthanasia.

The progression was inevitable. Once society begins to devalue the life of an unborn child, it is but a small step to begin

to do the same with a child who has been born. Abortion slides naturally into infanticide and eventually into euthanasia. In the past few years doctors have allowed a number of so-called "Baby Does" to die—either by failing to perform lifesaving operations or else by not feeding the infants.

The progression toward euthanasia is inevitable. Once society becomes conformed to a "quality of life" standard for infants, it will more willingly accept the same standard for the elderly. As former Surgeon General C. Everett Koop has said, "Nothing surprises me anymore. My great concern is that there will be 10,000 Grandma Does for every Baby Doe."(4)

Again the Dutch experience is instructive. In the Netherlands, physicians have performed involuntary euthanasia because they thought the family had suffered too much or were tired of taking care of patients. American surgeon Robin Bernhoft relates an incident in which a Dutch doctor euthanized a twenty-six-year-old ballerina with arthritis in her toes. Since she could no longer pursue her career as a dancer, she was depressed and requested to be put to death. The doctor complied with her request and merely noted that "one doesn't enjoy such things, but it was her choice."(5)

## **Physician-Assisted Suicide**

In recent years media and political attention has been given to the idea of physician-assisted suicide. Some states have even attempted to pass legislation that would allow physicians in this country the legal right to put terminally ill patients to death. While the Dutch experience should be enough to demonstrate the danger of granting such rights, there are other good reasons to reject this idea.

First, physician-assisted suicide would change the nature of the medical profession itself. Physicians would be cast in the role of killers rather than healers. The Hippocratic Oath was written to place the medical profession on the foundation of

healing, not killing. For 2,400 years patients have had the assurance that doctors follow an oath to heal them, not kill them. This would change with legalized euthanasia.

Second, medical care would be affected. Physicians would begin to ration health care so that elderly and severely disabled patients would not be receiving the same quality of care as everyone else. Legalizing euthanasia would result in less care, rather than better care, for the dying.

Third, legalizing euthanasia through physician-assisted suicide would effectively establish a right to die. The Constitution affirms that fundamental rights cannot be limited to one group (e.g., the terminally ill). They must apply to all. Legalizing physician-assisted suicide would open the door to anyone wanting the "right" to kill themselves. Soon this would apply not only to voluntary euthanasia but also to involuntary euthanasia as various court precedents begin to broaden the application of the right to die to other groups in society like the disabled or the clinically depressed.

## **Biblical Analysis**

Foundational to a biblical perspective on euthanasia is a proper understanding of the sanctity of human life. For centuries Western culture in general and Christians in particular have believed in the sanctity of human life. Unfortunately, this view is beginning to erode into a "quality of life" standard. The disabled, retarded, and infirm were seen as having a special place in God's world, but today medical personnel judge a person's fitness for life on the basis of a perceived quality of life or lack of such quality.

No longer is life seen as sacred and worthy of being saved. Now patients are evaluated and life-saving treatment is frequently denied, based on a subjective and arbitrary standard for the supposed quality of life. If a life is judged not worthy to be lived any longer, people feel obliged to end

that life.

The Bible teaches that human beings are created in the image of God (Gen. 1:26) and therefore have dignity and value. Human life is sacred and should not be terminated merely because life is difficult or inconvenient. Psalm 139 teaches that humans are fearfully and wonderfully made. Society must not place an arbitrary standard of quality above God's absolute standard of human value and worth. This does not mean that people will no longer need to make difficult decisions about treatment and care, but it does mean that these decisions will be guided by an objective, absolute standard of human worth.

The Bible also teaches that God is sovereign over life and death. Christians can agree with Job when he said, "The Lord gave and the Lord has taken away. Blessed be the name of the Lord" (Job 1:21). The Lord said, "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" (Deut. 32:39). God has ordained our days (Ps. 139:16) and is in control of our lives.

Another foundational principle involves a biblical view of life-taking. The Bible specifically condemns murder (Exod. 20:13), and this would include active forms of euthanasia in which another person (doctor, nurse, or friend) hastens death in a patient. While there are situations described in Scripture in which life-taking may be permitted (e.g., self-defense or a just war), euthanasia should not be included with any of these established biblical categories. Active euthanasia, like murder, involves premeditated intent and therefore should be condemned as immoral and even criminal.

Although the Bible does not specifically speak to the issue of euthanasia, the story of the death of King Saul (2 Sam. 1:9-16) is instructive. Saul asked that a soldier put him to death as he lay dying on the battlefield. When David heard of this act, he ordered the soldier put to death for "destroying

the Lord's anointed." Though the context is not euthanasia per se, it does show the respect we must show for a human life even in such tragic circumstances.

