Medical Assistance in Dying: Exploring an Evangelical Approach to the Laws Surrounding MAID in Canada and an Application of Scripture to MAID and Suicide.

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ABSTRACT

Medical Assistance in Dying: Exploring an Evangelical Approach to the Laws Surrounding MAID in Canada and an Examination of Scripture on MAID and Suicide

Glenn Shewchuk

Medical Assistance in Dying is presently a reality in Canada. There are numerous changes which have gradually taken place in Canadian society and in the Canadian legal context to bring about the legalization of MAID. There is extensive literature available on the topic, but little scholarly literature from an Evangelical Christian perspective. The *Truchon* court decision and Bill C-7 have raised concerns that access to euthanasia could continue to be extended and promoted until it endangers vulnerable Canadians, (which is called "the slippery slope"). Ableism, the emphasis that able bodies are the norm, has also been an influence on the legalization of MAID and therefore an area of deep concern for the disabled. The possible removal of restrictions for persons with mental health issues poses serious ethical questions. Evangelicals have a strong view of the authority of the Bible. The Scriptures are examined in application to MAID.

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Introduction.

Medical assistance in dying (MAID) has become an emotionally charged and divisive topic of great concern in western society. MAID has also become a spreading phenomenon in its different forms across Canada and the United States of America. What was only found in dystopian fiction has become a reality in several western countries. Some see MAID as a beautiful way to die and others find it terrifying. It is unlikely the majority of Canadians understand the ethical issues surrounding MAID but a small number do. Many have been surprised by the developments in the legalization of MAID. Some don't care. Others have been issuing warnings for years about the dangers of MAID and the slippery slope that accompanies it.

The number of deaths by MAID have been increasing yearly since its legalization and can be expected to increase as the restrictions become more relaxed in 2021 due to the *Truchon* decision and Bill C-7. As the percentages of deaths by MAID increase people are more likely to be affected by it or may even be required to make a decision on it for their own selves. People are being asked to be in attendance as a loved one is about to end his own life through MAID. I have been watching the trends for several decades and am not completely surprised that we are seeing this happen today. There are trends in culture and in law that have led down the path to the legalization of MAID. The thesis will be examining these trends.

I am the pastor of a congregation named Chateauguay Community Church. Within the congregation there are a number of health care professionals who are having to deal with the ethical questions of MAID in their work environment. I am finding that I am more frequently being asked in my role as a pastor to give clear answers on the use of MAID. I have been asked to clarify MAID for those who are considering it. Occasionally I am asked to help someone persuade a friend or family member not to go ahead with MAID. I wished to delve into the subject of MAID to be able to give knowledgeable advice on the subject. In full disclosure, I come to the issue with some bias but feel that I have honestly been able to approach it with an open mind. While the debate is highly polarized, I am interested in finding the truth, not presenting one side.

Most religions tend to be pro-life. It is not true of all religions, but certainly the large majority hold that human life is sacred. A few hold the view that all intelligent life is sacred. Evangelicals do lean toward a pro-life approach. Evangelicals have been generally outspoken against euthanasia. It is not hard to find volumes of information on euthanasia and MAID in Evangelical circles. There are some excellent scholarly works on euthanasia but very few from an Evangelical perspective. Furthermore, most of the Evangelical material on MAID tends to address only the practical and philosophical considerations of MAID. I could not find any strong Biblical exegesis on the question of MAID. For those who are not Evangelical I hope to explain the evangelical mindset and their view of the authority of the Scriptures. Evangelicals have a strong view of the authority of the Bible for doctrine. Understanding what the Bible says on this topic is important to help Evangelicals find a well-informed approach to MAID.

In Chapter One, I will be surveying the scholarship available from various sources and approaches, beginning with a survey of Evangelical opinion. In the second section of the chapter, I will unpack the concepts and terminology which are being utilized in the debate around euthanasia and MAID. Exploring the concepts in detail will help to bring some clarity to the terminology and understanding of the issues surrounding MAID. In the third section of Chapter One, I will be explaining the legal and cultural processes which brought about legalization of MAID. In Chapter Two, I will be examining the practical and ethical concerns in relation to MAID. In the middle part of Chapter Two, I will be evaluating MAID from a philosophical perspective. In the last section of the chapter, I will be surveying views of the various religions to compare them with the views of Evangelicals. In Chapter Three, I will unpack the Evangelical approach to scriptural authority and exegesis. In the latter part of the chapter, I will give a survey of scriptural passages which relate to assistance in dying and suicide. The purpose of this section is to give an interpretation of the Scriptures and present an application to the question of MAID. I have provided a glossary of terms and abbreviations at the end of the thesis to help clarify the many acronyms and various terminology.

Chapter 1: Scan of the Horizon.

Understanding the scholarship that is available helps us to build on information that is already available and to fill in the gaps. Starting with a survey of the scholarship will help us to understand what is already available and where understanding may be improved. In Section 1.2 there will be an unpacking of the concepts and terminology around MAID. It is more than defining the terms. An explanation of the concepts around MAID and euthanasia will help us to not only understand the concepts, but why they are important to our understanding. In Section 1.3 there will be a study of the cultural and legal framework to help us understand why MAID is no longer prohibited in Canada in this century.

1.1 Survey of the Scholarship.

A survey of the opinions and scholarship available will help in understanding not only what Evangelicals understand about MAID but will also help in clarifying the need for further research into the question. The survey of opinions and scholarship will be divided into Evangelical and Non-Evangelical sections. The Non-Evangelical section will be divided into three sub-sections of Bio-Ethics, Theology, and Websites. There will be some medical doctors who have also expertise in theology and some who have changed specialties, which means that the expertise in the subsections is somewhat fluid. For example, a medical doctor like Scott Peck has been placed in secular opinion, even though he may also be a Christian and speak on theology, simply because the quotation speaks to that sub-section. The divisions are primarily to help understand where the opinions generally stand.

1.1.1 Survey of Evangelical Opinion.

Among Evangelical churches there is a general consensus that the Scriptures point to a pro-life stance. One of the problems with understanding MAID from an Evangelical perspective is that while there are some websites and seminars on the issue there are no recent, clearly written, scholarly books on the matter from an Evangelical perspective. A joint statement was written by the Evangelical Fellowship of Canada and the Canadian Conference of Catholic Bishops, but it is only a basic statement of their stance on MAID. Given that Evangelicals place such a strong emphasis on Scripture, it is surprising that there is very little scriptural exegesis written on the topic of MAID. For most Evangelicals, the determination of an effective response to MAID will be discovered in a balanced, meaningful, and deep exegesis of the Scriptures and their application to the contemporary reality. A deep exegesis cannot be covered here but is needed. Carrie Earll does quote some Scriptures related to aspects of euthanasia, but does not fully exegete those verses. In 1996 in answer to the question “Is There an Example of Assisted Suicide in the Bible?” Earll said the following:

> There is an account of reported voluntary euthanasia (in which one person asks another to kill them, ostensibly in order to alleviate the first person's suffering)

> involving King Saul and an Amalekite (2 Samuel 1:1-16). The unnamed Amalekite tells King David that he killed Saul at Saul's request, as Saul was wounded in battle. David's response is to kill the Amalekite for touching God's anointed. If euthanasia were a beneficial practice, David would have rewarded the Amalekite, not sentenced him to death (Earll[1]).

Earll does not give any other exegesis but quotes the Scriptures in answer to other questions in this short article. The Evangelical Fellowship of Canada (EFC) has produced several materials and online resources on MAID which are focused almost entirely on a secular response. The EFC offers almost no instruction in theology nor the Bible. Because Evangelicals rely on *sola-scriptura* for their source of doctrine, as is discussed in the sub-section on exegesis below, it is important to relate the discussion to a solid exegesis and application of the Scriptures to the topic to fully comprehend the Evangelical perspective. However, publicly and in documentation, in appealing to the legal issues in secular society the EFC seems to address primarily the practical and legal issues of MAID rather than applying Scripture.

It is an issue of great importance to many today who are looking to their spiritual leaders for answers as society is changing rapidly. People want to understand and accommodate or oppose the new laws which permit MAID. From a perspective of Christian ethics there have been minimal writings on euthanasia, such as a few paragraphs or a section of a book on ethics. For example, Gordon-Conwell Theological Seminary Professor, John Jefferson Davis wrote a textbook on ethics in 1985 from an Evangelical perspective which includes only one section on Euthanasia and was written long before the *Carter*[2] decision. Due to changes in the legal landscape the book is less relevant to the present context. Davis does a good job in elucidating the changes in culture leading to euthanasia. In 1985 Davis wrote that: “At the beginning of the twentieth century, two-thirds of the people in the United States died before the age of 50, and most died at home in their beds, in the presence of family and friends. Today most deaths occur in an older population, and two thirds die in medical institutions and nursing homes” (Davis 174). People live longer and the way people die has changed. Modern, dramatic advancements in technology have changed the very definition of death. “Technological advances have brought courts, lawyers, and legislatures into the picture as the definition of death has become a question of social and political significance” (Davis 175).

More recently, J. Robertson McQuilkin and Paul Copan wrote in 2014 an Evangelical textbook on ethics which addresses suicide and euthanasia. The book does look at some Biblical guidelines in relation to medical ethics, but does not address Scriptures related to euthanasia. It was written from an American perspective and does not address the present Canadian context. There are other books which address the broader issues of abortion, euthanasia and suicide, but do not exactly address the modern context of MAID. An example of this is found in a book by J.C. Willke which addresses primarily the question of abortion, but he also briefly addresses euthanasia. In reference to history Willke writes that: “The beginnings [in Germany] were merely a subtle shift in emphasis

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[1] Note that in MLA style if the source has no page, paragraph, or section numbers, they are not created, nor included in the reference.

[2] The Carter decision is explained in detail below in section 1.3.4.

in the basic attitudes of Physicians. It started with the acceptance of the attitude, basic in the euthanasia movement, that there is such a thing as a life not worth living" (Willke 224).

Evangelicals have written the occasional article on euthanasia, but few contemporary writings addressing the recent changes in the law. The Evangelical Fellowship of Canada (EFC) which represents more than 42 denominations was an intervenor in the *Carter*[3] and *Rodriguez*[4] cases. In 2016 Rick Hiemstra wrote a media release of the official position of the Evangelical Fellowship of Canada. It presents the position and some of the arguments of Evangelical churches on MAID. It gives very little biblical exegesis on the topic but addresses the issue of MAID using mostly philosophical and practical arguments. Addressing Quebec Bill 52 the EFC produced a helpful statement on the definitions used. The paper states:

> …that euthanasia and assisted suicide both involve acts of murder/homicide and are not compassionate alternatives to end-of-life care. The oft-used term "mercy killing" is a semantic distraction from the issue at hand: administering medication to end a person's life or providing that person with the knowledge or means to commit suicide will always be murder (EFC *QUEBEC'S BILL 52* 25).

Medical professionals and leaders in Evangelical denominations have few resources which can help them to sort through the issues related to MAID and guide their patients or parishioners. Work needs to be done to help define and understand the ethical issues of MAID from an Evangelical perspective and to examine the scriptural applications in approaching MAID. Due to the space limitations, only a cursory evaluation of the Scriptures can be accomplished in this thesis, but there is a need for a full exegesis of the Scriptures in relation to MAID in order to better understand the subject from a Biblical perspective and to present to Evangelicals what the Scriptures teach about MAID.

1.1.2 Survey of Non-Evangelical Scholars.

While there has been little written by Evangelical scholars, there are numerous books and writings by secular writers and modernist[5] theologians. Some of these books come from a humanist perspective. Some may be utilitarian or Lockean in their approach. Others write from a deontological perspective and still others write from a teleological perspective. Many materials are written by advocates for or against liberalization of the euthanasia laws. The information below is divided into sub-sections, which are also divided up into **pro** or **con** for clarity.

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[3] See sub-section 1.3.4.

[4] See sub-section 1.3.2.5.

[5] Nineteenth and twentieth century Evangelicals often used the term "liberal scholars" to describe a critical approach to the Scriptures which became popular after the enlightenment in place of a more traditional view of the Scriptural authority. The term liberal is being used in the 21st century to describe progressive politics rather than theology. The term **modernist** is being used increasingly instead of **liberal**.

1.1.2.1 Bio-ethics.

Pro.

Joseph Fletcher has written about it from a medical perspective. Fletcher who was an Anglican theologian, addresses it from an agnostic perspective. Fletcher wrote in 1979 a book *Humanhood: Essays in Biomedical Ethics* which takes a pro-euthanasia position. He was a professor in medical ethics and wrote on situational ethics, eugenics and euthanasia. He writes from a very strong pro-euthanasia perspective and is an important author on the topic. Fletcher is known for *Situational Ethics*, a form of teleological ethics, which is rights based, but highly individualistic.

L. W. Sumner, a Law and Philosophy professor at the University of Toronto, examines the debate from ethics and philosophy of law. The author is one of the few to write on physician assisted death (PAD) from a post-*Carter*[6] Canadian perspective. He addresses the Canadian perspective but focuses mostly on the USA and Europe. He also writes in favor of allowing PAD for minors and for cases of non-voluntary PAD where there is an advance directive. Sumner's book *Physician-Assisted Death: What Everyone Needs to Know* is an attempt to write a balanced, middle ground on MAID. The book gives several pages to the Canadian context after the Legalization of MAID. He also devotes a few pages to the Quebec context and the *Act Respecting End of Life Care*. In the book he describes the expression "Physician Administered Euthanasia" which more accurately defines MAID. Sumner also wrote the book *Assisted Death* which is a scholarly book written before the *Carter*[7] Supreme Court of Canada decision. He presents in this older book an ethical framework that could allow for regulation of MAID, while arguing against the validity of "the slippery slope" theory. He is utilitarian in his approach and attempts to approach a middle ground between teleological ethics and the deontological approach, while still promoting legalization of MAID.

Arthur Caplin along with McCartney and Sisti co-wrote a book on *the Case of Terri Schiavo*. Terri Schiavo was in a persistent vegetative state and contrasts her case with the case of Nancy Cruzan, both of whom had their feeding tubes removed. The Schiavo case was well known because of the media frenzy around the court cases involved in having the feeding tube removed by a court order. That court order was requested by Terri Shiavo's husband and then the feeding tube was reinserted after a court appeal from her parents. She eventually died after the feeding tube was removed again by yet another court order. The cause was taken up by both the right to die and the pro-life activists. The Schiavo case influenced the public to support movements favoring legalizing physician assisted suicide (PAS). The book is careful to give very detailed facts on this case without full commentary on the ethical approaches. I have put it in the Pro-MAID section because it does endorse inactive non-voluntary euthanasia.

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[6] See sub-section 1.3.4.
[7] See sub-section 1.3.4.

Con.

Hippocrates wrote *The Hippocratic Oath*, which has been an important part of modern medicine and is considered the oldest binding document still in use. It was created in approximately the fifth century BCE. *The Hippocratic Oath* forbade euthanasia. It was the standard oath for all doctors for generations but has been modified to account for changes in medical practice relative to abortion and euthanasia. In response to Bill C-7 Lynne Cohen wrote in 2021 that: "Today most Canadian and American medical schools make up their own oaths" (Cohen). This document is important in understanding the ethics of modern medicine and the recent changes in medical ethics.

Margaret Somerville, who is the Founding Director of the Centre for Medicine, Ethics and Law being a professor Emerita of law at McGill University. Somerville is also a professor of law in Australia. Somerville has written extensively and recently on euthanasia, MAID and PAD from the Canadian and international contexts. Her book *Death Talk* was written in 2001, being pre-*Carter*, is a lengthy deontological approach to MAID. Somerville has written numerous post-*Carter* articles in journals and newspapers. She has strongly opposed MAID in her writings. A large portion of her argument relates to concerns about the slippery slope of euthanasia and the ethics of doctors doing harm to their patients.

Hubert Doucet, director of the Bioethics program at the Université de Montréal. Doucet wrote *La Mort Médicale, Est-ce Humain?* Written in 2015, the book raises some unique arguments on the differences between the practices in Belgium and the Quebec law. He also addresses the evolution of the terminology of euthanasia. He also writes on the complexity of assisted death in medical institutions and long term care facilities. Doucet raises the issue of what he calls the "médicalisation du mourir" (the medicalizing of death). He raises the concern that it will be bringing physicians to a position and practice that they are not competent in.

John Keown, a professor of ethics at Georgetown University, argued in 2016 that the World Medical Association (WMA) should not drop its opposition to the decriminalization of voluntary euthanasia and physician-assisted suicide. He refutes seven arguments that were given in favor of the WMA changing its position. He addresses each argument by appealing to the sanctity of human life and the Hippocratic principle of a physician's vocation being to heal, not to kill. Keown also criticizes the *Carter* decision, comparing it to Supreme Court decisions against PAS in other nations. He also co-edited a book in 2013 on the philosophy of John Finnis and his *Natural Law* approach to Law and Ethics. Keown uses a deontological approach to ethics.

Richard Huxtable, who is the Deputy Director of the Centre for Ethics in Medicine at Bristol University, tries to give a balanced explanation of the ethical issues on euthanasia in his 2013 book *Euthanasia: All That Matters*. Huxtable raises concerns about errors in medicine in relation to euthanasia. If a patient ends their life through MAID because of a misdiagnosis, the error is incorrigible. The patient would have ended his life due to misinformation as opposed to informed consent.

J. C. Willke and Barbara Willke. In *Abortion: Questions & Answers*, the Willkes addresse euthanasia and a historical connection between euthanasia and eugenics. They

also include a section on euthanasia under the Nazis. John C. Willke was an obstetrician and a pro-life activist. Co-author, Barbara Willke, an R.N., headed the Department at the College of Nursing. Dr. Wilke raises concerns about the slippery slope argument and the involvement of the eugenics movement in euthanasia.

1.1.2.2 Theology.

Pro.

Joseph Fletcher has written about euthanasia from a medical perspective but was an Anglican theologian. Therefore I have placed this comment in this sub-section on theology to acknowledge his theological background. His writings are secular-humanist and he does argue against the majority of theological views on euthanasia. It cannot be ignored that much of his writing may be considered rebuttal of his former theological training.

Gary Paterson, the moderator of the United Church of Canada, did not write a book on MAID, but did write numerous articles on the topic. While mentioning that there is no consensus in the United Church, his 2014 article "Going into That Good Night" present arguments in favor of legalizing MAID for individuals who can consent. He expresses particular concern for those suffering from dementia and Alzheimer's. Paterson's writings are helpful in presenting the position of the United Church of Canada on MAID.

Baruch Brody, wrote *Suicide and Euthanasia*, in 1989. It is edited a collection of authors' surveys of western thought on suicide and euthanasia through history, beginning with Greek philosophers and ending with modern thought. The book primarily challenges the view that early Greek, Judaic and Christian thought opposed all suicide.

John Donnelly, wrote the book "Suicide: Right or Wrong?" Donelly's book edits a collection of writings by Thomas Aquinas, Hume, Kant, Fletcher, Kevorkian and others that examine the question of suicide and PAD from multiple philosophical, legal, and medical perspectives. The book attempts to look at both sides but appears to argue in favor of MAID from a utilitarian perspective. In his lengthy introduction to the book, he gives arguments pointing toward the advantages to society of allowing PAS and individual freedom to do so. He implies that Jesus' death may have been also considered suicide (22). The book was written in 1998, shortly after the Supreme Court of the USA ruled on the question of assisted suicide in 1997. While it does not address the Canadian context, it is valuable in its survey of views on suicide in both ancient and modern times.

Paul Badham, argues in 2009 from a progressive, pro-euthanasia view. He questions the validity of the slippery slope argument based on the experience of Oregon and the Netherlands. He also mentions that many Christian theologians who are opposed to euthanasia do not argue based on the Scriptures, but tend to argue deontologically or argue primarily from the slippery slope argument. He argues that allowing assisted-death is the loving thing to do in order to provide a good death. Educated at Cambridge and

Oxford, Paul Badham is professor emeritus of theology and religious studies at the University of Wales.

Michael Stingl, who is an associate professor of philosophy at the University of Lethbridge, wrote in 2010 that the slippery slope argument may not lead to non-voluntary euthanasia. He edited the book *The Price of Compassion*, which is a collection of authors addressing various topics related to euthanasia written after the *Rodriguez* decision and before *Carter*. It discusses the legal decisions in the USA and Canada in relation to euthanasia. It also discusses definitions of euthanasia (active, passive, voluntary, non-voluntary). It discusses palliative care and the slippery slope question in detail.

Con.

Thomas Aquinas was an important pre-reformation theologian and still an important influence on Roman Catholicism. Aquinas wrote *Summa Theologica* in the thirteenth century. Aquinas was influenced by Aristotelian thought and his thinking continues to influence modern theology. He also continued in the tradition of Augustine in condemning suicide.

Stanley Hauerwas approaches ethics from the perspective of respect for Scripture and the Christian narrative. In 1981 Hauerwas wrote *A Community of Character: Toward a Constructive Christian Social Ethic.* He addresses the ethics of abortion from the perspective of respect for the incarnation and respect for God-given life. Hauerwas' approach is primarily deontological.

In *On Heaven and Earth*: Jorge Mario Bergoglio, who is presently known as Pope Francis, was interviewed in 2013 by Abraham Skorka for the book *On Heaven and Earth: Pope Francis on Faith, Family, and the Church in the Twenty-first Century*. Bergoglio, (Pope Francis), briefly addresses the question of Euthanasia in the interview. It is important because it presents the Pope's opposition to euthanasia on the basis of the sanctity of human life.

Theo Boer is a professor of health care ethics and was a member of an assisted dying review committee in the Netherlands. In his 2016 article "Rushing toward Death? Assisted Dying" Boer discusses the Dutch perspective of euthanasia and how it came to be legalized in the Netherlands. He raises some concerns about normalization of assisted dying. He expresses the concern that "some patients still request assisted dying out of fear of ineffective palliative care" (26). Boer argues against theologians who use the hope of an afterlife to support assisted dying.

Arthur Kristofferson chaired a committee in 1998 which produced the document for the Anglican Church of Canada entitled: *Care in Dying: A Consideration of the Practices of Euthanasia and Physician Assisted Suicide.* The document is a paper which presents the position of the Anglican Church of Canada and their opposition to the practices of euthanasia and physician assisted suicide. Concerns are raised using the slippery slope argument from a deontological perspective.

Ian Dowbiggen, wrote in 2015 the book *A Concise History of Euthanasia: Life, Death, God, and Medicine* presents research into the early connections of the euthanasia

movement with the eugenics movement. It helps to define some of the early philosophy and ethics of the euthanasia movement and its connections with the abortion rights movement. One of Dowbiggen's main objections to euthanasia are found in the connections of the early roots of the eugenics movement to the promotion of euthanasia.

Pablo Requena, in his 2016 World Medical Journal article "Why Should the World Medical Association Not Change Its Policy towards Euthanasia?" wrote from a deontological perspective recommending that the WMA does not slacken its policy toward euthanasia. Fr. Pablo Requena, MD STD[8] is a Roman Catholic professor of Moral Theology at the Pontifical University of the Holy Cross.

Peter Joel Hurwitz, Jacques Picard and Avraham Steinberg edited the 2006 book *Jewish Ethics and the Care of End-of-life Patients*, They describe it as a collection of Rabbinical, bioethical, philosophical, and juristic opinions. This book includes essays which examine palliative care and euthanasia from Jewish law, Halakha, and tradition. Jewish culture and tradition since Mosaic Law places a consistent, strong value on the sacredness of human life.

Goedele Baeke, Jean-Pierre Wils and Bert Broeckaert wrote an article in 2011 called "'There Is a Time to Be Born and a Time to Die' (Ecclesiastes 3:2a): Jewish Perspectives on Euthanasia." This article was a study on the views of euthanasia in the various branches of Judaism. It concluded that there is an extremely strong value for human life in most of Judaism and that a pro-euthanasia stance is unusual and exceptional in Judaism.

1.1.2.3 Websites.

I have included several websites. MAID is a contemporary issue which is being debated through the internet, on websites, and social media. Since the laws and culture are rapidly changing on the issue of MAID, it is important to keep current through the websites and online resources which are available. For many organizations the internet is their primary source of publishing information. In order to obtain information from a primary source it is necessary in many cases to go to their websites.

Pro.

"The Death with Dignity National Center" came out of the political action committee called "Oregon Right to Die." They were influential in getting the Oregon *Death with Dignity Act* passed. www.deathwithdignity.org is the official website of "Death with Dignity." This website is a primary source of information about the pro-euthanasia movement.

"The Hemlock Society" is an international organization which promotes assisted suicide, dying and euthanasia. The name "Hemlock Society" came from the root used as a poison. The name was later changed to "Final Exit" and the "Euthanasia Research and

[8] Doctorate in Sacred Theology

Guidance Organization." Membership had decreased partly due to their success in legalizing PAS and changes were therefore considered necessary. "Final Exit" is the title of the website of the "Hemlock Society" which is found at Http://www.finalexit.org. This website also gives instructions on how to commit suicide and has been a strong proponent of legalizing PAS. It includes essays and offers books by Derek Humphries. It includes the "Euthanasia Research and Guidance Organization" and links to the "Final Exit Network."

The "World Federation of Right to Die Societies" is a world-wide pro-euthanasia organization. The https://wfrtds.org website posts global news on the issue of euthanasia from a pro-euthanasia perspective. This website is also a primary source of information about the pro-euthanasia movement.

Con.

The "CNK Alliance" run the website *Care Not Killing - Promoting Care, Opposing Euthanasia.* "CNK" is based in the U.K., and is supported by an alliance of individuals and organisations which bring together disability and human rights groups, healthcare providers, and faith-based bodies, with the aims of promoting palliative care and strives to keep the laws intact against euthanasia and assisted suicide. It is useful as a source of articles and news items related to the subject, especially in the U.K. The website is found at https://www.carenotkilling.org.uk

The British Columbia based "The Compassionate Healthcare Network", ("CHN"), is an "Associated member of the World Federation of Doctors Who Respect Human Life." It is a pro-life organization which opposes "all programs, policies and perspectives which may threaten or weaken the physical existence of any person who is sick, disabled, infirm, dying or otherwise medically at risk." It is useful in providing information on MAID and euthanasia from both Canadian and international perspectives. The website is found at Http://www.chninternational.com.

The Quebec based "Coalition of Physicians for Social Justice", advocates for the poor, free and accessible public healthcare, quality care and services, and protecting the most vulnerable in society including the poor. Dr. Paul Saba, a family physician in Lachine, Qc. and president of the Coalition of Physicians for Social Justice is an outspoken critic of the legalization of MAID. This website *https://coalitionmd.org*, includes many strong arguments opposing euthanasia from social concern and from a medical perspective.

Euthanasia.com is a website which is opposed to legalized euthanasia. While it is unclear what organization manages the site, it is useful as a link to news items and websites on the topic of Euthanasia. Another group called the "Euthanasia Prevention Coalition" is a Canadian organization with an international focus. Their purposes are opposition to active euthanasia ("mercy killing") and the promotion of palliative care.

