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## Statements on Euthanasia and Palliative Care

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## 1. Introduction

One effect of advances in medical technology is the development towards increasingly higher life expectancy. Consequently (Western) society is faced with a significant rise in typical age-related diseases, like for example dementia, and a growing need for nursing care.

Thoughts about death are often associated with images of suffering, pain, abandonment, loss of individuality, dependency and the worry of being a burden to others. There is also the fear that the dying process will be prolonged with the use of medical apparatus, medication and artificial feeding. From this the desire can arise to end one's life or to make use of **euthanasia** or alternatively to explore the possibilities of **palliative care**.

This is one reason why death and dying have become the focus of public debate on human dignity and the right of the individual to self-determination. The opinions on what constitutes dying with dignity are decidedly diverse. What one person defines as wellbeing, another perceives as harm.

Modern society offers a high degree of individual freedom of choice. This freedom means, however, that the individual is under increasing social pressure to assume personal responsibility and to express his or her wishes.

Many people make a **living will**<sup>1</sup> (an advance healthcare directive/decision), in order to stipulate their wishes, in case they are no longer able to communicate or make decisions. Their living will specifies the medical treatment measures they will accept at the end of their lives and the ones they reject. Living wills are legally valid and accepted in many countries and can be of great help for those who are close to the dying person.

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### <sup>1</sup> **Living will (advance medical directive/decision)**

Samples for a living will are available from doctors, legal advisors, hospice organisations or the websites of Christian Churches. Doctors and lawyers also provide guidance and advice on how personal preferences can be implemented in accordance with the legal situation.

This "individualisation" as well as the regular update is an important aspect when checking that a living will is valid: A living will with a few ticks and a signature from years ago, does not carry much weight.

Advice on preparing a living will can be found on the internet, for example at:

#### **Germany:**

<http://www.bmj.de/SharedDocs/Downloads/DE/Broschueren/DE/Patientenverfuegung>

<http://www.dbk-shop.de/de/Deutsche-Bischofskonferenz/Gemeinsame-Texte/Christliche-Patientenvorsorge.html>

#### **Austria:**

<http://www.sozialversicherung.at/portal27/portal/esvportal/content/contentWindow?contentid=10007.683674&action=2>

#### **Switzerland:**

<http://www.fmh.ch/services/patientenverfuegung.html>; <http://www.patientenverfuegung-srk.ch/>

#### **France:**

[http://www.sfap.org/pdf/les\\_directives\\_anticipees.pdf](http://www.sfap.org/pdf/les_directives_anticipees.pdf)

#### **USA:**

<http://www.caringinfo.org/i4a/pages/index.cfm?pageid=3401>

#### **GB:**

<http://www.nhs.uk/Planners/end-of-life-care/Pages/advance-decision-to-refuse-treatment.aspx>

Regulations on the validity of a living will are very different from one country to another.



We as Christians are also, directly or indirectly, confronted with the different possibilities and ways of supporting a dying person or helping them to die. Whatever is demanded as an act of human dignity or as the right of the individual, must, from a Christian perspective, not contradict Godly laws.

With regards to euthanasia and palliative care, the Christian Churches hold similar positions. There are extensive elaborations in existence, the content of which The New Apostolic Church approves.<sup>2</sup>

This document firstly examines the idea of hastening death. Secondly it describes ways in which those who are dying can be supported with palliative medical care. Terminology is explained and ethical considerations explored. The Christian perspective, thoughts on pastoral care as well as a position statement of The New Apostolic Church is included at the end.

As dying is a very individual process, statements are solely for the purpose of giving direction.

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<sup>2</sup> **Care and support instead of active euthanasia**

Flyer: Sterben in Würde – worum geht es eigentlich. Deutsche Bischofskonferenz

<http://www.dbk.de/themen/sterben-in-wuerde>

Eine Sammlung kirchlicher Texte / hrsg. vom Sekretariat der Deutschen Bischofskonferenz und dem Kirchenamt der EKD. – 2., erw. Aufl. – Bonn / Hannover 2011. – 102 S. – (Gemeinsame Texte; 17)

<http://www.dbk-shop.de/de/Deutsche-Bischofskonferenz/Gemeinsame-Texte/Sterbebegleitung-statt-aktiver-Sterbehilfe.html>

Euthanasia and Christianity: Christian Views of Euthanasia and Suicide

<http://www.religionfacts.com/christianity/ethics/euthanasia>

Euthanasia and assisted dying

[http://www.bbc.co.uk/religion/religions/christianity/christianethics/euthanasia\\_1.shtml](http://www.bbc.co.uk/religion/religions/christianity/christianethics/euthanasia_1.shtml)

Euthanasia and assisted suicide

<http://www.nhs.uk/Conditions/Euthanasiaandassistedsuicide/Pages/Introduction.aspx>

Quelle est la position de l'Eglise sur l'euthanasie

<http://qe.catholique.org/euthanasie/183-quelle-est-la-position-de-l-eglise-sur>



## 2. Definitions

### 2.1. Dying

Dying is a process, where the beginning and end cannot be determined precisely.

