Death with Dignity

Christians Confront Euthanasia

Paul D. Simmons
Southern Seminary

The newspapers recently carried a story that Elizabeth Wise had killed her nine-month old daughter. The child had been blind and deaf and, according to doctors, had no hope of living beyond a few months at the most. The child's pain and hopelessness would grow more acute as time passed. Mrs. Wise is third cousin of Queen Elizabeth II, of England.[1] Regardless of the legal disposition of this case (she was placed on probation), could this act be justified from a Christian moral perspective? Might a Christian at some point feel that aiding the coming of death is the "right" thing to do?

Questions like these are being posed with increasing frequency in the church. At times, they are dealt with as abstract problems which theologians, philosophers and medical scientists debate in theoretical terms. The issue becomes very concrete, however, when Christians confront the question posed in the face of a loved one. When someone in the family has an incurable illness, is in intense pain or in a coma and has expressed a wish to be put out of misery, what do you do? That is no time for abstract discussions. The pain is unbearable, the request is sincere, can you help a loved one die as an act of love?

---

[1]*Courier-Journal* (Louisville, Kentucky) Saturday, October 26, 1974, p. A-3.

Confronting the Issue

Some time ago two students in class were working as chaplains in a local nursing home. They proposed to write a research paper on the subject of euthanasia. Their experiences with elderly patients at the home had forced the issue. "What do you do," they asked, "when these people say: 'Chaplain, I don't want you to pray for me to live, I want you to pray that I die!'?"

That request is difficult enough, for young pastors much in love with life find it difficult to believe anyone "wants" to die and do so quickly. The problem is even greater, however, when one is asked to help one to die. Suppose one of those elderly persons who was afflicted with terminal cancer had asked the chaplain to "pull the plug" on a machine and thus let him die. Should the chaplain have done so? The concern that such persons are expressing is one that touches everyone sooner or later—the concern over dying a good death.

These situations focus in a general way on the areas in which Christians may confront the issue of euthanasia. The first area is the anxiety persons feel about the manner in which death will come to them. The concern is about how death shall come. Peacefully? After months of pain and suffering? After months of wasting away in a coma? Or, suddenly, swiftly and without prolonged waiting for the final moment?

The options are many. There is little way to anticipate how death will come. A friend is killed in an automobile accident. A neighbor lived for months after cancer was discovered. By the time he had died, he was hardly recognizable, a staggering hospital bill was left for a family of modest means to pay. Another friend dies suddenly of a heart attack. Still another lingers in a world of thoughtlessness and non-communication after a massive stroke. A grandparent, well beyond the eightieth year of life, wastes away on a hospital bed, sustained by glucose for weeks after the last word of communication or glance of recognition to anyone around her.

No one wants to die like that. With Montaigne, many feel that "it is not death, it is dying that alarms me." This is not

simply selfishness—a preoccupation with pain and egocentric concern about one's appearance during a lengthy illness. More likely, this anxiety reflects concern for other members of the family rather than for oneself. Ramsey's charge that this is little more than an unhealthy preoccupation with and preference for *sudden* death, is both inaccurate and unfair.[2] Rather, a calculation of the well-being of the family may well lead to the conclusion that they should be spared the mental burden of watching a loved one slowly waste away into helplessness beyond hope of recovery. One need only witness the mental burden of families so affected to be sensitive to this point.

A calculation of the well-being of the surviving members of the family may also include financial considerations. Too often, the heroic or extraordinary means[3] employed in experimental stages of the treatment of illness, leaves the family with staggering medical bills to pay. Often this happens to families with limited resources. Certainly no argument is morally tenable that simply sets a price for medical care beyond which the patient would not be considered "worth it." To be sure, where there is reasonable hope of recovery, every patient has the right to expect and every medical team has the responsibility to render medical and surgical care. The point is that the employment of extraordinary measures admittedly operates in the area of experimental medicine. The assumptions are that (1) this patient has no chance of recovery, (2) experimenting in this case may be helpful in the development of new cures, and (3) no harm can be done since the patient is dying anyway.[4]

---

[2]Paul Ramsey, "The Indignity of 'Death with Dignity'," *Hastings Center Studies*, II, No. 2 (May 1974), p. 53f.

