

A New Testament View of Euthanasia

Rev. Dr. Kenneth Ragoonath

In my attempt to articulate a position on the New Testament view of euthanasia I must acknowledge that the New Testament does not speak directly to the topic but sufficient is contained in the Scriptures that will allow latitude to give guidance on the topic. When a particular subject is omitted from the Bible the topic can be studied in light of the general structures of Biblical understanding. The beliefs and practices must be consistent with the implicit corollaries of the general structures of the Bible.

In an effort to do justice to the subject of euthanasia I will not confine myself to the New Testament but will also need to look at the Old Testament to determine the value of human life, medical science for an understanding of the process of dying, and ethics to enable me to make difficult decisions concerning issues of life and death.

Based on my perception I will present my understanding of euthanasia and offer what I believe to be an appropriate New Testament response to euthanasia. While the Old Testament contains the letter of the law the New Testament contains the spirit of the Law.

Pastors, counsellors and physicians among others continue to agonize over the ethics of euthanasia. Is it morally right to deny a terminally ill patient medical treatment? Is it ever right to "pull the plug" on a patient? These are only two of the many ethical questions circulating around the practice of euthanasia. Some of the other questions that are raised in contemporary discussions dealing with euthanasia that I will not be able to dully address due to limitations, are: Is mercy killing ever morally permissible or justifiable? If euthanasia can be morally justified, are there cases where it would be morally acceptable to relieve a patient's suffering? Is requesting a lethal dose of drug equivalent to asking for help to commit suicide? If voluntary euthanasia is suicide, can suicide ever be morally justifiable? Is there any moral difference between killing and letting die? The recent advancements in medical technology which allows doctors to prolong life have raised these and many more ethical questions.¹

The term "euthanasia" was coined by the historian W. E. H. Lecky in 1869. Derived from the Greek for "happy death" or "good death," the term "euthanasia" traditionally conveyed the idea of keeping terminally ill patients free from pain in their last days. In recent years however this has come to mean much more.²

Webster's Dictionary provides two definitions which show a change in the original meaning of the word: (1) "an easy death or means of inducing one" and (2) "the act or practice of painlessly putting to death persons suffering from incurable conditions of diseases."³

It is crucial to any discussion on euthanasia that a good working definition of the different **forms of euthanasia** be presented. Ethical and medical discussions of euthanasia frequently include various forms of treatment or lack of treatment that fall under the general term "euthanasia." However, there are four categories of euthanasia that are frequently discussed in medical literature. These are:

- 1) Voluntary, passive euthanasia,
- 2) Voluntary, active euthanasia,

¹ John S. Feinberg and Paul D. Feinberg, *Ethics for a Brave New World* (Wheaton, Illinois: Crossway Books, 1993), p. 100.

² J. Kerby Anderson, "Euthanasia: A Biblical Appraisal," *Bibliotheca Sacra* (April - June 1987): 208.

³ Webster's Third New International Dictionary of the English Language (Springfield, MA: G. & C. Merriam & Co., 1971), p. 786.

- 3) Involuntary, passive euthanasia,
- 4) Involuntary, active euthanasia.⁴

Each form of euthanasia has its own set of issues, therefore, an analysis of the moral questions in each form of euthanasia has to be made. The New Testament does not support euthanasia in general (Matthew 5:21; Romans 13:9; Luke 18:20), but I think that there are some cases where euthanasia may be permissible. After looking at the arguments on both sides of the question, I shall turn to the difficult issue of decision-making in specific circumstances.⁵

Voluntary passive euthanasia assumes that the patient requests that medical personnel will allow nature to take its course. In a situation like this it is assumed that death is imminent. Further medical treatment to prolong life becomes pointless and an entirely different medical strategy is implemented. This treatment is referred to as "palliative care." The prime focus is on alleviating pain, but not actually curing the patient.⁶

