Frequently Asked Questions

Is it OK for a Christian to commit suicide when suffering become unbearable?

It is important to carefully allow the Bible to speak to the person thinking about suicide and those who care for them. People, including Christians, commit suicide for many different and complex reasons. Every case is a tragedy which calls for deep compassion.

In the awful scene of the crucifixion, we clearly see that Jesus knows desperate isolation, deprivation and anguish intimately. He is, indeed, a brother who understands all we go through with profound compassion and empathy. But Jesus also lifts our eyes from our desperation to the Lord we can and must trust with our lives. Suicide is a form of self-murder (Ex 21:13), a sinful choice to take matters into our own hands rather than entrusting our destiny to Him, appearing before Him unbidden, denying His Lordship and the goodness of His timing.

It must be clearly said, though, that suicide is not an unforgiveable sin as has been sometimes wrongly and tragically taught. God's capacious forgiveness in Jesus is bigger than all the sins of His children, even the ones that grip us in our final moments. However, we help those in despair by pointing them to their purpose in responding to God's merciful and loving lordship rather than encouraging suicide as a 'way out' of suffering. In Jesus, as we have seen, there is always hope for every person, even at the darkest hour.

How can I talk to an unbeliever about VAD in the way that points to the gospel?

Talking about VAD is a great opportunity to talk to an unbeliever about life, death and the gospel.

Firstly, pray that God will open the way to gospel in your conversations.

Secondly, take time to ask what your conversation partner thinks about dying personally. Be curious, ask questions and listen humbly. What does he fear most about dying? What experiences of others dying has he had? What would make a 'good death' for her? Who can help her deal with death? What does she feel lies beyond death?

Thirdly, the best thing is to respond to her concerns talking about Jesus as directly as you can. We suggest using the summary points in section 2 of this paper. If it fits the moment, offer to pray for her.

Fourthly, take any opportunity to show Christlike, practical care.

How can Christians make a difference on this issue?

Firstly, we can pray (see section 6 below for prayer suggestions).

Secondly, we can clearly and repeatedly speak about our gospel perspective on suffering and dying, showing Jesus to those who desperately need Him.

Thirdly we can take every opportunity to show whole person love to the frail, dependent, suffering and dying. See our suggestions in section 4.d.iii (In Jesus we are free to love through suffering) above.

Fourthly, we can treasure the frail, dependent, suffering and dying in our churches, valuing their lives as God does, learning from them how to face our own future trusting in Jesus rather than in self-mastery.

Fifthly, we can urge local MPs and policy makers to oppose the practice of VAD (see question below)

How can we care for health professionals in our churches?

Health professionals face intense pressure in a culture which gives the facilitation of individual patient desires the last word over practitioner conscience. VAD is a particular challenge as it represents a fundamental shift away from the traditional values of healing and protecting human life from harm. In the context of legalised VAD, medical practitioners can be placed under pressure and even intimidation to provide VAD by patients, relatives, health care facility managers, fellow health care practitioners and the community at large.[1]

Most importantly, we can also encourage health professionals to provide skilful, Christ-honouring care (including palliative care) to their patients. Health professionals in our churches need Christian brothers and sisters to be interested in their work situations, share their burdens, pray with them and encourage them to hold fast to Christ with all wisdom and courage, especially when that means considerable sacrifice. We can also speak in support of legislation that allows for conscientious objection by health professionals (see the GiST submission on VAD for an example www.gist.org.au).

Should Christians speak out against euthanasia? Isn't that imposing our values on the community?

Christians approach the task of speaking into the public square on the topic of VAD in a variety of ways. Some feel passionately about the issue and are involved in political advocacy against,

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. [1] **K. Stevens, 'Emotional and psychological effects of physician-assisted suicide and euthanasia on participating physicians' in *Issues in Law and Medicine* 21(3) Spring 2006,** https://www.ncbi.nlm.nih.gov/pubmed/16676767

or perhaps sometimes for, VAD. Some feel uncomfortable about 'imposing our morality' on a nation that, on the whole, no longer shares our values. Some Christians are also hesitant about diverting scarce energy and resources away from gospel ministry. And some Christians feel it is a serious issue but simply don't have the time to speak or think further about it amidst life's competing demands.