[3]Two groups of terms need to be distinguished when discussing medical procedures. The terms ordinary, customary and usual refer to those medicines and treatments appropriate to a given illness within the limits of availability and do not involve extensive pain or expense. Extraordinary means involve procedures which are experimental, bizarre, or incompletely established. See James B. Nelson, *Human Medicine* (Augsburg Press, 1973), p. 131; Paul Ramsey, *The Patient as Person* (New Haven: Yale University, 1970), pp. 118 ff., and Harmon Smith, *The New Medicine* (Nashville: Abingdon, 1970), pp. 144 ff.

[4]This stage also raises the problem of experimentation for future

Many persons have decided that they do not want their survivors left with overwhelming indebtedness incurred by extensive patient care. What financial estate is to be left, they want left for the family rather than to be swallowed up by medical costs.

A third and very important consideration relates to the theoretical question of the right to die. Increasingly medical science is able not only to prolong life but also to prolong death.[5] This raises the prospect of prolonging the process of an agonizing death. This may be in terms of senility and perpetual dependency on the ministrations of others or the repeated process of medical procedures in valiant efforts to keep the patient alive "as long as possible."

Many persons feel that they have a right to die without having such extraordinary procedures used. In many cases the doctor's efforts to relieve pain and preserve life have resulted in multiplying pain and simply delaying imminent death. Nietzsche once argued that "in certain cases it is indecent to go on living."

While it is difficult to predict the circumstances under which one might prefer to have medical/surgical procedures stopped, it is not difficult to anticipate *that* one might prefer to die rather than be subjected to the futility and depersonalization of extensive but useless efforts. Some have drawn up or signed what has been called a "living will" regarding their wishes. One such statement is addressed "To My Family, My Physician, My Clergyman, My Lawyer." The statement reads:

> If the time comes when I can no longer take part in decisions for my own future, let this statement stand as the testament of my wishes:

---

benefits to medical science—a perfectly valid concern. However, such research should be carried out with the consent and knowledge of the patient and/or his family. The moral concern is one of the patient's right to know both about his medical condition and about the stage of his treatment.

[5]Joseph Fletcher, "The Patient's Right to Die," *Euthanasia and the Right to Death*, ed. A. B. Downing (Nash Publishing Company, 1969), p. 64.

> If there is no reasonable expectation of my recovery from physical or mental or spiritual disability, I, _____ request that I be allowed to die and not be kept alive by artificial means or heroic measures. Death is as much a reality as birth, growth, maturity and old age—it is the one certainty. I do not fear death as much as I fear the indignity of deterioration, dependence and hopeless pain. I ask that drugs be mercifully administered to me for terminal suffering even if they hasten the moment of death.
>
> This request is made while I am in good health and spirits. Although this document is not legally binding, you who care for me will, I hope, feel morally bound to follow its mandates. I recognize that it places a heavy burden of responsibility upon you, and it is with the intention of sharing that responsibility and of mitigating any feelings of guilt that this statement is made.

This form is then signed, dated, and attested by two witnesses.

The fact that such wills are not legally binding has led some groups to advocate legislation that would protect the right to die with dignity. They feel that "death with dignity" should be added to "life, liberty, and the pursuit of happiness" that are now considered Constitutional rights. At present one can only hope that he will be mercifully delivered from the prospects of death prolonged by the extraordinary means of medical science.

The second area in which Christians confront the issue of euthanasia is in terms of the experience of the way in which death comes to loved ones. One's own death is likely more easily contemplated than is the prospect of the death of a loved one. Elton Trueblood once said that it was not the recognition of man's own death that moves him deeply, but the consideration of the death of others.[6] The problem is not only thinking about their death but also how we shall act toward them should they request not to be kept alive under certain circumstances.

Families faced with the prospect of a loved one dying a slow and agonizing death confront a variety of powerful emotions. They want the patient to be relieved of his agony and be returned to health. They want him not to die and to go on living in their midst sharing life, concerns and love together.

---

[6]Elton Trueblood, *The Common Ventures of Life* (Georgetown, Texas: Southwestern University, 1948).

