

EUTHANASIA

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About the author...

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Introduction

We live in a complicated and confused world! On one hand we hear declarations about “save the child” and questions such as “Ask yourself, Is it good for the children?”. On the other hand we constantly hear declarations of “the woman’s right to choose” in regard to killing her unborn child, even when the only part of the baby remaining in the womb is the head (partial birth abortion). How can anyone be “for” the children when they uphold the barbaric murder of the unborn or partially born?

The complication and confusion does not end with the contradictory statements concerning children. According to Lottie Beth Hobbs, when abortion was legalized in 1973, “Astute analysts warned that the court ruling would result in ‘convenience’ abortions, and that legalization of euthanasia would in time logically follow” (3). Were those analysts correct? Indeed so! Each year millions of innocent children are murdered by legal butchers at the request of their mothers, for convenience, and the euthanasia movement is engulfing the world, including the United States.

Suicide

Adding to the confusion of our world are the conflicting views of those who promote the right to commit suicide, such as Derek Humphry, in his book *Final Exit* (a national best seller), which teaches people how to commit suicide with drugs and a plastic bag, and those who teach against it (Smith 3). According to Wesley J. Smith, recently:

...with mental health maven Tipper Gore at his side, Surgeon General David Satcher, issued an urgent “Call to Action to Prevent Suicide.” Suicide, Dr. Satcher wrote, is one of the country’s worst public health problems. Approximately 31,000 Americans die each day at their own hands (compared with approximately 20,000 homicides per year). Dr. Satcher bemoaned the appalling statistic that between 1952 and 1996, the number of suicides among adolescents and young adults, tripled. More teenagers and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia, influenza, and chronic lung disease combined. Suicide strikes elder Americans especially hard. Nearly 18 kill themselves each day, with the highest rate being among white American males, aged 65 or older. Unfortunately, Dr. Satcher’s campaign faces an uphill battle. The United States is growing increasingly pro-suicide and suicide promotion is ubiquitous (1).

Don't expect the confusion to end any time soon. After all, many of the same ones who call for "taking care of the children," and speak out against suicide, (such as Mrs. Gore) are the very ones who do an "about face" and strenuously defend the right to kill children in the name of "choice"!

Definitions

General definitions:

Webster, 1977: "Euthanasia [Gk, easy death, from *eu*- + *thanatos* death]: the act or practice of killing individuals (as persons or domestic animals) that are hopelessly sick or injured for reasons of mercy" (A. Merriam-Webster 395).

Webster, 1997: "Euthanasia. 1. Also called mercy killing. The act of putting to death painlessly or allowing to die, as by withholding extreme medical measures, a person or animal suffering from an incurable, esp. A painful disease or condition. 2. Painless death" (Random House 670).

The Voluntary Euthanasia Society defines Euthanasia as "good death. The word has come to mean the bringing about of a gentle and easy death" (1).

B. A. Robinson cites the Netherlands State Commission on Euthanasia as saying:

The word Euthanasia originated from the Greek language: *eu* means "good" and *thanatos* means "death." The meaning of the word is "the intentional termination of life of another at the explicit request of the person who dies." That is, the term euthanasia normally implies that the act must be initiated by the person who wishes to commit suicide. However, some people define euthanasia to include voluntary and involuntary termination of life. Like so many moral/ethical religious terms, "euthanasia" has many meanings. The result is mass confusion (2).

More specific definitions:

1. "Passive Euthanasia: Hastening the death of a person by withdrawing some form of support and letting nature take it's course" (Robinson 2).
2. "Active Euthanasia: This involves causing the death of a person through a direct action, in response to a request from that person" (Robinson 3).
3. "Physician Assisted Suicide: A physician supplies information and/or the means of committing suicide (e.g. a prescription for lethal dose sleeping pills, or a supply of carbon monoxide gas) to a person, so that they can easily terminate their own life" (Robinson 3).
4. "Involuntary Euthanasia: The term is used by some to describe the killing of a person in opposition to their wishes" (Robinson 3).
5. "Non-voluntary Euthanasia: Ending the life of a patient who is not capable of giving their permission" (Definitions 1).

Understanding The Terminology

One would think that the confusion concerning euthanasia would be overcome by a study of the definitions. Yet, this is not the case. In fact, confusion reigns over various terms used, and there

is good reason. Efforts are constantly made by the campaigners for the legalization of various forms of euthanasia, to incorporate pleasant words into their definitions, that will be more palatable to the masses — and they are often very successful (as are the proponents of the murder of the unborn)

Concerning this, Rita L. Marker and Wesley J. Smith note:

“Sticks and stones may break my bones but words can never hurt me” was a children’s rhyme that was very common not many years ago. It was also totally wrong. The deep emotional pain inflicted by words can often hurt far more and for much longer than the physical pain of a broken bone. Today, as the debate over what has become known as the “right to die” is taking place another type of harm can result from words. That harm can be deadly. Words that sound familiar — like treatment, compassion, comfort care, and terminal — now may mean something far different than they did only a few years ago. Those words, as they are currently used, may do more than hurt. They may kill. Take, for example, the seemingly clear statement — “If I’m terminally ill, the only medical treatment I want is comfort care.” That statement could now be interpreted as a request for a deadly drug overdose by a person who has a life expectancy of months or even years (1).