"MercatorNet" is an Australian based website of the "New Media Foundation." They describe themselves as neither liberal nor conservative. The editor, Michael Cook, is Roman Catholic and frequently leans toward pro-life, pro-family (traditional) views. It is

a source of articles from many contemporary writers such as Margaret Somerville, Christopher Kaczor, Michael Cook, and others. http://www.mercatornet.com

The Patient Rights Council is an organization which addresses the ethics of euthanasia, assisted-suicide, advance directives, pain control and the protection of vulnerable patients. It primarily addresses American law. It also addresses European and Australian trends but has generally ignored Canadian laws. It is a source of statistics, law, ethics and commentary. While it is not a partisan group on either side of the debate, the articles tend to lean toward presenting the dangers of MAID and so it has been placed under the websites which are opposed to MAID. http://www.patientsrightscouncil.org

Other.

"Should Euthanasia or Physician-Assisted Suicide Be Legal?" ProCon.org is a website which presents articles by different authors examining both sides of the PAS debate. It does not support either side of the debate but presents arguments and responses. Because it could not be placed as either pro or con, it therefore required a separate category.

1.1.3 A review of the literature and the Evangelical approach.

As mentioned above, most of what is recently written on euthanasia can be found only on the internet. There are few scholarly works in print that are recent, and even fewer that approach it from an Evangelical perspective. Most Evangelical writers approach the issue from a pro-life perspective. There is little that can be found using in depth Scriptural exegesis.

1.2 Understanding and Clarifying the Concepts around Euthanasia, PAD and MAID.

Much of the confusion on MAID involves the fluidity of euphemistic terminology. Because of the obfuscation of terminology, it is not only important to define MAID and the different definitions of euthanasia but to further illustrate what each term means in order to avoid confusion. MAID could be defined as active-voluntary euthanasia.[9] It is important to define the terms related to the MAID, PAD and PAS in order to clarify and explain the discussion. Again, MAID is Medical Assistance in Dying defined in Bill C-14 by the Canadian Federal Parliament. MAID allows physicians or nurse practitioners to be involved in actively ending a life. MAID may also be used in Canadian practice to describe the self-administering by a patient of an oral mortifacient. Quebec's Bill-52 uses the term *medical aid in dying* which is translated from the French *soins de fin de vie*.[10] PAD means Physician Assisted Death and more accurately describes Quebec's Bill-52 which only permitted doctors to be involved in actively ending a life. PAS means Physician Assisted Suicide and is usually referring to the aid of a physician in helping a patient to end his own life. In PAS, the doctor only prescribes mortifacient drugs which are swallowed by the

[9] See section 1.2.6.
[10] Quebec. Assembly National. Projet de loi no 52 Loi concernant les soins de fin de vie

patient or the patient presses a button on a lethal injection machine like Jack Kevorkian's "suicide machine."

1.2.1 Euthanasia – Means a Good Death (Or Is It Good?).

The term "Euthanasia" comes from two Greek words *ευ* and *θανασια*. The first part *ευ* means "good*"* (Bauer 317). The second part *θανασια* from *θνητος* means "mortal" (Bauer 362). The word *θνητος* comes from *θανατος* means "death" (Bauer 350). The term euthanasia can be separated into the three divisions of **voluntary** euthanasia, **involuntary** euthanasia, and **non-voluntary** euthanasia also called **indirect** euthanasia.

One of the problems with euthanasia comes from defining what a good death is. Until around the middle of the 20th century most people died at home, cared for and surrounded by relatives (Davis 174). In the 21st century most people die in a hospital. In the Covid-19 pandemic, many died alone, because family members were not permitted to visit. For many, natural death is no longer accepted as the best way to die. Some consider MAID to be a better way to die. MAID assessor and provider, Timothy Holland, in the Senate hearings on Bill C-7 described the procedure as "a beautiful and inspiring event" (qtd. in Bryden "Doctors Offer"). However, MAID may not be the "good death" that Holland would suggest. "Dr. Joel Zivot countered that an assisted death only appears outwardly peaceful because the paralyzing drug makes it impossible for the patient to move or show discomfort" (Bryden "Doctors Offer"). He indicated that the sensation would feel like drowning. For the sake of those who have gone through a MAID procedure, hopefully Holland is correct. It is impossible to verify what sensations a patient would experience during MAID because no-one will actually be alive after to describe what it is like. In theory, MAID is promoted by many to be preferable to a long, painful demise.

1.2.2.1 Indirect Euthanasia Explained (Also Called the Double Effect or Non-Voluntary Euthanasia).

An aspect of euthanasia called *indirect-euthanasia* is also called the *double effect* which describes unintentional death by the medications used to relieve pain or comfort the patient. Fuchs describes it as "indirect euthanasia: the acceptance of the possibility that an earlier death may result when conditions of severe pain and suffering are treated with pain relievers" (Fuchs, 1997, p. 35 qtd by Schirrmacher 228). This term was used in 1957 when Dr. John Bodkin Adams was put on trial, having been charged with the murder of Edith Morrell. According to Huxtable "Dr. Adam's lawyers insisted that he had intended to kill only the patient's pain – not the patient" (Huxtable 75). Indirect euthanasia is never intended to kill the patient but to give adequate pain-relief with the purpose of easing the suffering of the patient, which may result in unintentional death. This is why indirect euthanasia may be called **unintentional** euthanasia.

1.2.2.2 The Opioid Example of Indirect Euthanasia.

The use of opioids illustrates the double effect. Looking at the example of opioid use in palliative care will help to understand the difficulty present to medical staff in evaluating the correct dosage of pain medication. There is a careful balance between what is necessary to alleviate pain, against the danger that the same medication, in too high a level, will unintentionally result in a fatal overdose in the patient. Pain is difficult to measure as it is subjective. One person may have a high tolerance for pain and another may be extremely sensitive to pain. Medical professionals must rely on the feedback of the patient to evaluate the effectiveness of the pain medication.

The danger is that many medications such as opioids have secondary effects that if not properly managed can unintentionally cause death. An example is found in the use of fentanyl which was intended for use in surgery. It is used in cases of cancer patients who have a high-tolerance for opioid medication. It is often administered in a slow release transdermal patch. The danger of fentanyl and many other opioids is in the suppression of the respiratory system. When given in too large a dose, it may result in respiratory suppression which can lead to death. When added to street drugs, for example, without the knowledge of the user, it is frequently fatal because it suppresses the users breathing and may cause death.

It is generally true in the administration of pain medication that too small a dose will not provide enough pain relief. Too large a dose may kill the patient. The intentions are good in prescribing the medication, but the secondary effects of the medication can result in a fatality if not carefully administered. Many medications, which used properly at the correct dosage can ease suffering or save a life. The correct dosage can be affected by many factors including the weight and metabolism of an individual. It can be very difficult to ascertain the correct dosage. It is a difficult balancing act for the medical professionals during the period of dosage adjustment (dosage titration), or in re-evaluating the correct dosage. While increasing the dosage, there is a danger of killing the patient.

Ultimately the cause of death in indirect euthanasia is the result of trying to treat the patient's condition in a manner that exceeded the patient's tolerance or capability. The medication was administered because of the medical condition that was already present. Unfortunately, the medication may at times hasten death unintentionally. This is important to the discussion on MAID because many misunderstand the difference between indirect euthanasia and active euthanasia. They are not the same. It should be repeated that the **intent** in indirect euthanasia is not to kill the patient, but it may be the unfortunate outcome.

1.2.3 Differentiating Between Indirect, Active, and Passive Euthanasia.

Active euthanasia is different from **indirect** euthanasia in that it is intended to kill the patient, not to relieve pain. The key question here is the intent. Euthanasia is also differentiated between **active** and **passive** euthanasia in the method used to hasten death. **Passive** euthanasia is the with-holding or cessation of life-sustaining treatment. The intent of passive euthanasia is to allow nature to take its course. It is not euthanasia that is the cause of death but the **underlying condition** which causes death. **Active** euthanasia will cause the death of the patient irrespective of the underlying condition. It is not the condition itself which hastens the death in active euthanasia but what is done to the patient that causes death. In passive euthanasia the tube is removed. In active euthanasia a lethal substance is either fed to the patient or injected through a tube such as an I.V.[11]

1.2.4 Active Euthanasia and Intent.

The difference between the "double-effect" of **indirect** euthanasia and **active** euthanasia is intent. An important part of law is intent. Intent can make the difference between what was clearly just an automobile accident and vehicular manslaughter. Intent is the difference between murder and negligence. *Indirect euthanasia* involves giving medication **without** any intention of causing death. *Active euthanasia* involves giving a medication **with** the intent of hastening death.

Active euthanasia is evidenced in the act of MAID itself. It is a physician injecting a patient with a lethal dose of a substance such as Rocuronium,[12] Phenobarbital or hydromorphine/morphine with the purpose of ending the life of the patient (Ontario *FAQ* 2-3). During the senate hearings on Bill C-7 the MAID procedure was described by Holland: "…three drugs are injected: Midazolam to relax the patient, then Propofol to induce 'a deep medical coma' that will stop breathing, and finally Rocuronium, a paralyzing medication to ensure the patient stops breathing" (Bryden "Doctors Offer"). Again, the purpose of the procedure in active euthanasia is to intentionally cause the death of the patient.

1.2.5 Involuntary and Voluntary Euthanasia Defined.

In addition to active and passive euthanasia we can divide euthanasia into the two groups of **involuntary** and **voluntary** euthanasia. **Voluntary** euthanasia is used when there is informed consent by a competent person. **Involuntary** euthanasia is used when the person is unable to, or not competent to give informed consent. This would apply to a situation when the patient is incapacitated, unconscious, uninformed, ill-advised, or not competent. An example of someone who is unable to give consent would be the case of a person who is comatose. Someone having severe dementia would be considered incompetent to consent. Another example of someone who is not competent to give consent would be a patient with a serious mental disorder. In Canada, a person must be of legal age

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[11] intravenous

[12] See Bryden "Doctors Offer Duelling Views of What It's Like to Receive an Assisted Death."

to be eligible for MAID. A minor (a child) would not normally be able to give informed consent. A minor who is not of legal age cannot consent on his own.

An example of ***in****voluntary* passive euthanasia would be a case where a ventilator is turned off while someone who is in an intubated, comatose state is being kept alive by that ventilator. A highly publicized example is the case of Terry Schiavo who was in a *persistent vegetative state* being kept alive by a feeding tube (PEG) (Caplan et al. 28). There was a long public legal battle between her husband and her parents. It was not clear that her husband was defending her interests since he had moved on to another relationship (Perry et al. 747). By court order, her tube was removed, and she eventually died in 2005. This raised an ethical question about whether she was being killed by starvation or being allowed to die (Shannon 150). According to Perry: "In Terri Schiavo's case, where the inability to communicate directly was established and no written medical directive existed" (Perry et al. 745) which meant that Terri Schiavo did not and could not express her wishes. Because she could not communicate effectively and had no written DNR nor advance directive, the removal of her feeding tube was not voluntary. This would make the Shiavo case an example of *involuntary passive euthanasia*. Involuntary passive euthanasia is different from MAID where clear voluntary consent of a competent adult is required.

An example of *voluntary passive euthanasia* would be found in the case of someone who is alert, competent and well informed of the risks and chooses not to continue chemotherapy for cancer. Another example of *voluntary passive euthanasia* would be someone refusing lifesaving surgery or removing his own feeding tube. Some may suggest it could also apply to a DNR (do not resuscitate directive). DNR can be difficult ethically to define as voluntary because of the rapidly changing conditions that arise in an emergency medical situation.[13] For a patient to be consenting, he needs to be alert, competent and well informed of the risks.

1.2.6 Voluntary Active Euthanasia Defined.

Voluntary **active** euthanasia describes the giving of a substance or procedure that is intended to kill a consenting, alert, informed, and competent patient. It is different from **indirect** euthanasia which is not intended to kill the patient, but to relieve pain. Under present Canadian law MAID and PAD would be considered a voluntary active euthanasia.

There is an example of **voluntary active euthanasia** in the British Medical Journal in 1999 which stated that: "(a) Michigan jury found Dr. Jack Kevorkian guilty of second-degree murder in the death of Thomas Youk, a 52 year old resident of Detroit who had amyotrophic lateral sclerosis" (Charatan). This was different from Kevorkian's previous trials in that Dr. Kevorkian injected the mortifacient. According to Fred Charatan: "Dr Kevorkian made a videotape of himself injecting Mr Youk, who was paralysed, with lethal chemicals" (Charatan). Active euthanasia is intended to kill the patient and can take many forms such as taking prescribed pills, injection through an I.V., or a device like Dr. Kevorkian's "suicide machine" which allows a patient to press a button to end his own life. What makes it **voluntary** active euthanasia as opposed to **involuntary** euthanasia, is the

[13] See section 1.2.7.5.

clear, informed consent of a competent patient before and at the time of taking the life-ending procedure.

1.2.7 Unpacking Consent.

Understanding consent is important to understanding MAID and is important to understanding the difference to voluntary in involuntary euthanasia.

1.2.7.1 The Necessity of Informed Consent.

Clear informed consent is a fundamental part of MAID. In the *Carter* decision it was concluded that one of the requirements for MAID is that "the person affected clearly consents to the termination of life" (Canada *Carter* par. 4). Clarification is needed as to what is the meaning of the word "consent" in reference to MAID. Consent must be informed. In the *Carter* case the SCC defined informed consent to mean that: "'… a patient is properly informed of her diagnosis and prognosis' and the treatment options described included all reasonable palliative care interventions" (par. 27). The SCC also pointed out in *Carter* that informed consent needs to be free of any duress or coercion. The SCC specified in the *Carter* decision that: "it was possible to detect coercion, undue influence, and ambivalence as part of this assessment process" (par. 27). One of the objections to MAID is the concern that patients will consent to MAID under duress from family members or others.

1.2.7.2 Duress and Pressure to End One's Own Life.

There is a risk with MAID that the vulnerable and especially people who have a disability will be treated as a burden to society and pressured to end their lives through MAID. Rather than helping people with disabilities to integrate into society, MAID may be presented as an option so as to not be a burden to family or society. The elderly may be pressured by their family members to end their lives early in order for them to gain access to an inheritance. Someone needing surgery could be pressured to save society money and medical resources by receiving MAID instead. Someone may be pressured by a spouse who sees MAID as a way out of an unhappy marriage.

Duress is defined as "compulsion illegally exercised to force a person to perform some act" (Garner 300). MAID under duress is an ongoing concern in the same way that it is a crime to pressure someone to commit suicide. Section 241 of the *Criminal code of Canada* made it a criminal act to counsel or aid someone to commit suicide punishable by up to 14 years in prison (241.1). With the introduction of MAID, Section 241 of the *Criminal Code* was modified to give an exception for physicians or nurse practitioners "if they provide a person with medical assistance in dying in accordance with section 241.2" (241 (2)). It is still unclear in the law and untested in the courts as to whether section 241 applies to one who gives pressure in MAID as it applies with suicide.

An example of the harm created by pressure to commit suicide is found in Massachusetts where voters narrowly turned down a proposal to legalize PAD. Inyoung You was charged with involuntary manslaughter after she sent more than 47,000 text messages to her boyfriend, Alexander Urtula, before his death by suicide in May 2019. Urtula was a student in Boston. Ms. You "hundreds of times" instructed Urtula to kill himself through the texts she sent him in the two months before he died (Jones). Also, in Massachusetts, Michelle Carter who "…was convicted of involuntary manslaughter in June 2017 after a judge determined that her texts to Conrad Roy III persuaded him to kill himself" (Grinberg). Massachusetts Bill S.2382 was created to criminalize encouraging one to commit suicide in answer to several prominent criminal trials of persons who encouraged another to commit suicide such as the one involving Ms. You. According to Julia Jones at "CNN" in Oct. 2019: "Rollins said a bill is currently in front of a legislative committee that would make encouragement or assistance of suicide a crime punishable of up to five years in prison." (Jones).

Someone may have been ill-advised as to their condition or subjected to bias from the medical professional or a family member and may be giving consent under duress. MAID may be considered involuntary-euthanasia if there was not informed consent. That is why the law presently requires for eligibility, that informed consent "includes being informed of all care options available to them to help relieve suffering" (Canada, *Medical Assistance in Dying*). If family members or medical professionals are giving undue pressure to receive MAID due to other considerations such as receiving an inheritance or needing an organ for donation to save a family member. The patient will be doing so under duress as opposed to willingly. It may be that a medical professional will not inform the patient of all the options available because of cost considerations or needing the bed for another patient.

I personally know of a patient who was encouraged to receive MAID because his organs would be more useful as a donor than for his own life after a diagnosis of ALS. According to Sharon Kirkey in her article for the National Post in 2019 the need for organ donors can lead to encouraging "death by donation" (Kirkey). Death by donation occurs when someone will die by having their organs removed while they are anesthetized. It is considered an option in order to harvest organs that are still healthy for donation while fulfilling the request for MAID. A parent may see this as a solution to save the life of his child.

Under one of the eligibility requirements for MAID, someone who cannot write may have someone else write and sign the request on their behalf who will not benefit from his death (for example, they must not be an heir to his estate) (Canada, *Medical Assistance in Dying*). A legitimate concern is that family members will forge the patient's signature because they have a personal advantage due to receiving an inheritance from a parent. It does not prevent undue pressure from family members. I personally know of one case where a man was pressured to receive MAID by his wife who was no longer happy in the marriage. The act however clearly states "they have made a voluntary request for medical assistance in dying that, in particular, was not made as a result of external pressure." (Canada *Statutes* 6).

1.2.7.3 Suicidal Ideations and Consent in MAID.

The *Criminal Code* was clear that "No person is entitled to consent to have death inflicted on them." (Section 14). This may have existed in the criminal code of Canada for several reasons. Such prohibition would protect a patient from harm by someone else who claimed there was consent. This prohibition prevents others or government from pressuring vulnerable people into consenting to their own death. Mental illness is a major vulnerability in deaths by suicide (Klonsky et al. 312). A person who has a psychiatric disorder may not be considered competent to consent to their own death. In the case of someone who may harm himself or someone else due to a mental disorder, his autonomy may be removed without his consent for a time or in some cases until he can be proven to be out of danger of self-harm. There are many areas where one cannot give consent. If someone is intoxicated, incapacitated or incompetent one cannot give consent to, among many things, a marriage, sexual activity, surgery nor even travel in some cases. It was also generally understood that someone who is mentally ill cannot consent to their own death. This may change under Bill C-7.

In a recent article in the Journal of Medicine and Philosophy reporting on the Belgium experience with MAID, there have been concerns raised that doctors may be circumventing the regulation that a psychiatrist be involved in evaluating the request for euthanasia.

> The Euthanasia Law requires that the second consulted physician must be either a specialist in the condition the patient is suffering from, or a psychiatrist. In the case of euthanasia for psychiatric suffering, this frequently boils down to the same, as a specialist in the psychiatric condition will likely be a psychiatrist. However, if a patient with psychiatric suffering is diagnosed with another condition, the case can be reframed as a polypathology case; hence according to the FCECE, any GP can be the second consulted physician. Under these circumstances, euthanasia could thus be performed without any involvement of a psychiatrist; some research suggests that this is indeed occurring. (Raus 91).

This raises some concerns that a person with suicidal ideations may improperly receive MAID instead of being treated and restored to good mental health.

There was a recent case in Canada in July 2019 where Alan Nichols was given MAID even though his death was not imminent, and he suffered from depression. The family attempted to intervene, but the procedure was done quickly. According to the family in a 2019 article on CTV news: "They were told two doctors confirmed Nichols was competent to apply for an assisted death. But the family says he was mentally ill and unable to give informed consent." (Favaro and Rodriguez 2019). The procedure occurred while a waiting period was still required between the request for MAID and its implementation. In certain polypathology cases it is conceivable under Bill C-7 that someone with a serious mental disorder could receive MAID without a waiting period. When MAID was legalized in 2016, it was not intended to be available to those who are suffering from mental illness.

Two reasons MAID was not made available for those suffering only from a mental illness was lack of competence to consent and the expectation of mental illness being remedial. According to Dr. K. Sonu Gaind, President of the Canadian Psychiatric Association in his submission to the Special Joint Committee in 2016:

> In terms of what is "irremediable", careful consideration needs to be given about what this means in the context of mental illness. Irremediable, of course, cannot simply mean incurable. Many conditions in psychiatry and medicine are considered chronic and not curable, but things may be done to remediate or improve the situation (Canada *Patient-Centered* 2016, 13).

One of the dangers of the Federal Government's removal of the waiting period in Bill C-7 is that even mentally healthy patients should not be choosing to end their life when things are looking bleakest. It is possible that their mood may change or the situation may improve. An important aspect of mental health and consent is the danger it presents to patients struggling with psychiatric disorders who may be particularly vulnerable to suggestions that MAID is a solution to an otherwise remedial problem.

1.2.7.4 Involuntary Active Euthanasia and Consent.

There is a danger with the legalization and implementation of Maid that there will be occasions when MAID will be administered without clearly informed consent. Unless clear safeguards are in place and unless informed consent is clearly defined and monitored there are risks that MAID will not always be voluntary. **Involuntary** active euthanasia describes the giving of a substance or procedure that is done that with the intent to kill a person who is not alert, consenting, competent or informed. An example of this would be the case of a lethal injection being given to an Alzheimer's patient at the request of her family, to which she was not competent enough to be able to give informed consent. **In**voluntary active euthanasia occurs only when the patient has not given or cannot give clear and informed consent.

Another more graphic example of what may be involuntary active euthanasia would be in the case of a prisoner who has committed a capital crime. It could be argued that the prisoner consented to capital punishment in committing the crime, but rarely does one commit a crime with the idea that this will lead to capital punishment. The prisoner usually dies by lethal injection. "The World Medical Association condemns participation in capital punishment, although it does not preclude doctors from certifying death. Several global associations generally agree with this stand" (Trent 796). One reason Canada does not practice capital punishment is the ethical question of the state being able to kill. Bruce Halliday states: "I have trouble accepting the notion that the state has any more right to kill than the private individual" (qtd. in Trent 796). Another reason Canada does not practice capital punishment is due to the possibility of error. Ian Rose stated that: "In Great Britain the discovery that an innocent man had been executed was the main reason for the abolition of the death penalty." (Rose 107). Canadian prohibition of capital punishment also applies to the ethical concern about the possibility of errors in the administration of MAID. A fatal error cannot be corrected after the death. Another example is found in the use of the term

"suicide by police" to describe someone who commits mass murder in order to die, but it should be argued that the cause of the act was a psychiatric disorder. If the perpetrator was mentally ill and did not understand the consequences of his actions, then he would be not guilty by reason of insanity. In the case where capital punishment was used and there was an error in the judgment, if the person was deemed after the review to be not guilty by reason of insanity, it is too late to correct the error after he has been put to death. This also relates to MAID in the sense that when there is an error in the assessment, the person cannot be brought back after the procedure is completed.

1.2.7.5 Advance Requests, Do Not Resuscitate, and Advance Euthanasia Directives.

Advance Requests and do not resuscitate directives[14] (DNR) are documents which are signed in advance of the need for MAID or euthanasia. But the DNR gives the family and medical professionals some direction in what measures to follow in an emergency when the patient cannot speak for themselves. It is similar to a living will. It may be passive euthanasia or refusal of treatment. An example of a DNR is when the patient makes it known in advance that he does not want CPR performed if his heart stops or does not want intubation. A DNR is different from an advance request in that it is intended to be refusal of treatment rather than active euthanasia. It has become much broader than just a refusal of CPR. A DNR can also include refusal of other treatments such as intubation or a feeding tube. An **advance request** is a broader term which may be applied to MAID as proposed in Bill C-7. Nicole and Tiedemann in the background paper for the Canadian Federal Government also explains Advance Directives by writing that: "Commonly known as a 'living will,' an advance directive is a document signed by a competent individual dealing with health care decisions to be made in the event that the person becomes incapable of making those decisions. In the Civil Code of Québec, an advance directive is referred to as a 'mandate.'" (11).

In the Netherlands they use the term *advance euthanasia directive* (AED) to describe authorization given in advance to receive MAID when they are no longer competent to consent due to deterioration of mental awareness by conditions such as dementia (Asscher et al. 71). A disturbing example of the ethical difficulty with using an AED to qualify for MAID took place in the Netherlands in 2016.

> The actual euthanasia was not discussed with the patient at that time, and the patient did not know she was about to die. During the performance of the euthanasia, the patient did respond physically to the administration of the medication, by sitting up despite the sedative. The patient was restrained by her family during the further performance of the euthanasia (Asscher et al. 72).

While it could be debated that the patient had given an advance euthanasia directive, the patient fought the doctor. The physician needed to request help from the family members to restrain the patient in order to complete the procedure and end the patient's life. While the patient had previously given consent through an advance euthanasia directive, it would

[14] See section 1.3.2.3 for further discussion on DNR

be very difficult to affirm that she was consenting at the time the euthanasia was administered.

One of the difficulties in using an advance request when it is used to qualify for MAID, when the patient is objecting or not able to understand the procedure, consent is not clearly given at the time of the procedure. The patient's present situation or mood could change between consenting to an advance request and its application. It may be difficult to confirm with one hundred percent certainty that in the future situation the patient still wishes to end his life through MAID. In passive euthanasia, it is not the procedure that is ending the patient's life, but with the removal of extreme measures the underlying condition takes over to bring the death of the patient. MAID is the administration of a procedure to rapidly end the life of a patient irrespective of the underlying condition. Outside of a clinical environment where the requirements are clearly satisfied for MAID, it would be considered murder or in the least, manslaughter, to kill a human being.

1.2.7.6 The Canadian Special Senate Committee on Euthanasia and Assisted Suicide's Definition of Euthanasia.

In 1995 the Canadian Special Senate Committee on Euthanasia and Assisted Suicide defined some of the terms to provide more clarity. The committee defined **euthanasia** as "a deliberate act undertaken by one person with the intention of ending the life of another person to relieve that person's suffering where that act is the cause of death" (Sullivan 84) . The Senate committee in their report "Of Life and Death - Final Report" defined **assisted suicide** as "the act of intentionally killing oneself with the assistance of another who provides the knowledge, means or both" (Sullivan 84). They also added that "In the Canadian context, this other person is usually considered to be the physician" (Canada Senate "Of Life and Death - Final Report."*).* These definitions helped to lay a foundation for future Federal legislation on MAID.[15]

1.2.7.7 An Explanation of the terms Physician Assisted Suicide (PAS) and Physician Assisted Death (PAD).

Some important definitions are changing constantly. The term **euthanasia** is being replaced by the more concise terms Physicians-Assisted Suicide (PAS) and Physician Assisted Death (PAD). The difference between the two is that PAS occurs when the physician prescribes a substance to hasten death and it is administered by the patient himself (i.e. orally taken or by pushing a button). PAD occurs when the substance to hasten death is administered by the attending physician (i.e. by I.V. or injection).

[15] See section. 1.3.6.

