



Against Physician-Assisted Suicide

A Resource for Study from the NALC Commission on Theology and Doctrine

By Dr. Robert D. Benne

Introduction

In the fall of 2015, a representative of the editorial board of “Essential Questions,” an online research site sponsored by ABC-CLIO (American Biographical Center and its press, CLIO), asked me to write against legally-sanctioned physician-assisted suicide. The site is used by many college students to access arguments (pro and con) about pressing issues. I wrote the following essay, which was accepted by the editorial board.

Two things should be noted. First, I wrote from an explicitly Christian point of view. I did that because, increasingly in our society, Christian arguments are silenced and marginalized by secularists who want Christians to withdraw from the public sphere. I wanted to demonstrate that Christian arguments can and should be made publicly. Second, I wrote from a Christian point of view but did not document the argument by citing biblical and other theological sources. I did not think that such citation would strengthen an argument meant to be read by a mostly secular readership. If I were to write this as a formal statement for the NALC, I would include much more biblical and theological evidence for my argument.

I believe this issue will come upon us with increasing force because of the demands on our health care system posed by an aging population. Christians should be able to give good reasons why they oppose physician-assisted suicide. This essay may be helpful in gathering those reasons.

Robert Benne



Should the laws in all our states bestow the right to patients to ask physicians to assist them in committing suicide? (This practice is different from physician-enacted euthanasia in which the patient has the right to ask a physician directly to administer a fatal dose of drugs. In physician-assisted suicide (PAS) the physician plays a less direct role. He or she prescribes a fatal concoction of drugs but the patient physically takes the drugs himself. Or a helper helps the

patient take them. In this essay I shall be arguing against the legal right of patients to engage in physician-assisted suicide (PAS), though my argument would apply also to the right to physician-enacted euthanasia.)

The right to PAS, often called euphemistically “physician-assisted dying,” has been legislated into law in three states — Oregon (first enacted in 1997), Washington (2009), and Vermont (2013), while PAS has been declared legal by judges in two states — Montana (2009) and New Mexico (2014). The laws are often called “Death with Dignity Laws.” Emily Barone, “See Which States Allow Assisted Suicide,” Nov. 3, 2014: <http://time.com/3551560/brittany-maynard-right-to-die-laws/> Three countries in Europe — Belgium, the Netherlands, and Switzerland — have legislated patient rights to both physician-assisted suicide and euthanasia in certain cases.

The argument that PAS is intrinsically wrong

Since the rise of Christianity after the fall of the Roman Empire, suicide was held to be intrinsically wrong and thus prohibited by church and secular law. Indeed, the Roman Catholic Church would not allow people who committed suicide to be buried in hallowed ground. This strong spiritual and moral conviction deeply affected the laws in all the countries of Western Christendom, as it did also in the Eastern countries influenced by Orthodox Christianity. It is only in recent decades that these laws have been challenged. The gradual waning of Christian belief has weakened the support for such laws.

What has been the basis for this strong prohibition? It has been the deep conviction among Christians that our lives are not our own: they are given to us by our Creator. We are created in the image of God, thus making us of immeasurable value in His eyes. He gives us life and He takes it away according to His will. Thus, we are not to refuse the gift by killing ourselves nor to determine when our lives are to end. The beginning, duration, and end of life is a great mysterious gift from beyond ourselves. We do not own or control our lives. God does. To exercise such control is against God’s will.

Therefore, we stand in awe before this gift of life and should refuse to end it ourselves. Nor should we ask others to help us end it. In doing so we would be asking them to kill us, thus involving them in an intrinsically wrong act. So physicians have been morally proscribed from providing the instruments for those who want to end their lives. The duty for doctors not to end lives was already present in their code of ethics from classical times. The Hippocratic Oath demanded that doctors “do no harm.” They were explicitly prohibited from dispensing deathly poisons.

This high estimation of the value of human life continued in Enlightenment ethics, which in many ways are the rational distillation of Christian teaching. For example, Immanuel Kant argued that killing oneself is intentionally destroying what is unique and precious — our rational nature, which is given us by God. One is acting in a self-contradictory way, treating oneself as a thing, not as a rational agent.

