
Euthanasia

*In the light of new developments, **Peter Saunders**, CMF General Secretary, revisits an issue that won't go away.*

The Harold Shipman case has shocked the nation - how could a doctor held in trust by his patients dispatch as many as 170 of them without raising suspicions? It is a chilling reminder of the privileged position doctors hold, and the need for safeguards against the abuse of such power. Shipman was convicted of murder and there was no doubt that he had been acting maliciously. He enjoyed exercising power over his patients' lives. But what if he had claimed to have been acting in his patients best interests at their request? What if he had pleaded that what he was doing was really euthanasia?

In this article I will review the current situation looking at recent developments, definitions, the law and codes of medical ethics - before looking at what the Bible says, reviewing the major arguments for and against and outlining the ways by which euthanasia could slip in 'via the back door'. I'll close with some practical steps we can take as Christian medics in the UK today.

Recent Developments

The push for euthanasia in the UK gained momentum with the formation of an all-party pro-euthanasia committee in 1991 - and shortly afterwards **Dr Nigel Cox**, a Winchester rheumatologist was convicted for giving a lethal injection of potassium chloride to Lillian Boyes, an elderly woman close to death from severe rheumatoid arthritis. Since Mrs Boyes had been cremated before a post-mortem could be carried out - and thereby it could not be proven that the injection had caused her death - the verdict was one of 'attempted murder'. Dr Cox was given a one week suspended sentence - but soon afterwards returned to medical practice.

The somewhat higher profile case of **Tony Bland**, involved a 17 year-old football fan who became severely brain-damaged during the crush at the Hillsborough Stadium in 1989. A Law Lords' ruling in February 1993 led to his parents and carers being given permission to remove his feeding tube. He died about three weeks later and several other patients with a similar diagnosis of persistent vegetative state have since followed suit.

In view of increasing public interest in euthanasia, and in the light of the Nigel Cox and Tony Bland cases, the House of Lords set up a **Select Committee on Medical Ethics** to look seriously into the issue of euthanasia in 1993. During their deliberations they took submissions from a variety of persons and parties. Of these the Department of Health, the Home Office, The British Medical Association and the Royal College of Nursing all argued against any change in the law. The committee in its final report in February 1994, despite being earlier undecided on the issue, unanimously ruled that there should be no change in the law.[1] Lord Walton, the committee chairman, reflected on this in a speech to the House of Lords on 9 May 1994 in saying:

'We concluded that it was virtually impossible to ensure that all acts of euthanasia were truly voluntary and that any liberalisation of the law in the United Kingdom could not be abused. We were also concerned that vulnerable people - the elderly, lonely, sick or distressed - would feel pressure, whether real or imagined, to request early death.'

It is largely as a result of the Select Committee's report that euthanasia remains illegal in Britain today. Not so elsewhere!

Six days after the Bland verdict euthanasia was legally sanctioned in **the Netherlands** - meaning that Dutch doctors could perform euthanasia without fear of prosecution provided they followed a set code of practice. There had actually been a steady escalation in euthanasia in Holland since the mid 1980s. According to the **Rommelink Report** commissioned by the Dutch Ministry of Justice, there were over 3,000 deaths from euthanasia in the Netherlands in 1990. More than 1,000 of these were not voluntary. Other assessments have been far less conservative, and these figures pre-date February 1994 when euthanasia in that country was legally sanctioned.

Holland is moving rapidly down the slippery slope with the public conscience changing quickly to accept such action as acceptable. The Royal Dutch Medical Association (KNMG) and the Dutch 'Commission for the acceptability of life terminating Action' have recommended that the active termination of the lives of patients suffering from dementia is morally acceptable under certain conditions. Two earlier reports of the commission affirmed the acceptability of similar action for severely handicapped neonates and comatose patients.[2] Case reports include a child killed for no other reason than it possessed abnormal genitalia[3] and a woman killed at her own request for reasons of 'mental suffering'.[4] The Dutch parliament is debating a bill aimed at legalising euthanasia fully in March 2000 - the result of which may be known when *Nucleus* goes to press(!)