1.2.7.8 Political Obfuscation.

The terminology may change with a desire to clarify the procedures. In some cases, the terms may be changed in order to promote a particular view of PAD. The terminologies used on this topic have become fluid in the wake of the politically charged environment that surrounds the topic of MAID in recent times. The terminology is politically charged. This has led to redefinitions by the committee as evidenced by the comments of Joanne Klineberg in the Senate committee's report:

> Some stakeholders take the view that the expressions 'physician-assisted suicide' and 'euthanasia' are well defined and clear and must be used in order to avoid confusion and misunderstanding that arise from more general terms like 'physician-assisted dying'. Others disagree with the use of the terms 'physician-assisted suicide' and 'euthanasia', believing that they are loaded and stigmatizing terms and that only something more general, like 'physician-assisted dying' should be used (qtd. in Canada "*Patient-Centered"* 10)

The terminology can be highly charged with meaning and nuances. In our culture the use of such terms can often show which side of the issue you stand. The term mercy-killing has a very different connotation than **End of Life Care**. It can also confuse the matter. In Europe, euthanasia is not normally connected with palliative care. The two are seen as separate and distinct issues. But with Quebec's Bill 52 being called *An Act Respecting End-of-Life Care*, palliative care and PAD may be perceived as part of the same issue. The confusion may be increased with use of terms such as **terminal sedation** or **terminal palliative sedation**.

Obfuscation of terminology may place the vulnerable at risk by confusing compassionate easing of suffering at the end of life, with actively hastening death. Margaret Somerville stated in 2001 in her book *Death Talk,* that "A matter related to confusion in definition is the conclusion that can occur from our choice of descriptive language. A vastly different impression is made of emotional reaction evoked, or behavior elicited by describing euthanasia as 'a merciful act of clinical care' or as 'killing'" (Somerville 121). When dealing with ethical issues it is important to understand that words can matter in promoting one side of the debate or the other. Certain words are charged with emotions and can sound offensive. Somerville goes on to describe her interview with Roger Hunt who supported legalizing euthanasia as follows:

> When I asked Dr Hunt, 'Tell me why you think doctors should be allowed to kill dying patients who want this?' he objected to my use of the word 'kill.' He said he 'prefer[red] to be specific about terms that we use in medicine' and that we should talk of 'voluntary euthanasia, rather than … killing. Kill is a broad word that includes murder, man-slaughter, and various other types of killing.' (Somerville *Death Talk* 122).

The debate around MAID is dealing not only with human lives but also with deeply felt ethical issues. Emotions run very high because of fear of suffering on one side and fear of a descent into a moral abyss on the other side.

It is important to address the terminology for each definition clearly. The *Carter* decision by the Supreme Court of Canada (SCC) brought about a redefinition of **voluntary active-euthanasia** and called it *Physician-Assisted Death*. The new terminology sounded much better and was less likely to evoke an emotional reaction to the discussion. The Special Joint Committee on Physician-Assisted Dying used the term **Medical Assistance in Dying**. The Quebec government in Bill 52 called it **End of Life Care** as opposed to euthanasia. According to an Evangelical Fellowship of Canada document:

> The bill's stated primary purpose is to establish the right to end-of-life care (euthanasia) in Quebec. However, it does so by adding euthanasia (illegal under the Criminal Code) to the classification of palliative care (legal medical practice) in an effort to promote the combined actions as medical care. It also uses new terminology ("terminal palliative sedation" and "medical aid in dying") in an effort to connote continuing on the spectrum of medical treatment and evade Criminal Code liability, as neither expression appears in the Criminal Code and thus are not explicitly prohibited (EFC 6-7).

It appears as though the obfuscation is intentional to allow a smoother transition into the new reality.

In media and politics, words have power. Euphemisms are frequently used to improve the acceptability of a subject that is certain to make people feel uncomfortable. Unfortunately, these same terms can be used to hide the reality and confuse the ethics of serious issues if not used properly. It can also reduce the emotional reaction to the subject. This makes it very difficult for the common voter to understand the issues, examine the ethical questions and to vote accordingly for politicians who hold to the same values.

1.2.8 Review of Section 1.2.

In order to clarify the definitions, the term Medical Assistance in Dying (MAID) is used to cover Physician Assisted Death (PAD) and Physician Assisted Suicide (PAS), which also allows for the involvement of other health professionals. MAID is to be administered as **active voluntary euthanasia** in a patient who is clearly consenting, competent and has been presented with alternatives. MAID is different from **just refusing treatment**, or the removal of extreme measures (both are passive euthanasia). MAID is also different from an **unintentional** overdose of pain medication (the double effect), which is not intended to actively kill the patient. MAID is intended to hasten the death of (kill) the consenting patient or aid them in committing suicide. It crosses the line from allowing nature to take its course (or God) to having a medical professional being actively involved in the death of the patient.

1.3 Examining the Process in MAID Becoming Legal in Canada.

In recent years, changes to Federal and Provincial legislation on the question of Assistance in Dying require an understanding of the present context to explain what brought about these changes in Canadian society. It will be helpful for modern Evangelicals to understand how and why Canadian laws have changed. The first step will be to examine the changes brought about by the legislation and how it came to pass. It will include looking at the Canadian legal system. Looking at past judgments and the path toward legalization of MAID will help to explain the present legal context. Previous judgments against euthanasia and the laws passed before the *Carter* decision by the Supreme Court of Canada are essential to understanding the modern context.

These changes are partly the result of general cultural and philosophical changes in society. Society has been strongly influenced by both post-modernism and individualism which will help to explain the shifts in pressure that have been placed on the legal system. Post-modernism generally rejects reason and the empirical methods of modernism in favor of relativism. The influence of post-modernism has contributed to a culture of strong individualism in western culture. This individualism places individual rights over collective rights. Individual rights are valued above protections for vulnerable individuals in society. The eugenics movement of the early twentieth century promoted euthanasia and may also have been an influence on the roots of the movement towards acceptance of MAID.

1.3.1 The Canadian Judicial System is Unique, Appointed, and Independent.

Canadians often pride themselves in not being American. In most places around the world we are often seen as American or like Americans. However, our politics are very different. The Canadian legal system is independent and unique. In the USA there is a vetting system by elected officials of judicial appointments. Supreme Court judges must be recommended by the President of the USA and then approved by the elected officials in Congress and the Senate. In Europe, judges are selected through a judiciary council with some influence from elected government officials. In Canada, judges are appointed by the Prime Minister from a shortlist by an advisory board which recommends three to five candidates. The shortlist is non-binding on the Prime Minister's appointment.[16]

With the repatriation of the constitution in Canada, the courts have the power to declare a law unconstitutional. The appointed judiciary is able to remove laws that the Supreme Court of Canada (SCC) views as unconstitutional and therefore require the elected officials to replace or redraft the law. The courts may force the government to re-write a law within a certain time-frame before the law becomes null and void. This allows for an independent judiciary which may protect individual's rights but also allows the appointed judiciary to have authority over the elected officials. The government may use the notwithstanding clause for up to five years before it needs to be renewed. The notwithstanding clause has rarely been used. In the European judiciaries the Courts

[16] Office of the Commissioner for Federal Judicial Affairs Canada. "Frequently Asked Questions."

normally will work with the elected officials in writing the laws.[17] This prevents the courts from overturning the laws later. In Canada the government may request from the SCC clarification before passing a law, but it is rarely requested.

The Canadian system does not allow elected officials a major role in vetting the SCC judiciary appointments. In theory, it should not be necessary to vet SCC judicial appointments, but in our polarized society it could minimize activism by judges in the judicial process. Unlike the American system where activists can participate in the process of vetting and appointing judges through their elected officials, the Canadian process is relatively private and much quieter. It is much easier for a Prime Minister to quietly appoint judges who are sympathetic to the preferred causes of the elected government. The down side is that Canadians have few recourses available to them if they wish to influence the appointments of those who will adjudicate between the laws and their liberties. Because the courts are independent and yet still have authority to overturn laws, court decisions can very rapidly change the legal landscape. The precedents have changed over time along with the culture. It could be debated whether the culture changed the courts or the legal system changed the culture. The changes have probably worked in both directions. However, the constitution has placed the appointed court judges in a level of authority over the laws created by elected officials. In recent years, elected officials have felt bound to comply with the judgements of the courts, rather than the courts just upholding the laws.

1.3.2 Previous Laws and Judicial Decisions Leading Up to MAID.

The legalization of MAID did not happen overnight. It was part of a lengthy change in philosophy, law and culture. It took less than half a century for assisting suicide to go from prohibition to legal. Society changes gradually but it does change.

1.3.2.1 Changes in Law and Policies.

Previously it was a criminal offence to commit suicide or even to attempt to commit suicide. This was perhaps an intent to discourage suicide by all legal means. Whether or not it was the purpose, prohibition of suicide did give the government authority to restrain and force someone to obtain help for suicidal ideations. Until the middle of the 20th century Roman Catholic, protestant and Evangelical churches all had strong views condemning suicide and had a major influence on the culture and laws of society at the time. As society evolved in the latter part of the 20th century, suicide was no longer thought to be a crime, but a sign of mental illness needing to be treated. This also was signalled by a change in legal thinking with omnibus Bill C-150 in 1969. As Pierre Trudeau said, “Criminal law

[17] In conversation with Amissi, Manirabona. Professor of Law. L’Université de Montréal. Montreal. July 11, 2020.

therefore cannot be based on the notion of sin; it is crimes that it must define"[18] (qtd. in LaPierre). In 1972 the Canadian Federal Government decriminalized suicide along with attempted suicide while retaining a prohibition on aiding suicide. This was part of the change in thinking on morality in general and on suicide. Among libertarians, suicide was becoming considered a right instead of a sign of mental illness.

1.3.2.2 Culture Changed Toward Controlling Your Own Death.

Cultural norms affect the laws of a democratic society. Changes in cultural acceptance of suicide and MAID have also influenced the legal opinions of the courts. In western democracy, as culture changes so do the laws. There appears to be a relationship between the gradual acceptability of suicide, the value of life and changes in the law. The cultural thinking on suicide began to change as seen by examples in media. In 1970 the song "Suicide is Painless" was written for the Movie MASH. The lyrics in the song state that "you can take or leave it if you please" (Greiving). The song became better known as the MASH television series became popular. The song was originally intended to be a ridiculous song but became accepted in society partly due to the popularity of the MASH televisions series and partly due to changing attitudes about suicide. In 1973 the American dystopian movie called *Soylent Green* premiered, which was set in New York City in 2022. Near the end of *Soylent Green* there was a prominent scene in which one of the main characters dies in a large euthanasia center (though not called by that name). The character is given a substance which he drinks in order to cause his own death. While neither of these movies were intended to promote suicide, they are examples of the more open discussions about suicide and MAID which were starting to take place in popular culture. In general, attitudes about death changed in the 1970's. Writing in 1978 David Wilkerson wrote that: "To this generation, death is not an enemy. It has lost its sting. Instead, death is the ultimate trip—an adventure to be desired. Young people today have seen people die a thousand ways on television and in movies" (29).

There were numerous narratives about controlling death through suicide in popular media in that period. In the year 2000, in the movie *Castaway* was an example of the change in thinking that suicide is a method to control your own death. Near the end of the movie *Castaway*[19] the main character, Chuck, says:

> I was never going to get off that island. I was going to die there…totally alone. I was going to get sick, or injured or something. The only choice I had. The only thing I could control, was when and how and where that was going to happen. So, I made a rope, and I went up to the summit to hang myself. I had to test it, you know. Of course. You know me. And the weight of the log snapped the limb of the tree. I, I couldn't even kill myself the way I wanted to. I had power over nothing! (Hanks 1:56).

[18] The quote was referring to an omnibus bill to reform the laws of Canada and was not referring just to suicide but the philosophy applied to the changes to the laws in general.

[19] Hanks, Tom, Actor. Cast Away. Directed by Robert Zemeckis, performances by Tom Hanks, Helen Hunt and Paul Sanchez, 20th Century Fox, 2000.

The *Latimer* trial,[20] which was influencing opinion on assisted death was also taking place around this time in Canada.

Death with dignity describes as a core value on their website that: "We take a stand for the fundamental human right of individuals with terminal illness to decide how they die" (deathwithdignity.org/about). It is an example of the thinking that euthanasia can bring some control to the dying process. In the *Truchon* court decision[21] we see an example on the acceptance of MAID through the effects of changing culture and a desire to control death.

> Aside from the fact that society appears to be better informed about existing practices, this finding also led Dr. van der Heide to relate the general increase in requests for euthanasia since 2007 to the fact that the aging baby-boomer generation has always valued, even demanded, autonomy and control over their own lives and environment. The control that members of this generation wish to exercise over their death is no exception to the culture of control over their life and destiny (Quebec *Truchon* par. 454).

The preceding examples show not only a legal progression towards acceptance of MAID, but also a simultaneous progression of Canadian cultural acceptance of MAID.

1.3.2.3 Do Not Resuscitate Orders were Introduced.

With the advances in modern technology, cases of intubated patients being kept alive while "brain dead" raised the question about refusal of treatment and discontinuation of extreme measures. In 1984 nurses and doctors in Canada established do not resuscitate orders (DNR). The DNR on file at a hospital allows the staff to know what measures to take in case of emergency. In Alberta, for example, patients are requested to fill out a DNR.[22] The DNR allows staff to follow the patient's directives when extreme measures such as cardio-pulmonary respiration (CPR) or intubation are required to save a patient's life. If the patient requests no CPR in the DNR then the patient will be allowed to die instead of performing CPR on the patient. The DNR advanced the movement toward MAID by allowing the patient to refuse treatment, (passive euthanasia). It was seen as a way to take control over how you may die. The DNR was tested in the 1990 Ontario Court of Appeal case of *Malette v. Shulman*. This case permitted a Jehovah's Witness to refuse treatment of a blood transfusion in advance through the instructions in her Jehovah's Witness card. The judge stated that: "In my opinion, she was entitled to reject in advance of an emergency a medical procedure inimical to her religious values" (Section VIII). This opened up a legal avenue for refusal of treatment and also helped to bring the acceptance of advanced requests.[23]

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[20] See section 1.1.2.6 for more detail on the *Latimer* case.
[21] See section 1.1.6 for more detail on the *Truchon* case.
[22] This was personally observed in hospitals in Lethbridge and Calgary.
[23] Advance Requests was covered more in the section 1.2.7.5.

1.3.2.4 Nancy B. Legal Decision.

In January, 1992 Nancy B., who was paralyzed below the neck requested her physician Dre. Danièle Marceau to remove her ventilator which would allow her to die. Dr. Marceau was unwilling to risk criminal liability with the procedure. Nancy B. requested the Quebec Courts examine her case and permit the doctor to remove her respirator. Quebec Superior Court Justice Dufour ruled in her favor. "Without artificial life support, she would succumb to her natural fate, not to suicide nor to medically induced death" (Dickens 1058-1059). Justice Dufour ruled that the physician could not be forced to disconnect her ventilator, but would need to then transfer the care to another physician willing to disconnect the respirator. The court also ordered the Hotel Dieu hospital to cooperate with the physician. This helped to set the precedent for Quebec Bill 52 and would place the responsibility on the institution to provide for MAID rather than requiring a referral from a physician who may have conscientious objections to MAID. "The significance of the Nancy B. decision to this discussion is that it narrows the gap between letting a patient suffer natural death and assisting suicide" (Dickens 1061). In February of that year, Dr. Marceau disconnected the respirator after inducing Nancy into a coma and she died.

1.3.2.5 Rodriguez is Refused PAD by the SCC.

"In *Rodriguez v. British Columbia*, the Supreme Court of Canada (SCC) ruled in 1993 that Canada's prohibition of assisted suicide was "constitutional and acceptable" (Sonier). The narrow majority decision of the SCC concluded that PAD was not a right and that, there could not be adequate protections for the vulnerable if assisted suicide was permitted. In speaking for the majority, Mr. Justice Sopinka determined:

> To create an exception to the prohibition against assisted suicide for certain groups of persons would create an inequality and lend support to the notion that we are starting down the "slippery slope" toward full recognition of euthanasia. He considered the creation of safeguards to prevent abuse unsatisfactory and insufficient to calm fears of the likelihood of abuse (Smith 5).

The slippery slope concern became evident in the *Truchon* decision later.[24]

Justices Lamer, McLaughlin and Cory offered dissenting opinions that there could be reasonable restrictions on assisted suicide to protect the vulnerable while permitting assisted suicide. They considered that the law restricting assisted suicide was unconstitutional for various reasons, including that the law prevented persons who are incapable of committing suicide from ending their own lives without assistance (Smith). Justice Sopinka responded for the majority to the dissenting judges in the *Rodriguez* decision by observing that:

> The basis for this refusal is twofold it seems -- first, the active participation by one individual in the death of another is intrinsically morally and legally wrong, and second, there is no certainty that abuses can be prevented by anything less than a

[24] See section 1.3.7.

> complete prohibition. Creating an exception for the terminally ill might therefore frustrate the purpose of the legislation of protecting the vulnerable because adequate guidelines to control abuse are difficult or impossible to develop (601).

Justice McLaughlin would have another chance in 2015 as Chief Justice of the SCC to rule on assisted suicide on the *Carter* case.[25]

1.3.2.6 Robert Latimer Conviction.

The SCC ruled in 2001 that the life sentence in the Second Degree Murder conviction was valid for the "mercy killing" of his disabled daughter Tracey. While his family were at church, Robert Latimer placed his daughter in a pick-up truck and ran a hose into the vehicle causing death by carbon-monoxide poisoning (Canada *Reine v. Latimer* 4). In December 1997, Justice Ted Noble granted Latimer an exemption from the normal minimum 10 year sentence before parole was permitted. Justice Noble described her death as a "rare act of homicide that was committed for caring and altruistic reasons. That is why for want of a better term this is called compassionate homicide" (CBCnews "Compassionate"). Justice Noble's decision was overturned by higher courts including the SCC.

Part of Latimer's defence and appeal related to the question of "necessity." "Necessity" was defined in the previous SCC decision on Perka v. The Queen in 1984. Perka was was quoted in the *Latimer* case in stating that: "It rests on a realistic assessment of human weakness, recognizing that a liberal and humane criminal law cannot hold people to the strict obedience of laws in emergency situations where normal human instincts, whether of self-preservation or of altruism, overwhelmingly impel disobedience" (Canada *Reine v. Latimer* 18). Three elements for a defence of necessity was further defined in the *Reine v. Latimer* judgement. "First, there is the requirement of imminent peril or danger. Second, the accused must have had no reasonable legal alternative to the course of action he or she undertook. Third, there must be proportionality between the harm inflicted and the harm avoided" (19).

Because of the favorable media coverage of his case, it moved many people to rally to Latimer's cause. The coverage also led to discussion around mercy-killing and the lack of support available for care-givers. The *Latimer* case and the ensuing debate in the media raised discussion of the quality of life over the sanctity of human life. Disabled rights groups raised concerns about Latimer's media coverage and how it may affect protections for the disabled. In an open letter, members of the Council of Canadians with Disabilities wrote: "The CBC television and other media outlets have given this unrepentant murderer a prime time platform from which to persuade the public to excuse his crime" (White and Derkson).

After the *Latimer* trial there was an increase in the public perception of "mercy-killing" as a more acceptable alternative. Partly through this narrative, discussion in the

[25] See section 1.3.2

public forum began to progress toward valuing **quality of life**[26] over the **sanctity of human life.**[27] Popular media also began to display a narrative that suicide is an option when **quality of life** becomes uncertain as is noted previously in the sub-section on culture.[28] This cultural shift may have prepared the culture for the *Carter* case. The SCC discussed the change in the public mood on euthanasia during *Carter*. Cultural differences were argued in the *Carter* case stating that: "Canada also says the trial judge erred by relying on cultural differences between Canada and other countries in finding that problems experienced elsewhere were not likely to occur in Canada" (Canada *Carter* 108). The culture in Canada had changed since the *Rodriguez* case which prepared the way for the *Carter* case.[29]

1.3.3 Quebec Bill 52.

On June 10th, 2014 Quebec's National Assembly (Provincial Legislature) Bill 52 "An Act Respecting End-of-Life Care" was assented into law. It was introduced nearly nine months before the *Carter* decision, and passed in principle the same day (May 22nd, 2014). This provincial law was passed by the Government of Quebec two years before the federal law was changed. It is certain that the Nancy B.[30] judgement influenced the creation of Bill 52 as did the 2012 report of the Quebec National Assembly's Dying with Dignity committee. Bill 52 was likely an influencer in the *Carter* decision[31] and is mentioned in *Carter* where is says that: "The Quebec National Assembly's Select Committee on Dying with Dignity issued a report in 2012, recommending amendments to legislation to recognize medical aid in dying as appropriate end-of-life care (now codified in An Act respecting end-of-life care, CQLR, c. S-32.0001 (not yet in force))" (par. 7). The *Carter* case had already been appealed to the British Columbia Court of Appeal in 2013 and was working its way through the courts. Ironically, it would seem that Bill 52 may have been influenced by the *Carter* case and also that the *Carter* case was influenced by Bill 52.

Bill-52 only allows physicians to administer PAD. The bill defines several terms. Bill 52 defined palliative care by stating that: "'palliative care' means the total and active care delivered by an interdisciplinary team to patients suffering from a disease with reserved prognosis, in order to relieve their suffering, without delaying or hastening death, maintain the best quality of life possible and provide them and their close relations the support they need" (6). Bill 52 confirms that **palliative care** is different from **hastening death**. But since assisting a suicide is under the federal criminal code and therefore it is not under the jurisdiction of the Quebec provincial government. However, health care which includes palliative care is under provincial jurisdiction. The National Assembly could then legislate Bill 52 as part of health care. In Bill 52 it states that: "'end-of-life care' means palliative care provided to end-of-life patients and medical aid in dying" (6). This may lead to confusion because palliative care was not previously associated with

[26] See section 2.4.5
[27] See section 3.2.6.4
[28] See section 1.3.2.2
[29] See section 1.3.4.
[30] See section 1.3.2.4
[31] See section 1.3.4

euthanasia. In Europe they are considered separate. It suited the purposes of the Quebec National Assembly to create the law as part of health care.

Instead of the terms **Medical Assistance in Dying** or **Physician Assisted Death**, Bill 52 uses the term **medical aid in dying** which is defined as follows: "'medical aid in dying' means care consisting in the administration by a physician of medications or substances to an end-of-life patient, at the patient's request, in order to relieve their suffering by hastening death" (6). The federal law,[32] which is brought in later, is different from Bill 52 in several aspects, including the provision for physicians who conscientiously object to giving a referral for PAD and a requirement for the institution to provide the service. This may be influenced by the *Nancy B.* decision by the Quebec Superior Court in 1992.[33] Quebec's Bill 52 was not designed to replace Federal law but to act as a supplement to the Federal law.[34] In effect, it also sought to move PAD from the criminal code which is under Federal jurisdiction to health care which is under Provincial jurisdiction.

If the physician refuses to provide PAD or refer a patient for PAD, then it is the obligation of the institution to ensure that a physician who can provide PAD is brought in for a patient who requests assistance in dying. Bill 52 states that the patient must: 1. Have Quebec Health Insurance. "2. Be of full age and capable of giving consent. 3. Be at the end of life. 4. Suffer from a serious and incurable illness. 5. Be in an advanced state of irreversible decline in capability and 6. Experience constant and unbearable physical or psychological suffering which cannot be relieved in a manner the patient deems tolerable" (11).

According to Bill 52, a physician, who for conscience sake refuses a request for PAD, is not obligated to make a referral. The physician must then inform the institution of the refusal. The institution is obligated to provide the service through another willing physician (13). This creates a moral dilemma for an institution that is run by a faith-based organization. According to Janet Buckingham, it is conceivable that this will be challenged in court based on the *Big M Drug Mart Case* which opened up Sunday shopping on the principle of freedom of religion for an institution. The "Big M Drug Mart" challenged the laws requiring stores to be closed on Sunday on the basis that even though they are a business, they cannot be forced to close on Sunday's because it violated their freedom of religion. "Big M Drug Mart" won the court challenge and Sunday closure laws are a thing of the past in Canada (Buckingham). Though it has not happened yet, in theory Bill 52 could be challenged by Quebec health care institutions declaring that it violates their charter rights in being required to arrange PAD for a patient when a physician refuses to give a referral for PAD or MAID.

[32] See section 1.3.6.
[33] See section 1.3.2.4.
[34] Suggested by Dr. Manirbona Amissi, Professor of Law at U.de M.

1.3.4 The *Carter* Case Overturned the Prohibition of Assisting Suicide.

On February 6, 2015, the *Carter* Case of the SCC struck down Section 241b and Section 14 of the Canadian Criminal Code (Hiemstra) which state that no person is entitled to consent to death and that someone cannot aid another to commit suicide. It permitted the overturning of the *Rodriguez* decision of the SCC by a trial court judge. Normally a ruling by the SCC cannot be overturned by a lower court unless there are good reasons to do so, such as on the ground of charter rights. This is stated in the case of *The Queen v. Comeau* regarding crossing provincial borders with alcohol but was used as a precedent for the *Carter* decision. In the *Comeau* decision it states:

> Common law courts are bound by authoritative precedent. This principle — *stare decisis* — is fundamental for guaranteeing certainty in the law. Subject to extraordinary exceptions, a lower court must apply the decisions of higher courts to the facts before it. This is called vertical *stare decisis*. Without this foundation, the law would be ever in flux — subject to shifting judicial whims or the introduction of new esoteric evidence by litigants dissatisfied by the status quo (Canada *Reine v. Comeau* par. 26).

Which means that normally a SCC decision cannot be overturned by a lower court. But in the *Carter* case, the SCC allowed a lower court to overturn the *Rodriguez* decision of the SCC. While acknowledging that "lower courts must follow the decisions of higher courts" the SCC ruled in the *Carter* decision stating: "However, *stare decisis* is not a straitjacket that condemns the law to *stasis*" (par. 44). *Stare decisis* uses the idea of precedent to ensure that there is a certain conformity to past decisions as opposed to a constant change in the laws. "*Stare decisis* is Latin for 'to stand by things decided.' In short, it is the doctrine of precedent" (Oyen). It gives a stability and predictability to court proceedings and the application of the laws. The SCC is basically saying that it acknowledges the precedent of past decisions but that it is not necessary to always adhere to those decisions. *Stare decisis* is normally applied unless there may be new information entered or in some cases that the precedent does not apply completely to the new trial.

The SCC then refers to the exception that a matter may be revisited as mentioned in the *Bedford* case in allowing a lower court to overturn a higher court. According to the *Bedford* case, which concerned living on the avails of prostitution:

> In my view, a trial judge can consider and decide arguments based on Charter provisions that were not raised in the earlier case; this constitutes a new legal issue. Similarly, the matter may be revisited if new legal issues are raised as a consequence of significant developments in the law, or if there is a change in the circumstances or evidence that fundamentally shifts the parameters of the debate (Canada *(Attorney General) v. Bedford* par. 42).

