

# 31-01-99 PM - Euthanasia

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Date: 31 January 1999

Preacher: Andrew Sloane

[ 0 : 00 ] This is the evening youth service at Holy Trinity on January the 31st 1999. The preacher is Andrew Sloan and his topic is euthanasia.

I'm Andrew Sloan in case you haven't guessed. Let's pray. Our Father we ask that by your spirit you would give us wisdom.

You'd help us to know your will. And that you would enable us by that same spirit to live to bring glory to your son Jesus. In whose name we pray.

Amen. As Warwick has told you, euthanasia is a bit of a hot topic at the moment. Particularly I guess in this area with Philip Nitschke so recently making a foray here.

As you're probably aware, it was only, when was it, last year I think it was, the year before, that the Northern Territory passed legislation making euthanasia legal.

[ 1 : 16 ] It was then overturned by the Federal Senate, but not before seven people died under its provisions. Including most famously a bloke called Bob Dent.

He was the first person to legally be euthanasia legal. He died on the 22nd of September 1996. After a five-year struggle with prostate cancer.

Again, as Warwick mentioned, euthanasia is not a new issue. I don't think we can claim that struggling with death is something that only we this century, only we at this end of the century have faced squarely.

People have faced death throughout history. And they've faced it courageously. Or cowardly. But faced it, all have.

And all of us must. But some of the issues, I think, have become much more acute at the end of the 20th century in light of medical technology.

[ 2 : 24 ] There are a couple of cases I'd like to run past you from my own experience as a doctor. I worked briefly as a resident in intensive care, which is a pretty scary place to work in some ways.

Lots of fun in others. These were not among the more enjoyable experiences. The first was a young woman. She was 19.

She came in about a week before she came to see us with terminal leukaemia. She came into the intensive care unit despite everyone who had anything to do with her care knowing that she was going to die.

It was not a question as to whether she was going to. There wasn't even much of a question as to when she was going to. It was going to be in the next week or two. But nonetheless, she came to us.

Everyone knew it was a waste of time. But even so, she spent over a week in our intensive care unit. For some of that time on a ventilator, on a life support system.

[ 3 : 31 ] All the time, we all knew that this was doing her no good whatsoever and never would. The second case is of an old man who came in with a stroke.

Nobody knew how bad the stroke was. Nobody knew whether he was going to wake up, if he woke up, how well he'd be when he woke up, or whether he would never wake up again. He came in and was on life support again for a few days.

When it became pretty clear that he'd had effectively a terminal stroke and that he was going to die from this, he would never wake up enough to be able to go home and live independently.

Indeed, he'd never wake up enough to breathe for himself for more than a few hours. There was quite a discussion as to what we should do. One of the doctors who was treating him was outraged when, as most of us said, we suggested that the best thing for him would be to simply turn off the life support system.

It wasn't going to do him any long-term good. So why put him through the burden of a life support system? Have any of you seen, by the way, a ventilator in action?

[ 4 : 47 ] Or somebody on a ventilator? It's not fun. Some of you may have even experienced it yourself. It's not at all fun. People need to be heavily sedated just in order not to rip all the tubes and things out.

It's not at all fun. So it seemed to us that it was most appropriate simply to stop the nasty things that we were doing because they weren't going to do him any good.

But this other doctor said, no. How can you be so active? How can you do such a thing to this man? We should just quietly give him an overdose of morphine. And then he will simply die.

Those two cases illustrate some of the issues that we need to face when we're dealing with something like euthanasia.

There are all kinds of arguments, as I'll mention some of them briefly as we go along. I won't spend a lot of time on them. There are all sorts of arguments for and against. The thing I think that is easiest for us to do when we're talking about something like euthanasia is to forget what it's all about.

[ 5 : 59 ] We get caught up with the arguments. We get caught up with positions and platforms and slogans and so on and forget that what we're talking about are people. We're talking about dying people.

And the families of dying people who are facing perhaps the most difficult decision of their lives. Cases, like I just said, like I just mentioned, don't really help us to grasp the reality of what it means to be a person facing such a decision.

So, I'm going to tell you a story. This is a true story, by the way. It's not one that I have personally experienced, but one told me by the guy who was caring for this particular fellow.

It's about a bloke called, I'll call him Adam, Adam Parsons. He was a 42-year-old bloke, married, and he had three children. I can't remember their precise ages.

He came into hospital, they weren't very old though. He came into hospital with fever, chest pain, and shortness of breath. It's an unusual thing for a 42-year-old to experience.