The question of whether and how Christians should speak out on issues in the public square is an important but complex one. There are, however, some basic points to remember as we consider speaking out on VAD.

On the one hand, we shouldn't focus on political decision-making as the key way to address the VAD. What our community needs most is to have deeper issues of the heart addressed by the gospel.

On the other hand, our core focus on the gospel doesn't mean that we shouldn't be concerned for political expressions of care and justice in our community. The political sphere is not a moral and religious 'neutral zone'. All rulers are under God's authority and accountable to Him, even if most choose to ignore Him (Psalm 2, Romans 13:1,2; Rev 1:5). He cares about the decisions of governments and the welfare of those for whom they are responsible, especially the vulnerable. He will judge all rulers and nations according to His standards. And He encourages His people to show care for the needy and vulnerable in general (Deuteronomy 10:18; Micah 6:8; 1 Timothy 5:3-16).

Since God cares about righteous rule we should too. Knowing that God is sovereign, we do not try to coerce those in authority. But, as Christ's representatives, we should seek to protect and love our neighbours as we have opportunity to. We should pray for governments and authorities (1 Tim 1:2). We should also pray for and help Christians who shape policy in their workplaces. Within our democracy, we can speak to MPs, sign petitions, write submissions to government and participate in public discussions. We should certainly never encourage a government to support an unrighteous practice such as VAD (Rom 1:32). Our approach, however, will always be shaped by the Christ-like compassion for individuals, taking every opportunity to speak the gospel.

Why VAD is harmful to our community? How can we explain this to others such as our local MP?

Here is an excerpt from the GiST submission to the QLD government Inquiry into aged care, palliative care and VAD (April 2019). We preceded these arguments by showing how our thinking is rooted in the gospel. You can see the submission in full on our website: www.gist.org.au. We encourage you to use this submission to guide your communication with your local MP.

We urge that VAD not be allowed in Queensland in order to safeguard compassionate care for the suffering and vulnerable in our community. Advocates of VAD argue that individual people should be able to choose the way in which they die. While we agree that the state should uphold considerable

freedom of individual choice, this should not be upheld to the detriment of supportive and protective social relationships within Queensland communities.

The current prohibition on taking the life of a person or enabling their suicide is a vital boundary for protecting people and relationships within our communities. As a Christian denomination that cares for the elderly, sick and vulnerable in multiple ways, we hold reasonable and grave concerns that the legalisation of VAD, while opening up choice for a few, will have profoundly negative consequences for many in Queensland

Our main reasons for arguing this position are as follows:

a. **While VAD legislation in Victoria and overseas seeks to ensure patients act without coercion, this does not take into account the subtle coercion that the choice of VAD itself creates**. Individual choices are profoundly shaped by social beliefs and structures. The process of VAD assessment supports those patients who adhere to VAD criteria in thinking that euthanasia or suicide is a valid and logical choice. This validation then creates tension within a health care culture that also seeks to honour and support life. Terminally ill patients will find themselves in a situation where hastening death is an option always at hand. They may well feel they need to defend to themselves and perhaps to others why they choose to stay alive, especially when they sense the burden of their care on others. Indeed, the same may eventually be felt by those with long term disabilities and chronic illnesses. It is telling that while an increasingly large percentage of the population are in favour of VAD, a very much smaller percentage of terminally ill patients desire it. In the face of death, patients generally desire more time, not less.[2] No VAD legislation can ensure that the quiet concerns and doubts of older, vulnerable and disabled people are adequately heard, and their desires and choices protected.[3]

b. **No legal safeguards can fully guard against the abuse and misuse of Assisted Dying practices, including the occurrence of Involuntary Euthanasia.** Transgressions and loosening of legal requirements have been demonstrated in jurisdictions in which VAD is allowed.[4] Moreover, we must acknowledge that, in the real world, those health professionals, family and friends close to a terminally ill person may encourage and enable VAD for reasons of personal gain. No formal safeguards can prevent subtle or masked expressions of selfishness in the use of VAD.

c. A community that supports VAD makes harmful assumptions about the nature of compassion and intolerable suffering.

