

DYING WITHOUT A SCRIPT: SOME THEOLOGICAL REFLECTIONS ON VOLUNTARY ASSISTED DYING

Jason Goroncy

Whitley College, University of Divinity

ABSTRACT

In theological discourse about voluntary assisted dying, two of the most contested areas are those that relate broadly to matters of individualism, autonomy, and rights, and those that are concerned with interpretations around the sanctity of human life given by God. These two areas represent unavoidably difficult theological spaces, with profound implications for Christian theology, especially for theological anthropology and for theologies of death. Drawing upon a range of sources mostly from Christian traditions, this essay locates these two concerns in a broader milieu, and engages in some critical discussion around their theological complexities. It argues that fidelity to competing theological commitments presses against the temptation to make the terrain of relevant moral judgements incontrovertible.

KEYWORDS

voluntary assisted dying, euthanasia, death, autonomy, human rights, sanctity of human life

It is incontestable that to engage in matters around voluntary assisted dying (VAD) is to wade inescapably into a legal, medical, political, ethical, economic, religious, and profoundly personal minefield.¹ As a theologian, I welcome the ways that such complexities open up spaces for public and private discourse about what it means to be human, about the character and meaning of existence itself, and about what a compassionate society looks like. In what follows, I seek to offer a modest contribution to some of the explicitly theological frames with which such conversations are carried out, and to show that fidelity to competing theological commitments presses against the temptation to make the terrain of relevant moral judgements incontrovertible. It accepts that all human action and every human response emerges from what Dietrich Bonhoeffer called the “penultimate” rather than the “ultimate” realm which we only ever experience as a “dawn.”² We live, die, and make every one of our judgements in “the broken middle”³ where no certainties abound, and where we navigate perfectly concrete and immediate life—as persons and as communities—with real limits.

Visitors to modern art galleries and writer’s festivals, and consumers of contemporary media, will have witnessed signs that public discourse around death and dying has come some way since the appearance of Kübler-Ross’s taboo-breaking

1 A commonly-accepted definition of VAD, and one which I will assume in what follows, is that of “The act of intentionally killing oneself with the assistance of another who deliberately provides the knowledge, means, or both.” Special Committee on Euthanasia and Assisted Suicide, *Of Life and Death: Report of the Special Senate Committee on Euthanasia and Assisted Suicide* (Ottawa: Minister of Supply and Services Canada, 1995), chapter 2. Typically, as is the case in the Australian state of Victoria, VAD legislation allows for two different kinds of intervention on the part of a medical practitioner. In most cases, “a voluntary assisted dying substance” is prescribed by a “registered medical practitioner” with the intention of helping an eligible recipient to self-administer the “poison” in order to end their own life. In cases where “the person has lost the physical capacity to self-administer or digest the voluntary assisted dying substance,” a registered medical practitioner is able to administer the substance to achieve the same end. Parliament of Victoria, “Voluntary Assisted Dying Act 2017,” accessed December 5, 2017, [http://www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/PubStatbook.nsf/f932b66241ecfib7ca256e92000e23be/B320E209775D253CCA2581ED00114C60/\\$FILE/17-061aa%20authorised.pdf](http://www.legislation.vic.gov.au/Domino/Web_Notes/LDMS/PubStatbook.nsf/f932b66241ecfib7ca256e92000e23be/B320E209775D253CCA2581ED00114C60/$FILE/17-061aa%20authorised.pdf). For the purposes of this paper, the distinction between these two kinds of intervention is not relevant so long as the voluntary nature of the act is underscored. Also, here I use the terms “voluntary assisted dying” and “euthanasia” without distinction, aware that definitions around the latter are much broader. See Jason A. Goroncy, “Euthanasia: Some Theological Considerations for Living Responsibly,” *Pacifica* 29, no. 3 (2016): 221–43.

2 Dietrich Bonhoeffer, *Ethics*, trans. Reinhard Krauss, Charles C. West, and Douglas W. Scott (Minneapolis: Fortress Press, 2005), 168.

3 Gillian Rose, *The Broken Middle: Out of Our Ancient Society* (Oxford: Blackwell, 1992).

work.⁴ We are increasingly fascinated by death although our discourse rarely moves beyond generalities. There is growing acknowledgement that death is no longer something we have to prevent under all circumstances, even while we want to insist that death remains that which most of us would prefer to control according to our own values and wishes. So Karen Hitchcock:

A good death—an ideal death—is pre-planned, perfectly timed, excretion-free, speedy, neat and controlled. Birth is not like this. Life is not like this. And yet we think we have a right to ask it of death. We want a caesarean-section death. The only way we could come close to meeting all these criteria for a good death would be to put people down when they reach a predetermined age, before the chaos of illness sets in.⁵

In the West, some of this desire finds expression in the increasing normalisation of advance directives, and also shapes our discourse around assisted dying and palliative care, and the realities of imagining what it might mean to carry on living when life becomes devoid of meaning.

