• SESSION 6

END OF LIFE HOW SHOULD LIFE END?

I am nothing but skin and bones... I know that my redeemer lives, and that in the end he will stand on the earth. And after my skin has been destroyed, yet in my flesh I will see God; I myself will see him with my own eyes – I, and not another. How my heart yearns within me! (Job 19:20, 25–27)

The fear of death

n Britain, death has been called the 'ultimate taboo' – it is the thing that no one talks about. This reaction to death reveals our deep insecurities. We fear death because it is something that is out of our control. As Woody Allen quipped, 'I'm not afraid of dying. I just don't want to be there when it happens'. Cultures with a belief in an afterlife have a very real fear of what might happen after death. But in cultures like our own, increasingly dominated by atheism, the fear of the dying process has become the main focus. In the face of death, people can react in several ways.

Some simply deny that death is going to happen and begin to live in a fantasy world, avoiding any discussion of the issue. Others despair, give up and become depressed; depression is very common in dying patients and often needs treatment in addition to their medical condition.

Others accept the diagnosis and outlook and seek palliative treatment that will control their symptoms and make dying as comfortable as possible. And some may try to exert control over death by asking for the euthanasia needle or an overdose of sleeping tablets.

Joshua developed prostate cancer in his 60s which spread to his bones, producing pain in his spine that proved difficult to control. The secondary tumour deposits eventually led to compression of his spinal cord and he became paralysed from the waist down and lost control over his bladder requiring the fitting of a catheter. At times he was in agony but a palliative care referral led to improvement in pain control which did not leave him completely free of discomfort but at least made things manageable. But, despite this, Joshua became increasingly angry and bitter and said that he had lost all desire to live. He begged for the euthanasia needle. His extended family visited less and less but his daughter faithfully came daily just to sit and be with him. Many people were praying and one day she noticed a huge improvement in his demeanour. He testified that he had found again the faith of his youth and was now ready to die in peace. Over the next 48 hours he developed pneumonia which proved resistant to treatment and he quietly slipped away.

Doctors, being human, are subject to the same pressures and temptations when caring for the terminally ill. Some may deny to the patient that death is going to happen by telling subtle lies about the diagnosis or outlook or by using jargon that the patient may not understand. Thankfully, this is less common now than it was in the past. Others may simply despair of the patient and look for someone they can spend their time on more effectively. The dying patient becomes someone to avoid because he or she speaks to them of their failure to offer a cure. Sometimes doctors will just hurry past the door rather than going in and facing the fact that, despite their best efforts, the patient is going to die. Some may fight death in their patients, continuing to use therapeutic interventions of ever diminishing value when all hope of a cure has passed and symptom control will be limited (eg chemotherapy for some advanced tumours).

Euthanasia and assisted suicide

Euthanasia (being killed by a doctor) and assisted suicide (being helped to kill oneself) are both still illegal in Britain under the murder law and Suicide Act (1961) respectively. However, there is on-going pressure to change the law on the basis of high profile cases which are being taken through the courts or being highlighted in the media. Euthanasia or assisted suicide, or both, have now been legalised in a small number of European countries and US states. However, opposition to legalisation from faith groups (not just Christian), the medical profession and disabled people's advocates has been strong. These groups argue that changing the law leaves vulnerable people open to exploitation and abuse. So far this has held sway with politicians around the world and as a result very few countries have legalised euthanasia. Having said this, it is simply human to agonise deeply about rights and wrongs in really hard cases.

We need to be clear about what euthanasia is and what it isn't. When a mentally competent patient refuses life-saving medical treatment and so dies from their illness, that is not euthanasia. Equally when a doctor withholds or withdraws an intrusive or burdensome medical treatment, in circumstances where its side-effects outweigh any benefit it may bring in relieving suffering or extending life and the patient dies from his underlying illness, that is not euthanasia. Neither is it euthanasia when a doctor, intending purely to relieve severe symptoms, gives medicine which has the secondary unintended effect of shortening life. That is known as 'double effect' and is both legal and ethical. However, when a doctor *intentionally* ends a human life, that is euthanasia.