Euthanasia was briefly legalised in the **Northern Territory of Australia** in July 1996, but the legislation was overturned by the Australian Federal Parliament in March 1997 after only four patients had died.[5]

In June 1997 The Supreme Court of the United States made unanimous rulings that there was no fundamental right to assistance in committing suicide - but just five months later the citizens of **Oregon** voted 60-40 in a referendum to legalise the practice. A double figure number of patients in that American state have committed suicide with the help of their doctors since. In the meantime **Jack Kevorkian**, the Michigan pathologist otherwise known as 'Doctor Death', helped over 130 patients to die before he was caught giving a lethal injection on television and sentenced to 10-25 years imprisonment for second degree murder in March 1999.

Euthanasia hit the headlines in the UK again in July 1997 after a popular Newcastle GP, **David Moor**, admitted to a newspaper reporter that he had helped up to 300 patients over 30 years to die, including one that very week. As a result the police halted a planned cremation and Dr Moor was later charged with the murder of his patient, 85 year old George Liddell, a retired ambulanceman who had recently undergone surgery for bowel cancer. The murder trial began in Newcastle in April 1999 and after a protracted hearing Dr Moor was acquitted on the grounds of his defence that his intention in giving diamorphine had been to kill the patient's pain, and not to kill the patient himself. As Melanie Philips, journalist for *The Observer* newspaper commented; by finding Dr Moor innocent, the jury effectively upheld the principle of 'double effect' - the crucial point being that because Dr Moor's intention had not been to kill, he was therefore innocent - even if the injection for pain had hastened his death.

In January 1999, and more recently in September of that year it was reported that staff in hospitals in Derby, Surrey, Kent and Sussex had been deliberately hastening the deaths of patients suffering from stroke and dementia by denying them food and fluids. It was reported in *The Times* on 2 September that the Crown Prosecution Service are considering bringing charges against staff from **Kingsway Hospital** in Derby after junior nursing staff reported 15 senior colleagues to the police for putting patients on nil-by-mouth regimes on the pretext that they were at risk of choking.

In June 1999 the British Medical Association's Ethics Committee issued guidelines condoning the withdrawal of artificial hydration and nutrition from patients with 'serious stroke or serious dementia'.^[6] This prompted Ann Winterton's **Medical Treatment (Prevention of Euthanasia) Bill** which passed its second reading in the House of Commons on 28 January 2000. The **Harold Shipman** case in February and the BMA Consensus Conference on Physician Assisted Suicide on 3-4 March have helped to keep euthanasia on centre stage.

Definitions

What is euthanasia? I think one of the best definitions available is that of HOPE (Healthcare Opposed to Euthanasia) who define it as 'the intentional killing by act or omission of a person whose life is felt not to be worth living'. It does not therefore include the following:

1. **Terminating or not initiating a medically useless treatment.**

Some treatments are medically useless in that their benefits are outweighed by the suffering that they cause the patient. But there is a world of difference between saying a that a treatment is useless (and therefore not worth giving) and that a patient is useless (and therefore not worth treating).

2. **Proportionate pain and symptom treatment where the intention is not to kill but to care (the principle of 'double effect')**

Dr Moor was found not guilty of murder because the jury judged that his intention had been to kill the patient's pain and not the patient himself. Sometimes when strong narcotics are given they may have the secondary effect of shortening a patient's life - although in practice this occurs in less than one case in a thousand. This is the principle of 'double effect' - when an action has two effects - one good and one bad.

3. **Refusal of medical treatment by a competent patient.**

Doctors cannot force patients to have treatment against their wills. If a patient who is capable of deciding refuses a life-saving treatment - then the doctor is not performing euthanasia by not forcing it upon them against their will. On the other hand if a patient asks to be killed and the doctor consents then that is euthanasia.

The Law in Britain

What does the law say in Britain? Two acts of parliament govern the law in this area - the Murder Act of 1965 and the Suicide Act of 1961. The Murder Act stipulates that intentional killing, even with the patient's consent for compassionate reasons, is a crime; the Suicide Act removed the criminal status of suicide (if you tried to commit suicide and failed before 1961 you could be convicted!) but retained the criminal status of assisting suicide.

