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Christians, Euthanasia, and Death:
From Bedside Obligations to Visions of the Ideal City

by Roy Branson

Bioethical discourse in the Islamic and Western contexts share fundamental similarities, including approaches to ethical issues of death and dying. That is argued by several scholars appearing two months ago in the Journal of Religious Ethics. Five papers were published that had been presented at a conference, "Islam and Bioethics: Concerns, Challenges and Responses," held at Pennsylvania State University (March 27-28, 2006). Manfred Sing particularly emphasized that both Islamic and Western ethics use similar strategies in their struggle to produce norms.¹

Lying just below the surface of these essays in bioethics is the tension between Islam and the West, with Christianity unsurprisingly identified with the West. I want to join Sing and his colleagues in exploring bridges between Islam and the West. I want to touch briefly on ways that Islam and Christianity agree; agree on the obligations facing individuals considering euthanasia in a sick room, and agree on how Islam and Christianity might confront death stalking the streets of our civilization.

By the Bedside

Those who might assume that Christianity in the West is readier than Islam to legitimate euthanasia, have some basis for their assumption.

Unitarians sometimes embrace their Protestant Christian roots by extending, in a 1988 general resolution, respect for the worth and dignity of each individual to, "the right

to self-determination in dying, and the release from civil or criminal penalties of those who, under proper safeguards, act to honor the right of terminally ill patient to select the time of their own deaths.”

A person worshipping in the First Unitarian Church in Portland, Oregon, Janet Adkins, was the first person Dr. Jack Kervorkian helped to die; in the first state to adopt, in 1997, “A Death with Dignity Act.” That Act permits physician-assisted suicide (though not euthanasia).

The United Church of Christ, descended from the fabled New England Congregationalists, does not join the Unitarians in stressing individual self-determination. The United Church of Christ values care. Because “relief of suffering is an essential aspect of care,” the United Church of Christ’s Science and Technology Taskforce believes “euthanasia is not a denial of life, but an affirmation of the importance of the quality of our lives.” Indeed, under certain circumstances euthanasia is “the most loving and life-affirming action possible.” Again invoking love and care, the taskforce that did not actually urge its members to embrace euthanasia, declares that “pastors and lay persons are called to support the hospice movement.”

But these denominations revered in America are now small slivers of even New England Christianity, let alone of the West. The established position concerning euthanasia of the overwhelming majority of over 2.1 billion Christians would not fundamentally clash with the official position of 1.5 million followers of Islam. The oft-quoted texts from the Quran are no more adamant than those of the most recent Roman Catholic popes.

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3 Rev. Dr. Bruce Epperly and Rev. John Mills, for The United Church of Christ Science and Technology Taskforce, “A Word to the Church on End of Life Care: Theological, Spiritual, and Ethical Reflection,” downloaded from United Church of Christ website, May 9, 2008.
The Quran declares that “if anyone slew a person—unless it be in retaliation for murder or for spreading mischief in the land—it would be as if he slew the whole people.” Another passage from the Quran, quoted by a tradition of the Prophet, specifically prohibits suicide. “In old times, there was a man with an ailment that taxed his endurance. He cut his wrist with a knife and bled to death. God was displeased and said, ‘My subject has hastened his end. I deny him paradise.”

Pope Benedict XVI is quoted as saying orally, May 7, 2005, that the Christian scripture, in fact, clearly excludes every form of the kind of self-determination of human existence that is presupposed in the theory and practice of euthanasia. He went on to emphasize the moral significance of proscriptions of euthanasia. “Not all moral issues have the same moral weight as abortion and euthanasia... There may be a legitimate diversity of opinion even among Catholics about waging war and applying the death penalty, but not however with regard to abortion and euthanasia.”

The present Pope is not expressing a personal attitude but articulating a position that goes back to the first three centuries of Christianity. Almost all of the Church Fathers were pacifists, forbidding killing of any human beings. Euthanasia, in these earliest years was a mortal sin. When Christianity became the state religion it gave up its prohibition of killing in warfare, then its prohibition of capital punishment. But euthanasia, suicide, and infanticide continued to be forbidden. Why? Because they were innocent. They could not be killed. Enemies in war and criminals were not innocent and so could be killed. This distinction has continued in Christianity to this day.

