

EUTHANASIA - A CHRISTIAN OPTION?

In recent years there have been several attempts to legalise some form of euthanasia, usually assisted suicide, both at Westminster and in the Scottish Parliament. These have been backed by well resourced bodies such as Dignity in Dying (formerly the Voluntary Euthanasia Society) with the endorsement of many celebrities and with expert use of the media. This has led to many Christians reexamining and questioning the traditional opposition of the church to any form of euthanasia.

For the Christian, consideration of this issue must begin with a study of the relevant Biblical material. The creation narrative of Genesis 1-3 lays the foundation for the unfolding of God's revelation of himself and his purposes for humankind and for creation. From this we may formulate our understanding of human beings as individuals and in relationship with one another, with the creation and with God. This is then filled out as we study the effects of the fall from the original state of innocence, the redemption effected by Jesus Christ and the eventual consummation of all things.¹

Creation

In the carefully constructed account in Genesis 1:1 - 2:3 the creation of mankind takes place on the sixth day, the same day that other land animals are created. This shows that we may be classified along with them biologically, but we differ from them both in the mode of our creation and in the type of beings we are. While they are brought forth from the ground by the word of God, mankind is singled out for special treatment. The creation of mankind is the climax of God's creative act and only with this does God pronounce what he had made to be "very good" (1:31).

In Genesis 1:26-27 we read,

Then God said, "Let us make man in our image, in our likeness, and let them rule over the fish of the sea and the birds of the air, over the livestock, over all the earth and over all the creatures that move along the ground."

So God created man in his own image,
in the image of God he created them,
male and female he created them.²

Several features in these verses point to the special nature of mankind in distinction from other creatures - the deliberate statement of the divine intention, the making in the image and likeness of God, the conferring of dominion over the earth, the first instance of a poetic form in verse 27, the use of the Hebrew word *bara'* for the act of creation of man and the specification of humankind as male and female.

Various plausible explanations of the plural form in verse 26 have been proposed, such as the royal plural or the plural of deliberation, but it seems to me to refer to an inner distinction within God. This is supported by the reference to God's Spirit (1:2),³ and borne out by the later revelation of the triune nature of God.

The meaning of man being made in the image and in the likeness of God has been variously understood throughout the history of the church.⁴ Usually characteristics such as spirituality,

¹ Wyatt, John, *Matters of Life and Death*, Leicester: IVP, 2009, 52

² All Biblical quotations are from the NIV, 1984.

³ Blocher, Henri, *In the Beginning*, Leicester: IVP, 1984, 84

⁴ For a helpful discussion see Blocher, 79-94

righteousness, rationality and creativity have been highlighted. While these are important, it is also important to stress the relational aspects of human beings as persons made in God's image. God is a speaking God and he has endowed mankind with the capacity to respond to him in face to face communication and a relationship of love. This reflects the fact that God is love, in the eternal relationship of the trinity.

The significance of being made in God's image is further explained by the conferring of dominion over the rest of creation. This implies that mankind is to be God's representative and steward in the world to care for it and use its resources for good purposes, as further specified by God's direct word of blessing and command in verses 28-30. This creation mandate includes human reproduction along with exploration and understanding of creation and using it for legitimate ends under God's direction. This is illustrated in 2:19-20 where the man Adam classifies and names the animals.

In verse 27 the creation of humankind is celebrated in poetic form. Here the word for create is *bara'*, which is used in this account only in verses 1 and 21. This verb is only used with God as the subject and here indicates, as in 21, a new phase of creation and the unique nature of human beings.

The completion of this brief and highly structured account, filled out by the complementary, more detailed and focused account of the second chapter, records the importance of mankind being male and female. It was not good that the man should be alone (2:18) and so woman was created as a helper suitable for him. The man recognised her as "bone of my bones and flesh of my flesh". Thus the woman shares equally in the image of God and in fulfilling the cultural mandate of 1:28.