When the House of Lords enquiry ruled in 1994 that 'there should be no change in the law to permit euthanasia' it effectively rubber-stamped these two Acts of Parliament. As a result euthanasia remains illegal in Britain.

Medical Ethics Codes

From ancient times doctors have sought moral guidelines both to guide members of the profession and to safeguard patients. The earliest of these was the *Hippocratic Oath*

which was written about 600BC and has become the basis for all subsequent ethical codes.

Its moral requirements are broadly consistent with the Judeo-Christian ethic and at one time all graduating doctors had to sign it before they could commence practising.

Among other things the Oath states 'I will give no deadly medicine to anyone if asked nor suggest such counsel'.

After the Second World War, and primarily because of human rights abuses by doctors in Nazi Germany, the World Medical Association adopted two modernised forms of the Oath - the *Declaration of Geneva* in 1948 and the *International Code of Medical Ethics* in 1949.

The Declaration of Geneva states 'I will maintain the utmost respect for human life from the time of conception' and the International Code of Medical Ethics says that 'a doctor must always bear in mind the obligation of preserving human life from the time of conception until death'.

Although both declarations have been amended in various ways since the 1940s they remain unchanged with respect to their teaching on euthanasia. With the increased push for physician assisted suicide the World Medical Association adopted the Statement of Marbella[7] in 1992. This stipulated that 'assisted suicide, like euthanasia is unethical and must be condemned by the medical profession'. The BMA have recently endorsed this view.

What does the Bible say?

Is it ever right to perform euthanasia? We can't simply look up the word euthanasia in a concordance - but nonetheless there is much we can infer from Scripture by applying the principles that are there.

There are in fact two instances of voluntary euthanasia in the Bible.

In the first, Abimelech, believing himself to be fatally wounded (with a fractured skull after being hit on the head by a millstone), asks his armour-bearer to kill him. His request is granted and the Israelite leader is thus spared the 'indignity' of being killed by a woman. The death is seen as just retribution for Abimelech's own murder of his seventy brothers, and we are not told what happened, if anything, to the armour-bearer (*Jdg 9:52-55*).

In the second, an Amalekite despatches the mortally injured Saul, still alive after a failed attempt at suicide.

'I happened to be on Mount Gilboa' the young man said 'and there was Saul, leaning on his spear, with the chariots and riders almost upon him. When he turned around and saw me, he called out to me and I said, "What can I do?"...Then he said to me "Stand over me and kill me. I am in the throes of death but I am still alive." So I stood over him and killed him because I knew that after he had fallen he could not survive' (*2 Sa 1:6-9*).

Whether the story is true (it varies from the account of Saul's death at the end of *1 Samuel 31*) or the Amalekite's fabrication in order to win favour in David's eyes for despatching Saul and delivering him the crown, the new king's reaction is interesting.

'Why were you not afraid to lift your hand to destroy the Lord's anointed?' (*2 Sa 1:14*) he asks, and then apparently before receiving a reply, as if the confession in itself were sufficient grounds for a verdict to be made, orders the Amalekite's execution.

In the mind of David at least, the compassionate killing of Saul constituted a capital offence, despite him being in great pain (presumably with peritonitis) and close to death without the possibility of analgesia, and most significantly of all, despite Saul's own request to be killed.

The sixth commandment

The creation narrative tells us that human beings are unique in being made in the image of God (*Gn 1:26*) and it is on this basis, after the flood, that God introduces to all humankind the death penalty for murder (*Gn 9:6,7*). Human beings, being made in the image of God, are not to be unjustly killed.

This is later formalised in God's covenant agreement with his chosen people Israel in the sixth of the ten commandments, 'You shall not murder' (*Ex 20:13; Dt 5:17*). But what does this mean? The English language has created for us a confusion that is not present in the original text. There are in fact ten Hebrew words translated 'kill' in the authorised version of the Bible, all with different shades of meaning, but only one of them is implicated in the sixth commandment, the word *ratsach*. Its Greek equivalent is *phoneuo* and its most accurate translation is *murder* (NIV). The meaning of the word is further defined in four main passages in the Pentateuch (*Ex 21:12-14; Lv 24:17-21; Nu 35:16-31; Dt 19:4-13*).