In *Carter* the SCC uses this argument to suggest that since the *Rodriguez* decision the legal framework had changed prohibition on assisted suicide was "Over-inclusive" (par's. 45-46). The *Carter* decision states: "The argument before the trial judge involved a different

legal conception of s. 7 than that prevailing when *Rodriguez* was decided. In particular, the law relating to the principles of overbreadth and gross disproportionality had materially advanced since Rodriguez" [35] (par. 46). To put it more simply, the argument was that there has been a change to the legal framework and a change in understanding the risks to the vulnerable of assisted suicide. Because of these changes it is possible for the courts to revisit the previous SCC *Rodriguez* decision.

A large part of the case examined whether or not the prohibition on assisted suicide put the vulnerable in danger. The judges in the *Carter* decision stated that:

> Logically speaking, there is no reason to think that the injured, ill, and disabled who have the option to refuse or to request withdrawal of lifesaving or life sustaining treatment, or who seek palliative sedation, are less vulnerable or less susceptible to biased decision-making than those who might seek more active assistance in dying. The risks that Canada describes are already part and parcel of our medical system (par. 115).

The SCC concluded that there was not enough evidence presented to prove that the safeguards would be inadequate or that there was even danger of a slippery slope. The SCC decision claims that it infringes upon the Canadian Charter of Rights Section 7 guarantee of right to life, liberty and security of the person by "forcing some individuals to take their own lives prematurely, for fear that they would be incapable of doing so when they reached the point where suffering was intolerable" (par. 46). In essence the guarantee of the right to life was considered by the SCC as grounds to a right to assisted dying. The Court also found that the prohibition against assisted suicide is intended to protect vulnerable persons from being induced to commit suicide at a time of weakness. As a result, the Court found that the total ban on assisted dying was overbroad because it also applied to non-vulnerable people and prevented them from receiving the assistance of a willing physician (Canada, "About Physician-Assisted Dying").

The SCC originally suspended its declaration of invalidity for one year to allow the government to draft new legislation. The court suggested protections could be set up to protect the vulnerable and used the term "competent adult" as a requirement. A competent adult was not completely defined by the SCC, but was required as a qualification for MAID in the *Carter* decision by stating that they must be: a "competent adult person who (1) clearly consents to the termination of life; and (2) has a grievous and irremediable medical condition (including an illness, disease or disability) that causes enduring suffering that is intolerable to the individual in the circumstances of his or her condition" (par. 127). The SCC in its judgment concluded that a physician should be able to address the risks to the vulnerable through proper assessment. "The trial judge found that it was feasible for properly qualified and experienced physicians to reliably assess patient competence and voluntariness, and that coercion, undue influence, and ambivalence could all be reliably

[35] S. 7 refers to Section 7 of the Canadian Charter of Rights guarantee of right to life, liberty and security of the person.

assessed as part of that process" (par. 106). While a competent adult was not clearly defined in the judgment, it is later defined in the Federal legislation.[36]

Public consultations were started but no new legislation was proposed before an election was called. A committee was set up by the newly elected government after the election. In January 2016 the SCC granted the government an additional four months (until June 6, 2016).

1.3.5 Response to *Carter* by the Special Joint Committee on Physician-Assisted Dying.

In response to the *Carter* decision of the SCC the Canadian House of Commons on Dec. 11th, 2015 passed a motion to set up a special joint committee. The Committee consisted of five Members of the Senate of Canada (Senators), seventeen Members of the House of Commons of Canada (M.P.'s) and eleven other Senators and M.P.'s. The Report was released on Feb. 25th, 2016 making 21 recommendations, with dissenting opinions by four of the M.P.'s (Ogilvie and Oliphant 35-38). The committee preferred the term "medical assistance in dying" (MAID) to include the whole health care team. MAID was used instead of the more recognized terms of Physician Assisted Suicide, PAD or euthanasia (Ogilvie and Oliphant 10).

Prof. Pelletier, who was quoted in the report, said that: "Being vulnerable does not disqualify a person who is suffering intolerably from seeking an assisted death, but it does put that person at risk of being induced to request a death that he or she does not desire" (Ogilvie and Oliphant 16). Lawyer Peter Hogg warned that there would be challenges to a law that says that the person's illness "has to be terminal" will certainly be challenged in court (Gyapong 2016 "Doctor-assisted Suicide Case"). Hogg was correct in his assessment. The law was soon challenged and overturned.[37] Hogg appeared as an expert witness to the committee. "Hogg told the committee that the previous government had opposed physician-assisted suicide because it believed it was 'impossible to design effective safeguards to prevent error or abuse'" (Gyapong 2016).

A major area of concern was protection for the mentally ill. Dr. Tarek Rajji, Chief of Geriatric Psychiatry at the Centre for Addiction and Mental Health, told the Committee that:

> Mental illness may be grievous to an individual, and symptoms can cause enduring psychological and sometimes physical suffering. However, suffering should not be equated with an irremediable nature, and the lack of inevitable and predictable death by natural history provides us with an opportunity to deliver recovery-based treatment.
>
> Sufferers of mental illness may be vulnerable to the impact of the social determinants of health. They may live in poverty, have poor housing, and lack social support. These circumstances may exacerbate suffering and a person's perception that their illness is irremediable … within a clinical recovery-based

[36] See section 1.3.6.
[37] See section 1.3.7, Truchon.

> environment, there is always the potential for mental illness to be remediable (Ogilvie and Oliphant 14)

This would mean that a mental illness would not qualify for MAID because it would not meet the condition of being "irremediable."

Based on the recommendations of the committee the Federal Government proceeded to put together Bill C-14. Many concerns were raised by the witnesses. The recommendations of the committee were similar to Quebec Bill 52 except: (a) Recommendation 2, Permitted non-terminal conditions access (Ogilvie and Oliphant 13). (b) Also in Recommendation 2, the term irremediable was used instead of incurable (13). (c) Recommendation 4, permitted access to those with physical and psychological suffering (15). (d) Recommendation 6, after three years permit minors (21). (e) Recommendation 7, Permitted advance directives (24). (f) Recommendation 10, would require referrals of objecting medical practitioners (27). And (g) Recommendation 17, require a statutory review every four years. (32). Following these recommendations would effectually give Canada one of the most liberal laws in the world on MAID.

1.3.6 Canada Passes Federal Legislation Bill C-14 Legalizing MAID.

The Parliament of Canada passed federal legislation (Bill C-14) in June 2016 that allows eligible Canadian adults to request medical assistance in dying if they meet all of the criteria. Bill C-14 did not follow all of the recommendations of the Special Joint Committee. According to the Bill C-14 Act a person may receive medical assistance in dying only if:

> (a.) they are eligible for health services funded by a government in Canada; (b) they are at least 18 years of age and capable of making decisions with respect to their health; (c) they have a grievous and irremediable medical condition; (d) they have made a voluntary request for medical assistance in dying that, in particular, was not made as a result of external pressure; and (e) they give informed consent to receive medical assistance in dying after having been informed of the means that are available to relieve their suffering, including palliative care (Canada *Statutes of Canada (2016)*241.2 (1)).

The qualifications for MAID were more restrictive than many of the suggestions of the Senate Committee but less restrictive than Quebec Bill-52.

The *Carter* Case preceded Bill C-14 by over a year. Quebec Bill 52 preceded the both the *Carter* case, the SCC decision, and the Federal legislation (Bill C-14). There was concern that the Federal legislation would conflict with Quebec Bill 52.[38] It was mentioned in the *Truchon* case[39] that there was no conflict between the new federal law and the Quebec law which had already been passed.

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[38] See section 1.3.3.
[39] See section 1.3.7.

> From the outset, the possibility of a jurisdictional conflict was defused by the federal government. During the second reading of Bill C-14, the federal Minister of Justice, who was asked about the constitutional validity of the Quebec statute because it is more restrictive due to the end-of-life requirement, considered that there was no legislative conflict between the two statutes, given that they had been enacted within their separate areas of jurisdiction (Quebec *Truchon* par. 148).

Because the Quebec law was stricter than the Federal law it meant that the Federal law would not conflict with the provincial law.

Bill C-14 was preceded by public consultations and the Report of the Special Joint Committee on Physician-Assisted Dying which also recommended periodical reviews of the legislation that was passed into law. Before the review could take place the *Truchon* decision required that the law be changed. As Hogg suggested,[40] it was certain there would be challenges going through the courts to the Federal legislation (qtd. in Gyapong "Doctor-assisted Suicide Case"). In the meantime it has forcibly changed the previous consensus along with the ethics of medicine and raised certain theological questions about the sanctity of human life. Bill C-14 changed the laws which had previously made it illegal not only to assist a suicide but even to counsel a person to commit suicide. Concerns are also raised about the future of palliative care and the ramifications for the vulnerable, the disabled, and the elderly. It also presents a soteriological challenge to churches which for generations held that suicide was a serious sin.

1.3.7 *Truchon v. Attorney General of Canada* Overturned Bill C-14.

The *Truchon* case was a legal challenge to both the Federal C-14 and Quebec's Bill 52. The case involved two plaintiffs "The plaintiffs in *Truchon* were each suffering from grave and incurable medical conditions causing tremendous suffering and a total loss of autonomy. However, they had each been refused MAID under the Quebec legislation regarding end of life care as they were not 'at the end of life'" (Jessome). In Canada's Department of Justice website it summarizes the main change to Bill-14 now being required by the courts:

> On September 11, 2019, the Superior Court of Québec found the "reasonable foreseeability of natural death" eligibility criterion in the Criminal Code, as well as the "end-of-life" criterion from Quebec's Act respecting end-of-life care, to be unconstitutional (Truchon v. Attorney General of Canada), and suspended the declaration of invalidity for six months (Canada "Proposed Changes").

The *Truchon* decision extended the eligibility for MAID to the disabled who do not have a reasonably foreseeable death. The government did not appeal the decision which is a bit surprising, considering that it was their own government which created the law only a few years earlier. Since the case was never appealed to the SCC, the validity of the law was

[40] See section 1.3.5.

never fully tested. It was the "reasonably foreseeable death" clause which was being challenged.

Normally the government would appeal the law to the SCC. In an article entitled "Canada's Newest and Deadliest Human Right: Assisted Suicide for All" it states:

> Curiously, the Truchon decision did not issue from the Supreme Court of Canada, or even an appeal court, as is usually the case with law-upending judgements. Rather it came from the Quebec Superior Court – a lower court. It is almost unheard-of for a lower court to direct Parliament in this way. And even more unheard-of for Parliament to meekly comply without at least an appeal to push back (Cohen).

The *Truchon* case appeared similar to *Carter*[41] in the sense that a lower court is seen overturning a previous SCC decision. While the *Carter* decision mentioned "end-of-life" sixteen times it did not specifically mention that a "reasonably foreseeable death" was a requirement for MAID. The *Carter* case was clearly about someone who was already dying.

In *Carter*, the plaintiff, Ms. Taylor, states that "I know that I am dying, but I am far from depressed" (qtd. in Canada *Carter* par. 12). The *Truchon* case, basically removed the end-of-life requirement.

While previous SCC decision in the *Carter* case addressed *stare decisis*[42] it is not discussed in the *Truchon* case except as a footnote. According to the footnote in *Truchon*: "The Court, therefore, cannot rely on any established principle or precedent to review the reasonably foreseeable natural death requirement from this perspective" (575). The understanding in the *Truchon* case was that the SCC did not rule on the "end-of-life" element of the case, but on the prohibition of MAID. The Quebec Superior court's understanding was that the reasonably foreseeable death restriction was the work of parliament and not the SCC. "Both Ms. Gladu and Mr. Truchon felt betrayed and bitterly disappointed when the federal government decided to include the requirement of natural death to be reasonably foreseeable to qualify for medical assistance in dying into the legislative regime it put in place after the judgment in *Carter*" (Quebec *Truchon* par. 72). Since the judge did not see the ruling as contradicting a precedent of the SCC, it was therefore assumed the court could rule against the restriction of a reasonably foreseeable death.

The goal of a prohibition of MAID and assisted suicide was the protection of vulnerable groups. In *Carter* in was mentioned that "The object of the law, as discussed, is to protect vulnerable persons from being induced to commit suicide at a moment of weakness" (Canada *Carter* par. 86). The judge in the *Truchon* case noted that the SCC disagreed with this assessment. In *Carter* the SCC stated that "This principle is infringed if the impact of the restriction on the individual's life, liberty or security of the person is grossly disproportionate to the object of the measure" (par. 89). Essentially, the SCC was

[41] See section 1.1.4.
[42] *Stare decisis* the doctrine of precedent. See section 1.1.4.

ruling that, while the goal of the legislation was to protect the vulnerable, it infringes on the individual rights protected by the Charter of Rights.

This argument was expanded further in the *Truchon* case. The judgement agreed that: "…evidence was substantial" that a reasonably foreseeable death was a necessary requirement to protect the vulnerable (par. 232). But the judge ruled that it did not apply to the individual rights of the plaintiffs. This is an example of competing rights. In this case individual rights of someone wanting MAID against the collective rights of protection for the vulnerable. The judge leaned on the side of individual rights in *Truchon* stating:

> For example, all of the issues concerning suicide (in general and in various groups, such as members of the military, veterans or Indigenous peoples), the phenomenon of suicide contagion, and the issue of psychiatric illness as the only underlying medical condition for a request for medical assistance in dying, concern neither Mr. Truchon nor Ms. Gladu, who are not suicidal and do not suffer from any psychiatric condition (par. 232).

In essence the court is saying that the effects of MAID on society and the issues of psychiatric illness does not concern the individual rights of the plaintiffs.

The *Truchon* decision has raised deep concerns among advocates for the disabled. The Council of Canadians with Disabilities and Inclusion Canada published a letter, including Seventy-two other groups, to the Attorney General of Canada stating:

> We, the undersigned members and supporters of the Canadian disability community, are deeply troubled by the Quebec Superior Court's decision of Truchon c. Procureur général du Canada. As you are aware, the decision has struck down the "reasonable foreseeability of natural death" criterion of Canada's medical assistance in dying legislation. As Attorney General of Canada, we urge you to file an appeal of the decision immediately (Inclusion).

No appeal was filed. The courts gave six months for the Federal government to change the legislation. The Superior Court of Quebec granted another extension until Feb. 27, 2021 at the Federal Government's request.

1.3.8 Bill C-7: Government of Canada's Legislative Response to the *Truchon* Decision.

Bill C-7 is the Canadian Federal Government's response to the *Truchon* decision. At the time of writing this paper Bill C-7 is still going through parliament. There have been delays to the bill as mentioned on the Department of Justice website "Bill C-7 is the Government of Canada's legislative response to the *Truchon* decision. It is identical to former Bill C-7, which was introduced on February 24, 2020 and died on the Order Paper when Parliament was prorogued in August 2020" (Canada "Part I"). On December 17th, 2020 a third extension was obtained from the Quebec Superior Court by the Federal government giving it until February 26th, 2021.

After Bill C-7 was sent to the Senate, the bill was returned with significant amendments. After receiving Bill C-7 with the amendments the government was unable to achieve unanimous consent to pass Bill C-7 more quickly. It became clear that the Feb. 26th deadline could not be met. The Minister of Justice sent a request for another extension from the court. "Quebec Superior Court Justice Martin Sheehan agreed to give the government a fourth extension — until March 26 — to bring the law into compliance with a 2019 court ruling" (Bryden "Feds"). This will extend until after the deadline to submit this thesis. The Bill will be discussed briefly.

Bill C-7 proposed two tracks of eligibility requirements. The reasonable foreseeability of natural death (RFND) term would still be used to differentiate between the two paths of eligibility (Canada "Proposed"). The Department of Justice's website states that: "While 'reasonable foreseeability of natural death' is removed as an eligibility criterion in the proposed legislation, it is kept as a way of deciding which procedural safeguards will be applied to MAID requests" (Canada "Proposed"). For a person whose natural death **is** reasonably foreseeable the requirements would be eased. New strengthened safeguards will be applied for a person whose natural death is **not** reasonably foreseeable (Canada "Proposed") . In both cases a waiver of final consent is available when MAID is self-administered (Canada *Government* 242.3.2). For those whose death is reasonably foreseeable the restrictions would remain similar to the old law under 2016 Bill C-14.[43] Some differences from the old law would be that a "paid professional personal or health care worker can be an independent witness" There will be a removal of the 10 day reflection period. And there is an addition that "'final consent' requirement can be waived in certain circumstances" (Canada "Proposed"). There is also a waiver of consent available with the option of setting a date for the procedure in advance.

For those whose death is **not** reasonably foreseeable there are similar restrictions to the other track with some further additions. The waiting period must be at least 90 days (Canada *Government* 242.3.1(i)). Where it states that "two independent doctors or nurse practitioners must provide an assessment and confirm that all of the eligibility requirements are met." An additional requirement is that "one of the two practitioners who provides an assessment of eligibility must have expertise in the medical condition that is causing the person's suffering" (Canada "Proposed"). Bill C-7 also requires that "the person must be informed of available and appropriate means to relieve their suffering, including counselling services, mental health and disability support services, community services, and palliative care, and must be offered consultations with professionals who provide those services" (Canada "Proposed"). Other means to relieve the person's suffering must be discussed and seriously considered by the patient (Canada *Government* 242.3.1 (h)).

There is a provision in Bill C-7 which would allow advance consent. Bill C-7 states that: "in the written arrangement, they consented to the administration by the medical practitioner or nurse practitioner of a substance to cause their death on or before the day specified in the arrangement if they lost their capacity to consent to receiving medical assistance in dying prior to that day" (242.3.2 (iv)). This would allow a patient to give

[43] See section 1.3.6.

advance consent to MAID to be applied on a specific date even if they lose the capacity to later give consent. As is mentioned on the Department of Justice website:

> Advance consent: permit the administration of MAID on the basis of advance consent (in other words, the requirement for final consent at the time of the MAID procedure would be waived by operation of law) for persons whose natural death is reasonably foreseeable and who have been assessed and approved for MAID, if they lose capacity to consent before their preferred date for MAID and have a written arrangement with a practitioner; permit advance consent to the administration of MAID by a practitioner in cases of failed self-administration; (Canada "Part I").

The problem with advance consent is that people change their minds. By deciding ahead that MAID will happen on a future date with a waiver to the final consent there is a risk of error. There is a risk of the same person having been committed to an advanced date and later having difficulty proving that they are competent to enough to now refuse it. In the section on advance requests I cover a disturbing situation in the Netherlands of in which a patient did object after having given an "advance euthanasia directive" but was forcibly euthanized anyway.[44]

The bill originally intended to exclude mental illness as the sole underlying medical condition. "The Bill also proposes to provide that a 'mental illness' is not considered to be an 'illness, disease or disability' for the purpose of the MAID eligibility criteria. The legal effect of this amendment would be to preclude individuals suffering solely from a mental illness from accessing MAID" (Canada. "Part II"). They cited the difficulty in assessing eligibility in cases of mental illness. One of the amendments by the Senate which is being considered by the parliament would allow access to MAID to persons having mental illness as the sole underlying medical condition, with a waiting period of 18 months. The Government added an amendment to make the waiting period two years.

One major concern which has been expressed repeatedly in the debate around Bill C-7 is the effect on the disabled community. There were a number of criticisms specifically related to Bill C-7. "'Bill C-7 is anti-working class, racist and ableist,' Sarah Jama of the Disability Justice Network of Ontario told a virtual news conference" (Alhmidi). Several of the concerns being that the disabled will be offered MAID instead of providing the tools needed to live productively. This was already evidenced in the case of Robert Foley who was offered MAID instead of help to live autonomously.[45] Speaking about Bill C-7 for The Office of the High Commissioner for Human Rights for the United Nations, Gerard Quinn states that: "I am sure no one here intends ableism nor the intentional devaluing of the lives of your citizens with disabilities. But the extension of the right to assisted dying as envisaged in Bill C-7 nonetheless stands a real risk of reinforcing ableism in society" (Quinn 4). Ableism is a very real concern for the disabled. Many have expressed a concern that in the Covid-19 pandemic that they may be excluded from treatment due to an ableist attitude toward their disability. Disability ethicist, Heidi Janz states that: "What makes

[44] See section 1.2.7.5.
[45] See section 2.2.

medical ableism so dangerous and so insidious is that it often presents as 'common sense'" (Janz E479). In speaking to the Senate Gerard Quinn wrote concerning Canada's obligations under the United Nations to combat ableism stated that: "Chair, it is hard to see how a legislative proposal that extends a right to medically assisted dying to persons with disabilities who are not themselves close to death could send a signal that is compatible with Article 8 (the obligation to combat ableism) combined with Article 5 (the obligation to secure equal respect for rights) of the CRPD" (Quinn 3). Many proponents of Bill C-7 would not agree with this assessment. Speaking in favor of Bill C-7, Senator Chantal Petitclerc, a former Paralympian, said that "I believe it is important that we keep all of these steps in mind and that we acknowledge how thorough, strict and safe this process is" (qtd. in Bryden "Petitclerc"). She did acknowledge that she was in a privileged position. Petitclerc said that: "So, I may be privileged to be here in the Senate of Canada but I never forget where I come from and I know exactly what it is to be in a situation of extreme vulnerability" (qtd. in Bryden "Petitclerc")

The fact that Bill C-7 is even necessitated so soon after the previous law on MAID demonstrates that there is ethical slippage on euthanasia. After Bill C-7 went to the Senate amendments were made to loosen the restrictions further. Lynn Cohen writes:

> The massive expansion in eligibility for MAID promised by Bill C-7 suggests that "slippery slope" concerns raised during previous debates were entirely justified. What was once supposed to be – and presented to Canadians as – a limited right for a few people on the very precipice of death is now about to be widened to include nearly everyone who might wish to end their life for almost any reason (Cohen).

It is highly probable after Bill C-7 becomes law that there will be other judicial challenges to the restrictions on MAID causing even greater loosening of its availability in Canada.

1.4 Summary of Chapter 1.

From the Survey of the Scholarship we can conclude that while Evangelical opinion is generally opposed to MAID, the opposition is defended primarily on the basis of practical concerns as opposed to a solid exegesis of the Scriptures. Among non-Evangelical scholars there is a wide variety of opinions in the fields of bioethics and medicine but that most theologians oppose liberalizing the laws on MAID. Important to understanding MAID is also understanding the difference between active and passive euthanasia. MAID is actively ending a life. The issue of consent is essential to understanding the complexity of MAID and the difference between voluntary and involuntary euthanasia. The danger of fluidity between these different forms of euthanasia is one of the reasons MAID was prohibited for many years. Through cultural and legal challenges the framework has changed in Canada making MAID part of our reality in the twenty-first century.

Chapter 2: Practical Concerns and Other Considerations Related to MAID.

2.1 Access to Good Palliative Care.

Easing one's suffering is ethical, moral and might I suggest, good to do. One of the problems we are now facing is the blurring of distinctions in Canada between the lines of Palliative care and MAID. An even greater concern is the danger of favoring MAID in place of financing and providing for decent palliative care. If palliative care was properly given there is no need for MAID. With the medical procedures presently available it is possible to greatly alleviate the suffering of a patient. With palliative sedation or a medically induced coma there is often improvement in the condition, or at least the temporary removal of suffering without having to resort to hastening death.

2.2 Government Budgets.

One major ethical concern is the danger that the availability of MAID will place on vulnerable seniors and the disabled. Governments starved for cash will be tempted to push for MAID when the real need is for better healthcare and social services. MAID is very economical compared to palliative care or hospitalization. This could place the most vulnerable of our society at risk. Somerville writes: "It's anecdotal, but a final year medical student in a class I was teaching became very angry because I rejected his insistent claim that legalizing euthanasia was essential to save the healthcare costs of an aging population" (Somerville 2014 "Why"). Healthcare is expensive in nations which have universal healthcare like Canada. When governments try to reduce their expenses to balance their budgets, often health care being one of the largest portions of the budget is the first part to be reduced.

The Covid-19 pandemic which became critical in 2020, revealed many of the problems facing long-term care homes in Canada. Some of those problems are due to poor management or low employee commitment. Poor funding of long-term care due to budget cuts and employees becoming sick (or quitting) left many residences in trouble with low staffing levels. The susceptibility of patients in long-term care to Covid-19 combined with a health care system that was already weak and understaffed resulted in high mortality rates. This exposed the vulnerability of the elderly in a health care system which is struggling to keep to budgetary restraints. In an article titled "COVID-19 highlights Canada's care home crisis" in *The Lancet* "The COVID-19-related death rate among older people in long-term care facilities in Ontario, Canada's most populous province, has prompted the biggest union representing long-term care workers to call for the Canadian army to intervene" (Webster 183). While many governments worked hard to correct some of these problems, including asking the armed forces to help out in long-term care, it revealed that not all is well in public health care.

There has been a trend toward encouraging patients to take MAID instead of expensive medical treatments. An example of this made international headlines in 2018 when Roger Foley recorded a physician offering him MAID instead of homecare.

> According to Foley's statement of claim, the only two options offered to him have been a "forced discharge" from the hospital "to work with contracted agencies that have failed him" or medically assisted death. Refusing to leave the hospital and unwilling to die by a doctor's hand, Foley claims he has been threatened with a $1,800 per day hospital bill, which is roughly the non-OHIP daily rate for a hospital stay (Favaro).

Foley has appealed to the United Nations for help. "He's also suing both Ontario and Canada's attorneys general for offering medically-assisted death without guaranteeing Canadians the option to receive proper care if they choose life instead" (Favaro). Foley's case is an example of how MAID may be offered instead of offering the help needed to live. MAID being easily available may be recommended to a patient rather than correcting a serious problem with the palliative care.

In universal health care there is a constant balancing act between offering compassionate health services and strained budgets. If the budget is too excessive governments either run a deficit in their budget or need to squeeze more funds out of other departments (or taxpayers). A budget which is too small, forces health care institutions such as hospitals and long-term care homes to reduce levels of care. Reduced levels of care means that a nurse who covered 12 patients may now be asked to care for 16 or more patients. In a crisis many of these same health professionals are the first to take sick leave already struggling with exhaustion and burn-out. Logically, when a government or institution is struggling to meet a budget, low-cost alternatives such as MAID can quickly become very attractive.

2.3 The Effects of Medical Assistance in Death on Society as a Whole.

One of the deep concerns with the legalization of MAID is its effects on society. What is the increased acceptance of suicide in society, its effects on the mentally ill and those struggling with suicidal ideations? Medical Ethicist Aaron Kheriaty wrote that "Laws permitting physician-assisted suicide send a message that, under especially difficult circumstances, some lives are not worth living — and that suicide is a reasonable or appropriate way out. This is a message that will be heard not just by those with a terminal illness but also by anyone tempted to think he or she cannot go on any longer" (Kheriaty).

The second concern is the devaluation of the sanctity of human life.[46] In the *Rodriguez* decision the majority on the SCC stated that "No consensus can be found in favour of the decriminalization of assisted suicide. To the extent that there is a consensus, it is that human life must be respected" (Canada *Rodriguez* 522). In the *Carter* decision the risk of diminishing the value of human life was addressed. "While opponents to

[46] See section 2.4.7 for a theological approach to the sanctity of human life.

legalization emphasized the inadequacy of safeguards and the potential to devalue human life, a vocal minority spoke in favour of reform, highlighting the importance of dignity and autonomy and the limits of palliative care in addressing suffering" (par. 344). When a physician is permitted to actively end the life of another human being, even with consent, a line is crossed that diminishes the sanctity of human life.