While I have been stressing the unique dignity conferred on human beings, this account also points to their dependence on God. This is further stressed in 2:7, which records that "God formed the man from the dust of the ground and breathed into his nostrils the breath of life and the man became a living being." Mankind is made of the "dust of the ground", as a vessel is shaped out of clay by a potter, and is dependent on the Creator for breath and for the means to sustain life, bountifully provided by God in the creation. This is reflected in the Hebrew *adamah* for ground and *adam* for man. Man is a composite being, made up of body and spirit which function together in a unity of personality reflecting the image of the Creator.

Mankind's dependence is further stressed by the giving of the command not to eat of the tree of the knowledge of good and evil on the pain of death. Mankind had been given the great privilege of being the image of God and his representative on earth and here they are made accountable to him. Only perfect obedience will fulfil the high calling that God has conferred on them. They were placed in the Garden of Eden with clear instructions as to how they were to live and what God expected of them.

This brief survey of the creation of humankind shows that they were created as body/soul entities, with both biological and spiritual dimensions, for the purpose of obeying and representing God on earth and enjoying communion with him as well as with one another. Human life is precious to God, the Creator and Provider, and being made in his image confers an innate dignity on every member of the race *Homo sapiens*. Human beings are not autonomous individuals who can create their own identities and live their lives in isolation without regard for others. Within the created moral order they were given freedom to make decisions and made accountable for these decisions. Sadly they abused this freedom.

The Fall

As recorded in Genesis 3, disobedience led to shame, deceit and estrangement from God. The result was God's sentence on our first parents: for the woman pain in childbirth and a difficult relationship

with her husband; for the man a curse on the ground from which he was taken and on which he depended for sustenance; for them both spiritual death, eventual biological death and immediate expulsion from the Garden. That they were not immediately put to death and cut off from God for ever was due to God's grace and his eternal plan of salvation - intimated by his promise of one who would crush the head of the serpent (3:15). Sin brought its inevitable consequence in a disordered world, human suffering and broken relationships. While mankind flourished through the "sweat of their brow" and by using their rational, imaginative and creative powers, their cultures were subject to change and eventual decay, despite their advances in so many fields of human endeavour.

How did the Fall affect the image of God in mankind? While sin has affected every area of human existence and indeed the cosmos, there is no indication in the Bible that human beings have lost the image of God. It has been obscured and hidden by the pervasive effects of sin but not erased. When Eve gave birth to Cain, she exclaimed, "With the help of the LORD I have brought forth a man" (Genesis 4:1). Genesis 5:3 records that Adam "had a son in his own likeness, in his own image; and he named his Seth." The echo of Adam's own creation in the image and likeness of God shows the solidarity of the human race made in God's image and transmitted through bonds of kinship. We know so much more of these bonds now that we have a greater understanding of genetics and the human genome. Every human being can be recognised as such from their genome, even though there may be abnormalities in individual genes or chromosomes, whether these abnormalities affect the phenotype (our observable characteristics) or not.

That even fallen mankind is still in the image and likeness of God is borne out by the high regard given to human life in the rest of Scripture. The punishment meted out to Cain for the murder of his brother Abel (Genesis 4:8-16) showed God's displeasure at and hatred of bloodshed. This is reinforced in Genesis 9:6, "Whoever sheds man's blood, by man shall his blood be shed; for in the image of God has God made man." The Sixth Commandment, "You shall do no murder" (Exodus 20:13), lays down the principle of the sanctity of human life. Life is to be protected and can only be taken at the express command of God.

In Psalm 8:3-8 the Psalmist meditates on the wonder of creation and man's place in it - "You made him a little lower than the angels and crowned him with glory and honour. You made him ruler over the works of your hands ..." Despite mankind's rebellion against God and their inability to restore a right relationship with him by their own efforts, they are still precious to God and accountable to him.

The New Testament also refers to man as the image of God (1 Corinthians 11:7). James 3:9-10 points out the incongruity of using the human tongue both to praise God and to curse human beings who have been made in God's likeness. They are still divine image-bearers and each human life is precious and worthy of protection. 1 John 3:15 equates hatred with murder and "no murderer has eternal life in him."

