EUTHANASIA AND CHRISTIAN ETHICS

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Among many ethical problems the bio-medical revolution is forcing upon us as Christians today is the question of euthanasia. While the peak of the issue has certainly not yet been reached, a crescendo is definitely building. Christians must carefully, prayerfully, and thoroughly think through their position on this matter. There is always a danger that the Church will formulate rather early a stance on an ethical issue and then allow that stance to become an unexamined tradition. It is the thesis of this article that some of the bases for positions commonly taken on the issue of euthanasia are really not adequate and that a new beginning and mode of approach needs to be made.

The immense progress in the bio-medical fields in the past quarter century or so has brought great benefit to many people. These same achievements, however, have also produced concomitant ethical problems. We are now able to keep people physically alive long beyond the time when disease would formerly have taken their lives. This means that for many of them pain becomes a constant and unwelcome companion. Often, in cases where the individual has become economically unproductive, his family will for years to come bear the burden imposed by astronomical medical expenses. The question of how long life should continue under such circumstances is a very real issue. Euthanasia means, literally, "good death." It may assume several different forms, depending on at least two factors.

Euthanasia may be either active or passive. Passive euthanasia is simply allowing the person to die, either by withholding treatment or by discontinuing such treatment, once begun.1 Active euthanasia, on the other hand, is taking some positive step to terminate life, such as the administration of a toxic substance or the injection of an air bubble into the blood stream. Euthanasia may also be classified as either voluntary, where the subject himself expresses his desire for his life to end, or involuntary, in cases where he has not indicated such a choice.

In this article we will not be discussing either form of passive euthanasia. This has received rather extensive discussion and is fairly commonly practiced at present. A large number of Christians have no ethical objections to it, at least in principle.

Nor are we here treating involuntary active euthanasia. There

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1The case of Karen Quinlan, which has received wide publicity recently, is somewhat difficult to classify but appears to have more in common with passive than active euthanasia. It involves the removal of treatment that has been begun, but not the administration of lethal substance.
might be several types of circumstances in which this would be contemplated. In one case, the subject might have actually declared himself opposed to action that would end his life. Here active euthanasia would seem to be tantamount to murder. In another case, the person might have no opinion on the matter. In still a third case, the subject might have a conviction one way or the other that he has not expressed, either intentionally or through neglect. All of these varieties of involuntary euthanasia seem unjustifiable on one basic premise. A person's life is his most intimate possession. It not only is that which most distinctly belongs to the person; in a very real sense, it is that person. For anyone else to take it from him without his own expressed desire or request therefore seems to be a violation of basic rights, and perhaps the most culpable of such violations. We accordingly reject it as a possibility.

Consequently, we turn to the discussion of voluntary active euthanasia. The question may be posed as follows: Is it ever right, and therefore permissible, to terminate the life of a person for whom there is no reasonable hope of recovery, who is undergoing severe pain, and who has requested that action be taken to hasten his death?

To this question a sizable segment of the Church has given a resounding negative reply. Some identify euthanasia as murder. The article on euthanasia in *Baker's Dictionary of Christian Ethics* gives such an interpretation:

Euthanasia is the act of putting to death a person suffering from incurable, distressing disease. It is a violation of the Sixth Commandment: "Thou shalt not kill [murther]." Such consent does not relieve the killer of guilt for the sin of murder.

The assertion is clear: euthanasia is an instance of murder, which is categorically forbidden in Scripture. To evaluate this allegation, two steps will be required: to determine precisely what is prohibited by the Scriptures, and to ascertain whether euthanasia really is an instance of the forbidden act.

The statement in Exodus 20:13 is an emphatic negative imperative (or prohibition): *lō' tirsāh*. The verb *rāṣāh* is used in both a broader (more general) and narrower (more specific) sense. In its broader meaning it should simply be rendered "slay" or "kill," including unintentional killing. More frequently, however, it is used with the idea of premeditated intent, in other words "murder." While most authorities suggest that the meaning here is murder, that rendering is not indisputable or obvious. It thus appears that we must look at other pertinent passages in order to determine precisely what the Lord did and did not condemn.