- Fear, a sense of isolation and existential suffering in the terminally ill are major drivers of requests for VAD. The compassionate response to those experiencing such suffering is not to allow a hastened death but to gather around them, tending to those

[2] Megan Best, 'Euthanasia' (October 2016) https://freedomforfaith.org.au/library/euthanasia

[3] Bishop, 'The Hard Work of Dying: Refusing the False Logic of Physician Assisted Suicide' (July 2014).

. **[4] J. Pereira, 'Legalizing euthanasia or assisted suicide: the illusion of safeguards and controls' in *Current Oncology* 18(2) April 2011, https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3070710/**

. **I. Tuffrey-Wijne, L. Curffs, I. Finlay and S. Hollins, 'Euthanasia and assisted suicide for people with an intellectual disability and/or autism spectrum disorder: an examination of nine relevant euthanasia cases in the Netherlands (2012–2016)' in *BMC Medical Ethics* 19(17), 2018. https://bmcmedethics.biomedcentral.com/articles/10.1186/s12910-018-0257-6**

needs and demonstrating the value of their lives. Indeed, our community would greatly benefit from recovering practices of generously and patiently attending to the dying, learning how to face our own deaths in the process. People are more than independent choice makers — they need loving relationships that provide physical, emotional, psychological and spiritual care in the face of death.

- A culture that allows VAD makes certain assumptions about what constitutes intolerable suffering and a life no longer worth living. In a society that values autonomy, independence, control and self-sufficiency,[5] those who are disabled, mentally ill, non-productive and dependent are easily judged to have intolerable lives. We argue, however, that vulnerability, interdependency and relationships of exchanging care are a natural part of flourishing human life. In both suffering and taking on the 'burden' of care for others, are opportunities for love, growth and finding meaning.

d. Increased access to high quality palliative care rather than VAD is the compassionate response to suffering in our community. Where good palliative care is available, the vast majority of patients receive the holistic care, including relational support and symptom control, needed to maximise quality of life as they die. Our responsibility as a community is not to attempt to minimise suffering by causing death, a practice that could all too easily substitute for the compassion, skill and relationships human beings need during the hardest moments of their lives.[6] Our responsibility is to minimise suffering through maximising care.

Do morphine and terminal sedation hasten death?

It is important for both patients and doctors to make use of the best palliative medications while also having confidence that these do not hasten death.

When **morphine** is administered at therapeutic levels, within regular practice guidelines and by experienced practitioners, it does not shorten life but provides excellent pain relief.[7] In fact, it may lengthen life through relieving patient distress. Morphine can hasten death only when given in inappropriately high doses.

. **[5] D. Fleming, 'The compassionate state? Voluntary Assisted Dying, neoliberalism and the problem of virtue without an anchor' (March 2019)**
https://www.abc.net.au/religion/compassionate-state-voluntary-assisted-dying-neoliberalism-and/10937504

[6] Megan Best, 'Euthanasia' (October 2016), https://freedomforfaith.org.au/library/euthanasia

[7] Megan Best, 'The Ethical Dilemmas of Euthanasia', p.5.

P. D. Good, P. J. Ravenscroft , J. Cavenagh, 'Effects of opioids and sedatives on survival in an Australian inpatient palliative care population', *Internal Medicine,* 35 (9)15: Sep 2005, pp. 512-517. https://doi.org/10.1111/j.1445-5994.2005.00888.x

D. Mendelson, 'Quill, Glucksberg and Palliative care: does alleviation of pain necessarily hasten death', *Journal of Law and Medicine,* 5: 1997, pp. 110-113.