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Augustine, in the fifth century, suggested a rationale for not punishing a Christian if he/she killed an innocent human being, that continued to be refined by the church into the idea of non-intentional killing. If a person kills another innocent person as an unforeseen result of an action intended for some other goal, the person is not to be blamed. An example, in war, is the killing of civilians—or one’s own troops. These are unintended consequences of one’s action. The Church called this the “doctrine of double effect,” fully formulated in the sixteenth-century. This doctrine has justified giving a terminal patient increasingly large doses of drugs like morphine to relieve increasing pain, to the point that the drug can cause death. This distinction between intended and unintended consequences persists, even beyond Roman Catholic theology.⁷

The centuries of Christian reflection on euthanasia (and suicide) was summarized succinctly in 1980 by the Sacred Congregation for the Doctrine of Faith’s Declaration on Euthanasia. Two paragraphs are especially relevant. The first relates to euthanasia.

No one can make an attempt on the life of an innocent person without opposing God’s love for that person, without violating a fundamental right, and therefore without committing a crime of the utmost gravity. (para.1)

The second paragraph explains the Church’s prohibition of suicide.

Intentionally causing one’s own death, or suicide is therefore equally as wrong as murder, such an action on the part of a person is to be considered as a rejection of God’s sovereignty and loving plan. Furthermore, suicide is also often a refusal of love of self, the denial of the natural instinct to live, a flight from the duties of justice and charity owed to one’s neighbor, to various communities or to the whole of society—although, as is generally recognized, at times there are

psychological factors present that can diminish responsibility or even completely remove it. (para. 3)\(^8\)

Notice that the concept of double effect, means that the church can honor a person who acts in seemingly reckless way and is killed. If the person is perceived as intending a praiseworthy deed, he may become regarded by the Church as not a criminal or sinner, but as a praiseworthy, or even a martyr.

The same Declaration on Euthanasia summarizes the Roman Catholic Church’s development of “extraordinary” or disproportionate means to support life. Although, the Roman Catholic Church has opposed euthanasia and suicide, physicians-assisted or not, the Church has long advocated limiting care to “proportionate” levels. The Declaration outlines what the Catholic Church means by “proportionate.” The Declaration permits: the refusal or withdrawal of treatment if:

- “the investment in instruments and personnel is disproportionate to the results foreseen;” Or, if
- they “impose on the patient strain or suffering out of proportion with the benefits which he or she may gain.”\(^9\)

Debates over the application of these principles to persons have led to extended ethical debates. Deeply felt arguments have raged as to whether providing artificial (inserted tubes) nutrition and hydration to what health professionals call a “persistent vegetative state” have become famous cases in not only the church, but the courts and the court of public opinion within United States: Karen Anne Quinlan, Nancy Cruzan, and Terri

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Schiavo. Pope Paul II, in March 2004, delivered an “allocation” removing artificial nutrition and hydration of bodies in a persistent vegetative state from the category of “medical procedure,” thus making it “a natural means of preserving life, not a medical act,” therefore, “it should be considered in principle, ordinary and proportionate, and as such morally obligatory.” Withdrawal of tubes providing nutrition and hydration would result in inadmissible “death by starvation or dehydration.” John Paul II’s position has been challenged by theologians and health care professionals, and some Catholic ethicists believe that a consensus has emerged against strict application of the Pope’s directive.10

In the Streets (Vision of a Just Society)

In the articles that have just appeared in the _Journal of Religious Ethics_, Manfred Sing demonstrates that irrespective of possible differences over specific conclusions concerning bioethical issues, such as euthanasia, the Islamic community and the West follow the same process of moral deliberation—examining cases to cases, principles to cases, present facts to past cases in order to decide what our obligation is. One way to put it is that the mode of both Islamic and Western bioethics is juridical.

That is true, particularly when the place we are examining is the sick-room and the people we are observing and analyzing are patients and the health care professionals who treat them. We are reassured when we discern similarities of analysis, and even, in the case of euthanasia, consensus among the majority of believers—within Islam and within Christianity.

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But ethics cannot survive by juridical process alone. At least it cannot fully flourish, cannot easily go beyond analysis of obligations within what already is to transform the conditions within which we debate what we ought to do with what has been given to us. Much of the debate concerning euthanasia sounds like a moral form of an oncology practice. Here are the reasons you are in this predicament, here are the ways you can or ought to try to survive for a while—given where you are in space and time.

Some physicians such as Paul Farmer, of Harvard and Haiti, and some ethicists, such as Lisa Cahill of Boston College, have been writing for the last few years that bioethics should less readily accept the boundaries within which it has worked since the word appeared in the 1970s. Farmer and Cahill argue that bioethics needs to do at least two things: Expand its horizon, and make moral commitments to change society.

In an essay, “Rethinking Medical Ethics; A View From Below,” Farmer and Nicole Gastineau Campos urges the field to move beyond “the boundaries of the world’s most affluent nations, the birthplace of professional societies of medical ethicist and bioethicists.”