The question inevitably arises about the amount of bloodshed recorded in the Old Testament, some of it carried out at God's command. How can we maintain the sanctity of human life when the Bible records such wanton destruction? Firstly we notice that much of this cruelty and violence is recorded as a realistic picture of human society in sinful rebellion against God. This should come as no surprise to us who are familiar with the indiscriminate slaughter of modern warfare. Secondly we may say that human life could be legitimately taken only on the direct command of God as a punishment for particular wickedness or as a sanction against wilful murder after due process of law under the Mosaic civil code, one of the purposes of which was to limit retribution to a just and equitable level. The taking of innocent human life is always condemned.

While intentional killing of the innocent is forbidden, what about suicide (self-murder)? This is obviously forbidden in the Sixth Commandment. The Bible records several suicides: for instance, Saul, the disobedient, rejected and despairing King of Israel, and the remorseful but unrepentant Judas Iscariot. The inference in both cases is that this was a final act of defiance against God and in no way to be imitated or approved.

Redemption

Throughout the Old Testament God was preparing for the coming of the One who would restore the broken relationship between mankind and himself. The very facts of the incarnation of the Son of God in the womb of the Virgin Mary, his life as a man here on earth and his death on the cross as a sacrifice for sin followed by his glorious resurrection and ascension testify to the high dignity and value that God places on human life. God is love and this is shown and commended to us in this: “While we were still sinners, Christ died for us” (Romans 5:8).

This is further highlighted by references to Christ as the image of God (2 Corinthians 4:4; Colossians 1:15). Only he, the eternal Son, could perfectly be the image of God in his human nature, body and spirit. Believers are united to him by faith and have “put on the new self, which is being renewed in knowledge in the image of its Creator (Colossians 3:10). Through knowing Christ in personal relationship and being conformed to him we better reflect God’s image.

Jesus, as the incarnate Son, further confirmed the preciousness of human life in his ministry of selfless healing and caring, setting an example for his followers, who have endeavoured to follow this example throughout the Christian era. The whole tenor of the teaching of Christ is life-affirming and the utmost care is to be bestowed on human life even at its weakest and most vulnerable. He came that we might have life, and have it to the full (John 10:10).

Mankind was created to be immortal. The Fall brought death into human experience. Throughout the Old Testament, the afterlife was shrouded in mystery, but belief in some sort of existence after death was the norm. Only with the death and resurrection of Christ was “life and immortality brought to light through the gospel” (1 Timothy 1:10) and a clearer revelation of mankind’s eternal destiny revealed.

While death is still regarded as “the last enemy” and we naturally shrink from it, it no longer holds terror for believers. For them, as for Paul, it means to “be with Christ which is better by far” (Philippians 1:23). Yet death is not sought intentionally. Paul goes on to say that he was willing to forego his desire to depart this life so that he could continue to serve the church, even though it would mean more suffering. The Psalmist said, “My times are in your hands” (Psalm 31:15). Even Job, who longed for an end to his intense suffering, refused to “curse God and die” as his wife had despairingly advised (Job 2:9-10). Instead he said, “Though he slay me, yet I will hope in him” (13:15).

The New Testament is realistic about human suffering and neither glorifies nor devalues it. It is a result of the Fall, but God can and does bring good out of it, as in the experience of Job and of other saints in the Bible. The Psalmist testified to the helpful effects of affliction in his life (Psalm 119:67, 71). The apostle Paul knew much suffering. Specifically he had a “thorn in the flesh”. God’s answer to his prayer for its removal was, “My grace is sufficient for you, for my power is made perfect in weakness” (2 Corinthians 12:9). While we cannot penetrate the mystery of suffering, we know that God works all things together for the good of those who love him (Romans 8:28). Human suffering should be seen not as a philosophical or theological problem but as a call to love and to care for people made in God’s image and with an eternal destiny.