[ 7 : 13 ] And so, he was extensively investigated. After all these investigations, it became clear that not only did he have pneumonia, but that the pneumonia was the result of widespread cancer.

Cancer that had spread from the primary site in his kidney right through his lungs. And little bits of his lungs had effectively collapsed down and become infected, and that was the cause of his pneumonia.

He was treated with antibiotics, and his pneumonia got better. He was able to go home. He was referred, though, to the palliative care team.

Now, palliative care is a term you may or may not have heard of. Palliative care simply means caring for somebody to diminish their suffering, to make their life as comfortable, as tolerable for them, as it possibly can be.

Palliative care is in some ways contrasted with curative care, in which the aim is to try and get somebody better, to find out what the problem is and fix it.

[ 8 : 22 ] In palliative care, there are problems and they can't be fixed on the whole. He was referred to a palliative care team for ongoing care because it was pretty clear that his cancer was incurable.

He and his wife and children, in the context of this palliative care, received a lot of care from a number of people in the team. It included pain relief for Adam, a lot of counselling for him and for his family, and all kinds of practical supports to help them live through what was going to be a very difficult time.

About three months later, Adam again developed pneumonia. This was not a surprise. This was expected just because of the nature of his disease. There was a lot of discussion.

He talked things over with his family. He talked things over with his specialist. I'll call him David. And in the light of these discussions, Adam decided that he wasn't going to have antibiotics again.

He didn't see there was any point. He decided instead for effective palliation, that is, for good pain control, for oxygen, so that he didn't feel short of breath all the time, and he was admitted to hospital with morphine, oxygen and supportive care.

[ 9 : 53 ] For Adam, the problem was that he didn't die. And this for him was a real problem. His pneumonia just got better. These things happen.

And he was able to go home from hospital. This was not only a problem for Adam. This was a crisis. He was angry.

He was furious. Furious at himself. He felt that his body had betrayed him. He was ready to die. And now he had to face some more life, knowing that he would still die, that that had not changed.

He was angry with David. David had been talking to him about his death, which he presumed would come soon. And it hadn't.

And he was angry with God. He became increasingly angry, withdrawn, and shut himself off from his family and everybody else.

[ 11 : 00 ] Shortly after he got home from hospital, David, his specialist, received a phone call from him. It was an angry, painful phone call. He said, David, I want to end it now.

I can't stand it. I know I'm going to die. There's nothing you can do about that. And it hurts. And I hate it. Help me to die. How can I do it?

Should I go into a building and throw myself out the window? Should I take an overdose? Should I throw myself under a train? What should I do? I want to die. Here, if you will, is somebody who's asking for euthanasia.

Somebody who faces the certainty of death and the certainty of a death which is outside his control. And in desperation, he wants to get control and run his death his own way.

These are the kinds of situations in which euthanasia is, I think, most pointed and in which we can see the issues with greatest clarity. Sure, fraught with emotions and so on.

[ 12 : 18 ] But that's just the way it is, isn't it? The personal character of euthanasia is, I think, crucial for us to get hold of.

Because euthanasia is about people facing real life and death choices. Having, I hope, introduced the kind of personal element that I think is crucial for us to keep in mind, it's also important to get our concepts clear.

And so, some definitions. Could you put on the first over here, please? The most important definition is, just what is euthanasia? This is a definition I'll be working with.

It's an action or omission. Something that is done or something that is not done deliberately and specifically to accelerate a person's death in order to terminate her or his suffering.

Now, all of those elements are crucial in the definition of euthanasia. It has to be done deliberately and specifically to accelerate death. It's not just any death, however.

[ 13 : 31 ] However, it is a death which has in mind the ending of this person's suffering. If you happen to have an old grandmother or grandfather who's lying around in a hospital ward and you're sick of the sight of her and you decide it's time to get rid of her, that's not euthanasia.

That's murder. And that's an entirely different kettle of fish. This is something which is done in order to end somebody's suffering.

Now, euthanasia may be voluntary, involuntary or non-voluntary. What do I mean? Voluntary euthanasia is when somebody who is able to make a rational decision does so and says, I want to die.

A classic example of that would be Bob Dent, the guy in the Northern Territory who was the first to do so under the Northern Territory laws. That's voluntary euthanasia. Non-voluntary euthanasia is when somebody is not able to make a decision for him or herself and somebody else makes a decision on their behalf.

If, as was not the case, the bloke I told you about, the old man who'd had a stroke, if he'd been given an overdose of morphine in the intensive care unit, that would have been a case of non-voluntary euthanasia.