These are strong feelings that derive from the love and concern the family feels for the patient. There are other feelings as well. When a terminal illness is contracted, for instance, and the family observes extensive suffering with no hope of relief or recovery, there is often a resignation to and acceptance of the value of death as God's appointed way to relieve human suffering. One woman, during a time of sharing at a midweek prayer service, told of her experience in the death of her husband. He had died with cancer after an extensive battle with pain during which he had deteriorated practically beyond recognition. "I prayed for death for him," she said, "because I loved him and could not bear to see him suffer so. When death finally came, I thanked God for His good gift."

This woman's testimony expresses several elements of the Christian attitude toward the death of loved ones: (1) her love was expressed as a concern for the comfort and well-being of her husband; (2) death was accepted as a natural and appointed end of every person (Heb. 9:27); and (3) death was seen as a good gift from God, not as an enemy to be forever fought. In short, her love for her husband desired death for him.

The issue of euthanasia, however, poses a further dimension to a problem such as this. Suppose her husband had asked her to aid his dying so as to foreshorten his suffering. Could she have been morally justified as a Christian to act out her love for him by ending his suffering through some painless manner? One writer argued that it is "harder morally to justify letting somebody die a slow and ugly death, dehumanized, than it is to justify helping him to escape from such misery."[7]

Christian physicans are facing this question with increasing frequency as well. As one bearing the responsibility for the well-being and care of family as well as patient during medical care for the ill, he often has to make crucial decisions regarding the point at which death should be "permitted" or even "invited." Often the physician will seek the counsel of the family and

---

[7]Joseph Fletcher, "Ethics and Euthanasia," from *To Live and to Die* ed. Robert K. Williams (Springer-Verlag, 1973), p. 113. Also in *American Journal of Nursing*, April, 1973.

chaplain in determining the point at which the patient should not be kept alive. Such a decision is heavy with moral and legal implications.

Defining Euthanasia

The terms "permitted" and "invited" used above with reference to death point to what has been called negative and positive euthanasia, respectively. Negative euthanasia is the practice of withdrawing or stopping medical procedures so that death will come to the patient. This is also referred to as passive euthanasia —doing nothing to prevent the patient's death. Positive or active euthanasia involves some action that actually brings about the death of the patient. In some merciful way he would actually be killed. This may be by injecting air into the blood-stream, suffocation with a pillow, or administering a lethal dose of drugs, such as morphine or barbiturates.

The term euthanasia itself means "well-dying" or "good death." The term has some unfortunate uses and connotations since it has a history of being associated with certain forms of selective murder under the rubric of "mercy killing." Often, when the term is used today, it conjures up images of Hitler and the Nazi gas chambers of World War II. Supposedly, one of the reasons given the German public to explain the "removal" of certain persons from home and society was that they were of racially inferior stock. Such reasonings, of course, were only thin disguises for genocide—the effort to exterminate the Jews. For purposes of public propaganda all who were not of "superior" Aryan blood were "inferior" and thus needed to be killed so they would not "contaminate" the blood line of German stock.

Thus, what Hitler did was not euthanasia but genocide. It was not "mercy killing" but mercy-less killing. It was not motivated by love but by hate and did not seek the relief of suffering by the patient but the removal of despised persons. The term euthanasia should not be used to refer to the atrocities of the Nazi death camps.

For present purposes, no use of the term is intended beyond

considerations relating to the terms on which or the manner in which one is to die when death is already imminent. There is a considerable moral difference between (1) setting out to decide what category of persons should be put to death when they are otherwise healthy, and (2) confronting the problem of whether to mercifully help someone die when they know they are dying or they are hopelessly beyond the point of recovering personal wholeness.

Decisions relating to euthanasia are directly tied to the revolution in science and medicine. There was a time when death came "normally," or "naturally."[8] That is, one died when his heart or lungs stopped functioning and medical science could do nothing about it. In the past half century, however, such advances have been made that physicians often resuscitate, or bring back to life, persons who have already "died." Patients are kept alive by pacemakers for the heart, kidney transplants, and a variety of systems that can support "life" in the final stages of terminal illness beyond which death would normally have overtaken the body.