Any serious conversation about the goods at stake in our practices of dying will need to be at least in part a theological one—i.e., it will need to be precisely “the kind of conversation that liberal societies often imagine they cannot or should not try to have.”⁶ To be sure, only some of the main concerns about VAD are explicitly theological in character. But responsible theological attention to any subject takes place in the context of competing claims and seeks to give due consideration to multiple concerns. This is no less true when it comes to our thinking about VAD. Here, for example, the inadequacy of many current regulatory frameworks leaves some of the most vulnerable among us to bear the burden of the decision-making in

4 See Elisabeth Kübler-Ross, *Death: The Final Stage of Growth* (Englewood Cliffs: Prentice-Hall, 1975); Elisabeth Kübler-Ross, *On Death and Dying* (New York: The Macmillan Company, 1969).

5 Karen Hitchcock, *Dear Life: On Caring for the Elderly* (Carlton: Black Inc., 2016), 64.

6 Neil Messer, “On the Need for a Theological Conversation About the Future of Death: A Response to Markus Zimmermann-Acklin,” in *Proceedings from the Societas Ethica Annual Conference 2011. The Quest for Perfection: The Future of Medicine/Medicine of the Future, August 25–28, 2011, Universita Della Svizzera Italiana, Lugano, Switzerland*, eds. Göran Collste and Arne Manzeschke (Linköping: Linköping University Electronic Press, 2011), 89.

ways marked by unnecessary isolation, grief, and trauma. Attention to new legislation offers a welcome opportunity to tidy up some of those frameworks. But legislation or not, dying people will continue to end their lives prematurely, very often by violent means, and alone. And some will continue to die in pain even in our best palliative care facilities. Such matters are, or should be, of profound concern to theologians.

We should also ask: Why limit access to assisted suicide to those who the medical profession judges to be terminally ill, as many jurisdictions that have legalised VAD have done? What of those whose indescribable suffering will not end in the foreseeable future and who are therefore condemned to stay alive or to end their life in another manner? Here the rights of the individual and the responsibilities of the wider community conflict.

INDIVIDUALISM, AUTONOMY, AND RIGHTS

Those who support an increase in the liberalisation of legislation uniformly argue that at issue here is a person's "moral right" to choose how they will die. The argument typically runs as follows: "It is, after all, the patient's life, and as long as the patient is capable of reaching an informed decision, then who better to decide whether life is worth living? Doesn't the patient have a moral right to ask for this help and, if a doctor is willing to give it, why should the law stand in the way?"⁷ In other words, if we must

7 Peter Singer, *Rethinking Life and Death: The Collapse of Our Traditional Ethics* (Melbourne: The Text Publishing Company, 1994), 132. It is common to trace the lineage of this autonomy argument back to Immanuel Kant and John Stuart Mill. While Kant resists defining empirical criteria for judging action as autonomous, he nonetheless argues that human action should be controlled by a self-legislating will independent of any empirical influence or external authority. See Immanuel Kant, *Critique of Practical Reason*, trans. Mary J. Gregor (Cambridge: Cambridge University Press, 1997). For Mill, on the other hand, the guiding principle is that "the only purpose for which power can be rightfully exercised over any member of a civilised community, against his [or her] will, is to prevent harm to others. His [or her] own good, either physical or moral, is not a sufficient warrant." John Stuart Mill, *Utilitarianism and On Liberty: Including Mill's "Essay on Bentham" and Selections from the Writings of Jeremy Bentham and John Austin*, 2nd ed., ed. Mary Warnock (Malden: Wiley-Blackwell, 2003), 94–95. Arguments about the nature and moral grounds of autonomy are further complicated due to a lack of consensus over, and competing accounts of, what constitutes autonomy. This leads further to an inconsistent application of the principle. See Mark Bratton, "Anorexia, Welfare, and the Varieties of Autonomy: Judicial Rhetoric and the Law in Practice," *Philosophy, Psychiatry, and Psychology* 17, no. 2 (2010): 159–62; John Coggon, "Varied and Principled Understandings of Autonomy in English Law: Justifiable Inconsistency or Blinkered Moralism?," *Health Care Analysis* 15, no. 3 (2007): 235–55; H. Tristram Engelhardt Jr., "The Many Faces of Autonomy," *Health Care Analysis* 9, no. 3 (2001):

die, can we at least make sure we do so on our own terms? This argument is germane here because of the weight that religious traditions place on humans being creatures responsible for their own decisions.