[ 14 : 49 ] Yep. He was not able to make that decision. Somebody was going to make it for him. As it was, what we did was something entirely different, which is the withdrawal of life-prolonging therapy, which I'll talk about a bit later.

The third kind of euthanasia is involuntary euthanasia. That is, somebody is able to make a rational decision, they are able to say yes or no, and they say no, and somebody still kills them because they think it's best for them.

They think, surely that would never happen. It does. And it has. There's a documented instance in the Netherlands. In Holland, it is legal, or it is not strictly legal, I think, still.

It's not, people just don't get prosecuted for it. It's a very dodgy set-up. But anyway, this is the way it is. A woman in the Netherlands went into hospital and told the admitting doctor that she would never choose euthanasia, even though she knew she was dying.

She would never choose euthanasia because it conflicted so strongly with her beliefs. A second doctor came on later on that weekend, not the person who admitted her, and killed her by a morphine overdose because he needed the bed.

[ 16 : 11 ] And, I'm not exaggerating, that is the case. That is a case of involuntary euthanasia. By the way, there is no one in the contemporary Australian debate who is arguing for the legitimacy of involuntary euthanasia.

No one that I know of. And very few who are arguing for non-voluntary euthanasia. The withdrawal of life-prolonging therapy is something quite different.

That is, it is what it says. It is withdrawing or withholding therapy which will prolong the life of somebody, somebody who is dying in order to avoid needless suffering.

An example of that is taking that old man off the ventilator. It is a burdensome treatment.

It was not going to do him any good. All it was doing was prolonging his dying. Taking it away is the withdrawal of life-prolonging therapy. Now, some people call this passive euthanasia.

[ 17 : 21 ] I think that is a serious mistake. Because it is not an action or a mission which is undertaken deliberately and specifically in order to accelerate death to alleviate suffering.

That is not the nature of the action. It is quite different. And we can talk about that some more later. The distinction, I think, is very clear in practice. It's very important not to fuzz the boundaries conceptually, it seems to me.

Now, why on earth would anybody be in favour of euthanasia? Or for that matter, why on earth would anybody be against it? The next overhead lists some arguments for voluntary euthanasia.

Now, I'll be talking about voluntary euthanasia and only voluntary euthanasia from now on. As far as I'm concerned, the ethics of non-voluntary and involuntary euthanasia are incredibly cut and dried.

So, voluntary euthanasia is what we're talking about. The arguments are listed there. I don't have time. I'd like to, but I don't have time and you probably don't have the patience for me to go through all these arguments and explore the pros and cons of euthanasia.

[ 18 : 38 ] I'll just put them up there so that you can have a glance at what some of the arguments are. I just will say, however, autonomy, you may or may not be familiar with that word.

It means, literally, self-rule and it's the so-called right to determine the timing and manner of one's own death. You've probably heard that kind of language in the debate if you've been listening in on it.

That's grounded in the notion of autonomy. There are, correspondingly, a number of arguments against voluntary euthanasia. And there they are listed.

Some of them I'll be touching on in passing. The point of putting these arguments up is primarily to say this. The arguments for all their technicality and some of them are very, very technical, very interesting, but very technical.

For all their technicality, the arguments for and against euthanasia are fundamentally grounded in an overall vision of reality. The arguments for and against euthanasia don't stand generally just on their own.

[ 19 : 54 ] They arise out of a way of looking at the world. and it's a way of looking at the world which ultimately says whether those arguments will stand or fall.

What I'm going to be focusing on for most of the rest of our time is a way of looking at the world, a Christian way of looking at the world, which is, from my investigation at any rate, the best way of looking at the world that's around.

I think ultimately that's because it's the true way of looking at the world, but we can talk about that later too. Tackling the arguments one by one is useful, but not ultimately useful.

Looking at a way of looking at the world is what really matters. Before we get to that, however, I think it's helpful to have some categories, some, if you like, boxes to put arguments in, because the arguments belong to certain types of arguments, as we'll see when we come back to some of them.

It's very easy to get confused, and it's very easy to confuse different types of arguments, so that, in effect, you can wind up arguing at cross purposes with people.

[ 21 : 15 ] Now, I'd suggest that relationships are the best way of understanding ethics, and provide us with the best conceptual tools for analysing ethical arguments.

There's an overhead which has some categories of thought, which, broadly speaking, are simply ways of dividing up what it means to be a person and what it means to live in relationships.

These terms, by the way, are roughly synonymous. Agent and character, action and command, aftermath and consequences. They mean roughly the same thing. It depends whether you like A's or whether you like C's.