The term dying is generally used, when death is expected to occur in the foreseeable future and medical intervention cannot prevent this from happening.

### 2.2. Euthanasia

Classification and terminology in connection with euthanasia vary in different languages. There are classifications by intent (active, passive or indirect) on the one hand and by patient consent (voluntary, non-voluntary and involuntary) on the other.<sup>3</sup> Due to the internationally diverging definitions of *terminology*, *descriptions* will be used instead hereafter.

### 2.3. Active euthanasia

The term implies an intentional termination of life by another at the explicit or assumed request of a terminally ill or dying person.

### 2.4. Assisted suicide

Assisted suicide is often mentioned in conjunction with euthanasia. As opposed to active euthanasia (2.3.), assisted suicide is the act of deliberately assisting or encouraging another person to kill themselves.

The law with regards to active euthanasia and assisted suicide is country-specific and varies greatly. Legalisation is the topic of public debate. The respective legislation of individual countries can be found on the internet.

### 2.5. Allowing a person to die and palliative care

When death is expected to be imminent, the use of possible medical interventions has to be weighed up. The patient, physicians and relatives will resolve to what extent the (terminal) illness can be left to run its natural course. If the patient is not able to make decisions anymore, treatment decisions can be made according to an – as up-to-date as possible - living will. If there is no living will, physicians can also make decisions in agreement with relatives and in accordance with the law.

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<sup>3</sup> **Classification of euthanasia by consent of the patient**

In the debate over euthanasia a distinction between voluntary, non-voluntary and involuntary euthanasia has become established. Voluntary euthanasia occurs when a patient who is still able to make decisions explicitly requests euthanasia. Non-voluntary euthanasia applies when a patient's life is terminated, who is permanently unable to make decisions or who has become unable to make decisions, and who has not previously expressed his wishes with regards to euthanasia. Involuntary euthanasia means that the patient is either killed against his previously expressed wishes or he has not been asked previously, even though he could have expressed his wishes.

(Wiesing U., "Ethik in der Medizin" Reclam 2012, p. 233)



A cure or an extended life span is no longer the treatment objective. Alleviating symptoms, like for example pain or shortness of breath, and providing support are priorities. It is not the intention to terminate a patient's life, but to let the illness take its natural course and to allow the patient to die. This includes refusing life support measures (e.g. resuscitation, artificial respiration or artificial feeding, dialysis), reducing life-extending medication or discontinuing specific interventions. Using all possible treatment options is not appropriate. Nutrition and hydration should be continued, as long as it helps the dying patient without making him uncomfortable.

It is important in these cases to eliminate or alleviate distressing symptoms, such as pain, breathing difficulties and fear. Nursing care and human kindness are equally important at the end of life. Hospices and hospice care are very valuable in these situations. Support offered by relatives and religious ministers is emphasized by all cultures and religions.

#### **2.5.1. Palliative pain control and sedation**

Severe pain and great fear and anxiety despite medical, nursing and pastoral care and human kindness is rare. In order to control symptoms it could be appropriate – in consultation with the patient or relatives – to administer a high dose of pain-relieving and sedative medication. Suppression of breathing and in rare cases a shortening of life can be a side effect.



### 3. Ethical considerations

By way of example, some terms and arguments in the ethical debate are addressed below.

#### 3.1. Human dignity

Preserving human dignity also in death is a unanimous demand. While those in favour of active euthanasia possibly only see this being achieved by the right to a self-determined death and therefore demand active euthanasia, the main argument for the opponents of active euthanasia is the sanctity or inviolability of human life. No one has the right to actively terminate human life.<sup>44</sup>

#### 3.2. Self-determination

The observance or non-observance of the expression of a person's wishes, for example by a living will (advance medical directive/decision), is seen as an example for honouring or threatening human dignity. In some publications self-determination is synonymous with human dignity.<sup>5</sup>

#### 3.3. Unbearable suffering

Prevention of suffering is a central argument used by proponents of active euthanasia and assisted suicide; an argument, which seems difficult to dispute. Alleviating suffering is a central objective in medicine and in modern-day ethics. Suffering is often equated with pain. Suffering is, however, more easily associated with negative experiences. The experience of unbearable suffering depends largely on the attitude of the person.

