

That They May Live



© 2001, 2024 The Lutheran Church—Missouri Synod
1333 S. Kirkwood Road | St. Louis, MO 63122
888-THE LCMS (843-5267) • lcms.org

First published in 2001 by the President's Commission on the Sanctity of Life

All rights reserved. No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without the prior written permission of The Lutheran Church—Missouri Synod.

Unless otherwise indicated, all Scripture quotations are from the ESV® Bible (The Holy Bible, English Standard Version®), copyright © 2001 by Crossway, a publishing ministry of Good News Publishers. Used by permission. All rights reserved.

Contents

INTRODUCTION :: 4

ASSISTED-SUICIDE AND EUTHANASIA DEFINED :: 6

As Distinguished from Withholding or Withdrawing Medical Treatment..... 6

As Distinguished from Death as an Unintended Side Effect of Pain Control..... 7

ASSISTED-SUICIDE/ EUTHANASIA IS BAD MEDICINE :: 9

Medicine Is Capable of Alleviating Almost All Pain 9

The Economics of Assisted-suicide Could Corrupt the Practice of Ethical Medicine..... 10

Uninsured People Often Have Inadequate Access to Quality Health Care 11

Assisted-suicide Undermines the Hippocratic Oath..... 12

A doctor's willingness to terminate the life of a patient confirms the patient's worst fears about themselves..... 12

Assisted-suicide/euthanasia are rare occurrences and thus legalization is not necessary..... 13

ASSISTED-SUICIDE/ EUTHANASIA IS BAD PUBLIC POLICY :: 14

The elderly, poor, and powerless would be put at risk..... 14

Assisted-suicide/euthanasia is not about "choice," but abandonment.... 14

Protective guidelines will not protect against abuses 17

1: *Assisted-suicide/Euthanasia Would not be Limited to the Terminally Ill* 17

2: *Euthanasia in the Netherlands is not restricted to the Terminally Ill* 19

3: *The Oregon Experience* 22

4: *Germany 1920-1945*..... 25

ASSISTED-SUICIDE IS BAD THEOLOGY :: 28

OUR MORAL OBLIGATION TO PEOPLE WHO ARE ELDERLY, ILL OR DISABLED :: 32

CONCLUSION :: 33

Introduction

Assisted-suicide and euthanasia present the church, society, families and individuals with one of the most profound and emotionally charged ethical challenges of the modern era. Few contemporary moral and cultural issues are as divisive, have such raw emotional impact, or cause such pronounced distress and discomfort. Few involve ultimate issues of the human condition: our mortality; the proper response to human suffering; the meaning of compassion; and our individual and collective moral responsibilities to people who are elderly, disabled, chronically ill, despairing and/or dying. Much is at stake. The manner in which these excruciating and complex issues are resolved will determine to a great extent, the public and private morality of the 21st Century.

The public controversy over assisted-suicide and euthanasia comes at one of the most challenging and potentially dangerous times in human history. We have entered an era of phenomenal technological and moral upheaval. The day of the self-evident truth has seemingly passed. Different moral understandings and philosophies vie for attention and acceptance. Society is being remade with such speed that change threatens to run out-of-control. The question presented is whether our future will reflect God's glory or man's folly.

Two contrasting and in many ways mutually exclusive moral views — the materialistic and the spiritual — are contesting for dominance to determine the very essence and nature of our future society. Boiled down to its essence, the current struggle pits an essentially nihilistic and “post-Christian” presumption that human life is a mere physical phenomenon in which chemical compounds and electricity have interacted in a manner that accidentally evolved into “life” versus the profound understanding that we are greater than the sum of our physical parts: that at our deepest and most essential level, we were made in the very likeness and image of the living God.

At the very heart of the matter is how we judge the moral worth of human life. No issue could be more fundamental to the purposes of organized society. The key question presented is whether our culture will adhere to understanding that all humans possess equal inherent

moral worth (the sanctity of life ethic), or instead, base people's rights and perceived value upon their "quality of life," as currently advocated by many ethicists, philosophers, academics, and medical and legal professionals. The fate of the most vulnerable among us, particularly people who are elderly, disabled, ill and/or dying, hangs in the balance.

Holy Scripture informs us that Christians are to be in the world but not of it. However, this does not mean that Christians have no interest in public morality or current affairs. To the contrary, a living faith leads Christians to stand steadfastly to prevent harm to our weak and vulnerable neighbors and to work to ensure that government policies and professional canons of ethics promote fairness, justice and a proper regard for the sanctity of every human life. It is with this understanding that this statement opposing assisted-suicide and euthanasia is presented.

Assisted-suicide and Euthanasia Defined

As the terms are generally used in public discourse, *physician-assisted-suicide* (PAS) means that a doctor issues a lethal prescription to a patient for the purpose of facilitating the patient's suicide. *Euthanasia* usually means that the doctor directly terminates the patient by lethal injection. The exact definitions of the terms "assisted-suicide" and "euthanasia" are often misunderstood among the general population. They are sometimes confused with morally distinct actions and concepts that are not necessarily immoral, such as withholding unwanted life supporting medical treatment. Morally, no distinction is to be drawn between euthanasia and assisted-suicide since both actions involve intentional killing of defenseless human life.¹

"Morally, no distinction is to be drawn between euthanasia and assisted-suicide since both actions involve intentional killing of defenseless human life."

As Distinguished from Withholding or Withdrawing Medical Treatment

Assisted-suicide/euthanasia is sometimes confused with allowing to die by withdrawing or withholding life-sustaining medical treatment.² These are totally different concepts, morally, ethically and factually:

-
- 1 In the public policy debates, the definition of euthanasia is often broken down into subparts:

 - **Voluntary euthanasia:** The killing of another person for purpose of ending suffering at the request or with the consent of the person killed;
 - **Non-voluntary euthanasia:** The killing of another person for the purpose of ending suffering without consent, generally because the person killed is incapacitated or otherwise unable to give consent;
 - **Involuntary euthanasia:** The killing of another person for the purpose of ending suffering when the person has asked not to be killed.
 - **Passive euthanasia:** Withholding life supporting medical treatment. This is generally a misnomer. As described below, withholding medical treatment is not killing and hence, is not euthanasia.
 - 2 Withholding food and water when supplied through a feeding tube because a patient has severe brain damage or refusing to provide medical treatment for a disabled infant that would be provided for other newborns may, however, constitute "passive euthanasia" in cases in which such care is withheld or withdrawn with the intention of causing death when the patient is not otherwise terminally ill.