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## Euthanasia - death with dignity? A personal exploration of the issues

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Churches' Agency on Social Issues  
Methodist, Presbyterian, Churches of Christ, Quaker)

## **EUTHANASIA – DEATH WITH DIGNITY?**

A personal exploration of the issues

*By David Simmers, Presbyterian Co-convenor, CASI*

### Brief Argument

Until fairly recent times, euthanasia has generally been regarded as sinful, immoral and illegal. More recently a growing body of opinion has emerged which regards the old arguments as unconvincing and would have “death with dignity” widely available.

It seems to me that the old arguments are indeed often over-simplistic and unconvincing. However, the proponents of euthanasia also frequently over-simplify the situation. We need a period of wide and open discussion so that the complexities may be more generally understood as we move towards more adequate religious, moral and legal frameworks<sup>1[1]</sup>. In the meantime any changes to the legal position should be gradual.

### The Simple Anti-Euthanasia Case

In its religious form, the argument is often expressed as: “Life is God-given and should never be ended – even by oneself – before it comes to an end naturally.” Similarly, but more persuasively, the emphasis can be put on the act of taking life: “Life is so precious that to deliberately take life is always wrong.”<sup>2[2]</sup> To regard some people as expendable/dispensable should not be contemplated or allowed.

### The Reality is More Complex

An immediate point to query is the setting of human action over against God’s action, as though the two could not coincide. In the case of the beginning of life, we say that life is God’s gift, but have no difficulty in accommodating the use of human reproductive technology. We see this as one way in which God’s gift is brought to us. Similarly we have no difficulty seeing medical interventions to save or prolong or improve life as being part of God’s gift of life. It should be no more difficult to see God’s will and human agency working together in the process of dying.

Death comes to everyone at some time, so it is pointless to suggest that death must always be avoided. Sometimes, indeed bringing about death can be regarded as acceptable or even praiseworthy. Not only do we praise the service-people who “give their lives for their country”; we also accept that politicians and commanders have the (admittedly difficult) duty of deciding when this should happen. In particular *self*-sacrifice – not for one’s own convenience but for the good of others - is often applauded. John’s Gospel makes Jesus say,

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<sup>1[1]</sup> Both sides often claim to be standing on a “matter of principle”, with the underlying claim that principles are sacrosanct and may never be abandoned. This is a very dubious and ultimately unhelpful stance. Rather, a principle is a general rule which is a reliable guide in most situations and is a safeguard against arbitrary or selfish action. However, the same process by which principles are formulated or discovered can properly be used to adapt the principle by defining cases where a “higher” or “more general” principle may take precedence.

<sup>2[2]</sup> Thus the commandment in Exodus 20.13, in the King James Version “Thou shalt not kill”, is now generally and more accurately translated: “You shall not (commit) murder.”

“No one has greater love than this, to lay down one’s life for one’s friends.”<sup>3[3]</sup> And Jesus himself chose to die for the sake of God’s kingdom.<sup>4[4]</sup>

Euthanasia should not be confused with murder or manslaughter, where there is jealousy or hatred or indifference. The motivation of those who support euthanasia is usually deep and anguished love – for the person whose sacredness and dignity have drained away; and for those who watch and are powerless to help.

The question is not really death or killing as such, but death (or killing) for reasons adequate and appropriate in the circumstances.

### The Simple Pro-Euthanasia Case

If a person no longer wants to live, they should be allowed to end their life. While most people do want to live, if they really want to die, that is their business alone and they should be entitled to die with dignity.

It is not difficult to imagine scenarios where the quality of life has deteriorated so far that no one (even the person involved) wants life to continue. Indeed, any refusal to terminate life can seem unkind, causing needless distress to all.

### What are the Dangers?

Even those who advocate euthanasia usually limit the right to die to situations where the person is in extreme discomfort, and where steps have been taken to ensure that their choice is rational.<sup>5[5]</sup>

And there is generally room left for anyone who does not want to participate in the “death with dignity” to refuse.

However, if factors such as the financial cost of treatment or care; pressure to leave an inheritance; and not wanting to be a burden to family or caregivers; influence society’s values and become acceptable social norms individuals may feel they have no rational option but to choose euthanasia.

### Finding a Balance

Both those who advocate the anti- and the pro-euthanasia position have an important point to make.

- a) a) Human life is very valuable and intervening to terminate it is a very serious step normally to be prohibited.
- b) b) Sometimes quality of life has deteriorated to such a point that it is kindest to all that it should not be prolonged. There are times when death, as much as life, can be seen as a gift from God.

At the same time it is noteworthy that both those who advocate the anti- and the pro-euthanasia position immediately qualify their simple and absolute stance. While there are cases which seem clear to them, they are also aware that there are others where it is not straightforward.

A helpful way of understanding the issue and moving towards a common approach is to see it as a balance between two valid and linked but sometimes competing concerns:

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<sup>3[3]</sup> John 15.13.

<sup>4[4]</sup> See e.g. Mark 8.31-33; Luke 24.46

<sup>5[5]</sup> There are interesting parallels with our attitude to inherently risky activities. Many people choose to go mountaineering, or to drive racing cars, or to smoke cigarettes. We often put (or try to put) limits on the risks they are allowed to take with their own life and health.

- a) a) the concerns of and for the individual; and
- b) b) the concerns of the wider community.

Neither of these concerns is easy to establish exactly, but we can indicate some of the main factors to be considered.