It could be helpful for the sufferer to portray suffering as an opportunity for developing higher values like life experience or virtues. This allows for a new perspective. In this way life can have meaning and importance, even with a significant impairment or a severe disability. Like this it is possible to view and accept death as one of life's last great challenges.

#### 3.4. Uncontrollable broadening of active euthanasia

One concern expressed by opponents of active euthanasia is that the conditions, which have to be met to make active euthanasia legal (for example limitation to incurable diseases in the final stages) as well as the target group, for which it is to be permissible (e.g. only adults), are bound

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#### <sup>4</sup> Human dignity

"Often the argument is made that active euthanasia was morally justified, because inhumane conditions are being prevented. [...] Human existence itself cannot be inhumane. The conditions cannot be inhumane, only the circumstances of human existence can be inhumane. Illness and dying are not circumstances, however, but conditions of life, and thus human ways of existing. It is therefore not the condition of dying in itself, that robs a person of his dignity, but a specific thinking and acting, which surrounds dying. Therefore it is not the one, who has been refused to be actively killed, who dies inhumanely, but the one who has been left in circumstances, which don't do justice to the person as a valuable human being per se."  
(Maio G., in: „Mittelpunkt Mensch“, Schattauer 2012, S. 362)

#### <sup>5</sup> Self-determination

"One of the facets of human dignity is inarguably the right to be able to prevent the use of medical treatment on ourselves. The observance of human dignity is reflected by the respect for the clear expression of wishes of a person in terms of the course of his illness and the process of dying. If one was to conclude, however, that human dignity can, nevertheless, be equated with (serious) self-determination, one would have to pay a terrible price: Then everyone, who is not or not yet capable of self-determination, would also not have any human dignity."  
(Härle W., in: „Ethik“, De Gruyter 2011, S. 239)



to be broadened. For example, countries who have legalised active euthanasia subject to specific conditions and initially only for adults, have also later broadened this to include children.

### 3.5. The role of the physician

A doctor helps a patient to fight diseases, in line with conventional understanding. Patients trust him to help them get well. If doctors have permission to actively kill (active euthanasia), this important relationship based on trust can be severely compromised. Medical councils and associations emphasise the danger of this loss of trust. Advocates for active euthanasia and assisted suicide, however, perceive the support from physicians as a relief from an unbearable death.

### 3.6. Dying with dignity

The discussion on euthanasia is usually dominated by a single view, mainly concerning the question, whether active euthanasia, i.e. **assisted dying**, is ethically justifiable or whether it should be legalized or demanded to be legalized.

The by far more important aspect, from a Christian perspective, namely, how **care and support in dying** in the form of support and alleviation of suffering is possible, is often pushed into the background.

Surely, no one wants to die alone and abandoned and left to feel dispensable and even vulnerable. In order to respect human dignity, thoughtful, attentive and sensitive care and support is especially necessary at this stage of life. Highly skilled palliative care and pastoral care can contribute to this.



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#### 4. The Christian Perspective

From a Christian perspective life is given by God. Human beings deserve dignity, by virtue of the lovingkindness of God (the image of God), independent of their abilities or state of health. Accordingly, active euthanasia as well as assisted suicide transgress the Fifth Commandment: “You shall not murder.”

As a gift from God, life must not be terminated arbitrarily. This does not mean, however, that all conceivable possibilities of extending life have to be used. From the Christian perspective it is not a sin, when a sick or dying person rejects therapies or life-extending interventions or when these therapies or interventions are terminated, because the seriously ill person “wants to die in peace”.

Abiding by the commandment to love your neighbour, the family, congregation and ministers are admonished to care for the seriously ill and dying in such a manner, that the fear of loneliness and vulnerability and the fear of not being able to cope with the dying process is lessened. The experience of loving and thoughtful support from relatives and health care professionals in a pleasant environment, either at home, in a hospice or a palliative care unit is of crucial importance to the seriously ill and dying.

Equally important is the knowledge, that pain and discomfort near the end of life can be made bearable in many cases with palliative medical care. It must be remembered, however, that even optimal circumstances don’t make everything easy. Death, dying and loss remain distressing for the person who is dying and for those close to him.