Decisions about negative euthanasia are routinely being made in hospitals today. These are procedures that "let the patient go" by withdrawing or withholding life-preserving treatments.[9] The attending medical personnel may turn off a respirator, stop giving intravenous infusions, withdraw drugs, or cancel an operation. Hospital staffs use a code which means "do not resuscitate or give intensive care." Another means used by physicians to permit death for the patient is by not treating a second illness contracted by a person suffering from a terminal illness. For instance, should an elderly patient suffering from terminal cancer contract pneumonia, the physician may leave the pneumonia untreated and thus shorten the patient's life. Such a decision is based on the belief that it is better for the patient to die with pneumonia than to suffer for days or months and finally die of cancer. The secondary or complicating illness

[8]For an interesting article on this subject see Ronald V. Wells, "Dignity and Integrity in Dying (Insight from Early Nineteenth Century Protestantism)," *Journal of Pastoral Care*, June 1972, pp. 99 ff.

[9]Fletcher, "Ethics and Euthanasia," p. 113.

intervenes to shorten the period of suffering and thus brings a merciful death. The "unintentional effect" of killing a patient by attempting to relieve suffering is another variety. This has received support from Roman Catholics based on the principle of double effect. Pope Pius XII stated the position as follows:

> Morals evidently condemn mercy killings, that is, the intention of causing death. But if a dying person consents, it is permissible to use, with moderation, narcotics that will allay his suffering, but will also cause quicker death . . . In this case, death is not the direct intention.[10]

Positive or active euthanasia presents a more complicated decision. The issue here is whether or not Christian theology and ethics can lend support to taking into our hands the matter of hastening death for ourselves or for others.

Typologies of Elective Death

At least three forms of positive euthanasia can be distinguished.[11] First, euthanasia may be chosen and carried out by the patient. The choice is *voluntary and direct.* This is a type of suicide, of course, in which the individual acts on the basis of personal freedom and in light of his attitudes toward what it means to live and when it is desirable to die. The Euthanasia Society supports an individual's right to terminate his/her own life. Recently, a well-known and highly respected American theologian, Henry P. Van Dusen, and his wife committed suicide rather than continue into old age with increasing disability. Mrs. Van Dusen, 80, was lame from arthritis. Mr. Van Dusen, 77, suffering from a severe stroke of five years ago, could not speak normally or lead an active and productive life. Their note, explaining the reasons for this decision, ended with a prayer:

> O Lamb of God, that takest away the sins of the world,

---

[10]Quoted in *Time* magazine, July 4, 1960, p. 38.

[11]These are outlined by Fletcher in "Ethics and Euthanasia."

have mercy upon us.
O Lamb of God, that takest away the sins of the world,
grant us thy peace.[12]

A second type of elective death involves the request of the patient for someone to aid his dying. This is *voluntary but indirect euthanasia.* An agreement might be made by two or more persons to administer death in some manner should the covenant partner be unable to do so himself. This might be done well in advance of the problem or once the patient is already infirm. Here the patient exacts from someone else—physician, friend, or relative—the commitment to end it all if the patient becomes comatose, incapacitated, or otherwise unable to do so for himself.

This places great moral responsibility upon the persons who enter such a covenant. His act, however, is the carrying out of a promise made to the patient and under circumstances set by the patient himself. Certainly, such a decision is in no way to be compared to first-degree murder.

A third form of elective death is *direct but involuntary:* simple mercy-killing without the request of the patient. This would include cases such as shooting a person trapped in a fire to end his suffering, or smothering a child rather than see him starve to death or terminating a patient who is in the agonizing stages of a terminal illness such as Tay Sachs or leukemia.

A mother in Belgium who had taken thalidomide gave birth to a child with no arms and a badly deformed face. Feeling the child should not have to face life under these circumstances, the mother put barbiturates in the baby's formula and killed it. The mother was tried for murder but was acquitted.[13]

Actions of this type are considered homicide under the legal codes of almost every country. Uruguay, while calling it a "crime," provides for the penalty to be set aside. Morally,

---

[12]*Courier-Journal and Times* (Louisville, Kentucky), Sunday, March 2, 1975, p. G-7.

[13]*Time* magazine, November 16, 1962, p. 67.

such actions are extremely problematic. Anyone who promises to make a "death decision" for another is accepting grave responsibility. Undoubtedly, in extreme circumstances, such acts can only be considered merciful and prompted by a profound personal interest in the well-being of the patient. Even so, few situations lend themselves to such abuses and excesses as those that give moral permission to taking the life of another. This was the area in which Hitler's henchmen rationalized their actions toward patients for experimental purposes.