These passages resolve any ambiguity for us and leave us with a precise definition of what is prohibited, namely the '*intentional* killing of an innocent human being'. Let us consider this in more detail.

First, the sixth commandment forbids intentional killing. Anyone killing another human being unintentionally was able to flee to a city of refuge where he would gain some protection from the 'avenger of blood'. The natural death of the high priest would later atone for the killing and the guilty party would be freed (*Nu 35:28*). However this 'manslaughter' provision applied only in very limited circumstances:

'For instance, a man may go into the forest with his neighbour to cut wood, and as he swings his axe to fell a tree, the head may fly off and hit his neighbour and kill him' (*Dt 19:5*).

Killing resulting from negligence was not excused as unintentional (*Ex 21:29*). Neither was killing 'in hostility' even if not necessarily premeditated (*Nu 35:21*).

Second, the commandment forbids the killing of an *innocent human being*. Under the Old Covenant God authorised or permitted killing in three situations: in the context of holy war, for capital offences and in self defence (*Ex 22:2*). The holy war conditions are clearly spelt out by Moses (*Dt 20:10-18*). In cities within the promised land everybody was to be killed, in cities at a distance the men only were to be killed and only if a preliminary offer of peace was not accepted.

There were over twenty capital offences ranging from murder to contempt of court. In these situations the Israelites had the obligation of carrying out the judicial killing as God's representatives. The self-defence provision only operated if someone who had broken into a house after dark intending to commit a crime was killed by the owner while protecting his family and property.

God only authorised the killing of the guilty. 'Innocent' blood could not be shed intentionally under any circumstances and is in fact uniformly condemned throughout Scripture (*Ex 23:7; 2 Ki 21:16; Ps 106:37,38; Je 19:4*).

We must not become confused here with legal, psychological or social definitions of murder. The Bible does not support the conclusions of others that murder is 'the killing of a human being unlawfully with malice aforethought' or killing with 'a feeling of ill-will' or 'illegal killing inimical to the community'. [8] It is rather *the intentional killing of an innocent human being*.

Euthanasia clearly falls within this biblical definition. There is no provision for killing on grounds of diminished responsibility (on the basis age or illness) and there is no provision for compassionate killing, even at the person's request. Similarly there is no recognition of a 'right to die' as human life belongs to God (*Ps 24:1*) and is not any human being's personal possession. Suicide is equally a breach of the sixth commandment. Only God has the authority to take human life. Human beings may only do so under God's delegated authority.

Dealing with objections

Loving God means obeying him (*Jn 14:15*) and if God commands something clearly then that should be the end of any debate. However, many Christians today are not convinced that euthanasia is wrong in all circumstances. Those who believe that it can sometimes be justified usually fall into one of two categories - which we shall call for convenience antinomians and situationists. Let us consider them in turn.

Antinomians dispense with law altogether. They argue correctly that we are saved by God's grace and not by good works (*Eph 2:8,9*), but incorrectly assume that therefore our behaviour doesn't matter to God. The apostle Paul addresses this misunderstanding with his rhetorical question 'Shall we sin because we are not under law but under grace?' to which he supplies his own answer 'By no means!' He goes on to point out that our freedom from the condemnation of the Old Testament law means that we are no longer 'slaves to sin' but have become 'slaves to God'. In our new position we are both enabled and obliged to obey God's commands (*Rom 6:15-18*). We are not saved by this obedience - but rather this obedience is part of the evidence of our being saved.

Situationists claim that in certain situations God's commands may be suspended in favour of the higher principle of 'loving one's neighbour' (*Mt 22:39-40*). The situationist argues therefore that a Christian may intentionally kill in certain situations and yet be acting 'in love'. There are two main problems with this. Firstly it clearly contravenes Christ's own teaching that obedience to the greater commandments of the law did not in any way excuse disobedience to the lesser (*Mt 5:17-20, 23:23*). In the mind of Christ these 'conflicts of duty' with the law of love simply do not occur. Secondly it begs the question of what a 'loving' action is. The practical reality is that right and wrong is simply left up to individual conviction or conscience - a return to the Israelite's error of each doing 'as he sees fit' (*Dt 12:8*). This has tremendous dangers. The Bible is quite clear that the commandment 'do not murder' is summed up in the commandment 'love your neighbour as yourself' (*Rom 13:8-10*). Love does no harm to its neighbour - and murder, even for seemingly compassionate motives, constitutes harm.