We as Christians can nevertheless experience comfort and strength even in difficult situations, based on our trust in God and our hope in His help and support. The knowledge of our eternal life and our future with God can reduce the fear of taking leave.





## 5. Pastoral care

Beyond this, supportive pastoral care for the dying, but also for those close to them, is necessary and important from the perspective of our faith. This includes sensitive acceptance of the dying person in his situation, with all his opinions and attitudes; to comfort him, but also to tolerate, that a crisis of faith can result from experiencing an illness, and that the dying person might quarrel with God.

Pastoral care can also support in terms of completing a person's unfinished tasks in this life. Empathy can also mean, to simply be present and to convey the nearness of God.

Pastoral care can offer enduring and secure stability at a stage in life, when so much changes – especially in light of the resurrected Christ.

Pastoral care is intended to underpin trust in medical decisions, but should not comment on them. In case of uncertainty, raising the issues in question with the professionals once again can be suggested.

Where ministers are consulted on decisions concerning refusal or termination of life-extending interventions, it is helpful to shed light on the situation from the perspective of our faith.

This includes considerations such as: whether everything, that is possible by way of medical advances, also has to be used (the right to refuse treatment), and lastly, what the meaning and purpose of earthly life is (extending life as the highest aim?).

Pastoral care has to be honest. Glossing over the situation or focussing exclusively on the immortality of the soul, is of little help.

Pastoral care wants to convey the message, that God is especially close during painful experiences and that He can grant special spiritual strength, as well as the fact that living through the most serious terminal illness does not in any way imply, that God punishes or abandons the sufferer.

Honesty also means that a minister can admit, that he cannot comprehend the suffering the dying person is going through.

Detailed information on supporting the dying is illustrated in the publication “Caring for the terminally ill and dying”. In chapter 12.4.5 “Support in death and grieving” in the catechism of The New Apostolic Church valuable advice can also be found.



## 6. The position of the New Apostolic Church on euthanasia and palliative care

Every human being has the right to die with dignity.

Euthanasia and palliative care concerns the person who is dying and for whom there is no prospect of a cure or an improvement in his suffering. From a Christian perspective this can only take the form of assistance and support for the dying person and never to help someone to die.

**Active euthanasia** as well as **assisted suicide** both transgress the Fifth Commandment “You shall not murder”.

**Allowing a person to die** by refusing life-extending treatment is not contrary to the principles of Christian faith. **Palliative pain control and sedation** with the objective of symptom control can carry a small risk of shortening life. As these measures are exclusively aimed at symptom control, they can be approved of.

**Palliative medical care** can make pain and discomfort near the end of life bearable in many cases. Nutrition and hydration should be continued as long as it helps the dying person without making them uncomfortable.

In harmony with the Christian view of human life, care should be taken to provide the terminally ill and dying with loving, thoughtful and tender **support from relatives and professionals**, in pleasant surroundings, either at home, in a hospice or palliative care unit.

**Pastoral care in light of the gospel**, providing consistent and reliable support at this stage of life, where so much changes, is important for a dying person and for those close to them. Pastoral care and support can lessen anxiety and mobilise spiritual strength.

Decisions with regards to medical treatment near the end of life should be made by the dying person himself. He can seek the advice of physicians and relatives in this regard. When this is no longer possible, the decision should be made by relatives together with the treating physicians, while the wishes of the person concerned are of particular importance. In many cases it is therefore helpful, if a **living will** has been made, which expresses the wishes of the dying person.

Directives and legislation must be observed, as long as they do not oppose Christian values.



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## 7. Brief statement on euthanasia and palliative care

Every human being has the right to die with dignity.

Euthanasia and palliative care concerns the dying person, for whom there is no prospect of a cure or an improvement in their suffering. From a Christian perspective this can only take the form of assistance and support for the dying person and never to help someone to die.

**Active euthanasia** as well as **assisted suicide** are rejected.

**Allowing a person to die** by refusing life-extending interventions and **palliative pain control and sedation** for the purpose of symptom control, which carries a small risk of shortening life, are not contrary to Christian principles.

Particularly in the context of the Christian view of human life, **palliative medical care** is of great importance.

The **help and support provided by those close to the dying person** and **pastoral care** in light of the gospel can lessen anxiety and mobilise spiritual strength.

A **living will** can help to care for the dying person in a way that respects their wishes.