

Sanctity of Human Life: Suicide, Physician-Assisted Suicide, and Euthanasia

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The Supreme Court's landmark decision legalizing abortion, *Roe v. Wade*, introduced a sustained and divisive public debate over the value of human life. By lifting protections for the unborn, the Court retreated from a sacred view of life and recognized instead a woman's personal autonomy in the decision to abort her child, the popularly expressed "right to choose." Not unexpectedly, this retreat has extended to end-of-life decisions, with efforts to sanction euthanasia and physician-assisted suicide under the principle of an individual's "right to die." As Francis Schaeffer and C. Everett Koop observed in 1979, "With arbitrary abortion already declared legal, the speed with which the other forms of killing are being accepted must take even their advocates by surprise."¹

Many factors have energized the right-to-die movement, including sincere concerns over excessive reliance on life-sustaining technologies and inadequate pain-relief care for the terminally ill. Its driving force, however, is a mistaken, deceptive, and evil philosophy that devalues suffering people. Consequently, our opposition to the termination of human life must be understood in spiritual terms and must be guided by biblical principles. Specifically, the Church must (1) proclaim humankind's dignity as God's sovereign creation, (2) reassert God's authority over life from conception to death, and (3) affirm meaning and hope for suffering humanity.

Understanding the Issues

We must first clarify the terminology used in discussions of end-of-life ethical issues. Suicide is the act of deliberately and purposefully causing one's own death. Physician-assisted suicide and euthanasia may be differentiated as follows: "Physician-assisted suicide occurs when a physician provides a medical means for death, usually a prescription for a lethal amount of medication that the patient takes on his or her own. In euthanasia, the physician directly and intentionally administers a substance to cause death."² Both are acts of killing, distinguished by the agent (self versus other) who administers the life-ending medication or substance. Euphemistic expressions for physician-assisted suicide, such as assistance-in-dying, are specifically used to mask the true content of these actions and should be rejected. Further, physician-assisted suicide must be distinguished from informed decisions by patients to refuse life-sustaining treatment in ways that compassionately respect individual autonomy.

In His Image

The claim that human life is valuable, even sacred, has its foundation in God's creation of humankind: "So God created man in his own image, in the image of God he created him" (Genesis 1:27). This truth imparts extraordinary value to every life, independent of gender, race, socioeconomic position, age, or health status. Those who hold to biblical creation must attach great worth to human life and will stand in its defense. Holding to

the prevailing materialist model, which explains our existence as the chance outcome of impersonal physical forces, leads to finding the value of life to be relative and incidental.

Our creation in God's image is at the heart of the biblical injunction against murder: "Whoever sheds the blood of man, by man shall his blood be shed; for in the image of God has God made man" (Genesis 9:6). By placing His mark upon humankind, God clearly established His own authority over human life and holds accountable those who would usurp it.

The intrinsic value of human beings is confirmed by God's expression of love in the sacrifice of His Son who paid the price for human sin and transgression. God rightly claims ownership of those He has purchased: "Do you not know that your body is a temple of the Holy Spirit, who is in you, whom you have received from God? You are not your own; you were bought at a price" (1 Corinthians 6:19,20).

Not only does God forbid the claims of others against our lives, He also forbids our own claims against our lives. Murder is condemned in the Bible in the severest terms (Genesis 9:6; Deuteronomy 5:17). Suicide, the deliberate killing of one's self, finds no support in the Bible, and the few cases recorded there imply divine displeasure (1 Samuel 31:4; Matthew 27:5).

Advocates of suicide, by whatever means, must deny these standards and reject this valuation of human life. Specifically, they must contend for personal autonomy over one's own existence. The argument is as follows:

"I am my own;
The time and means of my dying lie at the heart of my private life;
I therefore retain the 'right to die', and no-one may take it from me."³

This assertion of personal sovereignty holds the promise of freedom but delivers self-destruction. It resonates with the falsity of Satan's reasoning with Eve: "You will not surely die . . . For God knows that when you eat of it your eyes will be opened, and you will be like God, knowing good and evil" (Genesis 3:4,5). As with any exercise of personal choice outside the parameters of God's law—abortion, euthanasia, drug abuse, homosexual practices, and heterosexual promiscuity—the invariable consequence is physical and spiritual death.

Conversely, the righteous decision to obey God's commands brings true freedom. Within the parameters of His law, the individual may anticipate the joy of His blessing. God confronts each of us with the stark alternatives: "This day I call heaven and earth as witnesses against you that I have set before you life and death, blessings and curses. Now choose life, so that you and your children may live and that you may love the Lord your God, listen to his voice, and hold fast to him" (Deuteronomy 30:19,20).