> Professor Lemmens claims that broader access for people who are not in the terminal stage of their illness must be weighed against the promotion of important social values. He states that a regime that does not limit itself to the end-of-life criterion opens the door to possible errors and the normalization of the practice, which would have a direct impact on the perceived value of the life of vulnerable groups, such as the elderly, the ill, or people with disabilities (Quebec *Truchon* par. 443).

This was evidenced in the case of Herman Morin. He had cancer and was expecting to live for another year, long enough to see his daughter get married. Having gone to the hospital to be treated for a bladder infection, Morin died within days due to improper treatment. "The complaint suggests the medical decision was 'influenced' by Quebec's Bill 52, which legalized assisted suicide for terminally ill patients who meet certain conditions" (Gyapong and Catholic News 2017). The concern is that with the legalization of MAID that doctors will be selective of who they will treat due to quality of life considerations. "'This is a case where it appears the tenets of Bill 52 may have influenced the actions of some of the medical practitioners involved, although its protocols were not respected,' reads the complaint, filed with the Centre intégré de santé et de services sociaux (CISSS) de l'Outaouais" (Gyapong and Catholic News 2017).

An example of one of the effects of the changes in society is seen as after the legalization of abortion. At one time children were considered a blessing and families were larger, in the 21st century children have become to be seen as a burden. In China, where there was a forced abortion policy for more than one child there are a disproportionally higher number of male children being born. Female children were being considered less valuable and were more likely to be aborted. Not all life is considered by some to be of equal value. Anti-abortion (pro-life) advocates raised the concern with the legalization of abortion that the vulnerable would be increasingly in danger. Increasingly it is considered wrong by many to not abort a child that has Down's syndrome or otherwise unhealthy.

A third concern is the "Slippery Slope" effect. Somerville in her article "Why Euthanasia Slippery Slopes Can't Be Prevented" wrote in 2014 that: "The practical slippery slope is unavoidable because familiarity with inflicting death causes us to lose a sense of the awesomeness of what euthanasia involves, killing another human being. The same is true in making euthanasia a medical act" (Somerville 2014). An example of this was found in Belgium's euthanasia law. In 2014 Belgium loosened the restrictions on the Law to allow euthanasia of minors. When the 2002 law was passed decriminalizing euthanasia in Belgium, it was not permitted for minors. "In 2014, the Euthanasia Law was amended again, this time to allow euthanasia for minors who are judged to have 'capacity for discernment,' without setting an age limit (Law of 28 February 2014)" (Raus 81). In 2015 during the *Carter* case there was mention of concerns about the slippery slope in Belgium:

> Professor Montero's affidavit reviews a Number of recent, controversial, and high-profile cases of assistance in dying in Belgium which would not fall within the parameters suggested in these reasons, such as euthanasia for minors or persons with psychiatric disorders or minor medical conditions. Professor Montero suggests that these cases demonstrate that a slippery slope is at work in Belgium. In his view, "[o]nce euthanasia is allowed, it becomes very difficult to maintain a strict interpretation of the statutory conditions" (Canada *Carter* par. 111).

It may be suggested that the *Truchon* case itself was an example of the *slippery slope* at work. While the Judge rejected the argument the concern of the slippery slope was raised in *Truchon*.

> The fact that doubts have been raised is one thing, but any possible "slippery slope" remains theoretical. While it is clear that we must remain vigilant and ensure that the practice always remains at an optimal level, the evidence adduced does not support this hypothesis. Nor does it support the existence of a link between euthanasia and the rate of suicide in these societies" (Quebec *Truchon* par. 459).

Previously in the *Carter* decision, the SCC rejected the argument of the danger of the "slippery slope."

> The trial judge, after an exhaustive review of the evidence, rejected the argument that adoption of a regulatory regime would initiate a descent down a slippery slope into homicide. We should not lightly assume that the regulatory regime will function defectively, nor should we assume that other criminal sanctions against the taking of lives will prove impotent against abuse (Canada Carter par. 120).

There was a clear rejection by the SCC and the Quebec Superior Court that the slippery slope was a valid concern. However the example in Belgium and even the *Truchon* case itself may prove the "slippery slope".

A fourth concern is the protection of the vulnerable. This was raised as a valid concern by the SCC in the Sue Rodriguez case and mentioned in both the *Carter* and *Truchon* cases. The concern was raised in the *Truchon* decision about the debate on Bill-C14 in 2016.

> The speeches in response to the one of the Minister of Justice reveal the MPs' contrasting readings of the bill. Some felt that it is inconsistent with Carter because it represents a "slippery slope" and is not in harmony with efforts to eliminate depression and suicide, and that vulnerable people would therefore not be sufficiently protected (Quebec *Truchon* par. 107).

It is a very real concern that MAID places the vulnerable at risk. Evangelicals were strong promoters of emancipation, temperance and suffrage. They are strong promoters of religious freedoms. Evangelical Christians have a long history of advocating on behalf of the vulnerable in our society.

One more (fifth) concern with MAID is the vulnerable may be seen as a useful source for organ donations. “The issues were further complicated by the development of organ transplant technology. Some saw in newer brain-death definitions a way of gaining access to organs for transplantation before they had suffered significant deterioration. The project of ‘harvesting the dead’ raised its own set of moral problems” (Davis 175). Davis wrote in 1985 when the standard was the Harvard Committee.

The Harvard Committee in 1968 identified several criteria for brain death. According to a 2017 article in the *Journal of Law, Medicine & Ethics*:

> The Committee identified the following clinical criteria to be consistent with a permanently nonfunctioning brain: (1) unreceptiveness or unresponsiveness to any external stimulation; (2) absence of movement or breathing (defined as absence of movement in response to pain, touch, sound, or light over the course of one hour and total absence of spontaneous breathing after discontinuation of the ventilator for three minutes); and (3) absence of reflexes (fixed and dilated pupils, no blinking or movement of the eyes to head turning or irrigation of the ears with ice water, no posturing, no corneal or pharyngeal reflexes, no swallowing or yawning or vocalization, no muscle contraction in response to tapping of tendons, no plantar response). They noted that if an electroencephalogram (EEG) was available, it should be utilized, and that a flat or isoelectric EEG was consistent with brain death (Lewis et al 112).

The criteria were updated in 1980 in the USA by a President’s Commission creating the *Uniform Determination of Death Act.* The *Act* determined that: “An individual who has sustained either (1) irreversible cessation of circulatory and respiratory functions, or (2) irreversible cessation of all functions of the entire brain, including the brain stem, is dead. A determination of death must be made in accordance with accepted medical standards” (Lewis et al 113). According to Lewis et al. the criteria were updated by the American Academy of Neurology in 1995 and again in 2010 (114). The criteria are not consistently used across nations or even across the USA. The Harvard Commission’s criteria are still frequently used, but according to the 2017 article in the *Journal of Law, Medicine & Ethics*: “It is clear that variation in the definitions of death throughout the United States persists.” (Lewis et al. 124).

Because of cases going through the courts, what Davis wrote in 1985 about problems defining death is still true today. The science may be clearer today but legally there are serious concerns in relation to organ donations and MAID. The relaxing of the criteria for MAID and increased acceptance by Western culture suggests that the “slippery slope” is active and should be a concern. Because the criteria to determine death are not clear in law, it could affect medical care and increase the danger that a false positive result for brain death is more likely in an environment that has a high value on quality of life over sanctity of life.

2.4 Philosophical & Cultural Shifts.

One thing that is consistent throughout history is that humanity is not static. Change is a constant element in history. In the twentieth century few would have imagined a day when active euthanasia of humans would be a legal practice performed by doctors in Canada. Attitudes and culture has changed. It is important to unpack the processes and changes in thinking that have brought about legal MAID.

2.4.1 Modernism and Eugenics.

The shift to modernism changed the way society viewed morality. Previously the churches were the main influencers of morality. Modernism, which typifies the Baby Boomer generation and earlier, followed the enlightenment and the industrial age. It assumes that reason, science and rationality leads us to discovering what is universal and true. It embraces an intellectual ascent toward knowledge to find answers for the problems of society, culture, and the physical world. It (generally) rejects dogmas and religion as obsolete and irrational. Modernism also embraces Darwinism and Utopianism. Part of the shift in Judeo-Christian based values to a Modernist basis of values is exemplified in a past focus on Eugenics. Part of the pragmatism of the modernist period led to a teleological approach to ethics. If the purification of the human race was an improvement then aiding natural selection justified the means to reach the goal of advancing the evolution of humanity.

> "The overlap between the eugenics and euthanasia movements was particularly eye-opening. For much of the 20th Century the same people who urged governments to permit mercy-killing and physician-assisted suicide typically applauded the courts and elected officials when they legalized the forced sterilization of people with disabilities" (Dowbiggin).

The eugenics movement embraced a teleological approach to improve society. Population control was not for the purpose of environmental sustainability but instead a pragmatic form of quality control of the human species.

> Allied with the founders of Planned Parenthood, the eugenics movement began in the early 1900s with the goal of controlling the population of those deemed feeble-minded, defective, and criminal through birth control and surgical procedures. The goal was "race betterment," which included increasing the number of births of upper class Whites (Monroe 19).

Unfortunately, in the goal of improving humanity it could be said that the eugenics movement lost their humanity.

Part of the pragmatism and lingering racism of the modernist period led to abuses of individuals and even groups of people. These abuses are now regretted in the twenty-first century. As we look back from the twenty-first century on previous generations we are horrified at the cruelty that occurred to fellow human beings during that period. The twentieth century was filled with genocidal atrocities such as the Holocaust, the

Holodomor, along with Armenia, Cambodia, Rwanda and others. Not all of it was caused by the eugenics movement but some of it no doubt was influenced by it. These events certainly demonstrate a rejection of the sanctity of human life.

2.4.2 Post-Modernism.

As history progressed into the cold-war era and the denouement of the Vietnam War a certain disillusionment with the scientific utopianism began to establish itself in western culture. Society changed and with these changes came the breakdown of the traditional family unit, energy shortages, economic recessions, terrorism, genocides, the increase of pollution and climate change increased the disillusionment with modernism. Post-Modernism and individualism began to dominate western thinking. Margaret Somerville writes "Consider, for instance, the postmodern concept of individualism. In the West, we live in an era of intense individualism. This prevailing attitude has been described according to Somerville in her book *Death Talk* calling it 'individualism gone wild because it excludes any sense of community" (Somerville 2001, 4). Not only religious values, but as the legal framework changed so also the medical field changed as portions of *the Hippocratic Oath* were deemed obsolete.

> Some of the original Oath is more controversial. There is an emphasis on the sanctity of life, which is no longer universally accepted: in the Oath, the physician swears not to give a lethal drug if asked and not to cause a woman to have an abortion. Doctor-assisted suicide and therapeutic termination of pregnancy are now legal in many countries (Isaacs).

In most medical schools *the Hippocratic Oath* has been modified to conform to the new medical reality.

Not only did values change but the truth has become an ideology rather than absolute. Fletcher's situational ethics and relativism have become new cultural standards. Post-modern distrust in science and any kind of absolute truth may have led to a proliferation of modern conspiracy theories. An individual's feelings often take precedence over facts and reason. Critical thinking may not be taught as actively as is activism is in schools. Society has changed dramatically and the legal system has followed society's plunge into an individualistic world view. Medical ethics are following behind the changes in the law. Because of the rapidly changing values of society the need for attention to bio-ethics has increased dramatically.

2.4.3 Hyper-Individualism and John Locke.

Lockean ethics otherwise known as *rights based ethics* tends to lean toward individualism. "John Locke argued that people are all equally human, therefore they ought to be treated equally" (Johansen 354). Lockean ethics tends to focus on individual rights over the rights of the community. In the *Truchon* decision individualism is seen as an important principal. In reference to the Bedford decision it states that "They do not consider ancillary benefits to the general population" (Bedford par. 123). The individual right is the focus of the court rather than the greater effects on society.

> The Supreme Court adopts an individualistic interpretation of the principles of fundamental justice, despite the existing connection between the means advanced by the legislature and the objectives ultimately sought. In *Bedford*, the Supreme Court established the following principle by recalling that the analysis must focus on the rights of the claimants themselves (Quebec *Truchon* par. 543).

The following quote by Dr. Jack Kevorkian in 1991 shows some post-modern individualistic influence. According to Kevorkian: "In my view the highest principle in medical ethics—in any kind of ethics—is personal autonomy, self-determination. What counts is what the patient wants and judges to be a benefit or a value in his or her own life. That's primary" (Donnelly 68). This is what Somerville called "individualism gone wild" (Somerville 2001, 4). It is an individualism that excludes any value on the greater good or the good of the community as a whole. Evangelicals have generally held to a Lockean view of freedom of religion as well as freedom of expression. However, when it comes to protection for the vulnerable Evangelicals would generally err on the side of protecting the vulnerable. This is an example of conflicting values of individual freedoms on the one side and abolitionist activism on the other side.

2.4.4 Suffering, Pain, and Theodicy.

Here is an area where Theology can make a major contribution to the discussion of MAID. Suffering is a part of our society that is difficult to explain. Theology, and especially the study of Theodicy helps people to make sense of their suffering. It is the transcendent and the meta-physical above the noise of legal battles. More than over thirty years after her accident that made her a paraplegic as a teenager, Joni Earickson Tada, wrote in 1997 that:

> It's not merely that heaven will be wonderful *in spite* of our anguish; it will be wonderful *because* of it. Suffering serves us. A faithful response to affliction accrues a *weight* of glory. A bounteous reward. God has every intention of rewarding your endurance. Why else would he meticulously chronicle every one of your tears? "Record my lament; list my tears on your scroll—are they not on your record?" (Psalm 56:8) (210).

Earickson Tada also wrote: "…if we are going to partake in all of Christ's benefits, then it means, sharing in the fellowship of his sufferings, becoming like him in his death" (135). One of the reasons frequently given for MAID is the fear of future suffering which seems pointless and meaningless. "By itself, suffering does no good. But when we see it as the thing between God and us, it has meaning" (Earickson Tada 135).

In the era of modern pain management we have come to view pain as always harmful. In the palliative care department nurses have said that the moment a patient grimaces the attending family in a state of panic demands more medication be administered to avoid any suffering. It may not be pain. It may be the patient is trying to say something. It may be intestinal gas or a change of position. There has become a nearly irrational fear of pain as though all pain were harmful or evil. Drug addictions often are the result of over-reliance on pain-killers used to dull pain.

Pain serves an important purpose in the body. It allows the body to detect harm from foreign objects, injuries or infections. Without any pain the body goes unmonitored in the same way a computer without an anti-virus will soon be corrupted and cease to work or you could have personal information stolen. Phillip Yancey wrote about leprosy as a horrible painful disease whose cause was misunderstood for many years.

> Yet leprosy's numbing quality is precisely the reason for the fabled destruction of tissue. For thousands of years people thought the disease itself caused the ulcers on hands and feet and face that so often led to infection and ultimately loss of limbs. Dr. Brand's pioneering research in India established that in virtually all cases leprosy only numbs the extremities. Tissue damage results solely because the warning system of pain has fallen silent (Yancey 38).

According to Yancey, Dr. Brand noticed that leprosy patients would receive injuries from gashes, fire or falls and continue in a state of complete oblivion to the injury because they could not feel it. He would notice them bleeding or walking on an ankle with a torn tendon and they didn't feel it (39).

> The most puzzling injuries, though, occurred at night. How could pieces of fingers and toes disappear while the patients were sleeping? Brand found the unsettling answer: rats were coming into the open-air wards and nibbling on unsuspecting patients. Feeling no pain, the patients would sleep on, and not until the next morning would they notice the injury and report it to Dr. Brand. That discovery led to a firm rule: every patient released from the hospital had to take along a cat, for nocturnal protection (Yancey 39).

Pain, as avoidable as we make it, does serve a valuable purpose in protecting us from harm. It alerts us to conditions which need attention and correction. Not all pain is bad or even purposeless. We in our time and culture have taken pain management to such an obsession that the push for MAID often comes out of a fear of pain (or losing control), not of actual present suffering. The fear is often based on potential or even hypothetical suffering later in life. Kevorkian stated that "Today, as you know, people kill themselves mainly out of panic, especially the elderly who are well but who are afraid of becoming incapacitated" (Donnelly 73). Fear, if unchecked, may lead humans to irrationality and over-reaction to the object of our fear.

2.4.5 Quality of Life.

Part of the modern ethical debate on MAID is the question of **the value of human life** verses **quality of life**. When discussing healthcare the question of quality of life is a necessary consideration. Increasingly in palliative care **quantity** of life is weighed against **quality** of life. Ivan Brown states that: "Inasmuch as ethics addresses the best course to follow in a particular situation, quality of life acts as an important guidepost for making ethical decisions" (Brown 121). Quality of life is discussed when evaluating health care options and surgical procedures or life-saving measures. Quality of life is used in evaluating levels of palliative care.

Like pain management, the evaluation of quality of life may be very subjective. “For individuals and families, though, quality of life emerges from their own perceptions of how good life is for them. It is the personal and sometimes unique set of thoughts and feelings that reflect their particular views of the world around them and their lives within that world” (Brown 121). Due to the subjective nature of quality of life, a personal evaluation may also fluctuate with the emotions of the patient and their support network. It is normal to feel hopeless in the first month after received a diagnosis of chronic illness. The physician is often the person giving the disappointing news and will often devaluate a patient’s chances of living a productive life. Unable to feel what the patient is feeling, health care professionals may feel a certain bias towards hopelessness of a patient’s diagnosis. “It is, therefore, both serious and troubling that studies have consistently shown that, as a group, health care professionals tend to underestimate substantially the quality of life of people with disabilities” (Janz 479).

Many experts in disability studies have noticed a general trend to negatively diagnose the future quality of life in a patient. Because post-modern culture has generally put a higher regard on **quality** of life above the **sanctity** of human life it also affects medical practice.

> We physicians recognize such values and we consider facilitating such expressions of life whenever possible. In our current healthcare climate, many factors deter us from the active pursuit of these goals. Issues of quality of life, euthanasia, doctor-assisted suicide, cost-benefit considerations, and the use of scarce resources for individuals with incurable disease are common themes. We wish to assist the patient (or surrogate) as their partner in making such decisions, but our efforts require an understanding of whom we are, a willingness to give up our paternalistic nature, and an expenditure of time that we do not have. Fiscal restraints and the new adventures in the methods of delivery of health care prevail upon us to condone public policy. Nevertheless, our medical ethics and individual morals still commit us to focus on the individual patient (Abramson 366).

Abramson describes in the same article an intern he taught who was diagnosed with amyotrophic lateral sclerosis (ALS) and went on to live an extraordinary life. Abramson wrote: “I was astonished to learn that his life was rich. He worked actively and fully almost every day as an emergency room physician. He explained that he had lost the use of his muscles, but his brain functioned perfectly well” (365). The problem with undervaluing the quality of life of the disabled is that euthanasia is often encouraged as the preferred option in a time of discouragement by able-bodied health care givers, when with proper care a productive, rich life can still be attained. “Devan Stahl, a bioethics expert at Baylor University, said research shows that people with disabilities often have a higher assessment of their quality of life than others do, including some doctors” (Cha).

The Covid-19 pandemic has highlighted that a negative evaluation of quality of life may be used to ration health care resources. In 2020, hospitals needing to ration resources due to a limited supply of respirators often had to decide who to place on a respirator and who to let die. Heidi Janz explained in 2020 that even though she is a university professor, her disability may prevent her from receiving intubation at a hospital ICU in many provinces.

> And, in the triage protocols for clinical care, a lot of these protocols listed pre-existing conditions as an exclusion for critical care if hospitals become overwhelmed. So, because I have disabilities under such protocols, I would not be considered eligible for critical care. I would not get a ventilator if I needed one, I may or I may not end up in ICU. I would be at the bottom of the list. Now, I have to add, in places like Ontario, that there was such an outcry from the disability community when these protocols came out that they have removed them, but that is not the way it has worked out everywhere else in Canada. This is where ableism comes into play, because it's assumed that people with disabilities automatically have a lower quality of life (qtd. in Boothby).

A concern that many have among the disabled is that they may be refused treatment because someone assumed that their quality of life is poor because of their disability.

Campbell defines Ableism as "a network of beliefs, processes and practices that produce a particular kind of self and body (the corporeal standard) that is projected as the perfect, species-typical and therefore essential and fully human. Disability, then, is cast as a diminished state of being human" (Campbell 44). Ableism is increasingly becoming included as intersectionality in "Critical Social Theory" (Ivan Brown et al. 122). Being disabled increases an individual's marginalization and vulnerability to oppression and mistreatment by society. Unfortunately the trend toward recognizing ableism is not strong. As mentioned earlier, society is experiencing a culture that increasingly values quality of life over sanctity of human life. This was a concern raised by the Office of the High Commissioner for Human Rights in a February 2021 letter to the Canadian Government in relation to Bill C-7 due to be made law later that month:

> By expanding access to medical assistance in dying based on disability, the implementation of the proposed legislative amendments (Bill C-7) to the policy would, in our view, have a potentially discriminatory impact on persons with disabilities and older persons who are not at the end of their life or nearing death from natural causes and risk reinforcing (even unintentionally) ableist and ageist assumptions about the value or quality of life of persons with disabilities and older persons with or without disabilities (Quinn et al 4).

The concern is that Bill C-7 will endanger the disabled and the elderly. The vulnerable are becoming even more vulnerable.

In Texas on June 11, 2020, a quadriplegic named Michael Hickson, died in the hospital after being refused treatment. Mr. Hickson's death resulted from a hospital's refusal to provide him with life-saving care for COVID-19 and withholding nutrition and hydration" (Gallegos). Hickson's wife posted a video of her conversation with his physician who explained that "So as of right now, his quality of life — he doesn't have much of one," explaining why the hospital was not treating him (Cha). To be fair, the hospital claimed that: "It wasn't medically possible to save him" (Cha). Because of the unfortunate words of the physician in questioning Hickson's quality of life, many disability and pro-life advocacy groups raised concerns about fair treatment by the disabled in hospitals during the Covid-19 pandemic.

The quality of life that is foreseen shortly after a diagnosis of a chronic condition is often bleaker than the reality that is experienced after adapting to the condition. Experiencing suffering does not necessitate the ending of a life. Suffering can in fact enhance a person's life at times. Joni Erikson Tada, who became paraplegic as a teenager wrote: "Paul was destined to spread the fame of Jesus more than the other apostles combined. Yet he suffered intensely in the process" (Earickson Tada 25). Her own experience in suffering, became in future years a reason for her existence and fame as she not only learned to adapt to her disability but to also thrive in it. "The Late Helen Keller lost her sight and hearing before the age of two due to illness, but she went on to become a world-renowned author, speaker, and social activist. This great woman said true happiness comes through 'fidelity to a worthy purpose'" (Vujicic 27). Many disabled not only find a way to adapt to their disability but prove that they can have a high quality of life while contributing to the good of society.

Often it is ableist individuals who devalue the quality of life of the disabled while the latter often highly value their own lives. Relating to her own disabilities, Sarah Rose said in 2021 that: "Frequently left out of the conversation is how disability can also come with a sense of joy and pride in our identities, and that doesn't deserve to be punished or erased. We are different, not less" (Sarah Rose). Anti-bullying advocate, Nick Vujicic, described a time when he was about to give a speech and met a child who was born with the same disability as himself (phocamelia) (4).

> Here I could clearly see that as difficult as it might be to live without limbs, my life still had value to be shared. There was nothing I lacked that would prevent me from making a difference if I didn't change this planet as much as I would like, I'd still know with certainty that my life was not wasted. I was and am determined to make a contribution. You should believe in your power to do the same (Vujicic 24).

Vujicic had already became an accomplished speaker demonstrating the valuable contribution that he can and does give to society. "…being 'different' just might help me contribute something special to the world" (Vujicic 20). Ivan Brown wrote that:

> From the critical disability theory perspective, then, individual disability is not seen as something that is troublesome or lacking in quality, but rather as something that results from a lack of understanding of the individual's lived experience and from the strong social and material barriers that have been put in place to devalue disability and to marginalize people with disabilities (122).

One of the factors that have influenced the acceptance of MAID is the ableist view that the quality of life of the disabled is inferior to that of the rest of society.

Bill C-7 is influenced by a change in society which assumes that being disabled or aged naturally means a low quality of life. For many MAID is a way out of the fear of being in pain, disabled or losing control. That attitude has partly led to **quality** of life becoming valued over **quantity** of life or **sanctity** of human life. Post-modern individualism tends to dominate over protection of the vulnerable. Lockean or rights based ethics had dominated over virtue ethics. The fear of loss of quality of life has become a

major influence for the acceptance of MAID. However the quality of life of many with disabilities has been much higher than expected by many.

2.4.6 Determinism and Fatalism vs. Volitionism and Freewill.

Making the best of one's circumstances can strongly influence the outcome of tragedy. Determinism suggests that people are the sum of their environment and unable to control their personal destiny. It is different from theological determinism such as Calvinistic predestination or Islam which would rely on the universe being controlled by a supreme being. Determinism would suggest that you have no free-will but are the summation of environmental factors. In relation to MAID, the morality of fighting for life would be to resist the deterministic forces that brought a person to their circumstance. MAID is seen as a method to relieve oneself from the struggle. Fatalism is an acceptance that the circumstances cannot be changed and MAID is a way out of the circumstances. MAID is seen as the only way to re-gain control over death.

Volitionism suggests freewill. People are the sum of their decisions in spite of their circumstances. Volitionism is different from libertarianism in that it is having a choice rather than just having a right. Post-modernism generally embraces libertarianism in the sense of individualistic freedom to choose MAID as opposed to prohibition of MAID for the greater good. Volitionism rejects the idea that someone can lose all control, but embraces the ability to make the right choices even in difficult circumstances. Ironically, MAID can be a hindrance to volitionism in the fight to be able to continue to make choices. As long as a person is still alive they are able to continue to make choices and exercise their freewill. MAID brings death which is the end of volition. Evangelicals would lead toward the protection of volition.

2.4.7 Theology and the Sanctity of Human Life.

Theology generally holds to consistent values, embraced as eternal truths, unlike the fluidity of cultural shifts. Fletcher wrote that "One way of putting this is to say that the traditional ethics based on the sanctity of life-which was the classical doctrine of medical idealism in its prescientific phases-must give way to a code of ethics of the quality of life" (Fletcher 1973, 671). For the physician doing the killing and the patient making the request for PAD it raises some concerns which are demonstrated in the following examples. In the *Carter* decision there is a reflection of this cultural shift from sanctity of life toward individualism. This was also reflected in *Carter* by the following statement:

> The sanctity of life is one of our most fundamental societal values. Section 7 is rooted in a profound respect for the value of human life. But s. 7 also encompasses life, liberty and security of the person during the passage to death. It is for this reason that the sanctity of life "is no longer seen to require that all human life be preserved at all costs" (*Rodriguez*, at p. 595, per Sopinka J.). And it is for this reason that the law has come to recognize that, in certain circumstances, an individual's choice about the end of her life is entitled to respect (Canada *Carter* par. 63).

