EUTHANASIA NEWS IN CANADA

- April 14, 2016, ABC News reports:
  - “Canada on Thursday introduced a new assisted suicide law that will apply only to citizens and residents, meaning Americans won't be able to travel to Canada to die.”
  - “Canadian government officials said a person would have to be eligible for health services in Canada to take advantage of the law, which applies to "adults who are suffering intolerably and for whom death is reasonably foreseeable." It says the person must be mentally competent, 18 or older, have a serious and incurable disease, illness or disability and be in an advanced state of irreversible decline of capability.”
“Assisted suicide is legal in Switzerland, Germany, Albania, Colombia, Japan and the U.S. states of Washington, Oregon, Vermont, New Mexico and Montana. California lawmakers also passed legislation, expected to take effect in June, where proof of California residency is required.

The Netherlands, Belgium and Luxembourg allow doctors, under strict conditions, to euthanize patients whose medical conditions have been judged hopeless and who are in great pain.”


DEFINITIONS and DISTINCTIONS
DEFINITIONS

- **Euthanasia** comes from the Greek word: “eu-thanatos” meaning ‘happy death’ or ‘good death.’

- Two ways in which “**Euthanasia**” is used:
  1. “Narrow construal of euthanasia”: ‘Mercy’ Killing only
  2. “Broad construal of euthanasia”: (most common)
     - Active euthanasia: ‘Mercy’ Killing (assisted suicide)
     - Passive euthanasia: Allowing One to Die

- We will be using the more common meaning which is “Broad construal of euthanasia”

DISTINCTIONS

1. Active Euthanasia vs. Passive Euthanasia
2. Withholding vs. Withdrawing Treatment
3. Voluntary vs. Non-Voluntary vs. Involuntary
4. Ordinary vs. Extraordinary Treatment
5. Motives, Intentions, and Means
DISTINCTIONS: Active vs. Passive

1. Active Euthanasia (aka ‘mercy killing’)
   ▪ Intentional or direct killing of a human life either by oneself (suicide) or by another (i.e. assisted suicide)

2. Passive Euthanasia
   ▪ Withholding or withdrawing life-sustaining treatment under certain justifiable conditions

OTHER DISTINCTIONS

In addition to the Active / Passive distinction:

1. Withholding vs. Withdrawing Treatment
2. Voluntary vs. Non-Voluntary vs. Involuntary
3. Ordinary vs. Extraordinary Treatment
   ▪ Ordinary: Medicines, treatments, & operations that offer a reasonable hope w/o undue burdens
   ▪ Extraordinary: (aka “heroic”) Means that are not ordinary, excessive burdens, and no reasonable hope
KEY FACTORS

MOTIVES, INTENTIONS, and MEANS

1 Samuel 16:7, “God sees not as man sees, for man looks at the outward appearance, but the Lord looks at the heart.”

Hebrews 4:12, “For the word of God is living and active and sharper than any two-edged sword, and piercing as far as the division of soul and spirit, of both joints and marrow, and able to judge the thoughts and intentions of the heart.”

KEY FACTORS

1. MOTIVES: *Why* one acts
2. INTENTIONS: *What* one intends on doing
3. MEANS: *How* one acts

Evaluating the morality of an action requires that we need to determine if an immoral means was used to accomplish a moral / good end.

*“the ends do not justify the means”*

What about “Double Effect” Decisions?
EVALUATING THE “Double Effect” of MOTIVES, INTENTIONS & MEANS

1. The act is good or at least indifferent regarding the end that one directly intends.

2. The good and evil effects follow immediately from the act; that is, the good effect is not obtained by means of the evil effect.

3. One only intends the good effect and merely tolerates the bad effect, even if that bad effect was foreseen prior to the act.

4. There is a proportion between the good and bad effects; that is, the good must be at least equal to the bad.

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## TWO MAJOR VIEWS:

**Libertarian**

vs.