The Boundaries of Life

God determines the boundaries of life and holds in His hands the two fragile ends of human experience. He is active in the conception of life and the conclusion of life, in birth and in death.

Of his beginning, the Psalmist writes, “For you created my inmost being; you knit me together in my mother’s womb. . . . My frame was not hidden from you when I was made in the secret place” (Psalm 139:13,15). The womb is the place of God’s creative handiwork. It is there each life is endowed with unique personality, unique physical traits, and a unique spiritual nature. The glimpses we have seen of this work through the eyes of biomedical advance only intensify our awe at God’s techniques. We may be less discerning, on the other hand, of God’s activity in the final moments of death. We naturally shrink from death and view it as an adversary reluctantly yielding, in the end, to its inexorable demand upon us.

Of course, death was not God’s ideal. Death was introduced by rebellion and subsequently spread from one man to the entire race: “Therefore, just as sin entered the world through one man, and death through sin . . . in this way death came to all men, because all sinned” (Romans 5:12). God’s plan is to deliver us from this last enemy. “‘Where, O death, is your victory? Where, O death, is your sting?’ The sting of death is sin, and the power of sin is the law. But thanks be to God! He gives us the victory through our Lord Jesus Christ” (1 Corinthians 15:55–57).

For the believer, death is not a final defeat but a transition in which the perishable is exchanged for the imperishable, the temporal for the eternal, the imperfect for the perfect. The believer experiences assurance even when facing death. Job concludes, “You will call and I will answer you; you will long for the creature your hands have made” (Job 14:15). The Psalmist implies the symmetry of God’s activity in his birth and death when he writes, “All the days ordained for me were written in your book before one of them came to be” (Psalm 139:16).

If life’s beginning at conception and life’s end at death are in God’s hands, both abortion and suicide, assisted or otherwise, represent violations of His prerogative. Abortion steals from the womb a life yet to be started; suicide hastens to the grave a life yet to be completed.

The argument for suicide also ignores the profound spiritual implications of the transition from life to death. Its proponents and practitioners offer no insights into the spiritual reality beyond the grave. There is no acknowledgment of mortality or final judgment. This apparent naiveté is indicative of the spiritual deception underlying the right-to-die philosophy.

The Meaning of Suffering

Our difficulty in understanding God’s activity in death is matched only by our difficulty understanding His activity in human suffering. From the biblical perspective, however, suffering is potentially purposeful and refining. From the perspective of the proponents of

suicide and euthanasia, suffering is meaningless and degrading; it is to be avoided and, if possible, eliminated.

Job offers the prototype of meaningful suffering. He endured pain and disfigurement. “So Satan went out from the presence of the Lord and afflicted Job with painful sores from the soles of his feet to the top of his head” (Job 2:7). His wife’s callous response is curiously contemporary: “Are you still holding on to your integrity? Curse God and die!” (Job 2:9). Rejecting her advice, Job held to his integrity, affirming his ultimate confidence in God, saying, “I know that my Redeemer lives, and that in the end he will stand upon the earth. And after my skin has been destroyed, yet in my flesh I will see God” (Job 19:25,26).

Suffering becomes comprehensible when we look upon the One who “was despised and rejected by men, a man of sorrows, and familiar with suffering” and who “took up our infirmities and carried our sorrows” (Isaiah 53:3,4). Jesus’ passion assures us of His identity with our suffering and His faithfulness to preserve us through the inevitable tests and trials of life. This is the hope of all who suffer and the only true consolation in the face of unrelenting pain. Christ identifies with suffering humanity, affirms suffering humanity, and heals suffering humanity.

This biblical perspective suggests a life-affirming alternative to suicide for the terminally ill. It acknowledges that fear, helplessness, pain, depression, and isolation are real factors. It also provides, in the person of Christ, a worthy example of compassionate involvement in the suffering of others, which may lessen the very pain and distress that motivate death wishes.

Combining effective medical care with emotional and spiritual help, the hospice movement has demonstrated that few individuals request assisted suicide once their pain and symptoms are addressed. A hospice president has observed, “The public perception is that people are (choosing suicide) every day. But these are people in their own homes, they have the means, they have lots of medication, and they don't choose death.”⁴ Suffering people want their existence and meaning affirmed, not a convenient escape into the alleged nothingness offered by assisted suicide.