S. Trankle, 'Decisions that hasten death: double effect and the experience of physicians in Australia', *Biomed Central Medical Ethics,* 15 (26): 2014, pp. 1-15. Retrieved from: http://www.biomedcentral.com/1472-6939/15/26

Likewise, carefully titrated doses of **sedation** may also be given to relieve delirium or agitation in the final stages of dying without hastening death. At that stage, patients may well have ceased eating and drinking and have reduced consciousness.[8] Some caution must be exercised with the use of 'terminal sedation' however. Consciousness is good for the dying. It is necessary for enjoying relationships and tending to emotional and spiritual needs. Therefore, sedation should only be used if the patient's symptoms are refractory to all other treatment. Minimal doses should be used to enable relief of specific symptoms while maximising consciousness where possible. Sedation can also be used intermittently providing opportunities for waking.[9]

Ideas for Prayer

- **Praise** the Lord who gives us life and dignity; who has freed us from sin and death through the death and resurrection of His Son Jesus; who in Jesus gives us heavenly hope beyond death; who yearns over our souls and shows compassion to us in our suffering
- **Lament** the curse of sin, the suffering of death, the desire for self-rule that refuses to glorify the Lord and harms the vulnerable
- **Confess** our own desire for self-rule, our failure to honour our Father and our selfish neglect of others
- **Repent,** asking Him to help us turn from self-confidence and self-rule to obedience; to give us joy knowing His forgiveness; for intimate, enduring trust in Jesus through His Spirit when we face suffering and dying; and for His enabling to sacrificially share the burdens of those around us.
- **Request** that the Lord show saving mercy to those who are dying and their families; to grant Christ-centred knowledge and wisdom to health professionals and policy makers as they care for the suffering and dying; that He will be glorified and obeyed in our community.

. [8] **M. Maltoni C. Pittureri E. Scarpi L. Piccinini F. Martini P. Turci L. MontanariO. Nanni D. Amadori, 'Palliative sedation therapy does not hasten death: results from a prospective multicenter study', *Annals of Oncology*, 20 (7): July 2009, pp. 1163–1169, https://cbhd.org/content/discerning-palliative-sedation-euthanasia-what%E2%80%99s-stake-human-dignity**

[9] Daniel Sulmasy, 'The last low whispers of our dead: when is it ethically justifiable to render a patient unconscious until death?', *Theoretical Medicine and Bioethics* 39: 2018, pp. 233-263.

Helpful Resources

Subscribe to the GiST newsletter - http://www.gist.org.au/contact/

Watch Michelle's personal testimony living and dying in Jesus on the GiST website - http://www.gist.org.au/2017/06/28/living-and-dying-well-in-jesus/

Michael Horton, *A Place for Weakness,* Zondervan: USA, 2006.

Tim Keller, *Walking with God through Pain and Suffering,* Riverhead Books: USA, 2013.

John Kilner, *Dignity and Destiny: Humanity in the Image of God,* William B. Eerdmans Publishing Company: USA, 2015.

Gilbert Meilaender, *Bioethics: A Primer,* 2nd ed., William B. Eerdmans Publishing Co.: USA, 2013

Rob Moll, *The Art of Dying: Living Fully in the Life to Come,* IVP: USA, 2010.

Ed Vaughan, *Assisted Suicide,* The Good Book Company: UK, 2017. See https://www.thegoodbook.com.au/assisted-suicide

John Wyatt, *Matters of Life and Death: Human Dilemmas in the light of the Christian faith,* IVO: England, 2009.

The Gospel, Society and Culture Committee for PCNSW has produced this paper on euthanasia - http://gsandc.org.au/wp-content/uploads/2013/06/GSC-PAS-resource-paper-1.pdf