



Storming Fortresses

For the weapons of our warfare are not of the flesh,
but divinely powerful for the destruction of fortresses.

2 CORINTHIANS 10:4

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Editors Note:

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The issue of Euthanasia is one which is never far from the surface and which has been raised several times since the experiment in the Northern Territory.

We offer this article again, with only minor changes, so that the Christians of this land may be forewarned and forearmed.

Remember, apathy will lead to tyranny.

Revival and Reformation will only be seen when God's people act. Luther's Theses did not write and nail themselves to Wittenberg's door.

EUTHANASIA: A Few Thoughts

By

Murray McLeod-Boyle

1.0 INTRODUCTION

We are all well acquainted with the attack on unborn babies, known as abortion. Now we face a new attack. An attack on the life of the infirmed, the ageing, the retarded. Moreover, there are those who want to use this vehicle to commit suicide. This attack has come to be known as "euthanasia".

There are no real statistics available on euthanasia for Australia as, until recently, the practice has been illegal. The first state to make a move toward adopting euthanasia was the Northern Territory. This has been followed by discussions in South Aus-

tralia and by a comment by the Victorian Premier, Mr. Jeff Kennett, to the effect that he may look at the issue. More importantly, however, is the fact that since the Northern Territory legalised euthanasia there have been admissions by doctors that they had in fact already euthenist patients. This, of course, begs the question: if doctors were willing to do this under pains of prosecution, what is there to stop their exploitation of patients if the practice is legalised?

Hence, to gain a real perspective we must look outside of Australia to those countries that have experimented with

euthanasia. The country that stands out most prominently in this regard is the Netherlands. By placing the Netherlands under the microscope we will be able to gain not only statistical evidence, but more importantly an understanding of the impact of euthanasia on society, doctors, nurses, the aged and the like.¹

Karel Gunning, Secretary of the Dutch Physi-

¹. We will not have the space to explore the Netherlands case in particulars, but for our purposes will draw some general conclusions.

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cians league, and one of the leading campaigners against euthanasia, has given us some startling statistics which we must consider. He writes, in reference to the findings of Remmelink Committee:²

In the report, stress is laid on the fact that so much less euthanasia is practised than earlier estimates had suggested. Those estimates varied between 5000 and 20 000 a year, whereas the committee... reports round about 2300, or 1.8% of all deaths... Even so the conclusion that intentional killing has been practised in only 2300 cases is a fallacy.³

Gunning then goes on to give a list of the statistics and categories for the total deaths in 1990. What Gunning shows is that there were indeed only 2300 cases of euthanasia on re-

quest.⁴ However, there were also 400 cases of assisted suicide; 1000 cases of life ending treatment without consent; 1350 cases where the treatment prescribed was expected to explicitly accelerate the onset of death and a further 3600 cases of the withholding of treatment with the express purpose of causing death. This gives a total of some 8650 people who were euthanised.⁵

More important than statistics is the impact of such a practice upon society. Gunning gives helpful insight here too. He cites the case of an intern friend of his, who had been asked to see a patient that had chronic lung cancer and who was expected to live for only a fortnight. He asked the patient to spend a few days in hospital so that he could treat her shortness of breath. She refused, fearing that she would be euthanised. The intern assured her that it would be alright for he himself was rostered on for the weekend. The patient then agreed. After two days in hospital she had begun to breath easier. Monday afternoon the intern arrived at the hospital, having been rostered off in the morning, only to find the patient dead. A colleague of the doctor had euthanised the patient. The colleague justified his actions by claiming that she would have died in a couple of weeks anyway and that the bed could be better used.⁶

This case highlights the dangers of euthanasia. This story has all the twists of a Hollywood movie, but sadly it is real life. Consider just for a moment what is involved; patient fear, doctor's trust, patient's confidence, doctor's word, doctor's repu-

tation and indiscriminate action. With this type of atmosphere being induced in society, the practice of euthanasia can only lower the doctor - patient relationship even further, as the doctor changes from being the patients greatest confidant to being the budget trimming device of a utilitarian government.

2.0 TERMINOLOGY

Central to most of the debates about life and death are the semantic games that are played in order to disguise what is presented or in order to throw people of the track. The discussion on euthanasia is no exception.