“Man can only dispose of things; beasts are things in this sense; but man is not a thing, not a beast. If he disposes of himself, he treats his value as that of a beast. He who so behaves, who has no respect for human behavior, makes a thing of himself.” https://philosophynow.org/issues/61/Kant_On_Suicide

Thus, in both Christian and Kantian ethics there is something intrinsically wrong in intentionally ending one’s own life or in asking someone else to aid in doing so. This deeply-running moral sentiment is still present and active in the consciences of vast numbers of people in America, including many of its physicians. They hold it to be a serious moral failing to commit suicide or to help others do it. Thus, for them there can be no right to PAS. One should not have the right to do what is intrinsically wrong.

There are also many non-religious people who hold that one’s life is so mysterious and profoundly valuable that it is intrinsically wrong to take it. There is often an intuitive reluctance, even fear, to end something as mysteriously singular as one’s own life. Such persons are morally discomforted with bestowing a right to do so.

The secular commentator, Elizabeth Stoker Bruening, writing in the New Republic of September/October 2015, 13-14, worries about thinking of elective suicide in terms of the right to personal liberty: “It doesn’t seem to make so much sense to declare death the same kind of right that life is: death does not share the same inherent value.”

As a Christian I endorse the argument that PAS is intrinsically wrong and there should be no legal right to it. But I hasten to add a caveat. There are indeed cases of extreme pain or psychological or spiritual distress when people are driven to suicide and should not be judged harshly from a moral or spiritual point of view. Luther, for example, allowed suicides to be buried in sacred ground because he thought the Devil had overcome the good sense of the aggrieved person. There are also cases in which persons desperately end the lives of their beloved because they believe they are struggling with unbearable circumstances. These persons, though violating the law, ought to be and are treated with mercy. But it is important that they be held accountable in some serious fashion.

The law is a teacher and it ought to teach that we should not end our own lives or ask physicians to help us. It should teach respect for life, including our own. But since this is an argument that generally, but not exclusively, arises from religious convictions, should it be barred from public discussion and policy-making? By no means. In a free society all sorts of arguments are permitted to enter the public debate, whether or not they are religious in origin. Religious arguments are even given special protection by the First Amendment, which guarantees the free exercise of religion. American history is replete with religious convictions fueling movements that sway public opinion and governmental action. Those religious convictions have to contend with others. The convictions that find the greatest resonance among voters and legislators often are then embodied in policy. That is the democratic way.

Since the Supreme Court has not found any constitutional right to PAS there will be continued debate in state legislatures. Those who believe the practice is intrinsically wrong should and will continue to have their say.

The argument that PAS has negative results that we should avoid

Another set of arguments, perhaps more persuasive to non-religious people, points to the negative effects that the right to PAS will most likely produce. These arguments are often called “slippery slope” arguments. What begins as something morally defensible soon mutates into something much less sanguine. For example, what begins as a tightly-defined and highly-limited right is expanded to include many new claims that were not envisioned at the beginning. Originally, the right to PAS was extended only to those patients who would die within six months or who were experiencing unbearable physical suffering. As it turns out, however, many patients who exercise their right to request PAS are neither terminally ill nor experiencing severe physical pain. “In all surveys, unrelieved psychosocial (mental suffering) is the most common stimulus for requests. In one study (van der Wal et. al.), patients who were depressed were four or five times more likely to have made serious inquiries about PAS or euthanasia. Other prominent reasons include fears of future suffering, loss of control, indignity and being a burden to others. Physical suffering, including pain, is a less frequent motivator than many think.”
[http://endlink.lurie.northwestern.edu/physician assisted suicide debate/what.cfm](http://endlink.lurie.northwestern.edu/physician_assisted_suicide_debate/what.cfm)

This Northwestern University Study is corroborated by a much more recent one published in Time magazine. The research cited indicates that patients seek lethal medications because they fear: losing autonomy (91%); less able to engage in activities (89%); loss of dignity (81%); loss of bodily functions (50%); and becoming a burden on family, friends, and caregivers (40%). Only 24% fear that they will experience inadequate pain control. Moreover, many of those who ask to exercise their right to PAS are not terminally ill. Most have malignant tumors (79%) but many will not die within six months, which the original legislation required.
<http://time.com/3551560/brittany-maynard-right-to-die-laws/>

As of yet, the laws enacted in Oregon, Washington, and Vermont formally hold to the more stringent requirement that the patient must be diagnosed as terminally ill and will die within six month. However, physicians admit that such diagnosis is inexact, to say the least. Further, the diagnosis can easily be fudged. The European experience with PAS and physician-enacted euthanasia suggests that the current requirement will soon be relaxed. Belgium, the Netherlands, and Switzerland all began with strict limits but now bestow the right to PAS and euthanasia to those diagnosed with depression, mental suffering and anguish, and even to those simply “tired of living.” The number of requests is expanding rapidly and more reasons for the requests are being admitted in those countries.