It's up to you. When we're thinking about an issue, and when we're looking at the arguments that people put forward, it's important to ask, what kind of person is being spoken of here, and what kind of person would be involved in this particular action, what kind of person they are, or what kind of person would they become if they were to do this?

That is, looking at the agent or the character of the person who is involved in this decision. You then need to look at the action, what that person has in mind, what are they going to do, what is the nature of that action?

[ 22 : 46 ] Is it inherently right or wrong? Some things are. And particularly as Christians, I think some things are reasonably clear cut. Other things are not. I think this isn't quite so clear cut, euthanasia that is.

Is there an action or is there a command that God has given us that we can refer to in order to determine the nature of this action? But given that we're looking at people and given that we're looking at relationships, we need to also think about what's going to happen as a result.

What's the aftermath? What are the consequences? How will people be at the end of all this? There's a little picture, it's a silly picture but there you go, I'm a silly fellow I suppose, which might help you get a handle on this.

If you've got a computer you'll know what that's about. When you're looking at something that someone's doing, first of all, why are they doing it?

What's their motivation? And what character traits are they evidencing in doing this? If I pick up a sledgehammer and wallop my computer with it, it's generally not a calm, considered, reserved action.

[ 24 : 07 ] Similarly, the nature of the action. Well, what is the action? The action is smashing a computer, isn't it?

You need to ask yourself, what kind of action is that? Is it a good one or is it a bad one? Well, maybe. And then the consequences. The consequences are your office will be littered with tiny pieces of plastic and bits of metal and probably some glass.

And you won't have a computer to finish whatever it is that you weren't able to do, which is why you smashed it up in the first place. So the agent, the action, the aftermath are all important for us to think about in relation to any issue.

Getting back to euthanasia briefly, thinking about the agent is very important. many arguments talk about what is the compassionate thing to do, yes?

We see somebody who's suffering. And unless we are morally dead, it will cause us pain.

[ 25 : 26 ] And that pain will prompt us to act. But compassion is a motive. It is part of the character of the person who is doing the action.

It is not a component of the action itself. It is what moves someone to act. One of the interesting things in the euthanasia debate is that very often compassion is seen as the content of the action.

This is the compassionate thing to do nonsense. It may be something that someone does who is moved by compassion. That's a very different thing. We then need to look at the action.

Is it right inherently or wrong inherently to kill a dying person? And then we need to think about the consequences, the aftermath.

What will be the effects on society and on the practice of medicine if we were to go down this path? Now, I think they're important questions, but they're, if you like, analytical questions.

[ 26 : 36 ] They help us get things in boxes. I like doing that. But we need some content to our ethical thinking, do we not? what is it that's going to be the content of our thinking about euthanasia?

Well, the problem for Christians is that, at least as far as I can see it, there is no one text which says anything for or against euthanasia directly.

I know of no scriptural statement which says unambiguously you shall not kill a dying person.

Now, you may differ with me on that. We can talk about that later too. For instance, the command you shall not murder. Murder, it seems to me, is conceptually rather different to euthanasia.

I'm not here, let me say this, I'm not here saying that euthanasia is a good thing to do. As you'll hear in a moment, I would say exactly the opposite to that. But whatever it is, is not murder.

[ 27 : 42 ] And that command does not straightforward apply. Do you see? The story of the Good Samaritan, that was read for us earlier. Does that tell us you shall not commit euthanasia?

I think not. It does say we are called by Jesus to a radical commitment to all people to treat them as neighbours.

Whoever comes across our path is my neighbour. neighbouring to all people in need. But what does it mean to act as a neighbour to somebody who's dying?

Does a parable tell us? Unfortunately not, it seems to me. However, those texts and many other texts help us to build up, again, a view of reality, a view of the world, and a way of grounding who we are and what we do as a people of God.

The next overhead has some words which I find very useful. The centre, I think, of a biblical view of reality, which is grounded in God as the one who creates us.

[ 28 : 54 ] God as the one who has saved us from our own sin and folly. God as the one who will transform all things so that they will once again be as God wants them to be. Central to that is this notion of shalom.

of peace or harmony, if you will. And shalom is what those words say, in my view. It is a human person living at peace in all relationships, God, self, fellows, nature.

A peace which is not just putting down weapons, a peace which is harmony, being in right relationship and enjoyment.

There's a sense of delight which I think Christian worship encapsulates, picks up, expresses for us here and now, which is central to what it means to live as God's person in God's world.

For all the uncertainty, if you will, of specific texts, things, I think this vision of reality guides us very clearly through the very difficult issue of euthanasia.

