

4. **Assist.** To the best of your ability, help connect the individual with resources available that might alleviate some of the pressures he or she is experiencing (see “Resource Guide” on page EL.1). Pay careful attention to the full breadth of their physical, emotional, and spiritual needs, given their circumstances.



PAS/E don't give freedom to patients; they give other people freedom to end another person's life. Wherever euthanasia has been legalized, an individual must meet certain conditions in order to die. When a person applies to commit PAS/E, he is turning

When ministering to an individual who is struggling to see the value in his or her life in the face of suffering, keep in mind the most common reasons cited for choosing assisted suicide, according to data from Organ, where assisted suicide has been legal since 1998²¹:

- Loss of autonomy (91.6%)
- Activities of daily life not enjoyable (89.7%)
- Loss of dignity (78.7%)
- Inadequate pain control (25.2%)

Physician Assisted Suicide and Euthanasia (PAS/E) Apologetics

Claim: Human beings have the right to decide when and how to die. Death is a private matter and if there is no harm to others, the state and other people have no right to interfere.

Response: Euthanasia and Physician Assisted Suicide are not about the right to die; they are about the right to help patients kill themselves. They are not an action that affects only the individual. They are issues of public concern because they involve one person facilitating the death of another.

his right to life over to the state and health care system. Bureaucracy dictates who can or cannot die. When a state legalizes PAS/E, the state isn't giving control to the people; the state takes control of the people.

Family, friends, healthcare professionals, and society as a whole are affected by the wider ramifications of the process. Legal PAS/E would have profound adverse effects on our attitude toward each other's death and those who are ill or have disabilities. It could lead to a lack of compassion when dealing with elderly, disabled, or terminally ill patients. The experience in other countries has shown that legal PAS/E starts the process of legalizing euthanasia for anyone for any reason.

The situation in the Netherlands illustrates this point:

1980s: The Dutch government stopped prosecuting physicians who committed voluntary euthanasia on their patients.

By the 1990s: Over 50% of acts of euthanasia were no longer voluntary.

2001: Euthanasia was made legal for adults.

2004: It was decided that children could also be euthanized.

2011: The Dutch Physicians Association (KNMG) says unbearable and lasting suffering should not be the only criteria

physicians consider when a patient requests euthanasia. The association published a new set of guidelines, which says "a combination of social factors and diseases and ailments that are not terminal may also qualify as unbearable and lasting suffering under the Euthanasia Act." These social factors include "decline in other areas of life such as financial resources, social network, and social skills."³⁰

In the Netherlands, PAS/E went from being illegal but not prosecutable in the 1980s to being available to a person with non-life-threatening health problems who is poor or lonely in 2011.

Here is another example from Belgium.

2002: Legalized euthanasia for competent adults and emancipated minors.

2012: A report showed 32% of assisted deaths were carried out without request.

2014: Legalized euthanasia by lethal injection for children.³⁰

There is no moral or philosophical basis for PAS/E laws in the common good, and no telling how far changes to PAS/E laws will go in the future.

Biblically, Christians believe we are created in the image and likeness of God and that life is a gift from our Creator. As life is a God-given gift and God is the supreme Author of life, He has the supreme right over our lives and deaths. To take our own lives is to reject God's supreme authority. (See page 1.5 for the biblical case against PAS/E).

Claim: It is cruel and inhumane to refuse someone the right to die, when they are suffering intolerable and unstoppable pain. It is kinder to allow them to "die with dignity" rather than forcing them to continue in suffering.

Response: Instead of encouraging patients experiencing pain to commit suicide, society should provide pain relief and palliative care. By saying to people with pain that they should just end their lives, society tells them "We don't care enough to really help you. If you die, you'll cease to be a burden."

With medical advances, pain can usually be alleviated. Only 25.5% of euthanasia patients in Oregon cited "inadequate pain control" as the justification for choosing assisted suicide (see page 2.10 for most common reasons cited). This category also included "concern about" receiving adequate pain control. Patients who cited this category were often not in unbearable pain, but they were worried about it coming. Providing assurance of proper health care would allay this fear.

Life is sacred from fertilization to natural death. The natural end of an individual's life is beyond that individual's control. Out of misguided compassion, assisted suicide and euthanasia offer death as a solution to the challenges of life. Unnatural death deprives an individual of opportunities for true "death with dignity" in the experiences of closure, reconciliation, healing, and love, which are often spurred on by the urgency of natural death: "Since his days are determined and the number of months is with You, and since You have set limits that he cannot exceed" (Job 14:5).

In the book of Samuel, a wounded Saul asks an Amalekite to end his suffering by killing him (euthanasia). When David hears of the Amalekite's deed, he sentences him to death. If euthanasia was morally acceptable, David would not have reacted in such a way.

"Be strong and courageous, do not be afraid or tremble, ... for the Lord your God is the

one who goes with you. He will not fail you or forsake you ... And the Lord is the one who goes ahead of you ... Do not fear, or be dismayed" (Deuteronomy 31:6,8). The Bible tells us to be strong when faced with suffering and to put our trust in God.

Claim: Euthanasia may provide a cost-effective way of dealing with dying people. Where health resources are scarce, not considering euthanasia might deprive society of the resources needed to help people with curable illnesses.

Response: It is unethical to promote the destruction of one segment of the population in order to benefit the majority. Just as we don't euthanize foster children (or encourage them to commit suicide) so that more resources can be used for the nurturing of non-foster children, we cannot promote that the terminally ill die to help those with curable illnesses.

Changing the law to allow euthanasia or assisted suicide will inevitably put pressure on vulnerable people to end their lives for fear of being a financial, emotional, or care burden upon others. This would especially affect people who are disabled, elderly, sick, or depressed. Some would face the added risk of coercion by others who might stand to gain from their deaths. Fear and anxiety would be promoted rather than individual autonomy.

The law must protect the most vulnerable people in society. We must never let the depressed, the confused, those in terrible pain, the aged, and the vulnerable feel that they should pursue the path of assisted suicide so as not to be a burden on others.²¹

Claim: Euthanasia happens anyway, so it's better to have it out in the open so that it can be properly regulated and carried out.

Response: If euthanasia is wrong and harmful to society, we cannot legalize it merely because cases will occur illicitly. Homes are robbed every day. Should we legalize robbery in order to regulate the procedure? We cannot regulate moral depravity. We must condemn it.

Furthermore, statistics demonstrate that when euthanasia is legalized, abuses continue to occur and are likely to increase. The Dutch government stopped prosecuting euthanasia cases in the 1980s. By 1990, studies found that 50% of euthanasia cases were non-consensual. The Netherlands has also continually widened their definition of "unbearable suffering," under which euthanasia is legal, to include conditions such as mental illnesses. Belgium now allows for the euthanasia of young children.

When Oregon legalized assisted suicide in 1998, 12% of patients cited "not wishing to be a burden to friends and family" as justification for dying. The percentage has more than quadrupled since then to 57% in 2012. The data could suggest that family pressures to commit suicide have risen due to legalization.

If death is not a bad thing, then making it come sooner isn't a bad thing.

Death itself is morally neutral and an inevitable reality, but the act of ending a life is not. Cancer itself is a morally neutral reality but causing someone to get cancer through biological warfare would be morally disordered.