They believe that bioethics emerging in affluent societies has meant that bioethics has remained in clinical or research settings of major teaching hospitals, or doing philosophy in major universities in the industrial world. The result is that bioethics overlooks issues like racism and the gap between medical breakthroughs and health care for the poor. “The central topics of bioethics and medical ethics need to be linked to questions of social justice.” They quote approvingly the view of Marcos Fabri dos Anjos, a liberation theologian who challenges the philosophers, theologians and physicians who have flooded into bioethics: “To what level of quality can medical ethics

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12 Ibid, 40.
aspire, if it ignores callous discrimination in medical practice against large population of the innocent poor?” asks Anjos. And “how effective can such theories be in addressing the critical issues of medical and clinical ethics if they are unable to contribute to the closing of the gap of socio-medical disparity?”13

Lisa Cahill, a Catholic theologian and bio ethicist, brings the call of Farmer and Campos directly to the issue of euthanasia. Theologians and ethicists, should not expend all their energies distinguishing between direct and indirect means of turning off disproportionate and unreasonable life support systems to those whom may or may not be in a persistent vegetative state. Ethicists should call for, and advocate in the public square, for the funding of palliative and hospice care for all elderly dying Americans. But for Cahill the vision should become broader. “Theological bioethics should strive to reshape domestic and international health policy through political participation, as well as through the traditional venue of scholarship and education. Theologians addressing bioethics have an opportunity and a responsibility to redefine the social agenda of the field to highlight compassionate care and to favor the needs of the poor.”14

At a conference that has drawn representatives of different religious traditions, particularly those who are known as the people of the Book, it may be helpful to expand our reflections on euthanasia and death by remembering the symbols and vision of the Book. Milton McC. Gatch believes there are theological reasons why bio ethical reflection on death and dying, has focused on the individual. In his article on death in the Encyclopedia of Bioethics, Gatch argues that as far back as the 17th century, Protestants-turned-empiricists insisted that truth had to be authenticated by individuals’ experience. The apocalyptic vision of death and resurrection of the entire human community found in

14 Cahill, 142.
early Christianity became an embarrassment, and a "more and more a spiritualized picture of the disembodied soul in the immediate afterlife took its place. Gatch thinks that to find an antidote to a focus on death of the individual, "it is necessary first to attempt reconcile the apparent conflict between immortality, with its emphasis on the destiny of the individual, and resurrection, with its stress on the destiny of the community."\(^{15}\)

Most Christians who respond to appeals to engage in campaigns to challenge disease and disability are not motivated by invitations to emulate the calm, rational example of Socrates’ facing his imminent death. Plato’s account in the Phaedo has Socrates urging his followers to be of good cheer, "drains his cup with no difficulty or distaste whatsoever," and passes into another dimension after offhandedly reminding his companion Crito that "we woe a cock to Asklepios, pray do not forget to pay the debt."\(^{16}\) Socrates displays total calm. He is the epitome one who regards death as a part of life. He is the paragon of death with dignity.

Most Christians still identify with the Jesus of the Gospel of Mark, who when confronted with the prospect of dying, pleads, "Father, all things are possible to thee, remove this cup from me." (Mark 14:36). This is a Jesus who struggles to the end against a terrifying enemy, crying out from the cross, "My God, my God, why hast thou forsaken Me?" (Mark 15:34) Christ is part of a world view that sees death as a part of a struggle between good and evil, who, in the words of Paul, regards death as the last enemy to be destroyed. (I Corinthians 15)

We have seen how ethical reflection within Christianity and Islam is similar regarding the obligations of the healthcare worker, the relative and the patient who is facing death, and possibly euthanasia. But what about the challenge thrown down by Farmer and Cahill—the challenge to extend theological reflection concerning euthanasia beyond the sick room, to march into the public square to confront unjust healthcare in the city, where deadly diseases strike more quickly the vulnerable—the elderly and the poor?

Many emphasize that Islam so believes in the sovereignty of God that disease and death are ideally met with resignation. But there is also the great emphasis within Islam on the good of the community, which demands alms and good works. There is also, of course, the concept and vision of the jihad. As I understand it, jihad is fundamentally not a vision of armed conflict, but the vision of struggle. I wonder if the challenge to bioethics today is a challenge to go beyond accurate observation and rational analysis; a challenge to struggle with poverty, disease, with yes the causes of death. I wonder if the challenge to Christian ethicists and theologians is to go beyond clarifying euthanasia, to join muslims and others of many faiths in a peaceful jihad with God for life against death.