Proponents of this form of euthanasia as a process that should be made legal argue, of course, that procedures can be required that would guard against the abuses. Beyond that, it is a recognized principle in both ethics and law that "the abuse of a thing does not rule out its use."

Toward a Christian Perspective

The literature on the subject of euthanasia shows that there is no single Christian answer to the complex issues surrounding the questions relating to elective death. There are significant differences of opinion between knowledgeable, serious and committed Christian scholars. Recognizing that these differences exist seems an appropriate place to begin in assessing a Christian perspective. The answer one gives to the moral permissibility of euthanasia depends upon his experiences, his reading of the Bible and his theological perspectives. On this subject, as on so many other issues of substance, Christians are going to disagree. Accusations that those who approve of or advocate euthanasia are "murderers" or "Hitlers," or that those who are adamantly opposed to any form of euthanasia are "ignorant, superstitious, or uninformed" are reflections of intolerance for disagreement rather than infallible moral judgments. Discussions of euthanasia need the light of informed opinion from both sides of the issue. Polemics and diatribe contribute neither to a resolution of the issues nor to Christian unity.

In general, two major responses will be discerned among

Christians regarding positive or active euthanasia. A summary of these positions may be stated as follows.

(1) Death the Last Enemy

Some Christians will decide that death is to be fought to the bitter end. With the Apostle Paul, they will feel that "death is the last enemy" (1 Cor. 15:26) and that it must be resisted with all the power of medical science. These persons feel strongly that life—on whatever terms—is infinitely better than death. Several elements can be discerned in this position. First, the feeling that life—even under conditions of extreme pain and limitation—is a gift to be respected and preserved. This is implicit in the Oath of Hippocrates, which has been the traditional pledge of those entering the medical profession: "I will use treatment to help the sick according to my ability and judgment, but never with a view to injury and wrong-doing. Neither will I administer a poison to anybody when asked to do so, nor will I suggest such a course." Many physicians take this to mean a pledge to preserve life as long as there are medical or scientific means of doing so. One hospital administrator said that the duty of medical professions is to cure and keep alive. In practice, this means the goal in medical care is "to keep the patient alive by any means until the next shift comes on duty. Never have the patient die on your shift."[14]

From the Christian perspective, this view points toward the value of life and the respect due that unrepeatable gift. Each person is unique, and that life, once lost to death is not to be regained.[15] This is the "sanctity of life" argument that holds that life is a gift from God and is held in trust by man. Thus, man does not have dominion over his life or death. He must wait upon God who will, in His own time and way, decide the manner and moment of death.

---

[14]Morris A. Wessel, "To Comfort Always," *Yale Alumni Magazine*, XXXV, No. 9 (June 1972), p. 18.

[15]See Leonard J. Weber, "Against the Control of Death," *American Journal of Nursing*, July 1973.

Another element that is implicit in this view is that those efforts to preserve life are the last acts of care and love that can be given the patient. Certainly, all reasonable means of restoring health and preserving life are morally required of persons who care for those who have been injured or who are ill. For Weber, direct euthanasia, "even at the request of the patient, is to weaken the claim of each one of us to have others respect and not violate us."[16]

A further element is that even heroic efforts are necessary in order to keep hope alive. As long as the vital life signs can be discerned, there is hope that full recovery may follow. Certainly, this hope is strong in the case of accident victims who, though severely injured, could otherwise be expected to lead a life of normal longevity and family responsibility. Cases of dramatic recoveries tend to feed this hope. One television program explored this problem by posing the situation of two persons who seemed to be dying: one was an accident victim, a young husband and father who was registering a flat EEG, or brain wave. The other was a person who was dying from kidney disease but who could be expected to lead a normal life with a kidney transplant. Family and attending physicians were confronted with the dilemma of whether to declare the accident victim dead (brain death) and transplant his kidney to the other person. Almost miraculously, however, the young man recovered consciousness. While scripts for such programs are more predictable than real life situations, the story illustrates the role of hope in patient care.

A final argument concerns the pedagogy of death.[17] According to this idea, the patient should not be robbed of the final stages of living lest he lose the benefit that suffering can bring. Writing of Stewart Alsop's coming to terms with "Uncle Thanotos,"[18] Ramsey commented that Alsop "gained both in solidarity with humankind and in appreciation for the uniqueness of his own

---

[16]*Ibid.*

[17]See Paul Ramsey, "Death's Pedagogy," *Commonweal*, September 20, 1974, pp. 497-502.