It, of course, takes time for such changes to occur.

On January 27, 1939, in an article titled, “‘Mercy’ Death Law proposed in State,” the *New York Times* reported that the Euthanasia Society of America had drafted a bill to “legalize painless killing.” Charles E. Nixdorff, the group’s treasurer, took issue with both the article’s title and its reference to killing and, in a letter to the editor, he wrote that the words “killing” and “death” had sinister connotations. He suggested that it would be better to describe euthanasia as “merciful release” so that the public would not fear the Society’s proposal (Marker & Wesley 2).

Neither the newspaper, nor Mr. Nixdorff’s organization, heeded his advice, but they have learned a lot about public relations since then. One lesson they have learned and heeded is that “. . . all social engineering is preceded by verbal engineering. If words or their meaning can be changed, the quest to change hearts and minds will be achieved” (Marker, Smith 2). As a result:

. . . today when mercy killing is discussed, it is couched in euphemisms — words of gentleness or the language of rights. Titles of euthanasia advocacy groups contain words like “compassion,” “choice,” and “dignity.” Even the Euthanasia Society of America (sic) has undergone name changes to present a more positive image. (In 1976 the Euthanasia Society of America changed its name to the Society for the Right to Die and, in 1991, it became known as Choice in Dying.) No longer does anyone but its strongest opponent refer to mercy killing. The word “euthanasia” is generally avoided in proposals to legalize it. Old words are replaced or given different, vague meanings. Like a constantly changing kaleidoscope, meanings shift ever so slightly, forming new patterns of thinking. Slowly, quietly — but inexorably — the previously appalling is transformed into the present appealing (Marker 2).

The Slippery Slope

One of the arguments those against Euthanasia use is the slippery slope argument, which proposes that voluntary euthanasia will soon lead to involuntary euthanasia. Of course, the pro-euthanasia forces deny this argument, saying “This is misleading and inaccurate - voluntary euthanasia is based on the right to choose for yourself. It is totally different from murder. There is no evidence to suggest that strictly controlled voluntary euthanasia would inevitably lead to the killing of the sick or elderly against their will” (Answers... 1). Are they correct in their claim? Not according to *The Remmelink Report*, the first official government study of the practice of Dutch euthanasia, released on September 10, 1991. “The two volume report. . . documents the prevalence of *involuntary* euthanasia in Holland, as well as the fact that, to a large degree, doctors have taken over end-of-life decision making regarding euthanasia” (Euthanasia... 2).

According to the Remmelink Report, in 1990:

- < 2,300 people died as the result of doctors killing them upon request (active, voluntary euthanasia).
- < 400 people died as a result of doctors providing them with the means to kill themselves (physician-assisted suicide).
- < 1,040 people (an average of 3 per day) died from involuntary euthanasia, meaning that doctors actively killed these patients without the patients’ knowledge or consent.
 - < 14% of these patients were fully competent.
 - < 72% had never given an indication that they would want their lives terminated.
 - < In 8% of the cases, doctors performed involuntary euthanasia despite the fact that they believed alternative options were still possible.
- < In addition, 8,200 patients died as a result of doctors deliberately giving them overdoses of pain medication, not for the primary purpose of controlling pain, but to hasten the patient’s death. In 61% of these cases (4,941 patients), the intentional overdose was given *without the patient’s consent*” (Euthenasia... 2, 3).

“All of this was done even though “Dutch Penal code Articles 293 and 294 make both euthanasia and assisted suicide illegal, even today” (Euthanasia... 1). How could this be? “. . .as the result of various court cases, doctors who directly kill patients or help patients kill themselves will not be prosecuted as long as they follow certain guidelines” (Euthanasia... 1). The problem is that since 1981 those guidelines “have been interpreted by the Dutch courts and Royal Dutch Medical Association (KNMG) in ever-broadening terms” (Euthanasia... 1). It surely sounds like the “slippery slope” argument has been proven to be true. Surely, we cannot believe that the slope is any less slippery here in our own country!

Confusion Continues

As noted at the beginning of this study, we live in a complicated and confused world. Well, the confusion continues! The proponents of euthanasia encourage the continuation of confusion by the redefining of terms. The emotional state of patients and their families brings about confusion as well. How can we overcome that confusion? This is an especially important question for those of us who

are Christians. How do we give an answer about euthanasia? How do we deal with the claims and counter claims concerning the issue? How do we deal with the emotions of others, and ourselves, concerning loved ones — and even ourselves?

God's Divine Will

The most important place for us to turn is God's divine will. Surely, the answers we need are there! Please consider:

- < Human life is sacred because God “. . .giveth to all life, and breath, and all things. . .” and “. . .in him we live, and move, and have our being. . .For we are also his offspring” (Acts 17:25-28).
- < God's regard for the sacredness of life is seen in the regulation recorded in Genesis 9:6, which says, *“Whoso sheddeth man's blood, by man shall his blood be shed: for in the image of God made he man.”*

As Lottie Beth Hobbs notes, “This contains two very strong points. Man's life is sacred for he is made in God's image. It also establishes that one who sheds innocent blood becomes guilty and worthy of capital punishment. This principle is re-stated in the New Testament -- Romans 13:4” (20).

