

PHYSICIAN ASSISTED DYING

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This paper is not intended to be a scholarly reflection upon the topic of assisted dying, rather the intention is to give some pointers as to the history of our tradition and a basic reflection upon how we make ethical judgements today. Firstly, we cannot say that the Church of our time is monolithic in its view on this matter. We only need to consider the views of the two most recently retired Archbishops of Canterbury to see the dilemma.

Rowan Williams, writing in the Times newspaper in 2005, said

“The right to be spared avoidable pain is beyond debate – as is the right to say yes or no to certain treatments.... But once that has mutated into the right to expect assistance in dying, the responsibility of others is involved, as is the whole question of what society is saying about life and its possible meanings. Legislation ignores these issues to its cost.”

George Carey, writing in the Daily Telegraph in 2014:

“The fact is that I have changed my mind. The old philosophical certainties have collapsed in the face of the reality of needless suffering”.

The issue we see played out here in the disagreement between these two prelates (Justin Welby sides with Williams) is: how do we make ethical decisions when there is no agreed “external referent” that can be used as a basis for such decisions. Historically within the Church the Bible, tradition and reason were the de facto agreed arbiters, not only for the Church, but also because of its dominance for Western society. During the last 250 years or so, beginning with Schleiermacher and others, attempts to reconcile Protestant Christianity (in particular) with the criticisms of the Enlightenment and its subsequent developments have eroded this consensus, both inside and outside the Church.

In addition, Carey pointed to the Church’s acceptance of “double effect” as a basis for his argument and Williams appears to reference this in his Times article when he writes: “The right to be spared avoidable pain is beyond debate”.

Double effect is basically an argument around the lesser of two evils. A person in severe and chronic pain may need higher and higher doses of morphine to control it. Empirical evidence suggests that a person can often tolerate more than the recognized lethal dose in such circumstances. Ultimately the drug used to alleviate pain proves fatal. The least evil is the pain control, the double effect is death.

This leads us to the matter of intention. What did the physician intend to do when administering what in other circumstances would have been lethal doses of morphine? The first intent was to control pain, the side effect was death. Admittedly, a pretty radical side effect.

Into this mix we have to add the issue of quality of life. Tony Nicklinson suffered a stroke in 2005. It left him suffering from “locked in syndrome”. The Guardian newspaper interviewed him, saying:

“Mr Nicklinson, who communicates by blinking or limited head movement, sums up his existence as ‘dull, miserable, demeaning, undignified and intolerable’ and wants a doctor to be able to lawfully end his life.”

Which brings us onto a further issue personal choice or better, autonomy. This has developed into the idea that decisions about “me” are predicated on what is best for me; there is no external referent, such as God, and I am not to be concerned about the effects upon broader society.

This idea needs to be linked to Kurt Goldstein’s idea of “self-actualization”, which can be summed up as follows:

“the tendency to actualize, as much as possible, [the organism's] individual capacities in the world.”

This was somewhat developed by Abraham Maslow as part of his hierarchy of needs:

“[self-actualization is] the full realization of one's potential, and of one's true self.”

These ideas have been taken and changed by popular culture. My potential may be limited by illness, etc., so it can only be realized within limits. Today, self-actualization is seen more in terms of “You can be what you want to be”. Therefore, when applied in areas such as physician assisted suicide, actualization is not seen in terms of the limits of the condition, but the personal ideal.

In the light of all this I want to go back to Williams’ statement in the Times newspaper as he raises two further pertinent issues:

“The right to be spared avoidable pain is beyond debate – as is the right to say yes or no to certain treatments.... But once that has mutated into the right to expect assistance in dying, the responsibility of others is involved, as is the whole question of what society is saying about life and its possible meanings. Legislation ignores these issues to its cost”.

The first is the responsibility of others. What is the effect going to be on those who are asked to end another’s life? We know that for soldiers and first responders the effects of being involved in death can lead to such things as PTSD. Even though the person involved

in administering a lethal injection to another human being knows it is what is wanted, what might be the consequences for the physician or other actor?