[18]Stewart Alsop, *Stay of Execution* (Lippincott, 1974).

and others' individual existence."[19] St. John-Stevas also believes the incurably ill should be sustained in their pain to learn lessons otherwise to be missed. He wrote:

> The final stages of an incurable illness can be a wasteland, but it need not be. It can be a vital period in one's life reconciling him to life and to death and giving him an interior peace.[20]

Considerations such as these will cause some Christians to conclude that every possible step should be taken in order to prolong life under any circumstances. These persons could never approve even the withdrawal of medical support systems (negative euthanasia) and certainly would never give moral approval to actively interfering in order to hasten death (positive euthanasia).

This position will commend itself to many persons as the only approach that will protect their sense that they did "all that was possible" for the beloved, that they left death "in the hands of God," and that they did not violate their conscience by engaging in a form of homicide. Certainly, this is a time-honored, respectable and traditional approach to the problem.

(2) Cooperating With Death

Some Christians will decide that there are circumstances under which they can conscientiously help a person die. For them, prolonging life under conditions of extreme pain or loss of personality is one of the cruelest things that can be done to a loved one. They do not feel that this is "killing" the patient, but, as Nelson puts it—"cooperating with the patient's dying."[21] This position would lend moral support to both negative and positive euthanasia under certain circumstances.

---

[19]Ramsey, "Death's Pedagogy," p. 498.

[20]St. John-Stevos, "Euthanasia in England: the Growing Storm," *America*, May 2, 1970.

[21]Nelson, *Human Medicine*, p. 133.

These would involve a variety of cases. First, would be those involving children who are dying. For instance, cases like that involving Mrs. Wise (see introduction) are confronted with increasing frequency. At Johns Hopkins University Hospital in Baltimore a child was born mongoloid (a form of mental retardation) and with an intestinal blockage that would eventually starve the child to death. While a surgical procedure could have removed the blockage and assured the child of relatively good health, the parents refused permission to operate. Consequently the child died after 15 days of starvation.[22] To many persons the mistake in this case was in letting the child starve to death. Once the "death decision" was made, would a lethal dose of morphine not have been more merciful than death by starvation?

Such is the decision of some parents in countries facing famine such as Ethiopia, Pakistan and India who have been known to kill a child rather than watch it slowly starve to death.[23] One group of parents in Africa asked a United Nations team not to send medical supplies when an epidemic of diphtheria broke out. They thought it better to permit the children to die from disease than by the slow agonies of starvation or suffer life-long limitations from mental retardation from malnutrition.

A second category of cases would involve the hopelessly and helplessly injured. Accident victims whose injuries involve extensive brain damage or paralysis may choose not to live under those circumstances. Furthermore, they may involve a relative or friend in the decision to act in concert with death should such circumstances arise. Some time ago national attention was drawn to a New Jersey case involving Lester Zygmanisk, who killed his brother in the hospital. George, 26, had been paralyzed from his neck down as a result of a motorcycle accident. Because both brothers had been active outdoorsmen each had agreed with the other to cooperate in bringing death should one become incapacitated. Lester was acquitted of a murder charge.[24] Those who give moral approval to this type of euthanasia place priority

---

[22]*Courier-Journal and Times* (Louisville, Kentucky) Sunday, October 17, 1971, p. A-18.

[23]*Newsweek* magazine, November 11, 1974, pp. 56 ff.

[24]*Courier-Journal* (Louisville, Kentucky), Monday, November 5, 1973.

on the *quality* of life rather than on the *fact* of life. For them a life of total paralysis is more to be feared than death itself. Under such circumstances the decision is made to die rather than live with death. Such persons would insist that it is uniquely a God-given right to be able to determine *the terms on which* one is either to live or to die. Lester and George Zygmanisk acted on that basis.

A third category of cases involves decisions regarding those who have terminal illnesses and the aged infirm. Contrary to those who believe that the patient should be medically sustained even beyond consciousness or responsiveness, some persons believe that "heroic" measures force patients into a state of vegetation. They would argue that to preserve "life" regardless of circumstances is to love an abstract rather than a person. Love for the person requires caring for his personality as well as preserving his vital life signs. According to this view when any recognizable traits of personality are gone the person is already dead.