Charles Lane reports on this European expansion of euthanasia: “If you find this sinister, I agree. Bioethicists Barron H. Lerner and Arthur Caplan, who reviewed data from the Low Countries in the Journal of the American Medical Association, observe that the reports seem to ‘validate concerns about where these practices might lead.’ The very worrisome trends in Europe should give us pause about where the assisted dying movement might lead in this country.” Lane also reports that Belgium has recently legalized euthanasia for children under 12, though only for terminal illness. https://www.washingtonpost.com/opinions/euthanasias-slippery-slope/2015/08/19/4c13b12a-45cf-11e5-8ab4-c73967a143d3_story.html

Such expansion of the right to PAS will quite probably lead to officially sanctioned suicide for less weighty — perhaps even casual — reasons that will cheapen life. People will end their lives rather than face challenges, making life ever more expendable and trivial.

Even more seriously, a legally-sanctioned right to die will easily lead to an obligation to die. Rights often entail obligation. When a high percentage of people ask for PAS because they fear becoming a burden to others, our culture will soon suggest to them that they ought to exercise that right. They ought not to become such a burden. That would be doubly the case with vulnerable groups — the chronically ill, the mentally and physically handicapped, those with Alzheimer's, the aged. Don't they have a duty to quit being a burden and check out early? Indeed, leaders of these groups fear that such cultural prompting might become a legal requirement, particularly in view of rising costs of health for an aging population. The slippery slope may become quite steep, with more and more people required to slide down it.

Moreover, a successful movement toward PAS will mean that physicians will be pressured, perhaps even required, to participate in putting people to death. If PAS is a patient's right then it follows that physicians should then acknowledge that right, especially if they work in public hospitals. There will be great social pressure to change the doctor's role from being healers to being terminators of life, particularly as we face more burdens on our medical system as our population ages. Doctors of conscience might be much less likely to enter such a profession.

Yet, these worrisome possibilities do not seem to deter our citizens. Gallup recently (June, 2015) reported that almost 70 percent of the American people support PAS. However, only a few months earlier the percentage was 51 percent, mainly because there was public talk about "death panels" in relation to the new health plan, The Affordable Care Act. <http://www.gallup.com/poll/183425/support-doctor-assisted-suicide.aspx> This indicates that people are for PAS in the abstract but when they learn more about it their support wanes. The more people actually witness the actual practice of PAS the more they will withdraw their support, much like people have similar responses to abortion as they are exposed to the details of its practice.

This moral revulsion, of course, depends on a continuing respect for the value of human life among our population. The sensitivity to the possible negative results of PAS depends to a large extent on the conviction that it is intrinsically wrong to intentionally end life in the first place. The second argument from effect rests on the first argument from intrinsic wrongness. And the latter hangs on our culture's commitment to the sacredness of human life, which has been so strongly affirmed by the Judeo-Christian tradition. If that conviction is rejected — as it was in the two great totalitarian movements of the twentieth century — human life becomes expendable. It is mere fodder for evil causes. If that conviction is eroded in a gentler way — as it is in the secularized countries of Europe where PAS and euthanasia are more widely practiced — human life is slowly reduced to complex bundles of sensory perceptions that can be disposed of as we wish. Enacting the right to physician-assisted to suicide is a strong move in the wrong direction.

Recommended books:

Sisella Bok, Gerald Dworkin, R.G. Frey, *Euthanasia and Physician-Assisted Suicide (For and Against)*, Cambridge: Cambridge University Press, 1998.

Byron Chell, *Aid in Dying: The Ultimate Argument*, CreateSpace Independent Publishing Platform, 2014.

Michael Manning, *Physician-Assisted Suicide: Killing or Caring?* Mahwah NJ: Paulist Press, 2014.

Gilbert Meilaender, *Bio-Ethics: A Primer for Christians*, Grand Rapids: Eerdmans, 2nd edition, 2005.

Sergei Prokofieff and Peter Selg, *Honoring Life: Medical Ethics and Physician-Assisted Suicide*, Great Barrington MA: Steinerbooks, 2014.

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