Consummation

The return of Christ will usher in the final act of God's redemptive plan. There will be the resurrection of the dead, the final judgement and the new heavens and the new earth. Every wrong will be put right and every tear wiped away from believers, who will be perfectly conformed to the image of Christ (Romans 8:49; 1 Corinthians 15:49). The resurrection of the body in a glorified form in reunion with the spirit, reaffirms the dignity of the human person, body and spirit.

Principles

What principles can we draw from the Biblical material to help us decide about end of life issues such as euthanasia and assisted suicide?

1. **The sanctity of human life** Human beings are made in God's image; life is a gift of God and he is sovereign over our lives. We are not totally independent, autonomous beings but are dependent on God, on other human beings and on our environment. We flourish through relationships of mutual give and take, care and dependence. Human worth and dignity do not depend on any capability or attribute such as consciousness, intelligence, ability to communicate, full bodily function or physical perfection, but on our being made in God's image. The congenitally deformed baby, the deeply unconscious accident victim, the dementia sufferer, the terminally ill person, all deserve the full protection of the law as human beings and full acceptance, respect and necessary care to the very end.
2. **The duty to preserve life to its natural end** The prohibition on the taking of human life implies that we must do all in our power to preserve life, while recognising that the time does come when death must be allowed to supervene. We do not have a duty to try to prolong life indefinitely. Good medical practice recognises when the natural limit to a life has come. Allowing death to supervene by ceasing burdensome curative treatment while continuing supportive and palliative care is not euthanasia. The intention of stopping the treatment is not to kill the patient but to relieve suffering. It is the disease that kills the patient. Our times are in God's hands and he is sovereign over our lives and our time of death.
3. **The duty to relieve suffering and pain** We cannot eliminate suffering from this fallen world, but we can do much to alleviate it. God has enabled human beings to discover the wonder of modern medicine, especially good palliative care, to ease the burden of dying. Christians have been in the forefront of pioneering palliative care through the Hospice movement (e.g. Dame Cicely Saunders at St Christopher's Hospice, London). Widespread availability of good palliative care has been shown to reduce the demands for euthanasia in individual cases.

Definitions

In the current context *euthanasia* may be defined as "The intentional killing, by act or omission, of a person whose life is thought not to be worth living."⁵ It is important to stress the element of intention in this definition. Voluntary euthanasia occurs when the person has clearly stated the wish for their life to be ended, while involuntary euthanasia would be when no such statement was made. Non-voluntary euthanasia would be terminating the life of a person who is not competent to express any such wishes.

Physician-assisted suicide differs from euthanasia in that here the physician does not administer the lethal drug directly but prescribes it and gives instruction for its use to the patient who must be able to ingest it or take it through an apparatus by their own act. This is an attempt to distance the physician from the act, but the intention of the prescription and the instructions is to secure the death of the patient.

⁵ Wyatt, *Matters of Life And Death*, 193

Euthanasia and Assisted Suicide are often lumped together as “*assisted dying*”, an ambiguous term, as it could be applied loosely to any assistance during the dying process, but here it refers specifically to assistance given with the intention of bringing about death. Most recent attempts at legislation to allow some form of euthanasia in Britain have been centred on assisted suicide.

Palliative care is given when it is recognised that cure or long-term control is not possible and aims at achieving the highest possible measure of patient comfort. It will consist of holistic care, physical, mental, social and spiritual, and will use pain relief and sedation as necessary to relieve symptoms without intentionally shortening life. It is NOT to be confused with deep “terminal sedation” and cessation of feeding with the intention of bringing about death. Skilfully administered pain relief with opiates does not shorten life but eases the suffering of the dying person. A physician may say, “there is nothing more that can be done”, meaning that treatment options to achieve cure have been exhausted. The palliative care specialist will say, “There is always something that can be done.” When cure is no longer possible, care must continue to relieve suffering.

Refusal of treatment is a recognised right of any patient. This applies to any treatment, not just treatment which may be burdensome and futile. This too should not be equated with euthanasia because it is the underlying disease which is the direct cause of the death of the patient.