[ 30 : 12 ] Quite simply, I would suggest that euthanasia, in all its forms, is fundamentally a denial of shalom. It is fundamentally a breaking of these relationships.

relationships. Let me explain how, according to that threefold grid that I mentioned earlier. First of all, let's think about the people involved, and not just the people, but the institutions.

Because remember, when we're talking about euthanasia, we're talking about a whole network of relationships, a dying person, their family, a hospital system, and all those who are caught up in it.

It is not a person acting in glorious isolation. The personal intentions and the character of the institutions which go along with the practice of euthanasia are, I think, directly contrary to the vision of shalom.

They are persons and institutions, it seems to me, which are oriented towards and deliberately will death.

[ 31 : 25 ] death as both the means and the end. The end of the practice of euthanasia is a dead person. The desired end is the end of suffering.

The means that is used to bring about that end is death. Now, if you read 1 Corinthians 15, particularly 26 and 55 to 57, I think it's pretty clear that death is something which stands opposed to God and God's purposes.

It is the last enemy. Yes, a conquered enemy, but still an enemy. Euthanasia, it seems to me, sides with God's enemy rather than with God.

furthermore, it embodies a community in which weak and dying people are not valued as objects of care, but are treated as liabilities to themselves and everybody else.

Michael Lunig puts this, I think, extremely well in one of his cartoons. She's coming up. I'll just read it. There's an old fellow up in the rocket there.

[ 32 : 36 ] Unfortunately, Grandpa has lost bowel control, so we're allowing him to die with dignity. Not only is the agent contrary to the vision of Shalom, so is the action.

For it's an action which treats life as something other than a gift. I think Genesis 1 clearly tells us that the life that we enjoy or endure is something given us by God.

Euthanasia is a refusal to accept it as a gift. Furthermore, it doesn't treat other people as neighbours for whom we care in costly and responsible community.

Again, Lunig, I think, has put this rather pointedly. I may have to apologise for the language in this cartoon, but there you go. It's a good cartoon anyway, I think.

I'll read it again. Euthanasia is just a simple operation. This is Meanwhile in Darwin. Like circumcision, Mr. Jones, in fact, very much like circumcision, at the end of your life, there's a little bit which serves no real purpose and can cause a bit of irritation, so we just nip it off for you.

[ 33 : 58 ] You won't feel a thing. And the poor old fellow says, I've had a prick of a life, so I might as well. Euthanasia does not treat people as the objects of care.

The aftermath, I think, is simply unacceptable. That one instance that I mentioned of the woman who was euthanized against her will in the Netherlands, it seems to me, is a sufficient argument.

There are many, many instances in Holland which I think demonstrate very clearly that once euthanasia is an accepted social policy, it's difficult, indeed impossible, for voluntary euthanasia not to slip into non-voluntary euthanasia and then to involuntary euthanasia.

There are lots of other issues and I'm hopelessly over time so I won't go into them. There are lots of other things that we could talk about, lots of other concerns, particularly relating to the kind of society in which we wish to live.

What are the values that we want to have for ourselves and for people who are growing up in this society? I'd finally just like to say that very often the stories are told as if the choices are simple.

[ 35 : 30 ] Here we have a suffering person who is going to die in unrelieved agony or we can give them a simple little injection which will solve all their problems.

That's simply not true. There is a very, very good alternative to the practice of voluntary euthanasia. It is not infallible, nothing is, but it's very good in over 98% of cases for more than 98% of people.



It's very effective in allowing them to die with dignity without killing them and that's palliative care. I'd like to close with reference to palliative care by going back to that case.

The case of Adam who was dying of cancer. Obviously the story doesn't end where I left it, does it? It doesn't end with a man screaming down a telephone at his doctor.

Having received Adam's call, David went immediately around to see him. Adam, as you can imagine, was beside himself and so was his family. David spent over three hours talking to him.

[ 36 : 56 ] In the context of their shared Christian commitment, because they both were Christians, David was able to help Adam express his anger at God, his anger at David, his anger at his own body.

As a result of that, Adam and his family were once again able to talk about his coming death. Over the next few weeks, the palliative care team spent a lot of time with all of them.

Adam's pain was effectively controlled. But a month later, Adam again developed pneumonia. Again, after talking it over with his family and with his doctor, he refused antibiotics.

Four days later, he died at home. It seems to me that in this painful but very real instance of withholding unnecessary curative treatment and the provision of appropriate palliative treatment, we see the human face of the medical care of dying people and a real and very important alternative to euthanasia.

how is that fire comes in your blood? What if the flood was sick to you? All right. I did the flood I did the flood of the birth and that I natur was murdered.