Of course the danger is that we may fall into the trap of merely becoming *legalists*. The legalist may be so obsessed with avoiding killing that he goes to the opposite extreme and strives to sustain life at all costs. A tragic consequence can be that the attainable goals of caring, consoling and comforting are forgotten as the Christian doctor, driven more by guilt than compassion, feels he must do everything technologically possible for the patient. The result is that the most important principles of love, justice and mercy are ultimately lost sight of (*Mt 23:23*). We need to recognise that there comes a point when death is inevitable and when the burden of treatment outweighs its benefit. It is not euthanasia to withdraw treatment in such circumstances when the intention is simply to make the dying process as comfortable as possible.

Antinomianism, Situationism and Legalism are all distortions of Christian teaching. We must never intentionally kill our patients. However we need to recognise that each of these wrong approaches is in part an overreaction to mistakes of the past: antinomianism is a reaction to legalism, situationism to obedience without love in handling hard cases and legalism to lawless indulgence. In rejecting these false 'isms' we need to recognise that the best argument against them is joyful, compassionate and obedient Christian service.

With the patient dying in pain it may seem that we have only two equally undesirable alternatives to choose from - either 'living hell' or the euthanasia needle. In reality there is a third way - the way of the cross. It calls us to expend our time, money and energy in finding compassionate solutions to bad situations and has found practical shape in the hospice movement and good palliative care - pioneered in large part by Christian doctors.

But perhaps the most powerful Christian argument against euthanasia is that death is not the end. God created a perfect world that has 'fallen' as a consequence of our rebellion as human beings against God. But God's intervention through Christ's death and resurrection on our behalf means that through faith we can look forward to a new world after death with God where there is 'no more death or mourning or crying or pain' (*Rev 21:4*). For those, however, who do not know God euthanasia is not a 'merciful release' at all. It may rather be propelling them towards a judgement for which they are unprepared followed by eternal separation from God in Hell (*Heb 9:27; Rev 20:15*) Thus it may be the worst thing we could ever do for them!

Euthanasia is wrong fundamentally because God has said it is wrong - and when, as Christians, we are tempted to consider it our response needs to be quite simply 'it is written; you shall not murder' (*Mt 4:4,7,10*). However, as well as being right, God's laws also make good sense. We can therefore argue effectively against the legalisation of euthanasia in a secular forum even when our opponents don't accept that God exists.

Arguments for euthanasia

It may seem that there are many arguments for euthanasia but most of them fall into three broad categories: *compassion*, *autonomy* and *economics*.

1. The argument from *compassion* is that it is kinder to grant 'death with dignity' rather than allowing a person to go on suffering. The basic flaw in this argument is that it assumes that effective treatments don't exist for the symptoms that prompt the request for euthanasia. The opposite is true: there are effective treatments for the pain, nausea, other distressing symptoms and fear that the terminal patient faces. Medicine may not be capable of relieving the fears of loss of indignity felt by a person with no hope beyond death - but this simply emphasises that the needs of a dying patient are spiritual as well as physical.
2. The argument from *autonomy* is that patients have a right to die. In fact what is really being talked about here is a right 'to be killed' - more specifically the right to be killed by a doctor. In practice this means imposing upon doctors a duty to kill. To talk about a right to die is at root non-sensical - it is meaningless to talk about having a right to do something which happens inevitably to all of us. It's like talking about a right to obey gravity. Furthermore legalising euthanasia actually undermines autonomy, because giving doctors the right to kill is very dangerous. More on that later.
3. The argument from *economics* is that we simply can't afford to keep people alive. After the Tony Bland verdict this line of reasoning started to appear in newspapers along with calculations about how much it cost society to keep the 1,000 or so patients in the UK with persistent vegetative state alive. The same argument has been expressed by leading economists such as Jaques Attali, the erstwhile president of the European Bank for Reconstruction and Development, who was

quoted in an essay in the French magazine *L'Avenir de la vie* as saying: 'As soon as he gets beyond 60-65 years of age man lives beyond his capacity to produce, and he costs society a lot of money... euthanasia will be one of the essential instruments of our future societies.' In fact the costs of terminal care are grossly inflated. Basic nursing care is all most dying patients require - and even for those who require pain relief or other drugs, the costs are not high. It is curative rather than palliative care which is expensive.