Christians should also reject the attempt by the modern euthanasia movement to promote a so-called "right to die." Secular society's attempt to establish this "right" is wrong for two reasons. First, giving a person a right to die is tantamount to promoting suicide, and suicide is condemned in the Bible. Man is forbidden to murder and that includes murder of oneself. Moreover, Christians are commanded to love others as they love themselves (Matt. 22:39; Eph. 5:29). Implicit in the command is an assumption of self-love as well as love for others.

Suicide, however, is hardly an example of self-love. It is perhaps the clearest example of self-hate. Suicide is also usually a selfish act. People kill themselves to get away from pain and problems, often leaving those problems to friends and family members who must pick up the pieces when the one who committed suicide is gone.

Second, this so-called "right to die" denies God the opportunity to work sovereignly within a shattered life and bring glory to Himself. When Joni Eareckson Tada realized that she would be spending the rest of her life as a quadriplegic, she asked in despair, "Why can't they just let me die?" When her friend Diana, trying to provide comfort, said to her, "The past is dead, Joni; you're alive," Joni responded, "Am I? This isn't living." (6) But through God's grace Joni's despair gave way to her firm conviction that even her accident was within God's plan for her life. Now she shares with the world her firm conviction that "suffering gets us ready for heaven." (7)

The Bible teaches that God's purposes are beyond our understanding. Job's reply to the Lord shows his acknowledgment of God's purposes: "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" (Job 42:2-3). Isaiah 55:8-9 teaches, "For my thoughts are not your thoughts, neither are your ways my ways, declares the Lord. As the heavens are higher than the earth, so are my ways higher than your ways and my thoughts than your thoughts."

Another foundational principle is a biblical view of death. Death is both unnatural and inevitable. It is an unnatural intrusion into our lives as a consequence of the fall (Gen. 2:17). It is the last enemy to be destroyed (1 Cor. 15:26, 56). Therefore Christians can reject humanistic ideas that assume death as nothing more than a natural transition. But the Bible also teaches that death (under the present conditions) is inevitable. There is "a time to be born and a time to die" (Eccles. 3:2). Death is a part of life and the doorway to another, better life.

When does death occur? Modern medicine defines death primarily as a biological event; yet Scripture defines death as a spiritual event that has biological consequences. Death, according to the Bible, occurs when the spirit leaves the body (Eccles. 12:7; James 2:26).

Unfortunately this does not offer much by way of clinical diagnosis for medical personnel. But it does suggest that a rigorous medical definition for death be used. A comatose patient may not be conscious, but from both a medical and biblical perspective he is very much alive, and treatment should be continued unless crucial vital signs and brain activity have ceased.

On the other hand, Christians must also reject the notion that everything must be done to save life at all costs. Believers, knowing that to be at home in the body is to be away from the Lord (2 Cor. 5:6), long for the time when they will be absent from the body and at home with the Lord (5:8). Death is gain

for Christians (Phil. 1:21). Therefore they need not be so tied to this earth that they perform futile operations just to extend life a few more hours or days.

In a patient's last days, everything possible should be done to alleviate physical and emotional pain. Giving drugs to a patient to relieve pain is morally justifiable. Proverbs 31:6 says, "Give strong drink to him who is perishing, and wine to him whose life is bitter." As previously mentioned, some analgesics have the secondary effect of shortening life. But these should be permitted since the primary purpose is to relieve pain, even though they may secondarily shorten life.

Moreover, believers should provide counsel and spiritual care to dying patients (Gal. 6:2). Frequently emotional needs can be met both in the patient and in the family. Such times of grief also provide opportunities for witnessing. Those suffering loss are often more open to the gospel than at any other time.

Difficult philosophical and biblical questions are certain to continue swirling around the issue of euthanasia. But in the midst of these confusing issues should be the objective, absolute standards of Scripture, which provide guidance for the

## Notes

1. Plato, *Republic* 3. 405.
2. R. Finigsen, "The Report of the Dutch Committee on Euthanasia," *Issues in Law and Medicine*, July 1991, 339-44.
3. Herbert Hendlin, Chris Rutenfrans, and Zbigniew Zylicz, "Physician-Assisted Suicide and Euthanasia in the Netherlands: Lessons from the Dutch," *Journal of the American Medical Association* 277 (4 June 1997): 1720-2.
4. Interview with Koop, "Focus on the Family" radio broadcast.

5. Robin Bernhoft, quoted in *Euthanasia: False Light*, produced by IAETF, P.O. Box 760, Steubenville, OH 43952.

6. Joni Eareckson, *Joni* (Grand Rapids: Zondervan, 1976).

7. Joni Eareckson, *A Step Further* (Grand Rapids: Zondervan, 1978).

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# **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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