This is not a new debate: from ancient times, doctors have sought moral guidelines to guide members of the profession and to safeguard patients. They have all opposed euthanasia. The Hippocratic Oath, which dates to the fifth century BC, states, 'I will give no deadly medicine to anyone if asked nor suggest such counsel'. The Declaration of Geneva was drafted after the Second World War in 1948 in response to the war crimes performed by Nazi doctors. It says, 'I will maintain the utmost respect for human life from the time of conception'. The International Code of Medical Ethics, written one year later, says that 'a doctor must always bear in mind the obligation of preserving human life from the time of conception until death'. The World Medical Association adopted the Statement of Marbella in 1992. This states that 'assisted suicide, like euthanasia, is unethical and must be condemned by the medical profession'. They reaffirmed it as recently as 2013.

Dr Andrew Fergusson, former CMF General Secretary, once took part in a vigorous and spirited media debate on euthanasia that ended with one of the participants making the following comment:

Of course, what you think about euthanasia ultimately depends on what you believe about life after death. If there is life after death then our actions in this life may have eternal consequences, but if death is the end then euthanasia seems the most logical solution when life has ceased to have meaning.

What people think about euthanasia will to some extent depend on what they believe happens after death. If they believe that death is the end then euthanasia might seem an attractive solution if life becomes too hard. On the other hand, if they believe that death is only a gateway to life beyond, they might take an entirely different view. So to help us consider euthanasia and assisted suicide we first need to understand what the Bible teaches about death and dying.

What happens after death?

Christianity, Islam and Judaism teach that death is not the end; it is a pathway to judgment where our ultimate destination depends on choices and decisions made in this life. Hinduism, and to some extent Buddhism, teach that death is a pathway to the cycle of death and rebirth, with our reincarnated status in the next life depending on 'karma' accumulated in this one. Polytheistic religions like those of ancient Rome and Greece teach that death is an entry point to the spirit world. In stark contrast, the prevailing view now in Western culture is that death is the end of existence. 'I believe that when I die I shall rot, and nothing of my ego will survive', declared philosopher Bertrand Russell.

The one thing that everybody must agree about these varied views is that no two of them can be equally right, because they make mutually contradictory truth claims. Either death is the end or it's not. If it's not then reincarnation and judgment leading to heaven or hell cannot be equally true. It's one or the other or something else altogether.

An impostor in God's creation

The Christian view is that death is an impostor in God's creation. When God created human beings, death was not part of the picture. Human death was a consequence of the Fall – human rebellion against God (Genesis 3).

But death is not the end, nor is there an endless cycle of reincarnation. The Bible says of the dead: 'Never again will they have a part in anything that happens under the sun' (Ecclesiastes 9:6). The writer to the Hebrews says the stark reality is that 'people are destined to die once, and after that to face judgment' (Hebrews 9:27). Only two possible destinies face us – life with God forever in the new creation, or eternal separation from him in hell. But the wonderful Christian hope is that by God's grace we can look forward to a future after death beyond our wildest imaginings, bought for us by Christ's death and resurrection on our behalf and received through repentance and faith (Romans 10:9–10). 'What no eye has seen, what no ear has heard, and what no human mind has conceived - the things God has prepared for those who love him' (1 Corinthians 2:9). We look forward to life with God forever in a new world with 'no death or mourning or crying or pain' (Revelation 21:4), clothed with glorious new bodies like Christ's own resurrected body

(Philippians 3:21) and reunited with our fellow believers (1 Thessalonians 4:13–18).

Facing death as a Christian

These beliefs about death have profound implications for the way we all live and the way Christian doctors should practise medicine. We will recognise that death and dying are inevitable. We will also recognise that human choices have eternal consequences; they affect our destiny in the world to come. We will be clear that Jesus did not come primarily to empty the hospitals, he came to empty the graveyards! A person's greatest need is not physical health but a restored relationship with God. As Jesus so vividly said, 'What good is it for someone to gain the whole world, yet forfeit their soul?' (Mark 8:36). In case we were in any doubt he added, 'It is better for you to enter life crippled than to have two feet and be thrown into hell' (Mark 9:45).