Reasons for the demand for euthanasia

Traditionally the medical profession (since Hippocrates) and the Christian church have been against euthanasia. Following the dreadful atrocities of the Nazi era, there was a revulsion against euthanasia, which had been widely used by the Nazis to eliminate what they considered undesirable elements in the population - “life not worthy of life”. However there are various factors which have led to an increasing demand for it to be legalised since the late twentieth century.

In recent years the main argument for requesting the legalisation of euthanasia or assisted suicide has shifted from humanitarian compassion for those with intolerable suffering to the “right to die”. This is encapsulated in the name of a recently formed campaign group, My Life, My Death, My Choice.

1. Modern humanistic thought stresses *individual autonomy* and the right of the individual to choose when, where and how life should end, rather than leave it in God's hands or be dictated to by the medical profession. Thus if a person cannot face the prospect of prolonged weakness, pain or loss of independence, he should be allowed to ask for his life to be ended and all assistance given to him. It is claimed that it is the individual's right to decide when his/her life is no longer worth living and to demand help to end their life if they cannot do so by themselves. It is fear of the process of dying rather than death itself that motivates people to campaign for euthanasia⁶. These fears are centred not only on intolerable pain but on various losses - of independence, of dignity, of enjoyment in usual activities, of control of bodily functions.

When we look at actual reasons for requesting assisted suicide under the State of Oregon's Death with Dignity Act, often held up as model for legislation, we find that pain is far down the list. In 2015 218 lethal prescriptions were written and 132 people died from their ingestion⁷. Of these, 96.2% cited as their concern loss of ability to engage in enjoyable activities, 92.4% loss of autonomy, 75.4% loss of dignity, 48.1% being a burden to family, friends/caregivers, 35.7%

⁶ Wyatt, *Matters of Life and Death*, 197

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<https://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Documents/year18.pdf>, accessed 20 April 2016

loss of control of bodily functions, 28.7% concern about inadequate pain control and only 2.3% cited financial concerns.

2. The concept of *quality of life* has led to the belief that the severely disabled infant, people with persistent vegetative state or with locked in syndrome, the terminally ill sufferer may be regarded as not having a quality of life sufficient for them to be kept alive, and this is thought to justify euthanasia. The problem with this is the difficulty of deciding what is an acceptable quality of life. Who is to take this decision on behalf of the child or adult incapable of taking the decision for themselves?
3. The *increasing cost of health care*, coupled with the possibilities of modern technology to prolong life, has made the question of prolonging life more difficult. Many people do not want to be a burden on their relatives or the Health Service. Euthanasia is cheaper than ongoing care of the terminally ill. Others question the ethics of prolonging a life which has outlived its usefulness when the resources used could be better spent in other ways.
4. *Common misunderstandings of end of life health care* contribute to the seemingly high rate of approval for so called assisted dying in opinion polls. Many people have had experience of seeing dying people suffering greatly and they don't want that to happen to them. They do not seem to be aware of the great advances in palliative care which have revolutionised the care of the dying. Some people mistakenly think that nowadays people are being artificially kept alive by interfering doctors. A common view is "When my time comes, I just want to go; I don't want to be kept alive too long." When people are confronted with the question, Do you think the law should be changed to allow people dying in unbearable pain and weakness to have help to end their lives?, it is no wonder they say Yes, because they have not been given the option of considering effective palliative care.
5. In recent years *some dissident voices in the church* have argued that we should approve of legislation to allow euthanasia or assisted suicide. For example the Roman Catholic theologian Professor Hans Kung has written in favour of legalising euthanasia on the basis that "the all-merciful God, who has given men and women freedom and responsibility for their lives, has also left to dying people the responsibility of making a conscientious decision about the manner and time of their deaths⁸." More recently Rev Scott McKenna of the Church of Scotland has spoken out in favour of assisted suicide⁹. He argues that for 2,000 years the church has misunderstood God and his will for human beings. He wants us to "move beyond the theology which says that God alone will choose the hour of death and what kind of suffering is to be endured and for how long. God has given us moral responsibility, the gift of choice, along with sense, reason and intellect. We are to use our gifts and leave behind a theology which portrays God as distant, brutal and unloving." Quite apart from this caricature of the view of God as held in the historic creeds and confessions of the church and based on Biblical teaching, the picture of human autonomy is more influenced by post-Enlightenment human-centred thought than by the teaching of the Bible.