Critics of this rationale warn of both the “medicalisation of autonomy,”⁸ and that “autonomy has become an imperative; that which we cannot control, our belief in autonomy teaches us to hate. Thus, we learn to hate our ageing bodies, and we learn to hate those others who are sick and dying. We even learn to hate those we would define as ‘permanently dependent,’ exactly because they will always need our care.”⁹ It seems that such is a particular burden for the wealthy, for if patterns in the United States and the Netherlands are any guide, then those who are most likely to access VAD opportunities are those who have exercised the greatest control over decisions made in other parts of their life—i.e., those who enjoy comparative social, economic, professional, educational, and other privileges. They are also overwhelmingly white, and university educated.¹⁰

283–97. Cf. Hannah Arendt, *Responsibility and Judgment* (New York: Schocken Books, 2003); Jerome B. Schneewind, *The Invention of Autonomy: A History of Modern Moral Philosophy* (New York: Cambridge University Press, 1998); James Stacey Taylor, *Practical Autonomy and Bioethics* (New York: Routledge, 2009).

8 Daniel Callahan, “Organized Obfuscation: Advocacy for Physician-Assisted Suicide,” *Hastings Center Report* 38, no. 5 (2008), 32.

9 Carole Bailey Stoneking, “Receiving Communion: Euthanasia, Suicide, and Letting Die,” in *The Blackwell Companion to Christian Ethics*, eds. Stanley Hauerwas and Samuel Wells (Malden: Blackwell Publishing, 2004), 379.

10 The most recent government report on Oregon’s Death with Dignity Act notes that “the three most frequently reported end-of-life concerns were loss of autonomy (91.7%), decreasing ability to participate in activities that made life enjoyable (90.5%), and loss of dignity (66.7%).” Public Health Division, Center for Health Statistics, “Oregon Death With Dignity Act: 2018 Data Summary,” Oregon Health Authority, accessed February 25, 2019, <https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EVALUATIONRESEARCH/DEATHWITHDIGNITYACT/Documents/year21.pdf>. The data also indicates that while 74 percent of Oregonians are white, 98 percent of those accessing the provisions made available via the Death with Dignity Act are white. Furthermore, while 32 percent of Oregonians have a bachelor’s degree, the number of those accessing physician-assisted suicide is 78 percent. Data taken from US Census Bureau, “Quickfacts: Oregon,” US Department of Commerce, accessed March 25, 2019, <https://www.census.gov/quickfacts/or>; Public Health Division, Center for Health Statistics, “Oregon Death With Dignity Act.” See also Margaret P. Battin et al., “Legal Physician-Assisted Dying in Oregon and the Netherlands: Evidence Concerning the Impact on Patients in ‘Vulnerable’ Groups,” *Journal of Medical Ethics* 33, no. 10 (2007): 591–97; Arnd T. May, “Physician-Assisted Suicide, Euthanasia, and Christian Bioethics: Moral Controversy in Germany,” *Christian Bioethics: Non-Ecumenical Studies in Medical Morality* 9, no. 2/3 (2003): 273–83.

A theological defence of the moral right to choose argument can be made, however, by underscoring human responsibility for life before God. At the very centre of the Christian story, for example, lies precisely such a voluntary act of the giving up of life for the other. Without such freedom, there would be no human life as we know it at all. As Bonhoeffer argued: “The freedom to risk and to give one’s life as a sacrifice is the counterpart of the right to life.”¹¹ Following Bonhoeffer’s logic, it might be argued that assisted dying might not always be the ultimate form of autonomous individualism, but rather might be judged to be an act of responsible freedom and love for the other, a mode of “glorify[ing] God in your body” (1 Cor 6:20).¹² So Philippa Foot: “That there is no simple incompatibility between life as a good and the wish for death is shown by the possibility that a man should wish himself dead, not for his own sake, but for the sake of someone else.”¹³ It is precisely these fundamental moral actualities that might lead a young parent with upper motor neuron disease, for example, to exercise the right to end their life prematurely so that their children’s memory of them is one unmarked by a debilitating disease. Of course, the counterargument here is that such a decision robs precisely those same