Jenny had been a very active and physically able person who loved sport and gained great satisfaction from such past-times as jumping out of aeroplanes, canoeing river rapids and climbing craggy rock faces. So when she developed multiple sclerosis at the age of 50 and was eventually confined to a wheelchair she found it very difficult to adapt, lost meaning and purpose and became deeply depressed. As her condition deteriorated she talked increasingly about being a burden on her loved ones and expressed the wish of travelling to Switzerland to commit assisted suicide. She was diagnosed with depression and gained some relief from medication but her suicidal intention remained. Through a support group she came to meet a Christian with the same condition who seemed to have a different attitude to life and after coming to faith herself found a new strength to cope. 'I needed something to hold onto that my illness could not take away', she said. 'Now in Christ and through my brothers and sisters in the faith I have finally found it'.

So when we agonise about human suffering we need to remind ourselves that both heaven and hell put any earthly suffering into their true perspective. As the apostle Paul said about his considerable sufferings, 'Our light and momentary troubles are achieving for us an eternal glory that far outweighs them all' (2 Corinthians 4:17). In the same way the sufferings of eternal separation from God, from which Jesus died to save us, far outweigh any suffering on earth. The fact that Jesus was prepared to endure even the suffering of the cross to save us from it gives some small indication of its severity.

...when the Lord Jesus is revealed from heaven in blazing fire with his powerful angels. He will punish those who do not know God and do not obey the gospel of our Lord Jesus. They will be punished with everlasting destruction and shut out from the presence of the Lord and from the glory of his might. (2 Thessalonians 1:7–9)

So the Bible's teaching on death and the afterlife is clear. But can this help us address the issue of euthanasia?

Cases in the Bible

When addressing contemporary ethical issues biblically, we can't simply search the Bible for words like 'euthanasia' online or in a concordance. But this does not mean that the Bible has nothing to say about them. God's word enables us to be 'thoroughly equipped for every good work' and he intends us to know and apply his timeless godly principles to all situations (2 Timothy 3:16–17). There are in fact two instances of euthanasia in the Bible.

In Judges 9, Abimelek, 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 Abimelek's own murder of his seventy brothers, and we are not told what happened, if anything, to the armour-bearer (Judges 9:52–55). In the second case, 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 their drivers in hot pursuit. 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 here by me and kill me. I'm in the throes of death but I'm still alive." So I stood beside him and killed him because I knew that after he had fallen he could not survive' (2 Samuel 1:6–10).

Whether the story is true (it varies from the account of Saul's death at the end of 1 Samuel 31 in which he successfully committed suicide) or is 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 weren't you afraid to lift your hand to destroy the Lord's anointed?' (2 Samuel 1:14), David asks, and then apparently before receiving a reply, as if the confession in itself were sufficient grounds for a judgment 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 and close to death without the possibility of painkillers, and most significantly of all, despite Saul's own request to be killed.

These two cases demonstrate the two main arguments for euthanasia: autonomy ('death with dignity') and compassion ('release from suffering'). But we must be careful not to derive moral principles solely from narrative passages in Scripture. We need to look at the Bible's overall teaching.

Why is euthanasia wrong?

Genesis teaches us that human beings are unique; we are made in the image of God (Genesis 1:26) and it is on this basis that God declares murder punishable by death (Genesis 9:6–7). Because of this, humans are not to be unjustly killed. All human beings belong to God (Psalm 24:1) and will be held accountable to him for their actions (Revelation 20:11–15, 21:8, 22:14–15). The sixth commandment, traditionally translated as 'You shall not kill' formalised the prohibition against killing legally innocent people (Exodus 20:13; Deuteronomy 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 (Exodus 21:12–14; Leviticus 24:17–21; Numbers 35:16–31; Deuteronomy 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.