### Concerns Of and For the Individual

There do seem situations when the individual would in all respects be better off if death were hastened. It is sometimes said that “We wouldn’t let a dog suffer like that.” And that is true. If the person really wishes to die, it seems cruel not to assist it to happen.

However, it can be very difficult to establish this satisfactorily.

- a) a) Many people at various times of their life suffer from depression and feel that life is not worth living; some try to commit suicide, some succeed, but most recover and are glad their life is going on. People who are very ill can frequently be depressed, and it is dangerous to accede to a request that they wish they were dead.
- b) b) Frequently those whose quality of life has become very poor are no longer able to make clear and rational decisions.
- c) c) Even if they have earlier said that they would not wish to continue to live if x or y happened, it is not easy to be sure how seriously to take such a wish. Many people who cannot imagine life without a fairly full measure of health find, in the event, that even a serious handicap does not mean life is not worth living. Developments in palliative care mean that it is quite unusual for the process of death to be very protracted or painful.
- d) d) Not infrequently a person’s desire to die is linked to a perception that they are useless and a burden to others. It is possible to imagine a climate where people felt it was their duty to ask to die, even if they did not really want to.

### The Concerns of the Wider Community.

More fundamentally, allowing the individual the right to die if they wish presumes that one’s dying (or living) is an individual affair in which others have no valid concern. In reality, others are almost always concerned in a death.

1. 1. The medical professionals who may be treating the person. It is significant that official bodies representing doctors are in general firmly opposed to the legalising of euthanasia. They see their role to be to preserve a worthwhile quality of life as long as possible. This does not mean using every available means to resist death; but nor does it mean actively intervening to shorten life. Because many doctors would refuse to participate in euthanasia, the ability to “die with dignity” would depend on locating a physician willing to assist, and this would not always be easy. Some would, but others would not, find their wishes able to be met.
2. 2. The family (and close friends) of the person. While there may be times when those who love a dying person may wish that death would come quickly, many feel that their love drives them to care and support as long as they possibly can. A death – even a painful death - in the company of a supporting family has a deep dignity. To sanction active intervention to bring about death – even if requested by the loved one – is at least as difficult for a family member as for a doctor.
3. 3. Society as a whole. It is often said that the measure of a society is how it treats its most vulnerable members. It says something about a society when it is

unwilling or unable to offer care and support to one of its members who is coming to the end of their life. Even if the person desires to die, there is the feeling that society may have failed in not making them feel that they would like to live. In the extreme, there is the fear that society may be prepared to save itself the inconvenience and expense of caring for the terminally or incurably ill by encouraging them to die.<sup>6[6]</sup>

### Christian Perspectives

There are some christian perspectives which will colour our approach to finding the best balance.

1. 1. Christians see life as a gift from God; and they can also see death as a gift from God.
2. 2. Christians are deeply persuaded of the value of relationships within community – a value summarised in the injunction to love. Thus they will tend to give weight to the effect on relationships and community as much as on any individual. Dying affects more than the individual, and the interests of others should be considered. The current “Death with Dignity” Bill puts too much weight on the wishes of the individual.
3. 3. Christians accept that the human condition almost inevitably has elements of toil and frustration and pain. In particular they see that living responsibly and being caring often has a cost. Worthwhile relationships usually have elements of sacrifice, inconvenience, and discomfort. There come times when this pain and discomfort become too much and should be relieved; but part of our task as christians and as humans is to accept a certain amount toil, pain, and effort. To strive to avoid all discomfort is to settle for less than our responsibility as humans requires.
4. 4. In the present context, this suggests that we should not shrink too quickly from the pain involved in deeply caring relationships. But nor should we shrink too quickly from the pain involved in making and carrying through difficult but right decisions.

### Where Next?

We are only beginning – in the churches as well as in society – to really face up to these issues. We tend to espouse overly simple positions without coming to grips with the complexity that is involved, and have not had time to really hear the arguments of those who differ from us.

There are signs, however, that give grounds for hope that we are moving away from simplistic positions. I do not detect in New Zealand the feeling that doctors should always prolong life regardless. There are discussions by doctors with families about whether “heroic” procedures should be used. There is no hesitation about removing life support from those who are brain dead. Further, it is accepted that after 12 months in a persistent vegetative state life support should be discontinued. There is quite wide support (some polls suggest 70%) in the community for some form of death with dignity – though it is unclear how well informed this

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<sup>6[6]</sup> There are situations when a society does not have the ability to care – we are often told that there is an accepted Eskimo custom whereby the oldest and weakest simply leave the group. In many underdeveloped countries there are simply not the resources to provide care for the curable let alone the incurable. And even in developed countries like our own there are limits to Health budgets. We need to be honest with ourselves about the way we set our priorities and our motivation in doing so. Many of us hope that our society would want to be caring, generous, and patient in its attitude to those who are terminally ill.

support is. Some doctors are already intervening to hasten the dying process in some instances; there are obvious dangers if this is not controlled, but so far there does not seem wide distress or distrust.

My belief is that we should open ourselves to study and discussion of the issues, but not proceed too quickly in changing the current safeguards and protocols. We should not be too upset if some interpret these protocols with a degree of flexibility. This may seem to leave people in an unsatisfactory state of uncertainty; but we need more time to gain experience and to evaluate the effects of different types of action. In due time both the Churches and society will come to a clearer – and probably more nuanced - view of what for them is the right course of action. That will be the time to codify what is proper and acceptable.

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