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The law distinguished among several different varieties of homicide. Willful and especially premeditated killing or murder was always subject to capital punishment (Lev. 24:17; Num. 35:16-21). Contrasted with this were cases of accidental manslaughter, in which the manslayer was clearly immune from the punishment imposed for willful killing. Three types of cases were so regarded: (1) death by a blow in a sudden quarrel (Num. 35:22); (2) death by anything thrown at random (35:22 f.); (3) death by the blade of an axe flying from its handle (Deut. 19:5). Where accidental death resulted from negligence, the negligent person was held responsible as in cases of premeditated murder. Examples of this are failure to build a parapet on a house (Deut. 22:8) and failure to confine an animal known to be vicious (Ex. 21:29-31). There also were cases where Israel was positively commanded to kill (as in Num. 25:16 f.). Killing in capital punishment was obviously not regarded as wrong when due care had been exercised to ascertain the guilt of the murderer.

From the foregoing it appears that Old Testament law did not simply lump all taking of human life into one homogeneous class. While the taking of life per se was bad (cf. Gen. 9:6), there was condemnable killing (murder), excusable killing, and even mandatory killing.

We must therefore press further the question of whether euthanasia should be classified as murder. The elements in the Biblical concept of murder seem to be:
1. It is intentional.
2. It is premeditated.
3. It is malicious.
4. It is contrary to the desire or intention of the victim.
5. It is against someone who has done nothing deserving of capital punishment.

Voluntary active euthanasia seems to fulfill criteria 1, 2, and 5. It certainly does not involve 4, and presumably would not be characterized by 3 either. Hence it appears that the attempt to evaluate euthanasia simply by appealing to the teaching regarding murder fails. Guidance in this matter must be found elsewhere.

A second means of disposition of euthanasia treats it as suicide. Baelz makes such an approach to the problem:

Voluntary euthanasia may be viewed as a species of suicide. This is not to say that in all morally relevant features they are identical. The suicide takes his own life. In voluntary euthanasia life is taken by another person. No doubt he is only carrying out the wishes of the would-be suicide, but he is no passive instrument. He is responsible for his own actions. Thus two distinct and deliberate decisions are involved, each calling for moral scrutiny. It is possible, therefore, that suicide might in certain circumstances be morally permissible and yet voluntary euthanasia in all circumstances be morally wrong. If, however, suicide were in all circumstances morally wrong, then in no circumstances would voluntary euthanasia be morally permissible.⁴

Note that the possible differentiation suggested is not that suicide might be wrong and euthanasia right; it is rather that euthanasia may be wrong even though suicide be right.

To establish the wrongness of voluntary active euthanasia via this route would require two steps: (1) to prove that such euthanasia is actually an instance of suicide; (2) to demonstrate the wrongness of suicide.

In Baelz's article, no real argument is offered for identifying euthanasia as suicide. It is simply asserted. Similarly, Reynolds presents no argument for classifying euthanasia as suicide. It appears that of cases where one wills either to take his own life, or to allow it to be taken (call it suicide if one wishes), there are sub-classes, at least three of which can be readily identified:

1. Where there is a reasonable expectation of continued life, and because of some personal distress the life is terminated, thus significantly altering the time when death occurs. This is the type of action that we usually refer to as suicide.

2. Where imminent death is certain and there is great suffering. The termination of life here alters the circumstances or manner of death more than its time. This is what we usually mean by euthanasia.

3. Where death could be avoided but is chosen for the sake of another. This, if out of loyalty to God, is generally termed martyrdom. If it is for the sake of another being or beings it would be considered self-sacrifice.

We may note that there are some apparently significant differences in morally relevant features between the first and third classes above. The young woman who, bitterly disappointed in love, takes her own life acts out of completely self-centered motivation. A soldier who throws himself onto a live hand grenade to spare the lives of his fellows, or a parent who dashes into the path of an auto or train to save the life of his child, is motivated by concern for the other person. The former chooses death as an end in itself. The latter chooses a course of action which is a means to a good end, but with another unavoidable result, which is death. It scarcely seems possible that these two acts should be regarded and evaluated as the same type of act.