Intentional killing forbidden

The sixth commandment forbids *intentional killing*. The law provided protection for accidental killing, but this 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' (Deuteronomy 19:5). Killing resulting from negligence was not excused as unintentional (Exodus 21:29). Neither was killing 'in hostility' even if not necessarily premeditated (Numbers 35:21).

Innocent people protected

The commandment forbids the killing of an *innocent person*. Under the Old Covenant, God authorised or permitted killing in three situations: in the context of holy war, for capital offences and in proportionate self-defence (Exodus 22:2). The holy war conditions are clearly spelt out by Moses (Deuteronomy 20:10–18). There were also over 20 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 was killed by the owner in protection of his family and property. God only ever authorised the killing of the guilty. 'Innocent blood' could not be shed intentionally under any circumstances; it is uniformly condemned throughout Scripture. (Exodus 23:7; 2 Kings 21:16; Psalm 106:37–38; Jeremiah 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 killing with 'a feeling of ill-will' or 'illegal killing inimical to the community'. So if murder is the intentional killing of an innocent human being, then euthanasia clearly falls within this biblical definition. The Bible doesn't permit killing on grounds of age or illness, and there is no provision for so-called 'compassionate killing', even at the person's request. Similarly there is no recognition of a 'right to die', as all human life belongs to God (Psalm 24:1). Our lives are not actually our own. Suicide (and therefore assisted suicide) is equally a breach of the sixth commandment, and it is not surprising therefore that throughout the Bible, suicide is either viewed without comment, or is viewed negatively (Job 2:9–10; Matthew 27:1–10; Acts 1:16–20). Only God has the authority to take human life and human beings may only do so under God's delegated authority (eg Romans 13:4). Human beings can care for the dying but they must not kill them.

Exceptions to the rule?

Loving God means obeying him (John 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 hold one of two positions:

'God's law doesn't apply anymore'

Those who hold this position try to dispense with law altogether. They argue correctly that we are saved by God's grace through Jesus' death on the cross and not by good works (Ephesians 2:8–9), but incorrectly assume that therefore our moral behaviour doesn't matter to God. The apostle Paul addresses this misunderstanding in Romans 6:1–2:

'Shall we sin because we are not under law but under grace? 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'. Instead he explains that Christians are both enabled and obliged to obey God's commands (Romans 6:15–18). We are not saved by this obedience – but obedience is an important evidence of our new life. The taking of innocent human life – 'murder' – is as wrong in the New Testament as it is in the Old (Matthew 5:21–22; Luke 18:20; Romans 13:9–10; Revelation 21:8, 22:14–15).

'God's law bows to God's love'

This view claims that in certain situations God's commands may be suspended in favour of the higher principle of 'loving your neighbour' (Matthew 22:39–40). Joseph Fletcher (1905–1991) popularised this position in his 1966 classic *Situation Ethics: The New Morality*. Fletcher argued that a Christian may intentionally kill in certain situations and yet be acting 'in love'. There are two main problems with this. First, Christ taught that obedience to the greater commandments of the law did not excuse disobedience to the lesser (Matthew 5:17–20, 23:23). In the mind of Christ these 'conflicts of duty' with the law of love simply do not occur.

Second, it begs the question of what a truly 'loving' action is. The practical reality is that right and wrong is simply left up to individual conviction or conscience – a return to the Israelites' error of each doing 'as he sees fit' (Deuteronomy 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' (Romans 13:9). Love does no harm to its neighbour (Romans 13:10) and murder, even for seemingly compassionate motives, constitutes harm.

Sustaining life at all costs

These two positions are distortions of the Bible's teaching used to support euthanasia. But there is also a third danger that in striving to hold biblical morality against euthanasia we may fall into the trap of going to the opposite extreme, striving to sustain life at all costs. Attainable goals of caring, consoling and comforting are then forgotten as the 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 (Matthew 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. There is a world of difference between deciding a treatment is not worth giving and deciding a patient is not worth treating. Stopping worthless treatments is good medicine. But judging patients as worthless is playing God.

These three positions are all distortions of Christian teaching. Doctors must never intentionally kill their patients. The best argument against these damaging and false teachings, is joyful, compassionate, costly and obedient Christian care and service.