2.1 Euthanasia: Euthanasia is derived from a conjunction of two Greek words. Those being $\epsilon\upsilon$ (eu), meaning "well" or "good", and $\theta\alpha\nu\alpha\tau\omicron\varsigma$ (thanatos), meaning "death". Hence, the term carries the literal meaning of "a good death". This, however, is nothing more than a euphemism made necessary by the need to sugar coat a bitter pill. We must note well the semantic games that are played in debates such as abortion and euthanasia. For example, in the abortion debate no one questions the term abortion. Abortion is not a pretty word but that is in itself of no consequence. In the abortion debate there is no need to dress up the term given to the procedure of inducing death, because it is more expedient to devalue, through semantics, the life of the child. Hence, people turn to external criteria, such as "personhood" to try and equate the elimination from the body of a baby with

2. This committee was founded by the Dutch Minister of Justice and Secretary of State for Health to investigate the "Medical Practice of Euthanasia".

3. Karel Gunning, Letter to the Editor, *The Lancet*, vol. 338: Oct. 19, 1991.

4. This is so because of the committee's definition of euthanasia as: "intentional life-ending act by someone other than the patient and at his request".

5. Gunning himself gives the number as 19,675, but this includes some of the more dubious categories which will be discussed later.

6. Karel Gunning, *Right to Life News*, March 1995 p.3.

the elimination of waste matter from the bowel. This is successful in the abortion debate because, “abortion is practised on individuals who... are not themselves known by others, nor can they anticipate what is about to happen to them”.⁷

Euthanasia is completely different in that it is very hard indeed to deny the “personhood”, “rationality” and “worth” of your 83 year old grandmother, who bounced you on her knee; who bandaged your cuts and wiped the tears from your eyes after falling of your bike; who faithfully gave you birthday and Christmas presents; and who looks at you from her hospital bed and says ‘good morning (.....), its so nice to see you’. Yes, it is not only difficult to deny, *it is impossible to do so*. Therefore, there is a need to alter the term in order to convince yourself that your actions are in the best interests of the patient.

2.2 Death with Dignity: The second most common phrase is this one. Yet if you were to ask someone to define this term they could not.⁸ None would have much problem in defining death, but what about death with dignity?

In an effort to resolve this riddle I turned to my dictionary, only to be further puzzled. My dictionary defines “Dignity” as, 1. *noble* conduct or bearing; 2. nobility of character; 3. degree of worth; 4. high rank. From all of these definitions it is almost im-

possible to attach any one of these meanings to the word death with any positive significance. The only possibility would be the third, but this too raises questions. Scripture teaches that it is the unworthy who must die, not the worthy. Moreover, we must ask, how do we die with a “degree of worth”? This would infer either, that death somehow instils a small piece of worth into someone who was otherwise worthless, or that the act of killing a fellow human is elevated from a crime to a worthy practice.

Moreover, my dictionary defines the term “Dignify” as, to exalt, confer honour upon. (Syn = advance, honour; Ant = degrade, humble.) If the term “dignify” means this then it confirms that supporters of euthanasia are trying to imply that being murdered is somehow more noble when done by a doctor using a drug, than when committed by a “thug” using a pick handle.

Cameron shows the error of such a phrase when he says:

It (euthanasia) imparts no dignity to death since it recognises no final dignity in life.⁹

2.3 Mercy Killing: Another of the favourite terms used is mercy killing. This term is, however, probably the best of all the terms as it captures the essence of what is involved in the practice of terminating life. In other words, there is no veil here. Rather, the activity, killing, and the motive, mercy, are put forward in an

attempt to justify the inducement of death. In a similar vein Cameron says:

Indeed, there is this to be said for “mercy killing”, that it retains the essential character of the act as an act of *killing*, while recognising the special motivation alleged to be present.¹⁰

We are, nonetheless, still presented with the question, is killing a person ever merciful?¹¹ David Cook answers this question well: “How can I know that it will benefit them, and how can they know that? How can I ask them afterwards? Are you really happier dead than living the way you did?”¹²

These questions highlight the fallacies associated with so much of the terminology used in the debate over euthanasia. Even “mercy killing” falls short for, as we have seen, nobody knows—although Scripture is quite clear—whether the patient is happier being dead than alive.

2.4 Physician Assisted Suicide: This term is not one that is used to cloak any hidden meaning. That is because it is used predominantly by those who are against euthanasia. It says exactly what it means and therein lies the danger. As noted in the introduction, there are people who want to use euthanasia as a means to commit suicide. In essence, all cases of ‘voluntary euthanasia’ are requests for physician assisted suicide, yet there are those who would never

7. Richard Higginson, *Death Without Dignity: Euthanasia in Perspective* (ed. Nigel M. de S. Cameron; Edinburgh, Rutherford House, 1990) 105.