Williams' further point, concerns society, does assisted dying lead to a cheapening of life? There are many ways of approaching this issue; I want to nod in the direction of one. The utility of life as opposed to its sanctity. As we shall see in a moment the church has generally seen life as belonging to God and sacred. Decisions about its beginning and termination belong to God. A utilitarian approach might lead us to the place where a life is judged on its usefulness and its benefit to the greater majority. At present the individual is allowed to decide upon his/her own utility, but could there be a further step?

Thus far I have raised several questions and I am well aware that there are many deeper ways in which they can be addressed and that I have nowhere near exhausted the list. Now, however, I want to turn to a brief overview of the Biblical and Church's view about the sanctity of life.

The first thing to do is to acknowledge a couple of anomalies. In Judges 9: 50–56, during battle, Abimelech is struck on the head by a millstone. Because it was thrown by a woman he asks his armour bearer to run him through, which he does. This was to avoid the shame of being killed by a female. It could be construed as assisted dying.

A second point is the encouragement in the early church of martyrdom. John Chrysostom concludes a sermon about the martyr Babylas as follows:

“For all these things let us give thanks to God, because he hath thus granted us noble martyrs, and pastors worthy of martyrs, for the perfecting of the saints, for the edifying of the body of Christ with whom be glory, honor, and might to the Father, with the Holy and life giving Spirit, now and always, for ever and ever”.

Irenaeus said of Polycarp

“[Polycarp] when a very old man, gloriously and most nobly suffering martyrdom, departed this life.....”

I fully understand that to be a martyr was seen by the early Church as being the better way and does not imply a wasted life, but as the saints say, a glorious sacrifice for the faith. All I am pointing out is that those who disagree with the Church's position on the sanctity of life have been known to point to the martyrs.

As we know the Bible does not address the issue of physician assisted dying directly, but it does tell us that all life is the creation of God and that human life is a special case. Both creation stories in Genesis 1 and 2 deal with this matter. In Genesis 1 humans are made in God's image and in Genesis 2 the ruach of God is breathed into the human. This is not recorded as happening to any other creature.

In addition, in the initial creation stories God is shown as having a very different relationship with humanity than he has with other creatures. For example, there is an open channel of communication between God and humans in these early chapters of the Bible. No matter whether we see Genesis as stories which tell a truth or more literally true, the message about God and humanity is clear. People belong to God and serve him.

Moving beyond the creation we come to Exodus 20 and the commandment, “Thou shalt do no murder”. Whilst accepting that with regard to physician assisted dying this can be controversial, it is the basis upon which society has proceeded in this area until recently. Murder is defined in law as the deliberate and premeditated taking of the life of another person. The recent change in the law around assisted dying makes an exception to this.

This commandment is endorsed in many ways throughout scripture and to rehearse examples would be tedious. It is, I suggest, affirmed by Jesus in the Great Commandment and the Sermon on the Mount (Mt 5: 21f).

Finally, I want to turn to St. Augustine of Hippo who in a sense has given the definitive teaching about the sanctity of life. None of the other great teachers since his day, Aquinas, Luther, Calvin et al, have addressed this matter in any detail. Augustine seems to have been the gold standard.

Augustine’s metaphysic revolves around God being omnipotent, omniscient, omnipresent and omnibenevolent. He establishes that God’s perfection is necessary when considering the standard for morality. In addition, God is the ultimate creator and created everything except evil. Augustine believes God is the source and essence of love and goodness; it follows that he is indispensable when considering morality.

Because God is the perfect form of every virtue that a person needs to attain, his perfection and example are necessary when considering ethics. Enjoying an ethical life means one must actively learn about the perfect form of goodness, love and the other virtues that comprise God Himself.

I suggest that the application of Augustine’s ethic to physician assisted death reveals that because he believes God is the author of life, then God is the only one with the moral authority to terminate life. It is not humanity’s purpose to decide who lives and who dies, but rather the irreplaceable role of an omnibenevolent, or an all-good, God.

This seems to be the basis upon which the church has proceeded for the last 1500 years.

On a personal note, most of you know that I stand with Archbishop Rowan on this issue rather than Archbishop George. Having said that, I recognize the need for pastoral sensitivity towards all those involved in this difficult issue.