The Psalmist requested of God, *“Cast me not off in the time of old age; forsake me not when my strength faileth”* (Psalm 71:9). Again, in verse 18 he declared, *“Now also when I am old and grayheaded, O God, forsake me not; until I have shewed thy strength unto this generation, and thy power to every one that is to come.”* God does not forsake the elderly, and neither should we! Instead of accepting the idea that they are not useful in their latter years, or allowing them to think so, we need to recognize their usefulness in speaking of and showing God's power.

One of the most powerful arguments against euthanasia concerns the case of King Saul, recorded in 1 Samuel 31:1-6. Saul had been mortally wounded in battle against the Philistines. Rather than die slowly in torture or suffer humiliation from the enemy, he begged his armour-bearer to kill him. Rightfully, his armour-bearer refused, and so Saul tried to commit suicide. Later, as recorded in 2 Samuel 1:1-10, an Amalekite who was passing by heard the same request from Saul; *“Stand, I pray thee, upon me, and slay me: for anguish is come upon me, because my life is yet whole in me”* (v. 9). What did the Amalekite do? He did exactly what the proponents of euthanasia want us to do today. *“So I stood upon him, and slew him, because I was sure that he could not live after that he was fallen. . .”* (v. 10). A key question is, “WHAT WAS GOD'S REACTION TO THIS ACT OF EUTHANASIA?” **GOD CONDEMNED HIM! HE WAS THUS PUT TO DEATH (v. 13-15)!** From this judgement, we must conclude that it was totally unacceptable to God, regardless of the motive behind it (Simpson 685; Gore).

The supporters of euthanasia argue against such verses by declaring, “None of the religious arguments against assisted dying are relevant to those who do not share those beliefs” (Religious Views...2). They then document various denominational preachers and teachers and give statistics from opinion polls that show that large percentages of religious people are in favor of medical aid in dying (Religious Views...1-3). All that such arguments prove is that the majority of people have left the standard that God has given. When one leaves God's standard it is easy to leave again and again — another slippery slope. Of course, leaving the standard, does not mean that the standard changes, or that they are not going to be held accountable to it!

Conclusion

Friends, the practice of Euthanasia has many advocates. They have made many inroads. They continue to “soften” the terminology used to make it easier for people to accept what will be done.

Simply put, we need to be aware. Lessons such as this one will help with that awareness, but there is simply too much going on to cover it all in such a short time frame. Please take the time to study further on this issue. Always keep in mind that although “pro-euthanasia groups and the media tend to focus on a patient’s right to self-determination. . . such rights mean nothing without a recognition of the fundamental sanctity of human life” (Major 691, 692).

One of the specific items that I will personally be taking a closer look at is “living wills.” After my mother’s death in February, I, along with my siblings, encouraged many people to have one made. “Living wills seem practical, and there is nothing intrinsically immoral about such statements (only if they remain consistent with the sanctity-of-life ethic)” (Major 695). Yet, in my study for this lesson, I have recognized that the living will does have its problems, and often is used as a tool to “get in the door” concerning euthanasia.

Bill Goring said in his tract on this subject, “The legalization of euthanasia represents a ‘Pandora’s Box’ of evils about to be thrust upon society. Christians must actively oppose this type of atrocity.” Brethren and friends, those evils have indeed been thrust upon us, and we as God’s people MUST oppose them!

Works Cited

Answers to objections about assisted dying. Voluntary Euthanasia Society (2000).

Definitions — an A-Z of terms. Voluntary Euthanasia Society (1999).

Euthanasia in the Netherlands. International Anti-Euthanasia Task Force (1994).

Goring, Bill (1995). *Current Concerns: Euthanasia.*, Independence, MO: 39th Street church of Christ (1994).

Hobbs, Lottie Beth. “Forsake Me Not When My Strength Fails” *What About Euthanasia?*. Fort Worth, TX: Harvest Publications (1986).

Major, Trevor J.. “A Christian Response To Euthanasia.” *Biblical Ethics*, Terry M. Hightower, ed. San Antonio, TX: Shenandoah church of Christ (1991).

Marker, Rita L. and Smith, Wesley J. *Words, Words, Words.* International Anti-Euthanasia Task Force (1996).

Merriam-Webster, A. *Webster's New Collegiate Dictionary*. Springfield Massachusetts: G. & C. Merriam Co. (1977).

Random House Webster's Unabridged Dictionary. New York, NY. Random House (1997).

Religious views on assisted dying. Voluntary Euthanasia Society (1999).

Robinson, B. A. *Euthanasia and Physician Assisted Suicide: All Sides of the Issues* (2000).

Simpson, John P. (1991). "Euthanasia." *Biblical Ethics*, Terry M. Hightower, ed. San Antonio, TX: Shenandoah church of Christ

Smith, Wesley J. *Suicide Nation*. International Anti-Euthanasia Task Force (1999).