8. Another, aspect of the semantic game is the in-definable or non-definable terms that are used, and this present phrase is a prime example.

9. Cameron, *Death*, 45.

10. Cameron, *Death*, 44.

11. From a Christian point of view we know it is not merciful, particularly knowing that man faces either eternal life or eternal death. When a baby is aborted or a person murdered (euthanised) they are cut off forever from the Gospel of the Lord Jesus Christ. Sinners are sent from temporal physical torment into hell's endless torment - and there is nothing merciful about that. Jesus called the Devil a murderer and liar. (John 8:44) Make no mistake, those who practice abortion and euthanasia are of their father the devil. They are his instruments of eternal death as he seeks to shut of from salvation as many as possible.

12. E. David Cook, *Death*, 75.

take their own lives, but who would allow themselves to be euthanised. By introducing a means of death that has less stigma¹³ attached to it than 'suicide' it gives a *palatable* option to those who wish to opt out of life.

2.5 Summary: In conclusion then we agree with Luke Gormally:

Euphemisms like "easing the passing" and "helping to die" are linguistic devices of the devil... designed to prevent clear thinking.¹⁴

3.0 PAGANISM

What must be understood about abortion and euthanasia is that **they are not new**. Many would have us believe that man, living in the new age (more semantics), has grown to the point where he can make right decisions about matters of life and death. How Wrong! Abortion and euthanasia highlight nothing more than a retrograde step back into full blown paganism. We are returning to an **old** age, not entering a new one. Therefore, it must be understood that it is a turning away from God that leads us down the slippery slope that is euthanasia.

3.1 Man = Animal: Since Darwin's Origin of Species we have noted a downturn in the belief that man, whilst being part of creation, is distinctly different from it. Man is no longer an image bearer, he is simply the best example of evolution. Hence, man is now completely assimilated into the animal kingdom.

The destructiveness of this way of thinking comes to the fore in the euthanasia debate. Cameron has well said:

In euthanasia we see the final denial of a dignified death, and *the triumph of the principles of veterinary medicine over the Hippocratic tradition*;... medicine appropriate to its subjects.¹⁵

Man is no longer treated as an image bearer of Almighty God, but like a mightless dog. The loss of the Creator - creature distinction means that man is not treated with dignity but indignity. He is treated like an animal. If he becomes sick he is taken to a clinic and simply given a dose of 'green dream'. Man becomes animal; physician becomes vet, and all undergo a reduction of status.

This is no overstatement. Such statements are already being made. On a recent television programme one proponent of euthanasia expressed his point of view by saying that if it were his dog that was sick he could put it down, why, then, can he not put himself out of his misery. E. David Cook relates a similar experience. Speaking of a recent appearance on BBC television he recounts how the audience expressed their concerns on this matter. Says he:

Friends and families argued that *we treat animals better* than human beings. We are quite happy - indeed feel it to be our moral responsibility and act of compassion - to put an animal down. *Why should we treat human beings with less love and care.*¹⁶

We should treat animals with love and compassion because we are God's viceregents. We are to practice dominion over the earth. Nevertheless, man is *not* an animal and is therefore to be treated differently - on a higher plane. Our practice of termi-

nating the life of an animal is quite legitimate as it falls within the bound of our jurisdiction as viceregents. Man's life is completely different. Note carefully that man is nowhere in Scripture given *complete* charge over life and death. In the case of death man is, as God's viceregent, able to decree death upon another human in only three cases; 1. The Murderer; 2. Just Warfare; 3. The Night Intruder / Self defence. These cases are legitimised because they are delegated responsibilities from God Himself.

3.2 Rationalism: In a post-enlightenment society where man's reason has become his god, we see people trying to add extra criteria to life, in order to disqualify some from life. In other words life is no longer a gift from God, it now depends on whether a person can think rationally or not. For example, a Nobel prize winning scientist who became senile would be denied the right to live.

Likewise those who failed other artificially imposed tests would be subject to the same fate.

3.3 Hedonism: There is no doubt that we now live in a hedonistic society. This form of paganism, living for self rather than neighbour, has also impacted upon the euthanasia debate. In fact, hedonism has served to trivialise the debate in a way in which it should not have been.

As we have seen there is a distinct lack of definition to the term euthanasia. Hence, people come to it from their respective points of view and interpret it as they see fit.