Arguments against euthanasia

I present arguments against euthanasia in more depth in my paper 'Twelve Reasons why voluntary euthanasia should not be legalised' which is available on the CMF website at www.cmf.org.uk/ethics/twelve.htm But in this short article I want to mention just three.

1. **Voluntary euthanasia is unnecessary because alternative treatments exist**

It is widely believed that there are only two options open to patients with terminal illness: either they die slowly in unrelieved suffering or they receive euthanasia. In fact, there is a middle way, that of creative and compassionate caring.

Dying patients can now be managed effectively at home or in the context of a caring in-patient facility. It is no surprise that in the Netherlands, where euthanasia is now accepted, there is only a very rudimentary hospice movement. By contrast, in the UK, which has well developed facilities to care specifically for the terminally ill, a House of Lords committee ruled in 1994 that there should be no change in the law to allow euthanasia.

This is not to deny that there are patients presently dying in homes and hospitals who are not benefiting from the latest advances in palliative care. Sometimes there may not be appropriate facilities in the immediate area or local medical practitioners may lack the training and skills necessary to manage terminally ill patients properly. But the solution to this is to make appropriate and effective care and training more widely available, not to give doctors the easy option of euthanasia. A law enabling euthanasia would undermine individual and corporate incentives for creative caring.

2. **Voluntary euthanasia leads inevitably to involuntary euthanasia**

When voluntary euthanasia has been previously accepted and legalised, it has led inevitably to involuntary euthanasia, regardless of the intentions of the legislators. As previously argued, this has been demonstrated recently in the Netherlands and more dramatically last century in Nazi Germany:

Many are unaware that what ended in the 1940s in the gas chambers of Auschwitz, Belsen and Treblinka had far more humble beginnings in the 1930s: in nursing homes, geriatric institutions and psychiatric hospitals all over Germany. Leo Alexander,[9] a psychiatrist who worked with the Office of the Chief of Counsel for War Crimes at Nuremberg, described the process in the *New England Medical Journal* in July 1949:

'The beginnings at first were merely a subtle shift in emphasis in the basic attitude of the physicians. It started with the attitude, basic in the euthanasia movement that there is such a thing as a life not worthy to be lived. This attitude in its early stages concerned itself merely with the severely and chronically sick. Gradually the sphere of those to be included in this category was enlarged to encompass the socially unproductive, the ideologically unwanted, the racially unwanted and finally all non-Germans.'

Such a progression requires only four accelerating factors: favourable public opinion, a handful of willing doctors, economic pressure and a law allowing it. In most Western countries today the first three ingredients are present already. When legislation comes into effect, and political and economic interests are brought to bear, the generated momentum can prove overwhelming.

3. Euthanasia is morally wrong

It is morally wrong to take the life of an innocent human being intentionally - even on request. The biblical principle of the sanctity of human life has been the basis of UK law for centuries. This same principle has also been central to medical ethical codes since Hippocrates - and is supported by almost all the world's other religions. It is not Christians who are trying to commandeer medicine for their own ends. It is humanists, not Christians, who want to dispense with God's values and 2,500 years of medical tradition - and enthrone values that are central to paganism in making the doctor both healer and executioner.

Back door approaches to euthanasia

At the moment euthanasia remains illegal in Britain but those who seek to legalise it are now seeking a back door approach. The price of freedom is eternal vigilance and we need to be aware of the three main avenues whereby euthanasia could become widely practised in the UK *without* any change in the law. It is sobering to remember that euthanasia was never formally legalised in Nazi Germany - although obviously it was widely practised.