11 Bonhoeffer, *Ethics*, 197.

12 “Human beings have their lives not as an obligation that they cannot throw off,” said Bonhoeffer, “but in freedom to affirm or destroy them.” Bonhoeffer, *Ethics*, 197. Such a statement about the freedom to give up one’s own life must be held in strict contrast to other statements of Bonhoeffer’s wherein he speaks of the taking of another’s life. For example, earlier on in *Ethics* he argues: “Never may the killing of another’s life be one possibility among many, however well founded that possibility may be. Where there is even the smallest responsible possibility of allowing the other to stay alive, then the destruction of this life would be arbitrary killing—murder. Killing or sparing life are never equivalent alternatives in a decision. The preservation of life has an incomparable priority over destruction. Life may claim all grounds to validate itself, while for killing there is only one single valid ground. Where this is not considered, one runs afoul of the Creator and Preserver of life.” Bonhoeffer, *Ethics*, 190–91. Bonhoeffer’s words also need to be appraised against the background of social-Darwinism that undergirded the policies of the Third Reich, and in particular Hitler’s (involuntary) “euthanasia” programme against so-called “worthless” lives. In the two years between September 1, 1939 and August 1941, Hitler’s special “killing institutions” euthanised between 60,000 and 80,000 people, mostly Jews, gypsies (the Sinti), slaves, the physically and mentally ill, and others judged to be “unfit to live.” But this madness was not original to Hitler. In the 1920s, for example, the lawyer Karl Binding and the psychiatrist and neurologist Alfred Hoch argued that society should not be expected to carry the burden of care for “empty human shells,” “incurable idiots,” “monstrous births,” the “mentally dead,” “weaklings,” and those with “ballast existences.” See Karl Binding and Alfred Hoche, *Die Freigabe der Vernichtung Lebensunwerten Lebens* (Leipzig: Verlag von Felix Meiner, 1920).

13 Philippa Foot, *Virtues and Vices and Other Essays in Moral Philosophy* (Oxford: Clarendon Press, 2002), 40.

loved ones of the opportunity to themselves love and to bear together the burden of life's uncertainties and ambiguities beyond the limits that one might choose to set for oneself. Moreover, insights from disability theology remind us that the presence, inclusion, and participation of the less abled, the unwell, and the most vulnerable among us is integral to the proper formation of moral communities, and is basic if we are to take the body of Jesus seriously.¹⁴

The choice is further complicated by the ways in which achievement-oriented societies appraise the value of human life. Giving voice to the Christian conviction that the sanctity and value of a human life is intrinsically unconditioned by a person's achievements, Eberhard Jüngel reminds us that "our achievement-orientated society only has the right to be called a *human* society if we can experience" those who are "primarily *takers*"—that is, children, the elderly, the dying, and the infirm—as "a *blessing* precisely as those who *cannot yet* or *can no longer* do anything for their existence... In dealing with the person who is not yet capable of, or no longer capable of, achieving anything, we have a *criterion* for the humanity of our society."¹⁵

The predicament that characterises our capacity to make good decisions is further exposed by the fact that most moderns have largely lost a sense of who we are as part of a larger story with its own traditions of meaning-making. Instead, as Rowan Williams avers, "we think first and foremost of the self as a finished and self-contained reality with its own fixed needs and dispositions."¹⁶ In other words, we labour under the modern myth that we write our own story, a lie that provides cover for capitalism's innovative destructions, a matter to which I shall return. This is one place where liberalism has not served well our lived experience. It is founded on a definition of liberty wherein humans might be free to pursue whatever they desire, undetermined by and disconnected from history, tradition, family, kin, body, land,

¹⁴ See, for example, Michael Hryniuk, *Theology, Disability, and Spiritual Transformation: Learning from the Communities of L'Arche* (Amherst: Cambria Press, 2010); Thomas E. Reynolds, *Vulnerable Communion: A Theology of Disability and Hospitality* (Grand Rapids: Brazos Press, 2008); John Swinton, *Becoming Friends of Time: Disability, Timefullness, and Gentle Discipleship* (Waco: Baylor University Press, 2016).

¹⁵ Eberhard Jüngel, "On Becoming Truly Human: The Significance of the Reformation Distinction Between Person and Works for the Self-Understanding of Modern Humanity," in *Theological Essays II*, trans. Arnold Neufeldt-Fast and John B. Webster (London: Bloomsbury, 2014), 239. I am grateful to Lauren Larkin for redrawing my attention to Jüngel's essay.

¹⁶ Rowan Williams, "On Making Moral Decisions," *Anglican Theological Review* 81, no. 2 (1999), 297.

culture, religion, ancestral and civic concerns, or indeed any authority external to the self-authored identity.¹⁷ But anyone who has sat with another facing the decision to end their own life knows that liberalism has not delivered what it promised; or, rather, it has, and that's the problem. One grave challenge here is that in increasingly pluralistic societies, legislators face the difficulty of granting space not only to accommodate individual choice but also for institutions with opposing commitments to operate with moral integrity within the one system of care.