A biblical view of suffering also resists the slippery logic of the right-to-die philosophy, a logic which argues that the value of life is in some way or another conditional. For the terminally ill, the value is conditioned upon quality of life. But what of other categories of people that are not healthy, young, and vigorous? Encouraging or assisting the suicide of the terminally ill sets an ominous precedent that opens the door to a more general devaluation of life and the broader practice of euthanasia. Even the American College of Physicians has expressed concern that assisted suicide may lead to actions against the poor, the chronically ill, the demented, the disabled, and the very young.⁵

History justifies this concern. German physicians in the 1920s began to entertain the notion that “there is such a thing as a life not worthy to be lived” and to embrace the practice of euthanasia for the chronically ill, later acquiescing to ever broader

categorizations of “unfit” persons.⁶ More recently, the Netherlands has legalized voluntary euthanasia, only to open the door permissively to the practice of involuntary euthanasia, where the elderly and chronically ill may be terminated against their wishes. Already, “death with dignity” laws have gained voter approval or enactment by judicial fiat in certain states in our own land.

At this critical juncture in our own history as a nation, it is imperative that we return to an absolute, timeless standard of human value rooted in biblical truth. We must return to the divine appraisal of the worth and dignity of life, whether born or unborn, young or old, healthy or suffering. We must recognize once again the One in whose image we are made, the One who determines the time of our beginning and the time of our end, and the One who provides meaning and hope to suffering people through the redemptive work of the Cross.

A Christian Response

Having developed a biblical perspective on the practice of suicide, it is important to translate our ethical concerns into corresponding action. To that end, the following suggestions are offered for Christians individually and for the Church corporately toward the objective of eliminating the demand for and practice of assisted suicide:

1. **Seek First His Kingdom.** The battle in our day is not between those for and those against suicide. The real battle is being waged between the kingdom of heaven and the kingdom of this world. Fundamental changes in society are not affected by social or political activism alone. People will be won over to a pro-life perspective through the changing of hearts. Christians must be salt and light; the Church must be the clear expression of Jesus’ ministry to the world. After Jesus’ example, we pray, “Your kingdom come, your will be done on earth as it is in heaven” (Matthew 6:10).
2. **Love with Actions.** The strongest statements in favor of the terminally ill and against suicide are made by those who provide spiritual support in hospice facilities, serve as hospital chaplains, render loving care in nursing homes, and otherwise minister to the suffering and dying. As the apostle John urges us, “Let us not love with words or tongue but with actions and in truth” (1 John 3:18). Let us affirm our high valuation of suffering people by loving suffering people. Be sensitive to the needs of those with mental health disorders, some of whom may be suicidal and need special care. Visit the friend who has cancer; give time as a volunteer to a nursing home; support a hospice program. Such actions will make the difference for someone who is terminally ill and also set a forceful example of Christian love.
3. **Contend for Truth.** It is also necessary that we publicly acknowledge biblical truth as it pertains to the critical issues of our day, including assisted suicide. The Church must express in uncompromising terms its core moral values and spiritual convictions as they pertain to abortion and euthanasia. We must hold elected officials accountable for voting records, support pro-life legislation, oppose referendums in favor of assisted suicide, challenge our physicians, and articulate our opinions in public forums.

4. Provide Wise and Sensitive Pastoral Care. The church is not immune to the tragedy of suicide. In its wake, families are devastated, questions about eternal destiny are raised, and the church is left to grapple with a sense of failure. But it is at this point that the gospel of grace can begin to flow in healing power as pastors, family members, friends, and the believing community responds with wisdom and sensitivity.

No one other than our Lord himself can know the depths of depression or illness out of which the decision to end one's life may have sprung. Suicide entails reasoned and deliberate action. However, one who is clinically depressed or emotionally unbalanced is not normally regarded as fully responsible. Therefore, questions that deal with eternal destiny cannot be decided by the survivors. They must be left in the hands of God who is all knowing, all loving, and forever merciful and just. Recognizing the limits of human knowledge and the gracious nature of the Lord, the church can minister effectively in the midst of brokenness and pain.

Notes:

¹Francis A. Schaeffer and C. Everett Koop, "Whatever happened to the human race?" in *The Complete Works of Francis A. Schaeffer*, vol. v. (Westchester, IL: Crossway Books, 1984), 337.

²*American College of Physicians Ethics Manual*, 4th ed. *Annals of Internal Medicine* (1998), 128:576–594.

³Nigel M. de S. Cameron, "Autonomy and the 'Right to Die' " in *Dignity and Dying: A Christian Appraisal* (Grand Rapids, MI: Eerdmans Publishing, 1996), 23.

⁴J. Loconte, "Hospice, Not Hemlock," *Policy Review* 1998, 44.

⁵*American College of Physicians Ethics Manual*.

⁶L. Alexander, "Medical Science Under Dictatorship," *New England Journal of Medicine* (1949), 241:44.

All Scripture references in this paper are taken from the New International Version.