The first back door is *physician assisted suicide* (PAS) - which is already being practised widely in the Netherlands and in the State of Oregon. Presently it is illegal to assist suicide in Britain and the World Medical Association voted against doctors doing it at Marbella in 1992. The British Medical Association held a conference to 'establish a consensus' on 3-4 March 2000 and thankfully (after two days of rigorous debate) rejected any move to change the law on this matter. But we cannot rest on our laurels. We need to continue praying for wisdom and especially for those Christians who have a voice on the committees of the BMA.

The second back door is through making the *withholding and withdrawing of treatment* more acceptable - particularly the withdrawal of nutrition from patients with cancer, dementia or stroke. We need to pray that healthcare personnel who starve patients to death are swiftly brought to justice. But we also need to pray for the British Medical Association here too. In 1999 the BMA, as already mentioned, condoned the withdrawal of artificial nutrition and fluids from incompetent patients with severe stroke and severe dementia. This move which enables patients who are not necessarily close to death to be starved and dehydrated clearly crosses a line - and if it becomes standard medical practice then the courts are likely to turn a blind eye. If patients are starved it won't be long before we hear the argument that it more humane to give them lethal injections. In Nazi Germany lethal injections followed starvation and led ultimately to the gas chambers. We need to pray that good legislation stopping this becomes law.

The third back door to euthanasia is through *advance directives* - statements that people make about what treatment they should receive or not receive if they become incompetent through illness and are no longer able to make decisions about their care. If implemented too rigidly advance directives, or living wills (as they are also called), can force doctors to practise with one arm tied behind their backs.

The UK Law Commission held a series of consultations in the early 1990s on the legal and medical aspects of mental incapacity. These led to draft legislation, which would have allowed withdrawal of food and fluids from incompetent patients. Presently it is sitting in

the Lord Chancellor's office. We need to pray that it stays there - and that if it does appear it is not passed in its present form by parliament.

What can we do?

So what can we do as ordinary Christian medics in Britain today?

First, we need to realise that the euthanasia issue is a further symptom that our society has jettisoned Christian values and Christian hope. This should underline our resolve to **preach the Gospel**, to make Jesus Christ and the hope of salvation known.

Second, we need to **be informed** about the issues and of the ways by which euthanasia could slip in by the back door. Most importantly we need to be informed of the biblical principles which apply to this and other contemporary moral issues.

Third, we need to **repent** of wrong attitudes and actions - of the kind of prejudice toward the suffering that might lead to us embracing euthanasia - or simply of the indifference that chooses not to know.

Fourth, we need to **pray**; for just laws and for those who campaign for them, for patients suffering with terminal illness and for those who care for them.

Fifth, we need to be involved in **lobbying** ourselves. For some this will mean direct involvement in the political process; for many of us it will mean simply putting forward a well thought out Christian view to friends, relations and workmates. But we also need to think about how we can do more ourselves individually and corporately to ensure that there are just laws to protect the innocent on the statute books of our country (*Pr 31:8; Amos 5:14,24*). Virtually everyone reading this article, I would think, is capable of writing a letter to their MP - and this and other literature from organisations working in the Bioethics field (like CARE) can equip us in knowing what arguments to use.

Sixth, we need to be **supporting institutions** and individuals modelling good care for those in vulnerable groups - the elderly, the handicapped, those with mental illnesses and injury. Christians have been pioneers in care for marginalised groups since the first century.

Finally we need to **model Christ-like integrity and compassion** ourselves. Only in this way will the pressure for euthanasia lessen - because the best argument against it is trustworthy, competent and caring medical professionals.

As Christians we have a huge contribution to make. Let's pray that we will be people who, like the men of Isaachar, 'know the times and know what to do' (*1 Ch 12:32*)

Peter Saunders
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Further Reading

- *Surely euthanasia is OK... sometimes? ...isn't it?* HOPE (Booklet available free from CMF on request)
- *Euthanasia*. London: CMF, 1994. Collection of articles from *JCMF* and CMF submission to the Select Committee of the House of Lords on Medical Ethics (available on the CMF website at [http://www.cmf.ac.uk](#))
- Dunnett A. *Euthanasia: The Heart of the Matter*. London: Hodder and Stoughton, 1999
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