There are other important considerations to name here also, questions not so much about what constitutes a good choice or a poor choice (questions that have received endless attention by philosophers), but rather about something even more basic: what is it like to make a choice at all? Here again, Williams is helpful:

We easily give way to the temptation to think that it is always the same kind of thing, or that there is one kind of decision making that is serious and authentic and that all other kinds ought to be like it. In the present climate, our tendency is to imagine that choices are made by something called the individual will, faced with a series of clearly different possibilities, as if we were standing in front of a supermarket shelf. There may be disagreement as to what the “right” choice would be, but we know what making the choice is about. Perhaps for some people the right choice would be the one that best expressed their own individual and independent preference . . . Others would be wondering which alternative was the one that best corresponded to a code of rules . . . In either case, however, the basic model would be the same: the will looks at the range of options and settles for one. But of course we do not spend our lives in supermarkets.¹⁸

Certainly, matters of personal autonomy and community responsibility are further complicated by the fact that we are steadily identified as consumers rather than citizens. Our governments have shown themselves impotent against the brute forces of consumer demand for an increasing number of end-of-life options beyond pain relief, palliative care, and the cessation of various treatments, even those undertaken

¹⁷ See Patrick J. Deneen, *Why Liberalism Failed* (New Haven: Yale University Press, 2018).

¹⁸ Williams, “On Making Moral Decisions,” 295.

with the direct intention of hastening death. In addition, our capitalist economy grants consideration also to the demands of companies and their shareholders and agencies, including religious agencies, who stand to gain financially from the liberalisation of legislation. I am not suggesting that this motivates their support for the legislation, but only that all the safeguards in the world cannot halt the human capacity for error and vice, especially by those with vested interests.

As the populations of many countries steadily age, and as managerialised death targets and escalating healthcare costs become par for the course, it is unsurprising that the subject of VAD (or euthanasia) should be raised as often as it is. Many identify such a trend with an *eroding* respect for human life. Others identify such a trend with a *growing* respect for human life. This brings us to the second matter I wish to address here.

THE SANCTITY OF HUMAN LIFE

For a great number of religious people, the argument to end all arguments is that VAD represents a direct affront to the sanctity of human life. Human life, it is argued, is a gift of the Creator and so is simply not “ours” to end. In the Christian tradition, Thomas Aquinas, writing in the thirteenth century, speaks for most here when he writes: “It belongs to God alone to pronounce sentence of death and life... Therefore to bring death upon oneself in order to escape the other afflictions of this life, is to adopt a greater evil in order to avoid a lesser.”¹⁹ Likewise, the *Catechism of the Catholic Church* judges that “intentional euthanasia, whatever its forms or motives, is murder. It is gravely contrary to the dignity of the human person and to the respect due to the living God, his [or her] Creator.”²⁰ Such views are widely reflected also in Islam, in the teachings of the Holy Qur'an (e.g., 3:145; 4:29; 6:151; 16:61; 17:33), and in the hadith Sahih Bukhari (e.g., 4:56.669).²¹ Of course, such religious commitments are rarely

¹⁹ Thomas Aquinas, *The “Summa Theologica” of St. Thomas Aquinas*, trans. Fathers of the English Dominican Province (London: Burns, Oates & Washbourne, 1920), Q 64, Art. 5.

²⁰ Catholic Church, *Catechism of the Catholic Church* (Homebush: Society of St Pauls, 1994), §2324. This position is also reflected in the work of John Paul II who, based on the tradition of natural law, judges euthanasia to be “a grave violation of the law of God.” John Paul II, *Evangelium Vitae* (1995), §65.

²¹ On Islamic attitudes to euthanasia, see, for example, Muhsin Akbas, “Euthanasia as a Bioethical Problem: Its History, Varieties, and Philosophy,” *Felsefe Dünyası: Türk Felsefe Dernegi Yayını* 51, no. 1 (2010): 1–15; Dariusch Atighetchi, “Islamismo y

followed through consistently, for many (perhaps most) of those who argue along such lines raise little objection to states and their representatives engaging in war, for example; and some even support the death penalty under certain conditions.

By and large, Christian Protestants share the view that “it is for God and God alone to make an end of human life.”²² But some, particularly those who do not share fidelity to the natural law tradition, do not draw from this claim a categorical