Most persons who favour euthanasia argue for voluntary euthanasia alone. The implicit assumption is that it is morally permissible to take someone's life as long as he/she grants permission. The New Testament is opposed to taking innocent life whether the individual in question gives permission or not. In determining whether an act is right or wrong we have to look at moral and ethical values not at the voluntary/involuntary distinction. Many persons think that most if not all cases of voluntary euthanasia are tantamount to suicide which in the British system is illegal and immoral. Therefore to justify euthanasia, they must also justify suicide.⁷

Many physicians are reluctant to discontinue medical efforts to cure terminal patients. This reluctance, however, is not because they feel they might be successful but is due to a concern about possible malpractice suits from the family. Some patients who are ready "to go with the Lord" may be at odds with the doctors, who are fearful that they may have to prove in a court of law that they did "all they could" for the patient.

Voluntary active euthanasia means that the physician, by the patient's request, hastens death by taking some active means like giving a lethal injection. This raises both moral and legal questions. Does active euthanasia constitute an act of murder or assisted suicide? Or can it be merely a compassionate act of mercy killing?⁸

The Bible specifically condemns murder (Matthew 5:21; Luke 18:20; Romans 13:9), and this would surely include active forms of euthanasia in which another person (doctor, nurse, or friend) hastens death in a patient. While there are certain situations described in Scripture in which life-taking may be permitted (e.g., self defence, capital punishment, or a just war), euthanasia cannot be included in any of these established Biblical categories. Active euthanasia, like murder, involves premeditated intent and therefore should be condemned as immoral and criminal from a New Testament, ethical, and legal perspective.

Involuntary passive euthanasia assumes that the patient has not expressed a willingness to die or cannot do so. In this form of euthanasia, through acts of omission, medical personnel do not go to any extraordinary measure to save the patient. This can be a morally acceptable omission when dealing with terminal patients. However, withholding food (by nasogastric tubes), antibiotics, or life-support procedures (respirator) is much more than passive euthanasia.⁹

⁴ J. Kerby Anderson. p.209.

⁵ John S. Feinberg and Paul D. Feinberg. p.106.

⁶ J. Kerby Anderson. p.210.

⁷ John S. Feinberg and Paul D. Feinberg. p.112,121.

⁸ Ibid. p.212.

⁹ Ibid. p.213.

The significance of the commission-omission distinction becomes even more apparent as it intersects with the principle of ordinary and extraordinary means of treatment. According to this principle, the failure to use ordinary means of preserving life is an act of euthanasia. It is the moral equivalent of direct killing which the Bible condemns (Matthew 5:21, Luke 18:20). However, not to use extraordinary means to preserve life is permissible. Allowing the patient to die by omitting extraordinary means is morally different from killing. Extraordinary means of treatment suggests the use of state of the art equipment and technology and doing heroic acts to keep the patient alive.¹⁰

Involuntary active euthanasia is when a second party makes decisions and actively does something to hasten death, regardless of the patient's wishes. This is normally justified by humanitarian reasons, economic considerations, or genetic justifications.¹¹

Foundational to this consideration is an erosion of the doctrine of the sanctity of human life. Because man is created in the image of God (Genesis 1:27; 5:1-2), all human life is sacred. Society should not be allowed to place an arbitrary standard of "quality of life" above God's absolute standards of human value and worth.

The Christian concept of the person as "the image of God" (Genesis 1:27; 5:1-2) includes his capacity to reason and communicate, to have a concept of self as mortal in community with others, the capacity for moral authority and responsibility and the capacity to subordinate one's own needs and interests to those of others – the capacity to love.¹² Therefore, only God should determine the appointed time to die (Job 1:21; Hebrews 9:27).