How do we respond to these arguments for euthanasia?

1. We have already seen that from a biblical perspective none of us is absolutely autonomous. We are familiar with all sorts of limitations on our autonomy in daily life. We are dependent on other people and on our environment. Our decisions affect not only ourselves but others. If I

⁸ Quoted by Wyatt in *Matters of Life and Death*, 221

⁹ http://christiansforve.org.au/wp-content/uploads/2014/08/Reverend_Scott_McKenna_Mayfield_Salisbury_Sermon_28-Oct-2012.pdf Accessed 22 April 2016

decide that, because of my advancing Multiple Sclerosis, my life is no longer worth living, I am implicitly devaluing the lives of others with a similar or even worse condition. Such a decision would be a denial of human solidarity and does not accord with Christian love. It is noteworthy that there is a strong anti-euthanasia movement among disabled people. One of the ways in which we realise our full humanity is in learning to accept care without subjective loss of dignity. This in turn reaffirms the dignity of the care giver. It is sad that campaigners for euthanasia claim that intentionally ending ones life is the best way to die with dignity. It is impossible for us to lose our inherent dignity as humans made in God's image.

2. The concept of quality of life is difficult to measure and inevitably has a subjective basis. One young man with tetraplegia from a rugby accident went to the Dignities clinic in Zurich to end his life, which he could no longer face, while another with a similar condition is now teaching youngsters how to play rugby more safely. This highlights the inconsistent nature of the restrictions in assisted suicide legislation.
3. Some people make a case for euthanasia on the grounds of altruism. They don't want to be a financial or emotional burden on others and they think that the money spent on them would be better spent on other things. However high sounding this may seem, the argument is dangerous. The danger of manipulation of disabled, dependent or dying people from financial motives is very real.
4. There are various subsidiary arguments that can be used against the legalisation of euthanasia to convince those who do not share our Christian beliefs. (1) It is difficult to frame a law which is specific enough and has sufficient safeguards to prevent abuse. Usually such laws are internally inconsistent. If the main argument for euthanasia is autonomy, why confine its provisions to particular classes such as the terminally ill? Why should it not be available for any who find their lives intolerable for any reason? Once suicide is seen as a human right it becomes difficult to argue for its prevention. (2) The tendency of the scope of such laws to be broadened imperceptibly shows how difficult they are to control once the initial consensus against euthanasia is breached. Figures from Oregon, whose Death with Dignity Act is held up as a model, show that only 70% of people who died under the Act in 2016 had malignant disease,¹⁰ while 30% had more long term degenerative diseases. In Switzerland¹¹, the Netherlands¹² and Belgium¹³ the scope of conditions qualifying has been extended with the passing of time and the overall numbers continue to grow. This indicates a cultural change, in that once the law is changed, some form of euthanasia becomes much more widely acceptable as a "treatment option" for long term and terminal conditions.
5. It is important that people be made aware of the realities of good end of life care in order to alleviate their fear of dying in uncontrollable pain. Physical suffering can be adequately alleviated in all but the rarest of cases, with up to 95% of patients having their pain and/or symptoms effectively relieved when treated by healthcare professionals with the relevant

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<https://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Documents/year18.pdf> Accessed 20 April 2016

¹¹ <http://europe.newsweek.com/dramatic-increase-assisted-suicides-switzerland-313307> Accessed 20 April 2016

¹² <http://www.cmfblog.org.uk/2014/09/29/euthanasia-deaths-in-the-netherlands-continue-their-relentless-rise/> Accessed 20 April 2016