If this heterogeneity is recognized, should we not also recognize that there are some morally significant differences between classes one and two above? In the former case, a potentially useful life of an otherwise healthy person is cut off. In the latter classification, there may already be loss of usefulness and even of many of the features normally associated with personhood. In any event, it would seem that within the general class of suicide there are different types of cases, or at least that it is scarcely right simply to reject acts of the second type on the basis of objections to the first variety. We should note that Jesus even commended acts of self-sacrifice (the third class) as being the very highest form of love (John 15:13).

The other half of the proof also appears to run into difficulty. When we look for Biblical evaluations of suicide, we are disappointed.
1. When Abimelech fought against Thebez, a woman threw an upper millstone on his head, crushing his skull. He asked his armor-bearer to kill him with his sword so that no one could say, "A woman killed him." This the armor-bearer did (Jg. 9:50-57).

2. Saul was badly wounded in battle. Fearing torture or shame at the hands of the Philistines, Saul asked his armor-bearer to "thrust him through." When the latter refused to do so, Saul took his own sword and fell on it, and the armor-bearer did likewise (1 Sam. 31). When a man came to David and falsely claimed to have put Saul to death, David had him killed because he had slain the Lord's anointed (2 Sam. 1:1-16).

3. Samson, at the end of his life, pulled a building down on himself, destroying many Philistines and dying himself (Jg. 16:28-31).


In each case the event is simply reported in Scripture, not evaluated. While it is true that these cases are not approved by Scripture, they also are not condemned by the writers. In the case of Saul, the anger of David against the man incorrectly supposed to have taken Saul's life was not because a life had been taken, but because the Lord's anointed had been killed (2 Sam. 1:14-16), something David himself had refused to do in a different situation (1 Sam. 24:1-15).

Of the four cases cited above, the first two seem most closely to resemble euthanasia. Yet in each case it appears that fear of disgrace rather than of suffering motivated the act. From the foregoing, it would seem that the rightness or wrongness of euthanasia cannot be dealt with simply by treating it as suicide. That effort fails on both points specified above.

Others attempt to oppose euthanasia on less direct grounds. Rather than finding a specific rule or law in Scripture or in the Christian tradition that clearly speaks to the issue of euthanasia, they deal with it on the basis of theological principles. One of these is the principle of the sanctity of life, which affirms that life is an inherent and absolute good. It is therefore never to be taken. While this does not necessarily require that life always be preserved, it does exclude the possibility of acting to terminate life.

Frequently paired with this principle is the principle of the sovereignty of God. This reminds us that God is the Creator, the giver of life, and deduces that only he has a right to bring life to an end. Active euthanasia is virtually an instance of self-deification, usurping a right that properly belongs only to God.

Norman Geisler combines both of these principles into his argument against mercy-killing:

What about the man helplessly trapped in a burning airplane? Or patients who plead for the doctor to put them out of their misery? Is it ever right to accede to the wishes of the sufferers to snuff out their suffering? Perhaps a "no" answer will seem too categorical, but this is the kind of answer dictated by Scripture. Of course, one is morally obligated to do
everything possible to relieve suffering short of life-taking as far as an individual human life is concerned. However, it is never an act of mercy to the individual as such to take away his life when it is truly human. Human life has intrinsic value and should not be taken by another human even if the victim requests it. God alone holds the right to give and take life. He is the only One who is sovereign over all existence. To take the life of another human is to be a henchman at that man’s own request. It is to be an accomplice to the crime of assisting one in his own suicide. Where there is human life there is hope for that human life. It is a far more serious ethical issue to take a human life (as in mercy-killing) than to allow a sub-human life to depart (as in justifiable mercy-dying).  

Similarly, Thomas Wood states:

The right to life is God-given, and it is not within the moral competence of man deliberately and directly to take the life of any innocent human being either with or without his consent .... A man is not the absolute owner of his life. It belongs to God who gave it. A man has the right to preserve and prolong it, but not the right wilfully to destroy it.