Real Christian solutions

'To cure sometimes, to relieve often, to comfort always,' is an old medical aphorism coined by Dr Edward Trudeau (1848–1915), founder of a tuberculosis sanatorium in the nineteenth century. For most of history, it was really only 'sometimes' that physicians cured disease and just a bit more often that they relieved suffering. Much of what they did was to comfort. But today, we think of medicine primarily in terms of the interventions we can perform.

This wise saying is a reminder that the doctor's role in relieving suffering or providing comfort is as important as her role in curing disease. For someone dying in pain it may seem that we have only two equally undesirable alternatives to choose from – either 'living hell' or the euthanasia needle. But there is a third way – the way of the cross. Jesus calls us to walk in his footsteps, giving our whole selves in service of others (Matthew 22:37–40; Mark 8:34;

Philippians 2:4–11; Galatians 6:2, 10; 1 John 2:6). This means spending our time, money and energy finding compassionate solutions to human suffering. Historically, this has found practical shape in the hospice movement and good palliative care.

Diane was diagnosed with an aggressive and advanced form of ovarian cancer in her mid-forties. As the glue who held her busy husband and teenage girls together this came as devastating news to both her family and church. She underwent a course of chemotherapy and radiotherapy which saw her frequently hospitalised, with regular infections and losing most of her hair – but with some improvement in symptoms. However, after a few years of remission she had a relapse and the cancer recurred. Further treatment produced a response but less marked than the first time and it became steadily clear that, barring a miracle, the disease would end her life. Fearing what more side effects of aggressive treatment might mean for the quality of her remaining months Diane bravely opted to forgo further aggressive treatment and enjoy what time she had left. She remained cheerful throughout and a great source of strength to her family. The end was quick but good palliative care enabled her to die relatively comfortably at home.

Palliative care acknowledges the inevitability of death and seeks to address the needs of the dying patient. Pioneered in large part by Christian doctors, this is now a recognised and growing medical specialty, meaning that care of the dying is better than ever before. Management of pain and other symptoms and provision of psychological, social and spiritual support is paramount and its goal is the achievement of the best quality of life for patients and their families. Naomi was an elderly Christian lady who had been widowed two decades before she reached her 90th birthday and had enjoyed a long life of good health and a satisfying old age with her three children and ten grandchildren who often visited. But then she suffered a series of strokes that took her, from being nimble and independent, to being bedbound and dependent in a nursing home. The latest episode left her deeply drowsy and completely paralysed down her right side and unable to speak. When she developed a severe chest infection some of the family wanted her treated but they were eventually persuaded that death was imminent and inevitable and that the key priority was to make her as comfortable as possible. It was felt that giving her antibiotics through a drip would make her last hours worse and would add nothing to her care. She died with her family by her side.

Good palliative care has proved that the physical symptoms of terminal illness such as pain, breathlessness, nausea and vomiting can be largely controlled. It is the non-physical symptoms – the actual and the imminent losses – which are harder for medicine to treat. But this is where Christian hope is so vital. The whole church can

be involved through prayer and service in bringing about that hope.

But perhaps the most powerful Christian argument against euthanasia is that death is not the end. For those who do not know God, euthanasia is not a 'merciful release' at all. It may rather be propelling them towards a judgment for which they are unprepared followed by eternal separation from God in hell (Hebrews 9:27; Revelation 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, perhaps even seeing it as a quick track to heaven, our response needs to be quite simply 'it is written; you shall not murder' (Matthew 4:4, 7, 10).

The end can never justify the means. We cannot 'do evil that good may result' (Romans 3:8). 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. So where does this leave us with respect to our key question on how life should end?

The Christian view means that although death is an enemy, we should not pursue or accept inappropriate, useless or harmful interventions when all hope of a cure is gone. Over-treatment can be as bad as under-treatment in the wrong hands. The famous preacher and medical doctor Martyn Lloyd-Jones (1899–1981) said during his final illness, 'Don't try to hold me back from the glory'. He did not want to prolong the dying process unnecessarily and recognised what the Bible calls 'a time to die' (Ecclesiastes 3:2).