Eutanasia,” *Medicina y Etica: Revista Internacional de Bioetica, Deontologia y Etica Medica* 19, no. 2 (2008): 121–51; Mahmud Adesina Ayuba, “Euthanasia: A Muslim’s Perspective,” *Scriptura* 115 (2016): 1–13; Goedele Baeke, Jean-Pierre Wils, and Bert Broeckaert, “It’s in God’s Hands”: The Attitudes of Elderly Muslim Women in Antwerp, Belgium, toward Active Termination of Life,” *American Journal of Bioethics: Primary Research* 3, no. 2 (2012): 36–47; Jonathan E. Brockopp, “The ‘Good Death’ in Islamic Theology and Law,” in *Islamic Ethics of Life: Abortion, War and Euthanasia* (Columbia: University of South Carolina Press, 2003), 177–93; Jonathan E. Brockopp, “On Taking and Saving Life: The Islamic Context,” in *Islamic Ethics of Life: Abortion, War and Euthanasia* (Columbia: University of South Carolina Press, 2003), 1–24; Stef Van den Branden and Bert Broeckaert, “Living in the Hands of God: English Sunni EFatwas on (Non-) Voluntary Euthanasia and Assisted Suicide,” *Medicine, Health Care and Philosophy: A European Journal* 14, no. 1 (2011): 29–41; Nasser Ibrahim and Mysoon Khalil, “End of Life-Decisions: An Islamic Perspective,” *Online Journal of Health Ethics* 10, no. 1 (2014), <http://dx.doi.org/10.18785/ojhe.1001.04>; İlhan İlkilic, “Medizinethische Entscheidungen am Lebensende in einer wertpluralen Gesellschaft am Beispiel muslimischer Patienten,” *Zeitschrift für Evangelische Ethik* 52, no. 1 (2008): 34–49; Nazila Isgandarova, “Physician-Assisted Suicide and Other Forms of Euthanasia in Islamic Spiritual Care,” *The Journal of Pastoral Care and Counseling* 69, no. 4 (2015): 215–21; Altaf Hussain Langrial, “Legitimacy of Euthanasia (Mercy Killing): An Islamic Perspective,” *Ma’arif-e-Islami* 13, no. 1 (2014): 39–63; Marion Reindl and Hans-Georg Ziebertz, “Religion and Attitudes towards Euthanasia and Abortion: An Empirical Study among Young Christians and Muslims in Germany,” in *Human Rights and the Impact of Religion*, eds. Johannes A. Ven and Hans-Georg Ziebertz (Leiden: Brill, 2013), 119–43; Mostafa Salem, “The Islamic Legal System vis-à-vis: Euthanasia and Organ Transplantation,” in *Looking Beneath the Surface: Medical Ethics from Islamic and Western Perspectives*, eds. Hendrik M. Vroom, et al. (Amsterdam: Rodopi, 2013), 268–71; Mustafa Ünverdi, “İnsan ve Hayatın Anlamı Bağlamında Ötanazi,” *Bilimname: Düşünce Platformu* 28, no. 1 (2015): 167–99. For examples of calls for a reconsideration of the tradition, see Ramadan A. Ahmed, Paul C. Sorum, and Etienne Mullet, “Young Kuwaitis’ Views of the Acceptability of Physician-Assisted Suicide,” *Journal of Medical Ethics: The Journal of the Institute of Medical Ethics* 36, no. 11 (2010), 671–76; Seyed Mohammed Ghari S. Fatemi, “Autonomy, Euthanasia and the Right to Die with Dignity: A Comparison of Kantian Ethics and Shi’ite Teachings,” *Islam and Christian-Muslim Relations* 18, no. 3 (2007): 345–53. For an example of an attempt to approach questions of euthanasia via inter-religious dialogue, see Rishad Raffi Motlani, “Islam, Euthanasia and Western Christianity: Drawing on Western Christian Thinking to Develop an Expanded Western Sunni Muslim Perspective on Euthanasia,” PhD diss., University of Exeter, 2011.

22 Karl Barth, *Church Dogmatics* III.4, trans. A. T. Mackay et al. (Edinburgh: T. & T. Clark, 1961), 425. See also Gemeinschaft Evangelischer Kirchen in Europa, *Leben hat seine Zeit, Sterben hat*

absolute to be applied in all situations. They argue that faith does not mean blindly following unassailable and predetermined laws but rather calls for listening for and obeying the voice of the living God moment by moment. According to Karl Barth, for example, that the divine command can be reasoned about does not mean that it is a static word or universal ethic that bypasses the particular demands placed upon those called to live only by the word of the living God, and that in such ways that one's entire life is continually exposed to interruption. One "must listen in such a way that [one's] whole life is put in question," said Barth.²³ Moreover, we must not pretend to ever attain certainty about what the sovereign God commands in any particular situation. Barth also insists that there are "boundary situations" or "borderline cases" (*Grenzfälle*) wherein the divine command can take unusual and unexpected forms, even while he holds out that it is difficult to imagine a situation, including that of assisted suicide, where the command "You shall not kill" might be suspended.²⁴ Short of exceptional situations where the protection of human life may call for the taking of human life—where life is pitted "against life," as it were—VAD would represent a most "unusual mode"²⁵ of keeping the divine command. But in the sovereignty and freedom of God, it remains a possibility. "Moral principles," Barth avers,

are instruments of the misinterpretation and misapplication of the [divine] command, provoking the very desires which are excluded by the command, the very attempt at human self-justification and sanctification which is forbidden by God and absolutely fatal. They may be absolute in appearance, but in fact they are altogether ambiguous and dialectical. They can and must continually be completed and replaced by others. As they are established, recognised and applied,

23 seine Zeit. Eine Orientierungshilfe des Rates der GEKE zu lebensverkürzenden Maßnahmen und zur Sorge um Sterbende (Wien: Gemeinschaft Evangelischer Kirchen in Europa (GEKE), 2011).