We find these arguments impressive, but not compelling as they stand. There are two reasons for our reservations. The first is because these are not the only significant considerations. Selection of principles has been carefully made, avoiding some that might count on the other side of the case. Second, it seems that the inferences drawn from some of these principles may well go beyond what is implied by those principles. Life is a good in itself—but is it an absolute good, never to be terminated?

When the arguments currently being advanced in favor of the legislation and practice of voluntary active euthanasia are scrutinized, they also appear defective at several points. Commonly the argument appeals to the principles of love and mercy.

The great master principle of love and its child, compassion, should impel us to support measures which would make voluntary euthanasia lawful and which, as stated by the Euthanasia Society, “would permit an adult person of sound mind, whose life is ending with much suffering, to choose between an easy death and a hard one, and to obtain medical aid in implementing that choice.”

Joseph Fletcher, even as the opponents of euthanasia, looks to Scripture for guidance concerning the ethical status of euthanasia. He bases his decision on the ethical teachings of Jesus regarding mercy:

But most certainly if there is any provision in the divine law or

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revealed will of God as found in the Bible, it is in the fifth Beatitude calling for mercy.\textsuperscript{8}

Fletcher, however, fails to elaborate on the meaning of mercy. He assumes that mercy and the alleviation of physical pain are synonymous. Rudolf Bultmann, in \textit{Theological Dictionary of the New Testament}, points out that mercy, \textit{eleos}, is a divinely required attitude of man toward his fellow man. \textit{Eleos} is, however, based on the mercy of God both in his dealings with man in this life and in the eschaton. God's mercy toward man certainly involves more than physical comfort. It involves redemption, chastisement, and salvation.\textsuperscript{9} To assume that the only meaning of mercy as used in Scripture is the alleviation of physical pain is an oversimplification and a distortion.

The proponents of euthanasia frequently make reference to the suffering of animals. Man mercifully disposes of an injured animal which has little hope of recovery. Can we justify showing less compassion for our fellow human beings who are suffering from irremediable disease and beg to be released? Yet man is not merely an animal. It is possible that mercy to an animal and mercy to a person require different responses. As Helmut Thielicke observes, "We kill an injured animal because suffering is not an ethical question to an animal."\textsuperscript{10}

A consequentialist ethic such as Fletcher's situationism fails to take into account the complexity of man and the presence of evil in the world. If the only consequence of euthanasia were the cessation of pain and the cessation of pain were the ultimate good, then euthanasia would be good. However, Scripture suggests that physical comfort is not to be the primary goal of man. As a being created in the image of God, man's ultimate goal concerns his relationship to his Creator.

If the above attempts to solve this difficult and important problem are unsuccessful, is there a better way? While the Bible does not make any explicit and specific statements on our subject, there are revealed principles in Scripture that may be brought to bear on the question under consideration. We believe that God has also revealed himself in a more general way through nature, history, and the moral constitution of man. From these we may derive what are sometimes termed "non-religious objections" to euthanasia. From the above two sources we conclude that euthanasia is not God's best course of action for us. We submit the following reasons in support of this conclusion.

1. The principle of the sanctity of life, while sometimes overextended, does seem to be a significant consideration. Life is a good, and it is not to be terminated except when clearly unusual considerations dictate an exception. Some of these


exceptions (self-defense, justifiable warfare, and so forth) are enumerated in God's Word. We are not told whether the list is exhaustive. In the absence of further indications, however, it would seem wise to limit the exceptions to those clearly revealed and allow the principle to stand otherwise. There are cases where life seemingly has ceased to be truly human, and here it may be that the sanctity of human life no longer applies. In such cases the person is ordinarily incapable of maintaining his life on his own, and thus passive euthanasia will suffice.

2. The finality of euthanasia suggests caution to us who believe in a life beyond the present. Euthanasiasts often speak of a person's no longer being useful to others. The Christian who is still able to engage in prayer, or to be an encouragement or example to others even if he cannot involve himself in more active service, can still be very useful in ways not ordinarily recognized by secular or humanist thinkers.