Of all the commandments given by God, the law of love is clearly the greatest (Matthew 22:36-40; John 13:34-35; Romans 13:8-10; Galatians 5:14). This love is in direct reference to loving God, neighbours, and self. When this love is operational in the lives of people there will be no room or reason to request euthanasia. The accepted standard of determining death has been the cardiopulmonary criteria of the irreversible cessation of respiration and circulation, or irreversible cessation of all functions of the entire brain (cerebral cortex, midbrain, and brain stem).¹³

Death is a process, not an event as the brain dies in increments. Brain death is a condition in which both the upper brain and the lower brain or brain stem have been destroyed. In cases like these, the patient can be artificially maintained in an intensive care unit, but, **no one has ever recovered from brain death**. Brain-dead people can be maintained indefinitely by support systems but brain death is not a matter of negotiation; it is an actual definition of death.¹⁴

While there is no set of specific cells that may be called the spirit, chances are that it resides in the higher level of the brain's cerebral cortex. This is sometimes thought of as one's personality – that constitutes what can be comprehended as the human spirit. In light of this, the living human cortical brain might be called the seat of the human spirit.¹⁵

When a patient is in the persistent unconscious state (dead cerebral cortex but living body) it should be understood that a live brain stem does not in itself constitute a living soul and

¹⁰ Richard M. Gular, What Are They Saying About Euthanasia? (New York/Mahwah: Paulist Press, 1986), p.45.

¹¹ J. Kerby Anderson. p.210,214.

¹² John Rogers. ed., Medical Ethics, Human Choices (Scottsdale, Pennsylvania: Herald Press, 1988),p.45.

¹³ Richard M. Gular. p.10,21.

¹⁴ Robert D. Orr, David L. Schiedermayer and David B. Biebel, Life and Death Decisions (Colorado Springs: NavPress, 1990), p.177.

¹⁵ Kenneth E. Schemmer, Tinkering With People (Wheaton, Illinois:Victor Books, 1991), p.105.

need not be artificially preserved.¹⁶ James writes to the Jewish Christians quite specifically about the relationship of the spirit to the body concerning death. "...the body without the spirit is dead" (James 2:26; Eccles. 12:7).

Some medical authorities believe that the line of the human existence can be drawn at the cerebral cortex. These authorities state that when the cerebral cortex dies, so does the human being. At that point, the spirit, soul, and mind leave the body, even if the body continues functioning under its own brain stem. A living body with a dead cerebral cortex is dead and does not need to be maintained.¹⁷ To pull the plug at this stage may be considered prudent when considering the legal, medical, biblical, and ethical positions.

The concept of brain death is important for two practical reasons. First, it may be considered unnecessary and irrational to maintain such costly "treatment" and can be interpreted to being immoral to the impoverished or deceased person's family as the exercise is one of absolute futility. Second, patients who are brain dead are potential organ donors once consent could be given from other family members if it was not predetermined by the patient.¹⁸

The pro-euthanasia people have labelled any care of the dying that does not use every heroic measure to prolong life as a passive form of euthanasia. And, since almost all health-care professionals are willing to let persons die naturally, the pro-euthanasia says, "See, they don't always try to keep a person alive, so how could active euthanasia be so bad?"¹⁹

One major impetus for active euthanasia is the lack of supportive care for the dying person and their families. Many people "merely" need pain control, emotional support, spiritual counselling, respect, enduring relationships, reliable housing, and other attributes of tolerable living while they are dying. But the dying should not have to feel as if they are a burden to those who care for them. It is through our caring we learn to become more like Christ. It may be said that in our caring for others, we learn to die and, therefore, learn to live. Euthanasia, therefore, is a response not to the patient, but to the distress of the caretaker over his or her inability to otherwise help the patient escape suffering.²⁰

When someone asks for euthanasia or turns to suicide, I believe in almost every case someone or society as a whole has failed that person. To suggest that such an act should be legalized is to offer a negative and dangerous answer to the problems which should be solved by other means.²¹

¹⁶ Ibid. p.209.

¹⁷ Ibid. p.209,210.

¹⁸ Ibid. p.178.

¹⁹ Ibid. p.126.

²⁰ Ibid. p.123,127,131.

²¹ Robert Kingsbury, "Compassionate Care of the Dying Patient," FOCUS, March 1944, 11.