24 Karl Barth, *Church Dogmatic*, I.2, trans. George T. Thompson and Harold Knight (Edinburgh: T. & T. Clark, 2000), 804.

25 See also Karl Barth, *Learning Jesus Christ through the Heidelberg Catechism*, trans. Shirley C. Guthrie, Jr. (Grand Rapids: Eerdmans, 1964), 43; Frank Mathwig, "Grenzfälle am Ende des Lebens: Zur Orientierungshilfe des Rates der Gemeinschaft Evangelischer Kirchen in Europa (Leben hat seine Zeit, Sterben hat seine Zeit)," Federation of Swiss Protestant Churches, accessed November 28, 2018, <https://www.kirchenbund.ch/sites/default/files/media/pdf/mitarbeiter/Mathwig/Mathwig%20Grenzfälle%20am%20Ende%20des%20Lebens.pdf>.

25 Nigel Biggar, *The Hastening That Waits: Karl Barth's Ethics* (Oxford: Oxford University Press, 1993), 34.

they constantly provoke antitheses . . . They cannot bring consistency or continuity into human life. But the good command of God does do this.²⁶

For Barth, the divine command alone sets the human creature “in the truth of the peace in which God has accepted” us and by which God calls us to live “beyond all conflict” with ourselves and are thereby made free from “attempted self-dominion.”²⁷

Here again, true freedom is inescapably bound up with real risk and with the responsibility to assess every situation and to make a real choice. In Bonhoeffer’s words, “Responsible action is neither determined from the outset nor defined once and for all; instead, it is born in the given situation.”²⁸ Here is opened the door to the possibility of a wholly responsible decision to end one’s life *as an act of obedience*, while insisting that no decision we enact can ever justify our own lives—that ultimately, God alone takes responsibility for us and decides what and who we truly are.²⁹ The Christian community’s claim is that this is precisely what God has done in the decision to become flesh, to share life with us, and to fulfil the human call to faithfulness on our behalf under the conditions of human brokenness and those marked by the powers of disease and death.

There are questions to be addressed here too about what kind of life should be treated as sacred. Is life to be equated with mere existence, or is life defined by other realities in which the quality of a life becomes a critical factor? Closely related to this question is our complicated relationship with technology, and the further question of whether people of faith are morally required to avail themselves of every available technology in order to either postpone or to hasten death? For both advocates and critics of VAD, “the worst evil is a poor quality of life.” For critics, including many palliative care providers, it is when life becomes “an obstacle to valuing the time that is left”; and for advocates, it is “the obligation of living on when quality of life is

26 Karl Barth, *Church Dogmatics* II.2, trans. Geoffrey W. Bromiley, et al. (Edinburgh: T. &T. Clark, 1957), 727.

27 Barth, *Church Dogmatics* II.2, 728.

28 Bonhoeffer, *Ethics*, 221.

29 See Jüngel, “On Becoming Truly Human,” 217, 221: “It is . . . of the essence of humanity that we are not constituted by our own activities . . . Human persons do not decide what they truly are. The human person does not define him- or herself. Rather one is, as Luther claimed, defined by God’s justifying activity and by the faith which corresponds to this activity of God.”

poor.”³⁰ Life is certainly to be respected, but we must not make an idol of it. When life is preserved as an end in itself, with disregard for the quality of that life, then the result may serve an idolatry which has nothing whatever to do with religious obedience.³¹ Discerning when in fact this may be the case, however, is tremendously difficult, including in the kinds of situations envisaged by VAD legislation.

It has been argued that theologians should defend “not only the sacredness of human life but also the sacredness of death. Sometimes death is the best that life has to offer, the moment when we return the gift of our life to God.”³² Writing almost two centuries before the Christian era, the Jewish scribe Ben Sira suggested that “Death is better than a life of misery, and eternal sleep than chronic sickness” (Sirach 30:17). It may well be argued that this represents precisely the kind of decision that religious believers are free to make and to hasten as they face their own end. Might not such an action—of casting one’s life into the mercy of God’s mysterious future—be an act of faith and of love, an expression rather than a denial of religious hope and of the sanctity of life, however broken?