Here a distinction is ordinarily made between human life and personal human life.[25] Such a distinction raises acutely the issue of the *quality* of life versus the *quantity* of life. The question posed is whether there is some point in the degenerative process toward death beyond which one ceases to be truly a human person. Just as it is difficult to recognize the earliest stages of fetal life as a human person, so it is often difficult to define one whose body is being totally supported by mechanical/chemical means as truly a person.

This type of continuum is true also where death is concerned. Scientists point out that death is both a process and an event.[26] In one sense, a person is dying all the time, since the degenerative process begins rather early in life. At the same time, there is a point at which the organism as a whole dies. The problem of euthanasia is posed in these cases when at least minimal life signs are retained. This may be because of the intervention

---

[25]Nelson, *Human Medicine*, p. 129.

[26]See, for instance, Robert S. Morison, "Death: Process or Event?" and Leon R. Kass, "Death as an Event: a Commentary on Robert Morison," *Science*, August 20, 1971.

of medical science or the fact that all the body's vital life systems do not die at the same time.

Summary and Conclusion

Doubtless, thoughtful Christians will find much that commends itself to them in each of the above approaches. On the one hand, our love for life and for relatives has compelled both family and physician to do all for the patient that is medically possible. The very existence of "intensive care" units in our hospitals symbo zes the caring that exists in human community for those who are infirm or helpless but who still have profound value to society and the human family. It is important that death not become so commonplace in our thinking that the loss of even one is not felt in the deep places of human sensitivity. The moral fabric of human society is built upon the possibility of caring between persons and for persons who cannot help themselves. That is why the dependent relationship of patient upon family and physician is a symbol of every man's dependency upon the other. Thus, death is to be taken seriously and the moral responsibility for caring for the dying is equally to be nourished by any society deserving to be called "civilized."

At the same time anyone who has ever loved one who desired death instead of prolonged agony also knows that the dimensions of caring go beyond "keeping alive." There are times when it is fundamentally selfish and profoundly cruel to "strive officiously to keep alive." There may be times when the most profound act that love can perform is to let the beloved experience the peace that only death can bring.

The feeling that there is truth in both fighting against death and cooperating with death is not an indication of confusion in either mind or heart. This paradox is at the heart of the biblical message and the Christian faith. "Death is the last enemy that shall be destroyed" (1 Cor. 15:26) and it is the experience by which man enters into the fullness of God's glory (Rom. 14:8). Death is both the destruction of life wrought by sin (Rom. 6:23) and a necessary precedent of eternal life (1 Cor. 15:36). There is no way to dissolve the tension without

losing the paradoxical relation between death as enemy and death as friend portrayed in the biblical witness.

One can expect that any conclusions reached on the subject of the Christian's confronting euthanasia will also entail a degree of ambiguity. While this may seem indecisive to some, it will have the salutary effect of not simplistically resolving a complicated matter. Several things can be said by way of conclusion. First, the right to die with dignity can be supported with equal vigor as the responsibility for medical care for the ill. The wishes of those who desire not to be sustained beyond responsive personhood are to be respected as firmly as the wishes of those who wish to be sustained as long as medically possible.

Second, those who elect death by "direct and voluntary" means may be seen as acting in the context of the Christian freedom to choose the terms under which they are to die. Suicide of this type is hardly to be regarded as a sin for which there is no forgiveness. On the contrary, such a decision may be based upon a commitment to the truth that "whether we live or whether we die, we are the Lord's" (Rom. 14:8).

Third, Christians may well work to mollify the legal penalties that may be imposed upon those who act decisively to relieve loved ones of unbearable suffering. At the same time, they will work diligently to assure that such decisions must not be borne by one isolated from the physician-family health care team. No one person should have to bear the mental and spiritual burden of deciding when a patient should be enabled to die.

Finally, Christians should be actively engaged in the discussions of the issues involved in euthanasia. The debate between a "sanctity of life ethic" and a "quality of life ethic" raises substantive questions for Christian theology. The biblical witness sustains a great hope in life that cannot be simply identified with biological functions. It is in the context of that hope that all discussions of death must be placed. For, as the Apostle reminded his readers, "if for this life only we have hoped in Christ, we are of all men most to be pitied" (1 Cor. 15:19).