Euthanasia also cuts short the opportunity for a non-Christian to accept the Lord's offer of salvation. Death cuts him off permanently from fellowship with God. If we believe that there is both a personal heaven and a personal hell beyond this life, then perhaps euthanasia is not mercy-killing at all. It is sending a person from a bad condition to a worse one. As a secular thinker who does not hold this belief, philosopher Antony Flew nevertheless notes the persuasiveness of such an argument for those who do:

The second distinctively religious argument springs from the conviction that God does indeed see to it Himself, with a penalty of infinite severity. If you help someone to secure euthanasia, "You are sending him from the temporary and comparatively light suffering of this world to the eternal suffering of hell." Now if this appalling suggestion could be shown to be true it would provide the most powerful moral reason against helping euthanasia in any way, and for using legislative means which might save people from suffering a penalty so inconceivably cruel. It would also be the strongest possible prudential reason against "suicide oneself."[11]

3. The advocacy of euthanasia disregards the Biblical perspective on suffering. The Bible certainly seems to identify suffering as an evil, but not an unqualified evil. At times it seems to have a purifying or strengthening effect. This seems to have been true of Job, as well as of Paul (cf. 2 Cor. 4:17; 12:10). Peter's reference to the outcome of suffering trials (1 Pet. 1:6-9) and James' statement about the product of the testing of faith may include allusions to physical suffering. The trials of this life, being brief, are seen as light or slight when compared with the duration of the blessings that lie ahead. In addition, the testimony of the

believer's bearing the suffering and of the efficacy of God's grace have real value.

4. The act of euthanasia also cuts short the possibility of recovery. This has several facets. One is the possibility of an error in diagnosis having been made, so that the condition was not really fatal. While some of us may be inclined to think of medicine as an exact science, it is far from infallible in its judgments. Dr. Richard Cabot, an outstanding diagnostician, at the culmination of a brilliant career was given two difficult cases to diagnose and erred on both of them. In this area, to err is literally and tragically fatal. Further, there is the possibility of a medical breakthrough to a cure for the illness. Finally, a miraculous healing by the Lord might spare the life of the patient. While all of these considerations become less impressive in the later stages of an illness, they cannot be simply overlooked.

5. Furthermore, there is danger of abuse or perversion of euthanasia, of voluntary euthanasia being extended to become involuntary. Probably too much use has been made of the "thin edge of the wedge" principle and of scare tactics appealing to Hitler's euthanasia practices. Nonetheless, there is evidence that some who have advocated legalization of voluntary euthanasia regarded that as a first step toward the legalization of the involuntary form as well.

6. Active euthanasia may prove to be unnecessary. As noted in point 1 above, in many cases where active euthanasia is considered there are alternatives. The extensive use of pain-killers will often relieve the suffering that seems to call for termination of life. Further, in many of these cases life has sunk to such a low ebb that it cannot be maintained without extensive use of extraordinary measures. Consequently, passive euthanasia would suffice in such cases.

Based on the foregoing considerations, the authors suggest the following guidelines as an attempt to slip between the horns of the euthanasia dilemma:

1. That for the present the laws prohibiting euthanasia, though imperfect in some cases, be retained.
2. That the sustaining power of God as a resource available for the endurance of suffering be proclaimed by the Church.
3. That Christians regard cases of terminal illness, particularly when accompanied by great suffering, as opportunities for family and friends to offer a ministry of support and understanding compassion.


4. That pain-killers be fully utilized by terminal patients who are in great discomfort, realizing that their use may hasten death. Further, that emphasis be placed on research and development of more effective pain-killers.

5. That the possibility of withholding or withdrawing treatment, although slower in its effect, be considered as an option in some cases where active euthanasia might be called for.

Our Christian faith and experience should make a difference in our outlook on life and death. Let us continue to heed the injunction of Paul: "Do not be conformed to this world, but be transformed by the renewal of your mind, that you may prove what is the will of God, what is good and acceptable and perfect" (Rom. 12:2).