Returning to questions of human responsibility, this relates to the religious claim that one’s responsibility for life is exercised not only *before God* but also *to others* with whom one is called, in the words of the Holy Qur’an, to be a “guardian, confidant, and helper” (Surah 9:71); or, employing the language of the Christian Scriptures, to “bear one another’s burdens” (Gal 6:2). Assisted dying, by its very definition, is not a private matter, and so for as long as there is such a thing as a public or a society, assisted dying must not be reduced to being about an individual’s rights. For a person to claim the right to die as an individual right, or what Jüngel refers to as a disorientated mode of “ruthless self-realization,”³³ can be to seek a form of individualised justification, and so tear something from the fabric of human life as justified only in its corporate forms. But what if the decision to die was one undertaken not by the individual alone but rather with a community committed to bear the burden of the decision together?

³⁰ Samia A. Hurst and Alex Mauron, “The Ethics of Palliative Care and Euthanasia: Exploring Common Values,” *Palliative Medicine* 20, no. 2 (2006): 107–112.

³¹ See Barth, *Church Dogmatics* III/4, 342.

³² D. Dixon Sutherland, “From Terri Schiavo Toward a Theology of Dying,” in *Resurrection and Responsibility: Essays on Theology, Scripture, and Ethics in Honor of Thorwald Lorenzen*, eds. Keith D. Dyer and David J. Neville (Eugene: Pickwick Publications, 2009), 246.

³³ Jüngel, “On Becoming Truly Human,” 222.

This, of course, does not guarantee that a better decision might be made, not least because communities are as beholden as are individual persons to the “supermarket” referred to earlier, but it would at least mean that whether or not the path led towards or away from active voluntary dying, there remains the opportunity to die accompanied by the presence, prayers, and confessions of others. For Christians, it offers the opportunity to die accompanied by those who have already for many years been rehearsing for this moment through the sacrament of Baptism, that symbol of death with which the Christian journey begins, and the celebration of the Eucharist, where Christians remember and anticipate that the tragedy of the grave is not territory of which God is unfamiliar, and where receiving the cup commits Christians to practices of patience and of caring, and of living and of dying, unto God.³⁴



Every decision about death is a judgement about life. Death is not a way to escape life. No one gets out of life alive.³⁵ That religious believers believe that life—its beginning and its ending—is made most intelligible by reference to transcendent realities does not mean that we live or die with an abundance of certainties. Indeed, we die as we have lived—without any script. So what might it mean for us to pursue lives of theological probity amidst the inexplicability of the inescapable tragedies that expose the instability of all things, in a world that is “aimless, chancy, and huge,” and where “we are blinded by self”?³⁶ It is not an easy task to see the world as it is.

34 The most recent data from the Oregon experience reports that prescribing physicians are present at time of death for only 16.7 percent of patients, with other health care providers (e.g., a hospice nurse) present at time of death for an additional 22.0 percent of patients. See Public Health Division, Center for Health Statistics, “Oregon Death With Dignity Act.”

35 This phrase is a riff on words by Stanley Hauerwas. See, for example, Stanley Hauerwas, *The State of the University: Academic Knowledges and the Knowledge of God* (Malden: Blackwell Publishing, 2007), 53: “Our culture seems increasingly moving to the view that aging itself is an illness, and if it is possible, we ought to create and fund research that promises us that we may be able to get out of life alive.” Cf. Stanley Hauerwas, *Working with Words: On Learning to Speak Christian* (Eugene: Cascade Books, 2011), xiii, 83, 125, 155, 160, 161; Stanley Hauerwas, *War and the American Difference: Theological Reflections on Violence and National Identity* (Grand Rapids: Baker Academic, 2011), 19.

36 Iris Murdoch, *The Sovereignty of Good* (London: Routledge & Kegan Paul, 1970), 100.

Death—whatever its forms or modes—may indeed be life’s enemy. But it is an enemy that, like the strange promise of resurrection, is woven into the warp and woof of life in God’s world. Whereas it sometimes may be an enemy from which to flee, at other times death may be the enemy we might embrace as an embodied parable of love’s final hope. And because God is the God of life, then not only are all of life’s experiences of concern to God but also all of life’s experiences are in some sense constitutive of God’s own experience with the world. In every *experience*, in every *thing*, in every *decision*, God is waiting for us. This means that death is not, in the final analysis, the contradiction of life but that it is mysteriously and inescapably bound up with the movement of life in the world and in God, for whom *voluntary* death is not unfamiliar territory. The Christian hope is that whatever our manner of dying, we die into God’s care, and into God’s knowing.

In life, in death, in life beyond death,
God is with us.

We are not alone.

Thanks be to God.³⁷

³⁷ The United Church of Canada, “A New Creed (1968),” accessed March 8, 2019, <https://www.united-church.ca/community-faith/welcome-united-church-canada/new-creed>.