¹³ <http://www.cmfblog.org.uk/2013/04/11/stunning-4620-increase-in-belgian-euthanasia-cases-in-ten-years-since-legalisation/> Accessed 20 April 2016

expertise^{14,15}. Similarly, patients with an illness such as motor neurone disease (a serious progressive neurological disorder) are often afraid of choking to death. But studies from the most experienced hospice units have demonstrated that, with appropriate palliative care, this virtually never happens. In addition, the administration of short episodes of sedative drugs can be considered as an appropriate alternative, when persons are in the dying stages, to manage distress and restlessness. This can happen when patients are often barely conscious as a result of their disease (not because of the drugs) and are no longer capable of consciously working through their issues. In this case, palliative care helps patients (and sometimes also their families) by calming their terminal agitation. Usually, the treatment is a matter of gradually increasing the level of drugs according to effect. However, there are occasions when a patient is very agitated and rapid use of large doses of drugs is essential for the safety and comfort of the patient and others. There will always be rare occasions where a patient's symptoms cannot be completely controlled. Often these are patients who cannot resolve an issue or cannot cope with a symptom, such as with severe breathlessness. Some may also have significant psychological and/or spiritual distress which they find difficult to resolve. Indeed, almost all patients with symptoms which cannot be completely controlled have elements of this distress which is not recognised as physical. These individuals, who are already drowsy and dying of their illness, may then request some form of sedation to relieve the burden of such suffering, in which case it may be possible to manage their distress and agitation without side effects. In other words, drugs are administered and monitored to induce a state of decreased or absent awareness (unconsciousness) in order to increase comfort in the dying process rather than, in any way, shortening life¹⁶. It is very unusual for palliative care to have to use continuous sedation to keep a lucid patient asleep in order to address intolerable physical and/or mental distress. Sedating people deliberately to deal with their suffering is a very rare occurrence in the UK. Of course, it is important that patients with difficult symptoms are not promised complete relief since this is beyond the realm of medicine. In this regard, it should be noted that palliative care does not only seek to work in the area of medicine since it also endeavours to provide non-clinical support and the right environment for patients to express and work through their distress.¹⁷ Very few patients request euthanasia when their physical, emotional and spiritual needs have been adequately addressed¹⁸.

6. In response to arguments for euthanasia based on Christian theology, those cited above have too limited a view of God's sovereignty and too expansive a view of human autonomy to be convincing. Of course God has given us freedom and decision making responsibility, but only within the compass of his revealed will. We dare not arrogate to ourselves the responsibility of ending our lives by our own decision or asking others to end our lives for us.

¹⁴ Organisations such as the Hospice Movement reveal that suffering can be adequately alleviated in all but the rarest cases. See also Pain Control - BBC
<http://news.bbc.co.uk/1/hi/programmes/panorama/4701843.stm>
<http://www.painlaw.org/opioids.html> Accessed 02 May 2016

¹⁵ When correctly used to relieve pain in a patient who is terminally ill, morphine should never cause death. By contrast it usually lengthens life and improves its quality. This is because the therapeutic dose of morphine, which relieves pain, is virtually always well below the toxic dose which ends life and because the relief from pain which it brings removes stress factors in the patient's condition. In addition, toxic doses risk causing increased agitation in some patients.

¹⁶ Nathan I Cherny, Sedation for the care of patients with advanced cancer, *Nature Reviews Clinical Oncology* 3, 492-500 (September 2006)

¹⁷ For example, with the consent of the patient, the number of visitors may be reduced so that he or she can work things through.

¹⁸ I am indebted to Dr Calum MacKellar for much of this paragraph.

I believe the main response we should make as Christians is to stress that Christian love demands that we do our utmost to promote and support good palliative care, which should be made universally available in general hospitals and in the community, and not just in specialised units such as hospices. We have a message of hope in Christ that gives a motive for selfless love and care and for the humility to surrender our lives to God when he calls us home.

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