In theology there is generally a strong adherence to the sanctity of human life. Quality of life is not the basis of its value. Life has intrinsic value. Life is considered by Evangelicals to be God given and therefore only God would have the right to remove life. The approach to theologically based ethics derives from revelation and is enhanced by reason. The theological approach to MAID is generally deontological rather than utilitarian. It is not based so much on rights, but what is the right thing to do. To better understand this approach it is important to survey the theological approaches to MAID in different denominations and religions. In order to understand an Evangelical approach to MAID it will also be necessary to examine and exegete the Scriptures below in Chapter 3.

2.5 Other Faiths and Their Stance on PAD.

2.5.1 Roman Catholicism.

The Roman Catholic Church has been strongly pro-life and has taken a very clear stance against PAD. "[Pope] Francis said that you are not obligated to conserve life with extraordinary methods. That can go against the dignity of the person. But active euthanasia is different; that is killing" (Bergoglio and Skorka 92). Suicide has been strongly opposed as is seen in the statement by Thomas Aquinas: "**I answer that,** it is altogether unlawful to kill oneself" and that "…suicide is always a mortal sin, as being contrary to the natural law and to charity" (Aquinas SS. Q. 64 A. 5 - Of Murder). Aquinas also states that "by killing himself he injures the community" and that "…whoever takes his own life, sins against God…For it belongs to God alone to pronounce sentence of death and life" (Aquinas SS. Q. 64 A. 5 - Of Murder).

2.5.2 Anglicanism.

In Anglicanism there is a strong tradition against suicide and active-euthanasia. In 1998 they produced a report that stated "We believe that the balance of evidence continues to support the church's traditional and often repeated prohibition against euthanasia" (Kristofferson 38).

2.5.3 Orthodoxy.

Orthodox Churches reject euthanasia. It is considered suicide if requested by the patient and murder if involuntary (Woodill). "Orthodox Christian ethics," writes Orthodox theologian Fr. Stanley Harakas, "rejects euthanasia; it considers it a special case of murder if done without the knowledge and consent of the patient, and suicide if it is requested by the patient" (qtd. in Woodill).

2.5.5 Protestantism.

Most of Protestantism values the sacredness of human life. Protestants hold that God in his sovereignty has the right to decide when we die…we are not our own. Protestantism is a large and varied group descended mostly from the influences of Martin Luther (Lutheran), John Calvin (Reformed) and John Knox (Presbyterian). John Wesley (Methodist) very strongly opposed suicide and in "Thoughts of Suicide" even

recommended "public exposure of the bodies as the best remedy" (Clemons 84). "The reasoning is clear: suicide is wrong because it is a denial of the sovereignty of God. The soul belongs to God and is entrusted to the individual who is held ultimately accountable. This accountability is transmitted to the community by the church, which puts a great value on life" (Early 38).

There are many protestant denominations that do not have a clear stand on this. Most Evangelical churches work with the Evangelical Fellowship of Canada (EFC). The Pentecostal Assemblies of Canada works with the EFC such as in "a letter written collaboratively last fall by the Canadian Conference of Catholic Bishops and The Evangelical Fellowship of Canada, which was sent to key stakeholders" (Wells). Not all Protestants are against euthanasia. For example: "One of the most radical defenses of assisted dying is made by French theologian Jacques Pohier: 'It is almost a blasphemy to assume that God gave us life without us being able to freely dispose over it, for better or for worse, according to our own judgment'" (Boer). Gloria Taylor (named in *Carter*) "was a longtime United Church member" (Denis). Gary Paterson, the United Church Moderator wrote "Hastening death should never be a first choice, but sometimes, for some people, when faced with the unbearable suffering of ALS, or a hundred other terminal illnesses, it may be the right choice" (Peterson).

2.5.5 Islam.

Islam does not permit suicide. Surah 4 verse 29 of the Quran states "And do not kill yourselves (nor kill one another)" (Taqi-ud-Din Al-Hilali). This is seen as different from jihadist martyrdom which offers entrance into paradise. The results of suicide are perdition. On euthanasia Raoutsi Hadj Eddine Sari Ali writes (translated from French) "…from the view of Islam, passive euthanasia is a forfeiture, active euthanasia is a crime" (Conseil Vol.1 151*)*.

2.5.6 Judaism.

In Judaism, there is overwhelming objection to PAD. Much of it is based in Deuteronomy 30:19 "I call heaven and earth to record this day against you, *that* I have set before you life and death, blessing and cursing: therefore choose life, that both thou and thy seed may live:" (King James Version). Another major influence is Jewish law not to touch a person who is in the last three days of dying and thereby hasten their death (Baeke 785). While there are few proponents of euthanasia in Conservative and Reformed Judaism, none are found in Orthodox Judaism. "Without neglecting this inner-Jewish heterogeneity, it must be stressed, however, that pro-euthanasia opinions are exceptional voices, even within the Conservative and Reform branch of Judaism" (Baeke 790).

However there are a number of examples in Jewish history that raise questions about suicide and euthanasia. Many of those are found in the Hebrew Scriptures, many of which we will address in section 6 on the Bible and Interpretation. Robert Edgerton discusses the mass suicide at Masada stating that:

> In A.D. 73, one thousand Jews known as 'Zealots', were trapped by Romans on a rocky spur of land called Masada on the western shore of the Dead Sea. Here they

> defended themselves against Roman attacks led by Titus. As time passed, the Zealots' leader Ben Jair Eleaszar, became convinced that the Zealots' situation was hopeless and one day he urged them to kill themselves rather than face capture and enslavement by the Romans. Although the Old Testament stresses the value of life for Jews, and suicide was rare among them, within a matter of a few hours, no fewer than 960 Jews, including women and children, killed one another or committed suicide. When the Romans stormed the Jews' position later that same day, they captured only two women and five children who had escaped the suicidal massacre by hiding in a cave. (Edgerton 1-2).

Suicide is generally forbidden in Judaism with the exception of a heroic act of war. Euthanasia however, is not only generally unacceptable in Judaism but also has connections to horrific historical events carried out against the Jewish people. The Holocaust was one of those very troubling periods that raises deep concerns about PAD and the protection of vulnerable people. This was one of the concerns mentioned by the SCC in the *Rodriguez* and *Carter* decisions.

2.5.7 Buddhism.

In Buddhism, life is precious and not killing is the first of the five precepts. Daniel Chevassut writes (translated from French) "…Buddhism is not favorable to a change in the present law in the sense of authorizing euthanasia, in the measure which such a decision probably will open the door to all kinds of possible abuse, causing multiple sufferings" (Conseil *Vol 2* 141).

In Buddhism life should come to a natural end. Venerable Wuling writes "it is not our right to end the life of any being" (Wuling). Suffering is one of the methods of improving karma and advancement in the next life. In explaining how euthanasia could affect someone's karma Wuling further writes: "The reality is that although we may think we are ending their suffering, we are merely delaying it. The seeds for suffering will remain in the person's, or animal's, consciousness. The seeds will reappear in another lifetime." Buddhism does not normally have clear descriptions of right and wrong as is evidenced by the Dalai Lama in a talk: "To a question about euthanasia he said that like abortion it is generally better if you can avoid it, but there may be cases of immense suffering with no chance of recovery where it was appropriate. One important factor is to be able to die with a calm mind" (Gyatso).

2.5.8 Secularism.

Much of the views of secularism were covered in Section 4.7 discussing Modernism & Post-Modernism. There is a wide view of opinions. Scott Peck, M.D., who is not a secularist, laments that: "One of these problems is the spotty, unpredictable quality of medical care in the United States, particularly in regard to pain management and the assistance of natural death. The other is our rampant secularism" (229). Peck adds that: "…I have seen the euthanasia movement as a predominantly secular phenomenon and I have spied certain dangers in it. Conversely, in the debate about euthanasia I have envisioned great hope for the potential correction of certain societal imbalances through

renewed attention to the soul" (238). While most religions oppose MAID, many (but not all), secularists support the legalization of MAID.

A utilitarian ethical approach is also seen when Kevorkian said that: "Planned death is a rational system that honors self-determination and extracts from a purposeful, unavoidable death the maximum benefit for the subject, the subject's next of kin, and for all humanity. In other words, planned death is a system for making death, euthanasia, and suicide positive instead of negative" (Donnelly 69). Another example of utilitarianism is found in the following quote by Kevorkian: "Contrary to what people think, by doing this the incidence of suicides will drop drastically. Today, as you know, people kill themselves mainly out of panic, especially the elderly who are well but who are afraid of becoming incapacitated" (Donnelly 73). Unfortunately evidence shows the opposite. Suicide rates increased in the state instead of dropping after PAS was legalized in Oregon (Oregon 6).

2.6 Summary of Chapter 2.

One of the concerns with MAID is that it may be used to replace investment in good palliative care. If people were confident that they would be well taken care of as death approached, there would less likely be a demand for MAID to be available. There is also a concern that cash-strapped governments will see MAID as a less expensive solutions to rising health care costs. MAID has also become more accepted. A serious concern is the trend toward quality of life being more valued than sanctity of life. It remains to be determined if the cultural value has changed toward the sacredness of human life causing acceptance of MAID or if MAID has diminished the culture's view of the sanctity of human life. It has also raised serious concerns for the disabled community and others about what is a life that is considered valuable. Research could be done on the effects of ableism, racism and ageism on recent openness to MAID. Further research should be done in areas of concern including the effects of MAID on ableism, racism, and ageism and the dangers of the "slippery slope" on vulnerable populations. Has the hyper-individualism of our age caused the removal of protections for the vulnerable due to the emphasis on individual right to control death?

One thing that is evident is the role of Theology in helping to clarify these issues for people of faith and also the public at large. Theodicy helps to give meaning and understanding to suffering and pain. Not all pain is bad. Pain has a purpose and is not something that must bring about the end of a person but may bring about an acceptance of a new reality and purpose. The large majority of religions do not accept suicide as an option and most are also opposed to the legalization of MAID because of concern for the vulnerable and the sacredness of human life. For Evangelicals this is also true, that the meaning given to life through the teachings of the scriptures and theology discourage the acceptance of MAID as a solution for believers nor for our society.

Chapter 3: Surveying Scriptures.

Because Evangelicals have such a high regard for the teachings of the Bible, it will be necessary to unpack the Evangelical understanding of the authority of Scriptures. It will also be helpful to survey and evaluate Scriptural passages in the Bible to determine what should be an Evangelical approach to MAID. For full development of an Evangelical understanding of MAID, it would be helpful to attempt a deep exegesis of the scriptural passages which relate not only to assisted suicide, but also to suicide, death, killing and murder. Such an exegesis would then need to be interpreted in the modern context of MAID. There is also a deeper need for research from a soteriological perspective to understand the effects of MAID on one's understanding of the transcendence. However, within the limits of a Master's level thesis, only a survey of Scripture passages is possible.

Section 3.1: Understanding Biblical Exegesis from an Evangelical Perspective.

Martin Luther set the stage for the basis of Protestant thinking on his appeal to *"sola scriptura."* With the rise of the enlightenment and modernism many mainline protestant denominations have abandoned a literal interpretation of the Bible. While Fundamentalist Evangelicals tend to be very strict on their interpretation of Scripture, Evangelicals are frequently misunderstood to be holding to an uninformed, strictly-literal interpretation of the Bible. There are some Evangelicals who do believe in a strict, very basic interpretation of the King James Version (KJV) only. They would be found more frequently in Fundamentalist Evangelicals who may insist that the KJV itself is divinely inspired. It could be argued that divine providence was likely involved in the process of textual criticism and translation in creating the versions of the Bible. However, most Evangelicals would argue that the original manuscript were inspired, not the translations or versions.[47] I would agree that Calvin may have been correct in training clergy in Greek and Hebrew rather than relying on translations. However, I will be using the King James Version in this thesis.

Most Evangelicals generally hold to **verbal-plenary inspiration**[48] of the early Canon of the *Bible*. The Scriptures are to be interpreted in context examining the historical-cultural setting, but are believed to be inspired and to be used in daily life for guidance and doctrine. According to II Timothy 3:16 which indicates, "All scripture *is* given by inspiration of God, and *is* profitable for doctrine, for reproof, for correction, for instruction in righteousness" (KJV). Since Evangelicals hold the Scriptures in such high regard we will need to understand the Evangelical approach to the interpretation and inspiration of the Scriptures. Then it will be important in that light to examine the Bible as it relates to MAID.

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[47] This is unpacked in Section 3.1.2

[48] See section 3.1.3.

3.1.2 An Evangelical Understanding of the Inspiration and Authority of the Bible.

A literalist view of Scripture would imply a usage of Scripture removed from its context, grammar and historical setting. When most Evangelicals refer to accepting the Bible **literally**, they are referring to an acceptance of divine inspiration in which each verse and pericope must be interpreted from the context, grammar, historical and cultural settings. A modern application can then be sought from that research. Most of the ethical issues that we are looking at in the twenty-first century are due to advances in medicine and technology that did not exist in the first century. As Reginald Wright wrote in his book on Biblical Ethics:

> Biblical ethics slips easily into nostalgic escapism, content to perceive the scriptural insights and to remain irrelevant to modern problems, never getting out of the Bible's world into the twentieth century. It slips easily into unhistorical exegesis, making the Bible answer *our* questions instead of letting it pose and answer its own. Yet Christian ethics must begin with the Bible, because – for good and sometimes for ill – biblical examples and precepts, laws and ideals, promises and warnings, revelations of judgement and assurances of grace, have been, and for most Christians still are, the foundations of morality, upon which all subsequent discussion and adaptation are mere commentary (Wright 10).

The culture and technological environment may have changed but the foundations of Biblical ethics given with the right application, may provide a unique insight into modern ethical dilemmas. As McQuilkan and Copan explain:

> Historically Christians have been on the forefront of medical care—founding Good Samaritan hospitals, giving generously to benevolent causes and pioneering in medical advances and in the advance of medicine worldwide. In fact, the bioethics movement was inspired by Christians concerned for the sanctity of human life. As we noted, the "founding fathers" of bioethics, Daniel Callahan and Paul Ramsey, stated that it was the *theological* resources that gave ethical shape to this emerging discipline (McQuilkan and Copan 393-394).

The Scriptures are the main source of doctrine for the Evangelical Christian. The priority given to the Scriptures in helping to explain the Evangelical view of the sanctity of human life must be examined in order to form an understanding of an Evangelical approach to MAID.

3.1.3 Verbal-Plenary Inspiration,

Evangelicals are a very broad group who generally follow in the *Sola-Scriptura* tradition of Martin Luther. The Bible takes precedence above church tradition in formation of doctrine, teachings and practices. It is important to understand that when Evangelicals describe the Scriptures as being inspired it is with the acceptance that we do not have the original manuscripts. Because the original manuscripts no longer are available Evangelicals rely on textual criticism in an attempt to determine what the original texts probably contained. Evangelical scholars frequently use the expression "verbal-plenary inspiration of the Scriptures" to describe a belief in divine inspiration of the original

manuscripts as they were first penned. This understanding is applied to the canonical Scriptures for doctrine with varied interpretations of those Scriptures.

Verbal inspiration of the Scriptures is generally defined by Evangelicals to mean that each word written in (what are presumed to be) the original manuscripts was inspired by God. **Each** word of the Scriptures are important and equally inspired. **Plenary inspiration** is defined by Evangelicals as believing in divine inspiration for **all** the words in the original manuscripts which comprise the sixty-six books of the *Protestant Canon*. The *Protestant Canon* contains the books as they are mentioned in the *Westminster Confession of Faith* (Chap. 1. II). M'Crie states that: "Luther, Zwingli, and Calvin with their immediate followers, had asserted the objective authority of Scripture in opposition to the claims of popes and councils, but while doing so they were careful to give prominence to the correlative doctrine of the Witness of the Holy Spirit" (M'Crie 172). Referring to Dr. Geddes on inspiration M'Crie states:

> Granting, he would reply, that every sentence, word, syllable, of the Bible were originally Divine, that is to say, directly and immediately inspired by the Spirit of God, does it follow that they who first transcribed these divinely inspired volumes from the autographs, and they who copied and re-copied these through every age were likewise divinely inspired? (M'Crie 179).

The Westminster Confession states:

> The Old Testament in Hebrew (which was the native language of the people of God of old), and the New Testament in Greek (which, at the time of the writing of it was most generally known to the nations), being immediately inspired by God, and, by His singular care and providence kept pure in all ages, are therefore authentical; (Matt. 5:18) so as, in all controversies of religion, the Church is finally to appeal unto them (Chap. 1. Par. 8).

While the original manuscripts are believed to be inspired the copies need to be evaluated for accuracy and authenticity.

3.1.4 Accepted Canon.

While it is understood that we do not have the original manuscripts, there are thousands of copies of the biblical manuscripts. Part of correct exegesis is the examination of textual evidence to determine which manuscript appears to be the most closely aligned with the original writer. Early Christians generally accepted the authority of the Jewish Scriptures. Simonetti writes:

> The first Christians were Jewish both by birth and by upbringing, since they had no doubts or hesitations in accepting the Old Testament as the revelation of God to Israel, who elect they considered themselves to be. They interpreted the Old Testament according to methods usual in Judaism of the period in order to adapt it to their own needs (8).

Evangelicals, like most Protestants, do not consider the Deutero-Canonical books (Apocrypha) to be part of the canon nor to be divinely inspired.

3.1.5 *Sola-Scriptura* and Inerrancy.

An Evangelical understanding of the Scriptures follows the verbal-plenary inspiration of the original manuscripts of the canonic Bible. Vanhoozer writes:

> Sola Scriptura means that neither oral traditions, nor the magisterial teaching authority of the Roman Catholic Church, nor new spirit-given revelations can supplement the Bible ("it is written"). On the contrary, Scripture, as the product of God's authorship, is sufficient, authoritative, and infallible—the later concept signaling its utter trustworthiness in guiding the church to knowledge of God and salvation in Christ (McDermott 37).

The Bible is the primary authority for Evangelical doctrine. Inerrancy and infallibility are an important foundation to Evangelicals. Mark Noll writes: "Evangelicals may respect church traditions in varying degrees and may use schooling, reason, and science to assist in explaining Christianity, but the ultimate authority for all matters of faith and religious practice is the Christian Scriptures" (McDermott 21). "Evangelicals endorse a modern version of Martin Luther's 'sola scriptura', conceived in terms of John Calvin's hermeneutics" (Schirrmacher 230). By a modern version, Evangelicals are not as much reacting to the authority of the Roman Catholic Church, but they react more strongly to modernist interpretations of Scripture. In questions of social conscience, Evangelicals consider the Roman Catholic Church and other more traditional denominations as allies in the public debate over cultural values.

3.1.6 Authority of the Bible.

Evangelicals would agree with an Augustinian view of the inspiration of Scripture, that it is inspired and a source of doctrine and therefore to be carefully interpreted. According to Pamela Bright: "For Augustine, the words of Scripture have a divine authority, integrally linked with the authority of the Eternal Word of God. God has revealed himself in the words of Scripture, which are the words of mortal beings" (Bright 44). Like Augustine and earlier Protestants there is a strong commitment to the authority of the Bible.

> Prior to the nineteenth century, virtually all Protestantism was Evangelical in the sense of being committed to the basic authority of the Bible. Evangelicalism, sometimes later called Fundamentalism, emerged as a self-conscious movement within the church shortly after the turn of the century precisely because of the growing realization of how deeply liberalism has seeped into the churches (Hitchcock 124).

Having a shorter church history and fewer traditions, Evangelicals rely more heavily on a strong view of the authority of the Bible for their teachings and doctrines.

3.1.7 Exegesis vs. Eisegesis.

Because of the reliance on *Sola-scriptura*, Evangelicals are usually less influenced by culture than they are an influence on culture. They often add a uniquely counter-cultural and often unpopular perspective on movements within society. As mentioned earlier, for most Evangelicals the determination of an effective response to MAID will be discovered in a balanced, meaningful and deep exegesis of the Scriptures and their application to the contemporary reality. Exegesis is the goal as contrasted to *eisegesis*. **Eisegesis** is the reading into the text by interpreting the Scriptures from our culture and philosophy. In eisegesis we tend to apply our own preconceived notions, prejudices and bias into the text rather than letting the text challenge our thinking and practices. Eisegesis is unfortunately often applied to the Scriptures but theoretically, is to be avoided. **Exegesis** is drawing out the original meaning of the writers, and attempting to understand what was meant in its historical and cultural setting. A relevant application is then sought. **Application** is the process of taking what was meant by the original writers and applying it to the modern context of our personal experience. It is contextualizing the Scriptures to our era and environment in order to make the truths of Scripture active and alive. This is often called "Making the word of God alive."

Evangelical exegesis draws heavily on this view of inspiration, attempting to achieve a correct interpretation of the Scriptures. Partly from Calvinistic influence, the grammatical nuances of the original languages holds great importance in proper exegesis. It is also considered essential to explore the historical and cultural contexts in interpreting the Scriptures. Simonetti, writing about the influence of the rabbis on the early church states: "The rabbinical method of approaching the sacred text was very meticulous, at times excessively so. It monitored the accuracy of the biblical text in question; it would explain grammatical characteristics, and would cover every detail" (2). Many Evangelicals follow a similar approach to the Scriptures. To developing an Evangelical approach to MAID it is essential to exegete the Biblical texts using Evangelical hermeneutical methods. The purpose would be to develop a Scriptural application to the question of MAID. Unfortunately, a deep exegesis of the Scriptures would not be possible in the space available in this thesis. A more comprehensive work would be able to fully examine and exegete the Scriptures in a way that could give clarity on the Scriptures in application to MAID.

Section 3.2 Survey of the Scriptures.

Having briefly explained the basis of Evangelical exegesis, the next step will be to survey the Scriptures related to MAID. The Bible does not directly address every issue of modern medicine but does address issues that can be interpreted to give us an understanding of how to approach these issues. The Bible does address issues related to life and death. While MAID as we presently know it, did not exist in the times of the writing of the Bible, there were numerous Scriptures related to the question of suicide and even assisted-death. A survey of the Scriptures will be found below with an application relevant to MAID. Scripture does give examples of suicide and teaches about the value of life. The thesis will examine Biblical principles of suicide and examples related to euthanasia and PAD. While the Bible does not address MAID directly there are four important areas to examine: 1) Biblical references to Assisted-Dying, 2) Biblical references to suicide, 3) Biblical references to the value of human life, and 4) the Soteriological questions about suicide and assisted dying.

3.2.1 Biblical References to Assisted Dying.

There are a couple of cases where a character in the Bible requested the help of another to die. These are the closest references which can be interpreted in application to MAID.

3.2.1.1 Abimelech Requested to be Killed by Another.

In Judges 9:54 we read that "Then he called hastily unto the young man his armourbearer, and said unto him, Draw thy sword, and slay me, that men say not of me, 'a woman slew him.' And his young man thrust him through, and he died" (KJV). The word for "Slay" is וּמוֹתְתֵנִי (mothethani) from the root מות (moth) meaning to die. In this case it means to cause death or kill. It is a general term for death. Brown, Driver & Briggs defines it as to "kill, put to death, dispatch (intense.)" (560) But מוֹתְתַנִי (mothethani) is also the same stem used to describe a stillbirth in Jer. 20:17 where Jeremiah laments "Because he slew me not from the womb; or that my mother might have been my grave, and her womb *to be* always great *with me*."

Some areas of further research into this pericope should contain examination into the Hebrew grammar to examine the intent. More research should be done to evaluate the divine involvement in the demise of Abimelech which is implied in Judges 9:23 which states: Then God sent an evil spirit between Abimelech and the men of Shechem; and the men of Shechem dealt treacherously with Abimelech:" In Judges 9:56 it states that: "Thus God rendered the wickedness of Abimelech, which he did unto his father, in slaying his seventy brethren:" The word "rendered" is translated from וַיָּשֶׁב which can mean "returned" and implies that Abimelech's death was divine justice. Further research into the correlation between Abimelech's death and divine justice may help interpret Abimelech's request for assistance to die and how it relates to MAID.

The implication of the text is that Abimelech's hastened death was undesirable. Abimelech, who was described as wicked in Judges 9:56, promoted Baal worship to the Israelites, was not following the God of Israel and therefore cannot be used as an example of God condoning MAID. Instead, the passage shows only condemnation for Abimelech's sin. Trent Butler states that: "Even in death Abimelech does not attain his goal, for later reports still refer to him as the one a woman slaughtered (2 Sam 11:21). Abimelech uses his mother and her relatives to gain power, apparently kills them in the slaughter of Shechem, and then succumbs to the 'certain woman' of Thebez in an unnecessary battle" (249). While Abimelech did ask another to kill him, he was not presented in the Scriptures as any kind of example to be followed.

3.2.1.2 Saul Requested to be Killed by Another.

We read about Saul's tragic death in 1 Samuel 31, 2 Samuel 1:1-16; 1 Chronicles 10. Ralph Klein writes "No ethical evaluation of Saul's attempted suicide is offered" (288). In 1 Samuel 31:4 we read: "Then said Saul unto his armourbearer, Draw thy sword, and thrust me through therewith; lest these uncircumcised come and thrust me through, and abuse me. But his armourbearer would not; for he was sore afraid. Therefore Saul took a sword, and fell upon it" (KJV). There was clear resistance from Saul's armour bearer against helping Saul die. This implies that it was not seen as a beautiful thing to help Saul by assisting in his suicide. Instead, Saul's armour bearer refused to help Saul kill himself. Part of the reason may be that he did not want to touch God's anointed King. But again there was a refusal to aid in Saul's suicide, not an endorsement of Saul's request. We see some corroboration for this account by an Amalekite who claimed to kill Saul at his own request in 2 Samuel 1:9: "He said unto me again, Stand, I pray thee, upon me, and slay me: for anguish is come upon me, because my life *is* yet whole in me" (KJV). Nathaniel Miklem writes that: "Saul is prostrated in despair; only with difficulty is he persuaded to take food, and he goes into the battle a doomed man, knowing that he will be slain himself and worse, his family will be blotted out also, and Israel will be defeated by the enemy" (Eiselen 397). Eiselen and Klein wrote their commentaries in different centuries. An area for further research would be to compare the different commentators to see if the approach to Saul's death has been affected by an increasing openness to suicide as the twentieth century progressed.