The hedonistic approach has served to cheapen the argument by placing foolish parameters upon the

13. Recently there was a show on television that discussed the suicide of Kurt Cobain, the lead singer of Nirvana. It was interesting to note that almost every one saw the action as the easy way out. It came through very clearly that suicide was in no way an heroic act to be emulated.

14. Luke Gormally, *Euthanasia: Some Points in a Philosophical Polemic*, Death, 50.

15. Cameron, *Death*, 39. Emphasis added.

16. E. David Cook, *Death*, 67. Emphasis added.

criteria of dying.

E. David Cook shows the foolishness of hedonism when he tells of how he met an attractive woman who had a colostomy as she suffered from severe abdominal and stomach cancer. She pointed out that she had stored up enough pills to commit suicide when the time had come. Cook questioned her about how she would know when that time had arrived. Her response was, "when she was no longer able to put on her make-up herself". Cook notes "that for her this was the dividing line between dignity and indignity".¹⁷

In a similar vein, Richard Higginson cites the case of John Beloff, Chairman of the Voluntary Euthanasia Society for Scotland, who wrote, in the VES Newsletter for January 1988, that "there were three main contingencies as a result of which he would not want to go on living. These were (i) if he faced a complete loss of memory (ii) if he could no longer control his bladder and bowels and (iii) if he were no longer able to feed himself or perhaps even if he could no longer enjoy his food."¹⁸

These cases go to show how love for self destroys any significance in life. Are make-up, bowel movements or food the basic constituents of happiness or even of life itself? I Think not! Making life this cheap does nothing to advance any idea of dying with dignity. In fact this type of cheapening would mean that the old adage of 'dying with your boots on' would become the standard for measuring whether a noble or ignoble

death had been achieved.

3.4 Summary: Man's basic shift in his understanding of himself has meant that life has been cheapened. Man has denied the legitimacy of the Creator - creature distinction and has thus lost any objectivity in defining a meaningful life. Therefore, we need to be aware of the presuppositions that a person holds when they make statements about what life is and about how it should end. For if God is not recognised as the point of value, then man's life will always be trivialised and cheapened.

4.0 TECHNOLOGY

There is also a need to deal with the question of technology. Many today, even Christians, blame technology for the crisis we face. Spring and Larson exemplify this:

In the years before advanced medical treatment and swift medical transport made "miraculous" treatment possible, questions regarding choices involved in... care would not have come up. Now they do, and they will continue to increase in frequency and complexity.¹⁹

Such a statement is not only unwarranted but untrue. Are we really to blame the invention of the "ambulance" for our moral predicaments in medicine?²⁰ No! Such thinking is absurd! We face the moral dilemmas in medicine today because we have switched from a Theistic to a non-theistic ethic. Why was "swift medical transport" con-

ceived of in the first place? To save lives! The idea of an "ambulance" was pursued *precisely* because it was a means of saving lives.²¹ It was man's desire, because he recognised God as the giver of life, to promote the well being of his neighbour. Because man, in days gone by, gave due recognition to Creator - creature relationship, it led him to develop life saving techniques. Technology is not our problem. Our problem is that we have, as a society, overthrown any and all concepts of God. The result of this is moral bankruptcy.

Let us look at an example which highlights this point:

Lutheran Bishop, Lowell O. Erdahl, tells the story of a mother who gave birth to premature twins whose survival depended on life support systems. 'One child, though tiny, was normal; the other was blind and severely deformed. As the mother looked at the normal child, she thanked God for the medical technology that enabled hope for a full and meaningful life, but as she looked at the deformed child who seemed destined for a world of darkness and suffering, she silently cursed the same technology that sustained its life.'²²

In this instance we see clearly that it is the mothers attitude that is the problem, not the medical technology.

5.0 WHAT CONSTITUTES EUTHANASIA.

To further complicate matters there is a debate over what actually

17. Cook, *Death*, 68.

18. Higginson, *Death*, 106.

19. Beth Spring and Ed Larson, *Euthanasia (Spiritual, Medical and Legal Issues in Terminal Health Care*, Ed. Rodney L. Morris; Portland, Oregon; Multnomah press, 1988) 27.

20. Recently, in Victoria, the Ambulance service has been criticised for not responding quickly enough to emergencies. Yet, according to Spring and Larson, this is a good thing because it saved any possibility of running into a moral dilemma.