Holding a biblical view of death will also mean we don't see euthanasia as a solution – doctors will know that the end of relieving suffering never justifies the means of killing. Rather they must do their utmost to relieve patients' symptoms, recognising that they may be suffering spiritual and emotional pain as well as physical pain. Likewise, patients who embrace the Christian faith can take comfort as they face death. Under God's sovereign hand suffering is not purposeless (Romans 8:28), and the glory of the resurrection bodies that await us in the new creation are beyond compare with the pain and suffering of the fallen world we now inhabit (Romans 8:18–25; 2 Corinthians 4:16–17).

So we should not deny the reality of death or that suffering is part of the human condition. We must all recognise that our greatest need is to face death having made peace with God. Finally, we will not despair in the face of death because we have a sure and certain hope of something far better beyond the grave.

◦ FURTHER READING

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END OF LIFE HOW SHOULD LIFE END?

INKING BIBLICALLY ABOUT HEALTH

HE HUMA

SESSION AIM

To explore changing attitudes to the end of life, and apply biblical principles to the issues of euthanasia and assisted suicide.

ICEBREAKER

Death is often seen as a taboo subject. Why do you think this is?

-> WATCH THE DVD



END OF LIFE: HOW SHOULD LIFE END?

Opening verses: Job 19:25-27

• DVD KEY POINTS

Death is seen as 'the ultimate taboo'. Today people seem to fear the dying process more than death itself.

Approaches to death

- Fighting death
- Denial
- Despair
- Palliative treatment
- Control

Euthanasia is being killed by a doctor; assisted suicide is being helped to kill oneself. Both are currently illegal in Britain.

Life after death?

A person's greatest need is not physical health but a restored relationship with God.

Heaven and Hell put any earthly suffering into an eternal perspective.

Biblical principles

- Genesis 1–2 teaches us humans are unique, all belong to God, they must not be unjustly killed.
- You shall not murder'. God forbids intentional killing of the innocent.
- The Bible has no provision for 'compassionate killing'.
- The Bible does not recognise a 'right to die'.

Three mistaken positions

- 'God's law doesn't apply any more'
- 'God's law bows to God's love'
- Striving to sustain life at all costs

Palliative care acknowledges the inevitability of death, and seeks to address the needs of the dying patient.

Summary

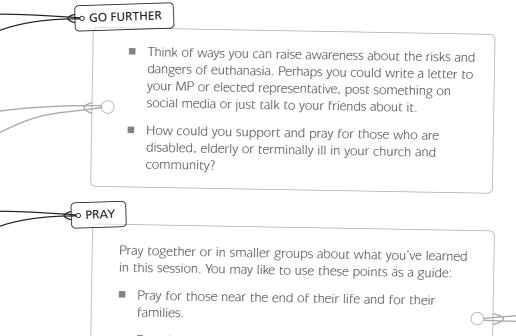
We will not despair in the face of death because we have the hope of something far better, beyond the grave.

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Use	passages: Exodus 20:13; Job 19:20, 25–27 these, and any other relevant passages you can think to help you discuss the following questions.
1	Several countries have now legalised euthanasia in one form or another. What do you think has led to this?
2	What does the Bible say about attitudes to intentional killing? Is there ever a reason to make an exception to this?
3	What hope does Christian faith offer in the face of death?

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 Pray that our lawmakers and those working in healthcare would resist the pressure to endorse or practise euthanasia.

⊷ GLOSSARY

- Assisted suicide: The act of helping somebody to take their own life.
- Euthanasia: Intentionally ending the life of someone (usually when they are very ill or in pain) with the aim of relieving their suffering. They may or may not wish to die.
- Palliative care: Specialised medical care for people with serious illnesses, with the aim of making the end of their life as comfortable as possible.

To continue thinking about the topics raised in this session read chapter six of *The Human Journey* book: 'End of Life – How should life end?'

More resources on End of Life are available at www.humanjourney.org.uk