There are some questions about the accuracy of the Amalekite's account of events. Miklem writes that: "It is not likely that, if the account of Saul's death in the previous chapter is authentic, an Amalekite would have chanced to find the dead Saul and make off with the crown and bracelet. If, therefore, the Amalekite did, in fact, bring those things to David, his own account of Saul's death is the more probable" (Eiselen 398). The Amalekite was likely making up the story in order to court favour from the newly anointed King. Unger writes "Of course it is possible that the Amalekite lied to curry favor with David, but that was not a necessity. Saul's great sin was in sparing Amalek (cf. 1 Sam. 15; cf. 28:18). An Amalekite made an end of him. David's slaying the Amalekite was dictated largely by his view of the inviolability of the person of a God-appointed leader" (415). An irony here is that an Amalekite was claiming to have killed Saul who had disobeyed God in allowing the Amalekites to live. It is questionable that Saul would have requested the

help of an Amalekite to hasten his death. It appears at first glance as though this may be a biblical justification of PAD. This is one of the rare examples that even comes close. "Biblical suicides are rare (cf. 2 Sam. 17:23[49]; 1 Kings 16:18[50]; Matt. 27:5[51])" (Unger 408). Saul's death was not the result of a good man avoiding suffering. Saul was under condemnation for his sin. Saul's condemnation is made clear in 1 Chronicles 10:13-14 stating that: "So Saul died for his transgression which he committed against the Lord, *even* against the word of the Lord, which he kept not, and also for asking *counsel* of *one that had* a familiar spirit, to enquire *of it*; And enquired not of the Lord: therefore he slew him, and turned the kingdom unto David the son of Jesse" (KJV). David had the Amalekite killed (2 Samuel 1:15-16) for claiming to kill Saul.

In 1 Chronicles 10:14 the word וַיְמִיתֵהוּ is used for the word "slew" the root מות which is the general word for death. It is the same root word used for "died" (מָת) in verse 13. The root word is the same as is found in Judges 9:54. An area for further research would be to examine the Hebrew grammar and compare it with both passages to see if there is any elucidation on the intent and divine intervention in Saul's death. We see from this in the description from the Scriptures that it was not a *mercy-killing* from the perspective of the Lord but that he died as an act of judgement for his sins against God and Israel. It is evident that David was not pleased with the Amalekite in 2 Samuel 1:14 where it states that: "And David said unto him, How wast thou not afraid to stretch forth thine hand to destroy the Lord's anointed?" David had the Amalekite killed there (verses 15-16) for claiming to kill Saul. The *mercy-killing* of Saul was clearly not condoned by David nor God and cannot be used as justification for MAID. In II Samuel 1:8 the Amelekite is slain by David for having killed Saul. There are many that do believe the Amalekite's story. Josephus writes:

> But his armour bearer not daring to kill his master, he drew his own sword, and placing himself over against its point, he threw himself upon it: and when he could neither run it through him, nor, by leaning against it, make the sword pass through him, he turned him round; and asked a certain young man that stood by, who he was; and when he understood that he was an Amalekite, he desired him to force the sword through him, because he was not able to do it with his own hands, and thereby to procure him such a death as he desired (Josephus 180).

Many are not convinced that Josephus is correct here. It is open to interpretation. Answering Josephus' claim, Ronald Youngblood writes:

> Typical is the early reconstruction by Josephus. He claimed that when Saul's armor-bearer refused to kill him, the king tried to fall on his own sword but was too weak to do so. Saul then turned and saw the Amalekite, who, upon the king's request, complied by killing him. After the Amalekite had taken the king's crown and armband and fled, Saul's armor-bearer killed himself (Jos. Antiq. 6, 370-72 [xiv.7]). Josephus's attempt at conflation, while commendable and in some respects helpful, errs in his basic assumption that the Amalekite was telling the truth (Gaebelien 806).

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[49] See sub-section 3.2.2.4.
[50] See sub-section 3.2.2.5.
[51] See sub-section 3.2.2.6.

Not all believe that the Amalekite killed Saul. Jimmy Swaggart wrote: "This man gave David news of the death of Saul, even lying to David by claiming to have killed the king of Israel" (302). It is interesting to note that King David did not at all celebrate the report of King Saul's assisted death, but mourned his loss and punished the Amalekite for his participation. An advantage of delving into a deep exegesis of Saul's tragic death is that it can clarify some of the questions around Saul's request for death.

There is a fair amount of disagreement on the question of who actually killed Saul. A full exegesis of this passage could fill up enough pages for a lengthy thesis on its own. There could be clues from the Hebrew grammar, context and culture which could clarify whether Saul's death was an assisted-suicide. Did Saul die by his own hand or did the Amalekite really kill Saul? Saul's request for death was refused by his armour bearer. If the Amalekite did not kill Saul and his armour bearer refused to kill Saul, could this be interpreted as an all-out divine refusal of assisted-death? I write in section 3.2.6 that God refuses to grant requests to die by several people who are facing suicidal ideations. Can it be interpreted that God is opposed to all assisted-death? If we deduce that the Amalekite did in fact kill Saul, is this a divine endorsement of assisted-death? Since Saul died by divine intervention, how does that apply to MAID if the death was assisted? These are all questions which require more space than can be given in a thesis of this size. This points to a need for further research to properly interpret Saul's death and apply the lessons learned to MAID.

However, going by these two examples, it would seem that the Scriptures do not condone assisted death. In fact they would appear to imply that assisted-death was the result of walking in disobedience to God. Both Abimelech and King Saul died under judgment. Furthermore the alleged participation of the Amalekite in Kings Saul's death was not at all celebrated but was severely punished. The armor-bearer of Saul also did not see helping Saul die as a beautiful thing, but refused to help Saul die. It would seem clear that the Bible does not condone MAID in these two pericopes.

3.2.2 Biblical References to Suicide.

Assisted suicide was uncommon in the Scriptures but many of the questions related to assisted suicide are similar to unassisted suicide. Hugh Trowel wrote that "It is impossible to consider the history of euthanasia without that of suicide. From time immemorial one of the reasons for suicide has been incurable painful disease" (1).

3.2.2.1 Saul's Armour Bearer Killed Himself.

After the tragic death of Saul his armour bearer gives up hope and kills himself. "Saul's armour bearer committed suicide next to him (1 Sam. 31:5). Leaders do not die alone, but take many of their followers along with them" (Adeyemo 378). It shows the effects not only on the person requesting death but also on all those around them as his son, Jonathan and many others died that tragic day.

> "Wounded in battle, both Abimelech and Saul ask their armor bearers to kill them lest they bear the ignominy of being killed by one who is uncircumcised (in

> Abimelech's case by a woman, in Saul's by the Philistines). The differing responses of their armor bearers is significant: Abimelech's young man thrusts him through (Judges 9:54), but Saul's is unwilling to kill his master, forcing the king to commit suicide" (Polzin *Samuel and the Deuteronomist,* p. 224 qtd by Youngblood in Frank Gaebelien 798).

The tragic death of Saul's armour bearer is not seen as a commendable thing, but as a tragic result of the disobedience of his king.

Further research could be done to determine if the armour bearer's refusal to kill Saul was an act of courage or a cultural opposition to assisting-death? Could the death of the armour bearer be seen as God's judgment for refusing to assist in Saul's death? Was the armour bearer's death only the tragic result of sin and hopelessness instead? Is there anything from the Hebrew grammar that could bring deeper meaning to this? Further research will help to enlighten the pericope. Yet, it would appear as though the armour bearer's death was viewed as tragic and a result of the divine judgement that had fallen not only upon Saul but also upon all who were near to Saul. In either case, the death of Saul's armour bearer appears to be treated as a tragedy as opposed to something to be encouraged.

3.2.2.2 Ahithophel Killed Himself.

Ahithophel who was the grandfather of Bathsheba, advised Absalom to kill only King David. Absalom followed the advice of Hushai (David's friend). Ahithophel was a trusted adviser to David. However when David fled from his son Absalom, Ahithophel advised Absalom to kill only David. When Ahithophel sees that his advice is not followed he kills himself in tragedy and shame. 2 Sam. 17:23 states: "And when Ahithophel saw that his counsel was not followed, he saddled *his* ass, and arose, and gat him home to his house, to his city, and put his household in order, and hanged himself, and died, and was buried in the sepulchre of his father" (KJV). An evaluation of the Hebrew grammar in relation to the word "kill" may help bring further clarity to an exegesis of this passage.

Anderson writes "Since he was buried in his father's tomb, it implies that no stigma was attached to an act of suicide at this time" (215). This may speak to the custom of refusing to permit a proper burial for a suicide victim as was done in centuries past. However, Anderson adds "Although some later Jewish traditions condemn suicide, the earlier writers make no explicit negative comment" (216). More research could be done to examine the Jewish cultural view of suicide as it relates to this passage. It would also be good to research if earlier scholarship also agreed with Anderson that condemnation of suicide was a later Jewish tradition.

Still, it would seem as though Ahithophel, like Abimelech and Saul, was also walking in disobedience to God. We see again an element of divine intervention in the death of Ahithophel as is was also in the cases of Abimelech and Saul. "Actually it was not Hushai who defeated the counsel of Ahithophel, but the Lord Himself in answer to David's prayer (15:31)" (Unger 434). Far from seeing the suicide condoned, it was shown as the tragic result of rebellion against God and the King.

3.2.2.3 Zimri Killed Himself.

We read of Zimri's death in I Kings 16:18-19 where it reads "And it came to pass, when Zimri saw that the city was taken, that he went into the palace of the king's house, and burnt the king's house over him with fire, and died, For his sins which he sinned in doing evil in the sight of the Lord, in walking in the way of Jeroboam, and in his sin which he did, to make Israel to sin" (KJV). He clearly did not die a graceful death but tragically by suicide for his sins. It would be very difficult to justify Zimri's death as a positive example of suicide or MAID.

3.2.2.4 Judas Hung Himself.

Matthew 27:5 "And he cast down the pieces of silver in the temple, and departed, and went and hanged himself" (KJV). Discouraged and warned by Jesus, Judas tragically ends his life by hanging himself on a tree over a cliff. The Apostolic council voted to replace Judas which was a clear condemnation of his actions and tragic death. Now this man purchased a field with the reward of iniquity; and falling headlong, he burst asunder in the midst, and all his bowels gushed out (Acts 1:18). Jesus said that "good were it for that man if he had never been born" (Matthew 26:24; Mark 14:21). Jesus also described him as a son of perdition. John 17:12b reads that "none of them is lost, but the son of perdition; that the scripture might be fulfilled." He is described as "the son of perdition," which implies a lost soul for eternity. Are we certain that "the son of perdition" meant Judas and what does it mean? Is this a condemnation of Judas' death or just the betrayal of Jesus? Does this imply eternal damnation? Further exegesis is required in order to understand the soteriological implications of Judas' suicide and its relationship to MAID. Could it be interpreted that a soul is lost for eternity by suicide? If the same principal is applied to MAID then a soul could be condemned for asking for assisted death by MAID. In either case, Judas' case was a tragic end and his suicide was not endorsed as a good thing.

3.2.2.5 Suicide, a Result of Sin.

In each of these cases mentioned in sub-section 3.2.2 we see suicide is a tragic end to the life of a person who was not serving God and under God's judgment. In none of these cases do we see the suicide condoned or encouraged by the Scriptures, rather it is seen as a tragic warning. Unlike in recent centuries, where burial was refused for someone who committed suicide, we do see a decent burial being given to Ahithophel. This implies that a Christian burial can be given even when one's death is by suicide. However, it is also clear that suicide is not something to be endorsed or encouraged.

3.2.3 Suicide and Self-Sacrifice in War and by Jesus.

In examining instances where life was sacrificed as an act of war it raises certain questions. Is self-sacrifice in war the same as suicide? How is that different from a suicide bomber? Was Jesus death a suicide?

3.2.3.1 Samson Died Killing His Enemies.

In Judges 16:30 it states: "And Samson said, Let me die with the Philistines. And he bowed himself with *all his* might; and the house fell upon the lords, and upon all the people that *were* therein. So the dead which he slew at his death were more than *they* which he slew in his life" (KJV). It could be an example of assisted suicide in the sense that he required the help of the young man to find the pillar to push it down. While Samson did request of God that he be able to die with the Philistines, God did not usually honour someone's request to die (see Num. 11:10-15[52]; Elijah in 1 Kings 19:4[53], Jeremiah in Jer. 20:17[54] or Jonah in Jonah 4:3[55]) (Butler 353). Samson's real intent was not to commit suicide but to avenge God's people. This is different from the Jihadist or the Tiger who intentionally killed themselves in order to kill others. Samson was not trying to die but bring vengeance. He prayed asking that he *die with the Philistines* which implies that he was not convinced that this act would kill him. Samson is treated as a hero of the faith. since Samson's intent was not self-destruction, nor did he seem sure that his own death would occur by his act, then this passage cannot then be used to justify MAID.

Indeed his death was largely the result of poor choices rather than a suicide. Lindsay Longacre writes:

> It is indeed, much safer to present him as a warning rather than as a type to be imitated. Although he was a worshiper of Jehovah and a hero who gripped the imagination of his age, he was governed largely by passion and selfishness; he had little regard for the rights and property of others; he was driven to some of his deeds by a spirit of vengeance, and finally died a victim of this very spirit (Eiselen 372).

This passage could be used to differentiate suicide and an act of courage in war. While Samson is mentioned in Hebrews 11:32, he is only briefly mentioned with no comment on his deeds. Samson's life was one of disobedience to his parents and to the God of Israel. Samson was not faithful to the vision and calling placed upon his life which ends impulsively in a tragedy that somehow fulfills Gods purposes. "He does not ask God to help him fulfill a forgotten mission of deliverance. His motive is still selfish revenge" (Butler 353).

Samson's life and death is an example of a flawed individual who amasses no army, inspires few and led no followers nor leaves any lasting legacy. But somehow Samson turns the situation around for the good of Israel. His example is not one to necessarily be followed but is perhaps a warning that late repentance may leave few options. In relation to MAID, Samson's death is hardly an example of assisted suicide nor even a suicide but of the tragic cost of war and vengeance. "His name, despite his failures and sins, is mentioned in Hebrews 11:32 as one who gave his life to vindicate God before the blasphemous pagans. In spite of his carnal life, he had justifying faith, which saved him" (Unger 340).

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[52] See sub-section 3.2.6.1.
[53] See sub-section 3.2.6.2.
[54] See sub-section 3.2.6.3.
[55] See sub-section 3.2.6.4.

3.2.3.2 Jesus Death upon the Cross.

Jesus death could be construed as a suicide. It could appear to be a suicide by the fact that Jesus laid down his life. He said that: "As the Father knoweth me, even so know I the Father: and I lay down my life for the sheep" (John 10:15). It could even be described as an assisted-death, since Jesus was nailed to the cross by the soldiers. Many would cringe at the description of Christ's death by crucifixion as an assisted suicide, but it should be unpacked. Further exegesis is needed to evaluate the genuine meaning of Jesus statement in John 10:15.

There are two major differences in the death of Jesus from a suicide or MAID. First, a suicide or MAID is committed to ease the pain of the person dying. It is essentially a selfish act (unless under duress). Jesus didn't die to ease his own suffering but to provide himself a sacrifice on the behalf of others. 1 John 3:16 states that: "Hereby perceive we the love of God, because he laid down his life for us: and we ought to lay down our lives for the brethren." Jesus said that "Greater love hath no man than this that a man lay down his life for his friends" (qtd. in John 15:13). He did not die for his own sake, but for the sake of others. Jesus showed evidence that he did not want to die in Matthew 26:39 where it says of Jesus that: "And he went a little further, and fell on his face, and prayed, saying, O my Father, if it be possible, let this cup pass from me: nevertheless not as I will, but as thou wilt." It was not a death that Jesus wanted to endure, but was done out of obedience to his heavenly Father and out of love for humanity. Jesus' obedience is shown where it reads in Philippians 2:8 that: "And being found in fashion as a man, he humbled himself, and became obedient unto death, even the death of the cross."

Secondly, Jesus did not go to die on the cross expecting to remain dead. Jesus statement in John 10:17-18 shows that Jesus was expecting to be resurrected from the dead. "Therefore doth my Father love me, because I lay down my life, that I might take it again. No man taketh it from me, but I lay it down of myself. I have power to lay it down, and I have power to take it again. This commandment have I received of my Father." (John 10:17-18). We see again Jesus expectation of his resurrection and the results of his sacrifice in Hebrews 12:2 where it reads "Looking unto Jesus the author and finisher of [our] faith; who for the joy that was set before him endured the cross, despising the shame, and is set down at the right hand of the throne of God." Clark describes it as "The joy of fulfilling the will of the Father," (Clark 777). The death of Jesus upon the cross was therefore not a suicide nor MAID, but sacrifice and obedience.

3.2.3.3 The Expectation of Believers to Lay-down Their Lives for Jesus.

It could be argued, as is was concerning Jesus that the disciples were committing suicide or MAID in laying down their lives for Christ. We see that Peter claimed to be willing to lay down his life, but did not as is shown in John 13:37-38 "Peter said unto him, Lord, why cannot I follow thee now? I will lay down my life for thy sake. Jesus answered him, Wilt thou lay down thy life for my sake? Verily, verily, I say unto thee, The cock shall not crow, till thou hast denied me thrice." There is a difference between asking for death to avoid suffering and being killed as a martyr for walking in obedience to Christ. MAID is not the same as being killed by an angry mob for preaching the Gospel. The disciples did not commit suicide nor ask to die but were martyrs for their faith. It says in Matthew

10:21-22 that: “And the brother shall deliver up the brother to death, and the father the child: and the children shall rise up against their parents, and cause them to be put to death. And ye shall be hated of all men for my name's sake: but he that endureth to the end shall be saved” (See also pp Mk 13:12-13 pp Lk 21:16-17). The examples of the disciples’ deaths are not at all justification for MAID nor suicide.

3.2.4 Biblical References to the Sanctity of Human Life and Dying.

In Evangelical theology the sanctity of human life and dying is found Scripture. There is also a difference in the Scriptures between the treatment human and non-human life.

3.2.4.1 Do Not Kill.

We see the sanctity that God places on the lives of even sinners when Cain objects by saying “and it shall come to pass, that every one that findeth me shall slay me.” (KJV Gen. 4:14). We see the reply in Genesis 4:15 “And the Lord said unto him, Therefore whosoever slayeth Cain, vengeance shall be taken on him sevenfold. And the Lord set a mark upon Cain, lest any finding him should kill him.” (KJV). “לָכֵן” (lacan) is normally translated as “Therefore” but is translated by the Septuagint as “οὐχ οὕτως” meaning “not so.” One question that is raised is whether or not Cain was repentant. Though there is no expression of repentance, some suggest that the author saw him as repentant through the Lord’s reply of “לָכֵן” (lacan) which suggests the author considered Cain repentant. Cain’s concern is that he will be judged and condemned to death for his sin of killing his brother. Could God’s reply of “לָכֵן” (lacan) be a response to repentance by Cain for his sin? It is not clear from the passage that Cain ever repented for his sin. This would be a topic for further exegesis. If Cain did not repent then it is not God’s response to a repentant heart but perhaps an example of divine proclamation of the sanctity of human life. Sailhamer answers this question by stating that:

> The fact that the Lord's response was one of mercy and protection suggests that the author understood Cain's words as those of a repentant sinner. By themselves Cain's words do not necessarily suggest repentance, but the Lord's response ("Very well; if anyone kills Cain, he will suffer vengeance seven times over," NIV mg.) implies that Cain's words in v.13 are words of repentance (Sailhamer 65).

Though Cain murdered his brother, no-one was permitted to kill him without serious consequences. This implies the sanctity of human life.

What about the consequences to Cain for murdering his brother? Mosaic Law presents the idea of capital punishment in Exodus 21:23 which states: “And if any mischief follow, then thou shalt give life for life…” Again in Numbers 35:31 it states that “Moreover ye shall take no satisfaction for the life of a murderer, which is guilty of death: but he shall be surely put to death.” If Cain’s offer of judgment against his murder is the result of repentance, it shows the extent of the grace of God towards a repentant murderer. If Cain is unrepentant and God’s grace can be extended to Cain, can it be extended toward someone

who ends their life through MAID? Can it be extended toward a physician who administers MAID?

If Cain was repentant then the prohibition against killing him was similar to someone running to the cities of refuge in Numbers 35:32 as Sailhamer suggests (67). The cities of refuge were more as a place for safety from an avenger while awaiting trial or after proven innocent. "Note especially that they were provided to give shelter for those who had killed a person unawares" (A.C. Gaebelien 356). Unger suggest that Cain's crime was much more serious. "Cain was not only the first murderer; he was also the first religious persecutor" (Unger 26). If such is true, then the murder of Abel could be considered a hate crime. We then see the value that the Scripture places on human life. Even if Cain was himself guilty of such a heinous crime, his life was to be preserved. "God's concern for the innocent is matched only by his care for the sinner" (Kidner 76). Having described God as Cain's go'el or protector, Kidner states that "It is the utmost that mercy can do for the unrepentant" (76). On the other hand, it may not be so much God's care for Cain, but may be addressing the concern for the sanctity of human life. "Therefore, the Lord declares, if any will imitate Cain, not only shall they have no excuse in his example, but shall be more grievously tormented; because they ought, in his person, to perceive how detestable is their wickedness in the sight of God" (Kidner 76).

The word הָרַג (Harag) is used in Gen. 4:15 for kill or slay. Brown et al., defines הָרַג as "Kill, slay, implying ruthless violence, esp. private violence" (247). Kohler would also concur using the word kill, instead of slay in this passage and even using "slaughter" in reference to 1 Sam. 25:11 and Joshua 20:3 (242). Holladay uses "slay, murder" for Gen. 4 and slaughter in Isa 22:19 (83). Unger describes הָרַג as "…'kill with purpose and pre-meditation, murder,' the same word as verse 8" (27). The Septuagint (LXX) uses "καὶ ἀπέκτεινεν αὐτόν" (LXX Gen. 4:8) from ἀποκτείνω meaning to kill or murder. In Gen. 4:15 the LXX uses "πᾶς ὁ ἀποκτείνας Κάϊν" (any who kill Cain). It appears to be an intentional killing. It is different from the root מות (moth) meaning to die, which is used in the killing of Abimelech who requested assistance in dying. Further research is needed here to determine if there is a reason for the different root words. Did the meaning change over time, or is there a purpose for the different root words? There appears to be a difference in the divine intent and results in each case. God was involved in the death of Abimelech but opposed to the killing of Cain. Why is there such a difference and how can this be applied to MAID? This is where a comparative exegesis could be useful in understanding what the Scriptures really teach about MAID, murder and suicide.

In Gen. 4 Lamech refers to murder of Abel by Cain. We see a difference between pre-meditated murder and an act of self-defense. "And Lamech said unto his wives, Adah and Zillah, Hear my voice; ye wives of Lamech, hearken unto my speech: for I have slain a man to my wounding, and a young man to my hurt. If Cain shall be avenged sevenfold, truly Lamech seventy and sevenfold" (KJV Gen. 4: 23-24). It is suggested that Lamech killed in self-defence. "Lamech, who had committed murder in self-defence, defends his action as perfectly justifiable in contrast to the pre-meditated, cold-blooded murder Cain committed" (Unger 31). In Matt. 18:22 it repeats the expression seventy time seven, which is generally understood as an expression of completeness. "If anyone who killed Cain, a murderer guilty of a premeditated act, was to be punished sevenfold, how much more grievous will be the punishment of anyone who would kill Lamech, who was not guilty of

premeditated murder" (Unger 31). If this is the case, then the protection of Cain who was guilty of pre-meditated murder was provided, then one who killed Lamech would receive an ultimately worse punishment.

> In the case of Cain, God's punishment was more severe than death and Cain's life was to be a perpetual reminder of the seriousness of the crime of murder and the sanctity of human life. In Lamech's case, the distinction is made between accidental, unpremeditated killing in relation to the sanctity of human life.
> The sanctity of Lamech's life furnishes the example of the sanctity of anyone else's life. The "Seventy-sevenfold" (cf. seventy times seven, Matt. 18:21-22), meaning "to the fullest," can signify nothing less that the death penalty for killing another premeditatively in cold blood. Anyone who would kill Lamech would be punished in the most absolute sense, that is, he would incur the sentence of capital punishment (Unger 31).

The Scripture counter's Cain's complaint with a strong statement about the sanctity of human life. This could have implications in the question of performing MAID. Could there be a deeper punishment for someone who takes the life of another by MAID? Would the sanctity of human life mean that MAID be considered premeditated murder if it is requested by the recipient?

Exodus 20:13 states "Thou shalt not kill." Using the word תִּרְצָח (ratzach) in this passage. רצח is translated as manslayer by Holladay with the note on Numbers 35 "no distinction between premeditated and involuntary killing" (346). Here Koehler would concur. The implication of the root word may imply violence as in to bruise or crush (907). Brown et al., defines רצח as "murder, slay, with premeditation" (953). The Septuagint uses φονευσεις from φονευω meaning to kill or murder. "**Thou shalt not kill,** literally in the Hebrew, 'thou shalt not commit murder.' Murder is a crime, for we cannot restore life. Man is created in the God's image, and God's creatorship is insulted by deeds of violence (cf. Matt. 5:21-22)" (Unger 129). There is a clear distinction between pre-meditated murder and accidental killing. As Cole writes:

> Only two words are used in the Hebrew, as blunt as the order 'no killing' would be in English. Hebrew râsah is a comparatively rare word for 'kill', and usually implies violent killing of a personal enemy (Hyatt): 'murder' is a good translation (RV, NEB). The command is stated in its most general form, but the law clearly distinguished between planned and accidental or unpremeditated killings (Ex. 21:12-14) (Cole 159).

In Leviticus 24:17 it reads "And he that killeth any man shall surely be put to death." The text uses the Hebrew word יַכֶּה (yakeh) from the root נָכָה (Nachah) for kill and verse 18 uses מַכֵּה (makah) from the same root. Kohler translates נָכָה (Nachah) smite, or beat. Holladay describes it as to smite, strike down or kill. Brown et al. describe it as to smite fatally, strike down or kill. In relation to Exodus 20:13 on "No killing" Cole writes: "In any case, the sanctity of life, as God's gift is established: hence blood-guiltiness' is an awful reality, from the time of Cain onwards (Gn. 4:10)" (Cole 160).

Again further research is needed as to why the different root words are used in each of these passages. The scholars often point to the sanctity of human life in relation to the story of Cain. While none of these examples describe someone requesting the end of their life, it seems clear that there is a prohibition against taking another human life. This may be applicable to health professionals who would assist in hastening death. While none of these examples point to MAID, there is a general sense of the sanctity of human life in the Scriptures.

3.2.4.2 Do Yourself No Harm.

We read the story of the Philippian Jailor in Acts 16 when Paul is thrown in Jail and after an earthquake and the prison doors swing open and "he drew out his sword, and would have killed himself, supposing that the prisoners had been fled" (verse 28). We see Paul's attitude about suicide where in it reads "But Paul cried with a loud voice, saying, Do thyself no harm: for we are all here" (verse 28). Paul shouts to him not to harm himself. This is a strong statement against suicide. There is a common theme throughout the Scriptures against self-harm. In the end everything worked out for the jailor by choosing to live rather than take his own life. If the Jailor had ended his own life, things would not have worked out for him nor his family.