**Traditional**

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<thead>
<tr>
<th>LIBERTARIAN VIEW</th>
<th>TRADITIONAL VIEW</th>
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<tbody>
<tr>
<td>Mercy killing, assisted suicide, and the like are permissible</td>
<td>It is always wrong to intentionally kill an innocent human being, but that given certain circumstances it is permissible to withhold or withdraw treatment and allow a patient to die</td>
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## TWO MAJOR VIEWS

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<td>Biological Life irrelevant vs. Biographical Life important</td>
<td>Biological AND Biographical Life are BOTH important</td>
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<tr>
<td>Active vs. Passive Irrelevant</td>
<td>Active &amp; Passive are very relevant as are the other distinctions</td>
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### THE TRADITIONAL VIEW

The traditional view allows for (passive euthanasia) withholding or withdrawing treatment in some cases where certain circumstances exist; for example, cases where

1. the patient is terminal,
2. death is imminent,
3. treatment is judged extraordinary, and
4. Death is not directly intended.

*ACTIVE euthanasia is morally forbidden in this view*
ANSWERING COMMON ARGUMENTS FOR EUTHANASIA

ARGUMENT #1: AUTONOMY

“I should be able to do what I want with my own life as long as I’m not hurting anyone else. I have the ‘right to die!’”

▪ But we do not have the “right” to die (or do what we want with our lives) because we are created by God – we are not the creator.

▪ All people are created in the “Image of God” and thus have intrinsic value (Gen 2, Ps 139)
ARGUMENT #2: MERCY

“Shouldn’t a person be given mercy when they are suffering so horribly? We want to extend that mercy and hasten their death because we care about them.”

- Life is a gift from God. To reject that gift is not our right because we have been created by God.
- Suffering can hold great value
  - Salvation opportunity for them to come to know Christ for non-Christians
  - Testimony of grace, endurance, acceptance of God’s will, and valuing life for Christians
- Cases are limited that modern medicine cannot alleviate pain

ARGUMENT #3: GOLDEN RULE & BEST INTERESTS

“You would want to not be a burden on anyone either and letting me end my life on my terms would be in the best interests of everyone involved.”

- “What I want” may not be Biblical. Often we want what is selfish and not God-honoring
- Adult children can learn to apply Biblical principles: “but if any widow has children or grandchildren, they must first learn to practice piety in regard to their own family and to make some return to their parents; for this is acceptable in the sight of God.” (1 Timothy 5:4)
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- The “best interests” motivated by selfishness ladens the one who kills another (self or assisted suicide) with sin and guilt
- It is in God’s best interest for a Christian to live a godly life in the face of extreme suffering. Facing death with courage, confidence, joy, hope, and anticipation can be a powerful testimony for the glory of God.

REASONS TO SUPPORT LIFE and NOT ACTIVE EUTHANASIA
REASONS FOR THE TRADITIONAL VIEW

1. Allows time for non-Christians to be saved
2. Allows for the possibility of a misdiagnosis to result in life
3. Allows for a miracle from God to heal
4. Allows for a cure to materialize
5. Does not violate the conscience, a physician’s oath, or guilt in the eyes of the Lord
6. Displays respect for human life
7. It is sin to intentionally take an innocent human life because all life belongs to one who created us: God

WHAT ABOUT WITHDRAWING or WITHHOLDING FOOD & WATER? AIR?
First, ethically speaking, artificial food and water are in a category different from life-sustaining medical treatments. The latter clearly function to treat some specific disease or to assist some diseased bodily function. But food and water do not have as their direct or immediate intention the cure of any pathological condition whatsoever. They are not therapeutic treatments at all, much less extraordinary ones. Rather, food and water are means used to meet basic human needs for life and to provide comfort. Life-sustaining interventions can be foregone on the grounds that they are extraordinary treatments, but food and water (and air) are almost never either extraordinary or treatments, so their withdrawal cannot be justified in this way.

Second, when an extraordinary treatment is foregone, then death may result. But such a death need not be directly intended as a final end for the person or as an immediately caused means to some end (e.g., a painless state that death brings). It is the disease itself that actually causes death directly. However, if food and water are withdrawn or withheld, then death is intentionally brought about directly and immediately by that act itself. In such a case, disease does not directly kill; the act of foregoing treatment directly kills. Thus, a decision to forego artificial food and water is a decision to commit active euthanasia.
FOOD, WATER & AIR (JP Moreland)

The only ethically justifiable reasons for such an act in this view would be those that would also justify the removal of air: (1) if the food and water would not prolong life perceptibly (the person would die in a short time span whether or not he or she had nutrition or hydration); (2) death is not intended or directly caused (e.g., nutrition and hydration are judged extraordinary treatments given to a dying patient); and (3) the means of administering the food and water to a terminal patient is extraordinary and excessively burdensome.

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