21. Our word "ambulance" comes from the Latin, through the French, and means to walk. Basically implying a walking medical unit. In other words, when the patient could not get to the medical unit, the medical unit came to him.

22. Lowell O. Erdahl, *Pro-Life/Pro-Peace: Life-affirming Alternatives to Abortion, War, Mercy Killing, and the Death Penalty* (Minneapolis: Augsburg Publishing House, 1986) 11 quoted in, Spring, *Euthanasia*, 105.

constitutes euthanasia. Basically five categories can be defined:

1. **Active:** Active euthanasia is the title given to the deliberate action of a physician to induce death. (Murder)
2. **Passive:** Passive euthanasia is when a doctor discontinues treatment and allows the patient to die.
3. **Voluntary:** This refers to the fact that the patient has given consent to be killed. (Suicide)
4. **Involuntary:** This refers to those who have not given consent to be killed. (Murder)
5. **Non-voluntary:** Referring to those who cannot give consent, i.e, a comatose patient. (Murder)²³

Some would say that all of these constitute euthanasia, others would say only some do. Thinking back to the introduction we see here a prime example. The figures given in the Rummelink Report were based purely on a combination of numbers 1 and 3. Gunning, on the other hand, would include numbers 1 - 5. Hence, it can be seen that this issue must be clarified.

Richard Higginson wants a definition based on motive. Says he:

The crucial criterion for deciding whether something constitutes euthanasia lies not in whether it is active or passive, not whether it is doing something or not doing it, but *whether the death of the patient is deliberately sought*, through whatever means.²⁴

This definition is reasonable, but it has a weakness, namely, that doctors do withhold treatment knowing it will bring death. In some cases they may even be said to seek the death of a patient, yet without malice afore-

thought or sinister intentions.

Gunning, likewise, wants a criteria that means that any intention of death be seen as euthanasia, and, therefore, wrong. However, things are not that easy. The logical conclusion of such a position is that a doctor must never cease performing medical procedures on a dying patient. This position is as absurd as euthanasia itself.

The crisis arises at this point when, as we have seen, man throws God out of the equation. Man dies. It is a fact. Therefore, there is nothing, whatsoever, wrong with a doctor laying down his stethoscope and saying there is nothing more I can do. Likewise, there is nothing wrong with a doctor choosing a course of treatment that will mean that a patient will not live as long, but will live their remaining days in comfort.

C. Everett Koop relates a case in which he had to make such a choice. His patient was young and had a disease that was treated with chemotherapy. This caused a regression for a while. However, the disease flared again. A decision was needed. Would the treatment be intense chemotherapy, which would give the child six months of life with pain and suffering, or would it be no chemotherapy, a few weeks of life, and a little child who died peacefully in its sleep. Dr. Koop and the parents took the second option.

Is this euthanasia? No! Rather, it is a recognition that we live in a sinful world of which death is an unwelcome intruder.

There are also those who want to place the name of euthanasia on treatments that bring forth death. But attempts to do this must also be rejected. For example, morphine is regularly used for pain relief. Yet, constant exposure to it, particularly

of large doses, can be fatal. This is, unfortunately, 'the nature of the beast', particularly when dealing with terminal illnesses.

By placing God firmly in His position as the Giver and Taker of life we are able to stand back confidently from a dying patient and leave it in God's hands, knowing that the Judge of all the earth shall do right.

By looking at these categories Biblically we see the problem dissolve before our eyes.

In the case where 1 and 3 are combined this constitutes suicide. In the case where 1, 4 and 5 are combined we have what constitutes murder. In the case of 2, it is either a realistic expression of the fact that man cannot prolong life indefinitely, or, in a case where no treatment is given and this is with malice aforethought, then the action constitutes murder.

When looked at in this light, we see that there is no category for euthanasia. The Bible only recognises murder and suicide (self murder) both of which are condemned as wrong.

6.0 CONCLUSION

The debate over euthanasia will not go away quickly. The door for euthanasia was opened 22 years ago when abortion became an accepted instrument of death to the unborn. We are, however, in a much better position to fight the euthanasia battle as it is based, in many respects, upon the same grounds as those used by the proponents of abortion.

It is up to us to arm ourselves by thinking clearly and Biblically about this issue. In so doing we will make sure that we will not be distracted from the task by philosophical or emotional arguments.

23. A. M. Smith, Recent Ethical Statements on Euthanasia: a Physicians Perspective; in Cameron Death.

24. Cameron, *Death* 114.