3.2.5 Theodicy and Biblical References to Suicidal Ideations.

In the Scriptures there is a pattern showing that many who killed themselves or requested death died tragically under condemnation. The Bible says in Romans 8:28 "And we know that all things work together for good to them that love God, to them who are the called according to *his* purpose." There are many instances in the Scriptures where we see men and women in terrible circumstances who endured through the circumstances and received blessings from God in the end. It is implied that no situation is severe enough as to justify ending one's own life.

3.2.5.1 Hagar.

In Genesis 21 Hagar is sent away with her son into the desert where they run out of food and water. Hagar places her child under a bush and walks far enough away so that she cannot hear her son's cries. God speaks to her in the desert and shows her a well of water. The child grew up and had many descendants. The situation looked hopeless but worked out well in the end.

3.2.5.2 Joseph.

In Genesis 37, Joseph was sold by his brothers as a slave. In Genesis 39 Joseph ends up in Potiphar's house and is put in charge of the whole household. Things start to get better for him until he is falsely accused of attempted rape and thrown in a dungeon. In Genesis 40, Joseph is forgotten for two years when Pharaoh has a dream that only Joseph can interpret. In Genesis 41, Joseph is removed from the dungeon and is then put in charge of all Egypt that same day. The brothers who had sold him into slavery come and bow

before Joseph and God turns terrible circumstances for good. In Genesis 45:6 Joseph says to his brothers: “Now therefore be not grieved, nor angry with yourselves, that ye sold me hither: for God did send me before you to preserve life.”

3.2.5.3 Moses.

In Genesis 2, Moses after being raised in Pharaoh’s house returns to his Jewish roots to be rejected by his own people after murdering an Egyptian. He then flees for his life into the desert and spends the next forty years tending sheep. He sees the burning bush on Mount Sinai and is sent back to deliver the Hebrew slaves. After many miracles the Israelites leave Egypt and find themselves against the Red Sea with the Egyptian army behind and mountains on both sides. It appears that a terrible death is imminent. The sea is opened up, the Israelites cross to the other side and the sea closes up on Pharaoh’s army and they are drowned. The Israelites are now free from slavery and their slave masters are defeated. They no longer need to worry about being taken back into slavery by the Egyptians.

In each of these example from the Scriptures we see situations that seem hopeless but improve late. There is no suggestion that suicide is necessary but rather to keep enduring the situation until things change. The Scriptures teach hope that every difficulty faced is temporary. Paul stated in Romans 8:18 “For I reckon that the sufferings of this present time *are* not worthy *to be compared* with the glory which shall be revealed in us.” MAID is the giving up on any hope for improvement.

3.2.6 In Biblical Examples of Suicidal Ideations: God Does Not Grant Their Request.

The Bible has several examples of suicidal ideations as mentioned by Butler (353). God does not in any of these situations grant their request except that of Samson, who in essence died as a sacrificial act of war.

3.2.6.1 Moses Wanted to Die.

Moses requested death in Numbers 11:15 where it states that Moses prayed: “And if thou deal thus with me, kill me, I pray thee, out of hand, if I have found favour in thy sight; and let me not see my wretchedness.” Moses was dealing with a rebellion in the nation of Israel and found the burden too heavy to bear. He gathered 70 helpers for him and provided meat for the people. Moses’ request to die was denied.

3.2.6.2 Elijah Wanted to Die.

Elijah after fleeing for his life from Jezebel into the desert begged God that he might die. 1 Kings 19:4 it states: “But he himself went a day’s journey into the wilderness, and came and sat down under a juniper tree: and he requested for himself that he might die; and said, It is enough; now, O Lord, take away my life; for I am not better than my fathers.” God also refused Elijah’s request for death. Elijah did not die but instead returned to his prophetic work. Elijah did not even die at the end of his life. In II Kings 2:11 it states that while Elisha was watching “And it came to pass, as they still went on, and talked, that, behold, there appeared a chariot of fire, and horses of fire, and parted them both asunder;

and Elijah went up by a whirlwind into heaven." He was carried up into heaven on chariots of fire.

3.2.6.3 Jeremiah Cursed the Day That He was Born.

Jeremiah did not ask to die but did curse the day of his birth. In Jer. 20:16-17 it states: "And let that man be as the cities which the Lord overthrew, and repented not: and let him hear the cry in the morning, and the shouting at noontide; Because he slew me not from the womb; or that my mother might have been my grave, and her womb to be always great with me." Jeremiah at this point wished he had died at birth but became influential.

3.2.6.4 Jonah Wanted to Die.

Jonah was sent to preach to the Ninevites but refused and took a ship in the opposite direction. During a storm he was cast into the sea and swallowed by a large fish. After repenting he was spit out on to the beach and preached to the Ninevites that destruction was coming. When the city repented God did not destroy the city. Jonah was angry and begged God to take his life. In Jonah 4:3 it repeats Jonah's request: "Therefore now, O LORD, take, I beseech thee, my life from me; for *it is* better for me to die than to live." God refused to kill him, but let him live. God instructed him instead about the mercy that was shown to Nineveh.

3.2.6.5 Job Refused to Curse God and Die.

Job cursed the day of his birth. God did not let him die and in the end he had much more than he had before disaster hit him and his family.[56]

In each of these cases God refused their request for death. This would seem to confirm that the Scriptures do not present death as a solution for suffering. It would value the sanctity of human life instead of self-harm.

3.2.7 Biblical Example of Job and Pressure to Die Under Duress.

Job lost everything except his wife. His body was covered in painful sores. Then the story of Job tells us in Job 2:9-10 "Then said his wife unto him, Dost thou still retain thine integrity? curse God, and die. But he said unto her, Thou speakest as one of the foolish women speaketh. What? shall we receive good at the hand of God, and shall we not receive evil? In all this did not Job sin with his lips." After this Job had some friends come and criticize him. Job cursed the day of his birth. God did not let him die and in the end he had much more than he had before disaster hit him and his family.

[56] See section 3.2.7.

3.2.8 Biblical Principles Related to MAID.

3.2.8.1 The Bible Promotes Enduring.

The Scriptures encourage people to keep enduring until the end. Matthew 10:22 states: "And ye shall be hated of all *men* for my name's sake: but he that endureth to the end shall be saved." The same idea is repeated in Matthew 24:13 stating: **"**But he that shall endure unto the end, the same shall be saved." And it is written in Mark 13:13 "And ye shall be hated of all *men* for my name's sake: but he that shall endure unto the end, the same shall be saved." MAID is the opposite of enduring until the end. Enduring is not hastening death.

3.2.8.2 The Bible Promotes Life (Over death).

A common theme found throughout the Bible is that of life promoted over death. In John 5:24 in reads "Verily, verily, I say unto you, He that heareth my word, and believeth on him that sent me, hath everlasting life, and shall not come into condemnation; but is passed from death unto life." We also see a similar theme according to Romans 5:17 which states: "For if by one man's offence death reigned by one; much more they which receive abundance of grace and of the gift of righteousness shall reign in life by one, Jesus Christ." Life is a gift in Romans 6:23 which states that: "For the wages of sin is death; but the gift of God is eternal life through Jesus Christ our Lord." In Romans 8:2 it states that: "For the law of the Spirit of life in Christ Jesus hath made me free from the law of sin and death." Righteousness is shown to give life in Romans 8: 10 where it states that: "And if Christ *be* in you, the body *is* dead because of sin; but the Spirit *is* life because of righteousness." In II Timothy 1:10 it shows that Jesus has brought life by stating: "But is now made manifest by the appearing of our Saviour Jesus Christ, who hath abolished death, and hath brought life and immortality to light through the gospel:" There are many Scripture verses which show a theme of life being promoted over death.

3.2.8.3 The Bible Treats Death as an Enemy.

While we live in a culture that is embracing death, the Bible describes death as an enemy. In I Corinthians 15:26 we read that "The last enemy *that* shall be destroyed *is* death."

3.2.9 Biblical Soteriology of Suicide and Assisting Dying.

The churches have historically been a major influence in government policy and in society. In African-American and Caribbean societies the church has had a major influence on their culture and saved many lives by warning people of the dangers of suicide. Early writes concerning this influence that "The literature suggests that the church and its interaction with the family have been major influences in keeping the rate

of suicide among African Americans relatively low, but no direct empirical investigation has been made" (Early 24).

"In general, the church recognizes no reason for suicide. It allows no justification for giving up. Suicide is not for the true believer, a person who is 'born again' or 'saved'" (Early 38). In the African-American and the Caribbean communities there is a perception that suicide and MAID are things that "white people do." It is not part of their culture. For years the churches taught that people who commit suicide go to hell. It has become ingrained in their culture, communities and worldview to the point that even though, "These views resonate in the black community's larger perception that suicide is never an acceptable answer. Everyone has a purpose in life, and the taking of one's life denies this purpose and challenges God's autonomy" (Early 39). In an oppressed culture which was abducted from their home continent and subjected to multi-generational ethnic based slavery it would be assumed that suicide rates would be high. Even with continued systemic racism the suicide rate is relatively low among African Americans. It is partly the soteriology of suicide, a fear of going to hell, which has produced a culture of suicide prevention within African-American churches unlike what is found in more privileged cultures. Sara Jama of the Disability Justice Network of Ontario addressed the question of racism in relation to Bill C-7 in an article entitled "New proposed assisted-dying law is 'racist,' says disability rights activist." The article states: "Jama said legislators are listening to assisted-death advocacy groups she describes as predominantly representing wealthier white people, who she argues are pushing for expanded access to the procedure because they are afraid to live with disability" (Alhmidi).

Among Evangelical Christians there appears to be a reduced suicide rate and a lower acceptance of MAID. In relation to lower suicide rates it is shown that Evangelicals have a protective influence against self-harm. "Conversely, Protestant denominations whose presence exert the most protective influences are mostly Evangelical" (Pescosolido et al. 39). It is shown to be related to more than just dogma, but to the involvement of the adherents in the church and acceptance of the teachings. "The key issue is not whether individuals formally identify themselves as having a religious affiliation but whether they actually become part of the church or temple community" (Pescosolido et al. 45).

Evangelical churches generally require a higher level of commitment than institutional churches. Commonly in Evangelical churches, people are asked to come to the "Altar" to repent and give a public confession of Christ. Regular fellowship is encouraged which develops a support network that gives protection against suicide. Clear theology prohibiting suicide and MAID combined with a stronger support network in the church leads to a lower rate of suicide or MAID. In the book *Suicide,* David Wilkerson writes that: "The Bible warns we must do everything within our power to stop suicidals from attempting to take their lives. '…deliver them that are drawn unto death…ready to be slain' (Proverbs 24:11). 'Open thy mouth for the dumb in the cause of all such as are appointed to destruction' (Proverbs 31:18)" (Wilkerson 7). Because the standards are clear and the involvement level high people rely on their faith and support network to endure suffering and oppose MAID. "Institutional religions provide stronger ties but do not provide the protection of evangelical religions" (Pescosolido et al. 45). It would seem as though the stronger faith found in many Evangelical churches leads people away from suicide and MAID.

3.2.9.1 Created in His Image.

In Genesis 1:26 it says "And God said, Let us make man in our image, after our likeness: and let them have dominion over the fish of the sea, and over the fowl of the air, and over the cattle, and over all the earth, and over every creeping thing that creepeth upon the earth." It shows that God created humans as unique from all the other creatures of the earth. We are also created as spiritual beings, *in God's image,* with an eternal soul. The eternal soul is part of what differentiates humans from all other animals. He gave humans dominion over the other creatures. This is interpreted by many Evangelicals to believe that God gave humans free will. There is a divinely given freedom that allows humans to do right, and therefore conversely also allows humans to do evil with all its consequences. That capacity to freely choose between obedience and disobedience was evidenced when Adam and Eve ate from the forbidden fruit. That sin caused them to die spiritually. "…for in the day that thou eatest thereof thou shalt surely die" (Genesis 2:17b). It not only affected them but all of creation was corrupted by their sin (Genesis 3:17-19).

3.2.9.2 Humans are not to be Euthanized Being Distinct from Animals.

In Exodus 21:28 we see the instruction to euthanize an ox that has killed a human. We do not see any examples in the Bible of the euthanizing of a human. Many would say that if we consider it humane to *put down* an animal such as a dog or horse, then a human who is suffering should also be euthanized. One major objection to this argument is that often when we euthanize an animal it is not with the consent of the animal, nor is it for their benefit. Usually, when we take a pet to the Veterinarian and discover that it may cost a considerable amount for the treatment, we then decide to euthanize the pet. It may be that it would cost too much to preserve its life or that it may be too difficult for us to continue caring for an aging pet. One problem with the argument is that an honest assessment of why we euthanize a pet is our unwillingness to pay the costs of the treatment or unwillingness to put the effort into caring for them while they are sick. It may be even done because of annoyance such as the one who euthanized her dogs due to them defecating on her carpet. If we apply euthanasia of animals to human beings then we start to treat people who are sick, or aged as a burden on society and not worth the cost of the treatment or the effort to care for them.

Part of being human is having an eternal soul with the ability for abstract thoughts and concepts such as the difference between murder and accidental death. Also it gives us the capacity for compassion that not only allows us to nurture a pet but also other human beings. God considers us to be of more value than animals. Matthew 10:31 states: "Fear ye not therefore, ye are of more value than many sparrows." We see a difference in the treatment of humans and animals in comparing Leviticus 24:17 with verse 18. In Leviticus 24:17 it reads "And he that killeth any man shall surely be put to death." But the next verse, Leviticus 24:18, the text reads "And he that killeth a beast shall make it good; beast for beast." In verse 17 the text uses the verb יַכֶּה (yaceh) from the root נָכָה (Nachah) for kill and verse 18 uses מַכֵּה (macah) from the same root. However verse 18 adds the word יְשַׁלְּמֶנָּה (yeshalemenoh) from the root שָׁלַם, (sholam) meaning to recompense, restitute or make amends. In verse 17 the Hebrew מָוֹת יוּמָת (moth yumoth) is emphatic. But in verse 18 the Hebrew reads נֶפֶשׁ תַּחַת נָפֶשׁ (nephesh tochath nephesh, life in place of life). The Hebrew reads נֶפֶשׁ־בְּהֵמָה (nephesh behamoh, life of a beast), but verse 17 reads כָּל־נֶפֶשׁ אָדָם (cal-

nephesh adam, any life of a man). We see this again repeated in Leviticus 24:21 "And he that killeth a beast, he shall restore it: and he that killeth a man, he shall be put to death." An animal which is killed is to be replaced but the one who kills a human shall be put to death. The text requires a big difference in the punishment for killing a human being and killing an animal. While the Scriptures encourage proper treatment of animals there is a much larger punishment for taking the life of human than to take the life of an animal. Therefore there is also a substantial difference in the Scriptures between MAID and euthanizing an animal.

It is also important to note that in Leviticus 24:18 it uses the expression נֶפֶשׁ־בְּהֵמָה (nephesh behamoh, life of a beast). The noun נֶפֶשׁ (nephesh) can be translated "life" or "soul." I translated it above as "life" since it fits better with the context. The verse is discussing the loss of life of an animal, not the loss of an eternal soul. This is perhaps a distinction which is made more in western languages than in Hebrew. Does an animal have a soul? Even if an animal has a soul, the Scripture makes a distinction in the punishment being more severe for taking the life of a human than that of an animal. Further research could help in clarifying that there are distinctions making human life as particularly sacred above the life of animals. Putting an animal to death to ease its suffering is a common practice, but it may not be a Biblical practice. Even if it is, there is a clear distinction in the punishment for the death of an animal compared to the death of a human.

3.2.9.3 Soteriology and Eternal Souls.

An important part of the theological debate on MAID must rest in the soteriological consequences. Being spiritual creatures with an eternal soul creates a dimension in the debate about PAD which is far more sobering and urgent. It is not only dealing with the death of an individual but with an eternal soul. Evangelicals have consistently taught that the soul of man is eternal. The destination could be good as in Matthew 25:34b "…Come, ye blessed of my Father, inherit the kingdom prepared for you from the foundation of the world:" The destination could also be terrible as is writien in verse 41 "…Depart from me, ye cursed, into everlasting fire, prepared for the devil and his angels" (Matthew 25:41b). Not all Christians (including even some Evangelicals) believe in hell. The majority of Evangelicals believe in an eternal Heaven and Hell. Suicide and MAID have similarities in the intention to end one's own life. MAID is generally stigmatized less than suicide due to the previous requirement of being at a foreseeable end to life and the condition being irremediable. As the requirements for MAID become less restrictive it increases the similarity to suicide. Whether or not it changes the perceptions in society, the soteriological implications of MAID require the input of theologians into the debate. Because MAID is increasingly similar in intention to suicide it may be necessary to evaluate it as a form of suicide.

It is commonly taught by Christians since the time of Augustine that people who commit suicide will not go to heaven. Augustine may have been reacting primarily to suicides in the Donatist schism,[57] but the teaching against suicide is found in most denominations. David Wilkerson states that:

[57] Suggested by a fellow student, Christina Plamondon.

> The Bible says, '…after death, the judgement' (see Hebrews 9:27). People who commit suicide do not die and decay into nothingness. Death is not the end at all; it is just the beginning. Every suicide victim goes straight to the judgement hall of Christ, to answer to Him for rejecting His priceless gift of life. Now one can play God by taking his life. No one will ever be permitted to throw that life back into God's face. Now one will be permitted to abort God's divine plan for his life. No one will be allowed to go into eternity with his life's work undone, without being judged as a thief. Your Body Does Not Belong to You! (30).

In an interview by Early with an African-American pastor a clear teaching is indicated of many in that culture concerning the eternal destination of one who ends their own life: "God did not put us here to determine our own conclusion of life and taking it upon ourselves to make quick exits. That, biblically, is not an approved act of God. It's unpardonable sin. One who commits suicide goes to hell and is unpardoned for their sin" (Early 38). While in past centuries many church leaders in their zeal to protect their congregations from suicide have ignored the mental health issues surrounding suicide, eternal damnation has been a strong deterrent to self-harm. Many in past centuries have gone too far in trying to discourage suicide by punishing the families of a suicide victim or refusing a proper burial. On the other hand, a condemnation of suicide and MAID could be a strong deterrent to ending one's own life early because of discouragement.

While the theology of suicide has remained generally consistent since Augustine, there has been an increased awareness by churches of the mental health issues around suicide. In the last century there has been a softening by churches in their approach to suicide. Geis on the influence of Durkheim's theory of suicide writes that:

> From Augustine to Aquinas in the 13th century, the decrees against suicide that became Roman Catholic canon were developed and remained virtually unchanged until 1983. Early in the 20th century the church began to modify its position of harsh condemnation. This was due in part to the sociological and psychological insights of Durkheim and Freud, who pointed out for the first time that individuals who commit suicide may be influenced by factors beyond their control and should not be condemned for their hopelessness and despair (Geis 294-295).

Most Evangelicals try to find a balance between discouraging suicide and MAID while extending strong support to families of suicide victims in their loss. Most Evangelicals believe that God will not judge someone who commits suicide while incompetent due to a serious mental disorder. "God is always merciful to those who have never purposely broken His commandments" (Wilkerson 32). The restrictions for MAID require that the recipient give informed consent while competent. This would differentiate MAID from the suicide of an individual who was not mentally competent enough to understand the consequences of their actions. This also raises concerns about the ethics of allowing suicide for someone with serious mental health issues.

The last consideration in the study of the soteriology of MAID is the question of mercy and grace. While teaching correct theology, softening the practical approach to MAID is understanding the grace and sovereignty of God. The Scriptures teach a salvation by grace through faith. In Ephesians 2:8-9 it states that: "For by grace are ye saved through

faith; and that not of yourselves: *it is* the gift of God: Not of works, lest any man should boast." Ultimately, the theologian and ethicist may determine the right course of action and the probable consequences. In the end though, it may not be practical nor ethical to condemn an individual after dying from suicide or MAID. From an Evangelical perspective it is not the place of man to decide who goes to heaven. It is God who decides eternal destiny. The Scriptures state in Romans 10:6-7 that: "But the righteousness which is of faith speaketh on this wise, Say not in thine heart, Who shall ascend into heaven? (that is, to bring Christ down *from above*:) Or, Who shall descend into the deep? (that is, to bring up Christ again from the dead)." It is not the place of humans to decide what the eternal state of another is. Theologically it is important to clarify what constitutes saving faith. However, it is another thing to declare post-mortem the heart and eternal destination of another person. While clear theology on soteriology and MAID may offer a level of prevention, the grace of God also exposes another side to the debate that may bring comfort. The Scriptures state that "The Lord is gracious, and full of compassion; slow to anger, and of great mercy" (Psalms 145:8). And again the Scriptures state that: "The Lord is merciful and gracious, slow to anger, and plenteous in mercy" (Psalms 103:8). This brings out a dimension on the other end that only an omniscient God can know and judge the heart of an individual who has died.

Soteriologically, it would be difficult to affirm that MAID should be condoned. This is another important factor in the theology of MAID. If human souls are eternal then correct theology will determine much more than just the ethics of MAID. The question of metaphysical eternal habitation cannot be answered on an ethical level only. It requires the careful consideration and further study of theologians. Ethics can carry the question to a temporal mortal level. Theology indeed studies and provides a level of comfort and reflection that is of eternal merit if concluded correctly.

Conclusion.

By the time this thesis is defended, Bill C-7 will almost certainly have been passed into law. Soon after there will likely be legal challenges to the new law. After researching the issue, I have become increasingly concerned about the slippery slope effect of MAID and its direction as seen in Europe and by Bill C-7. We did not have space to deeply evaluate the historical evidence of the slippery slope in twentieth century in Europe, but how far MAID will affect future society is an uncertain concern. The research has revealed the pervasive influence of ableism in society and the risks that it presents to the disabled and elderly communities in times of scarce health care resources. More research could be very helpful on this topic to explore the dangers that MAID presents in relation to ableism and ageism. We did not have space to delve into First Nations concerns about MAID, but there is evidence that there are deep concerns in their community also.

One of the things that I was surprised to discover was that MAID and assisted suicide in Canada and the USA is primarily a white peoples' issue. A large percentage of those having assisted suicide or MAID are not cultural minorities but middle-class whites. In African-American and Caribbean societies the church has had a major influence on their culture and saved many lives by warning people of the dangers of suicide. Kevin Early writes concerning such religious influence that, "The literature suggests that the church and its interaction with the family have been major influences in keeping the rate of suicide among African Americans relatively low, but no direct empirical investigation has been made" (24). Suicide is not part of their culture. For years the churches taught that people who commit suicide would go to hell. It has become ingrained in their culture, communities and worldview. "These views resonate in the black community's larger perception that suicide is never an acceptable answer. Everyone has a purpose in life, and the taking of one's life denies this purpose and challenges God's autonomy" (Early 39). This view, also backed by statistics, seems to imply that MAID is also primarily a white people's issue. It also presents a concern that non-white's may feel pressured into MAID due to racism and lack of proper health care available.

Having studied the Canadian legal system and the Court judgements on MAID it would seem that the political activism of the USA would be of little effect in Canada. The courts ultimately have the final say in what is legal and constitutional. The public's influence in the Canadian legal system is very limited in relation to MAID. However, while the laws are being created, there is a moral obligation to speak out in favor of protecting the vulnerable. African-American churches are generally very strong on working to protect the human rights of the vulnerable, and have had a large influence in working to protect their own from self-harm. One of the things that I also found in my research is that the churches historically were a major influence in government policy and in society but are not very influential in modern Canadian society. Without a major national revival of religion, the churches greatest influence is in teaching their own how to teach others about the ethical issues around MAID. Kevin Early said it well in stating that: "In general, the church recognizes no reason for suicide. It allows no justification for giving up. Suicide is not for the true believer, a person who is 'born again' or 'saved'" (Early 38). Compassion is needed for the families affect by MAID but a correct view may dissuade someone from making a decision that would be a tragic, irremediable mistake.

One thing that is clearly needed is to complete a deep exegetical study of the passages that were covered in the survey of the Scriptural passages. A proper exegesis of these passages will help to clarify and develop a solid position for Evangelicals on the question of MAID. This would be a much larger work than is possible in a thesis of this size. I have hopes that the work on this topic can be followed up with a clear exegetical study that can be a valuable reference for study and understanding of the value of life and the sanctity of human life. The survey of Scripture which was accomplished in this thesis has raised further questions for study that can only be answered through a solid and deep exegesis. Since Evangelicals place such a high regard for Scriptural exegesis, it could be a huge contribution not only on MAID, but also on understanding theodicy, soteriology, suicide and the value of human life.

Finally, I discovered in my research that Evangelical churches are considered to be a protective force against suicide and MAID. However, Evangelical churches need to teach well on the topic in order to remain a strong protective influence on the issues of self-harm and MAID. The African-American and Caribbean churches have much to contribute to teaching how to approach MAID. The soteriological concerns also raise serious questions about the eternal effects of MAID and could use further study. It may be helpful to further determine theologically if involvement in MAID is murder or less severe. Having studied the Scriptures and their application to suicide and MAID it would appear as though the Scriptures do not endorse MAID. The Scripture teaches the value and sanctity of human life. This is an important consideration on how the Evangelical church should approach MAID.

Appendix 1: Glossary of Terms and Abbreviations.

Active euthanasia - Giving a medication **with** the intent of hastening or causing death.
Advance Requests - Documents which are signed ahead of a need for euthanasia.
AED - Advance Euthanasia Directive – An *advance request* for euthanasia.
ALS - Amyotrophic Lateral Sclerosis.
Assisted suicide - Killing oneself with the aid of another who provides the knowledge and/or means.
CHN - The Compassionate Healthcare Network
CNK – Care Not Killing Alliance.
CPR – Cardio-Pulmonary Resuscitation.
CRPD - The UN Convention on the Rights of Persons with Disabilities.
Death by donation – Voluntary euthanasia by surgical organ removal under anesthesia.
Deontological – Morality based ethics.
DNR - Do Not Resuscitate directive or an advance directive.
Double effect - Unintentional death during treatment also called *Non-voluntary euthanasia.*
Duress - Illegally exercised compulsion to force a person to perform some act.
EEG – Electroencephalogram.
End-of-Life Care – A euphemism for euthanasia in Quebec Bill 52.
Euthanasia – Literally means a *good death*.
EFC – The Evangelical Fellowship of Canada.
GP – A Medical Doctor who is a General Practitioner.
FCECE - Federal Control and Evaluation Commission for Euthanasia, Belgium
Indirect euthanasia - Unintentional death during treatment also called *the double effect.*
Involuntary euthanasia – Euthanasia without informed consent by a competent adult.
Involuntary Active Euthanasia - Performing active euthanasia without consent.
I.V. – Intra-Venous infusion or injection.
Infusion – Usually administered using an I.V. catheter.
Injection – Usually administered using a needle.
KJV – The King James Version of the Bible.
Lockean – Based on the ideas of John Locke. Rights based ethics.
MAID - Medical Assistance in Dying - *active euthanasia* by a medical professional.
MD – Medical Doctor.
Medically induced coma – Using medication to place and keep a patient in a coma.
Mercy-killing – Euthanasia of a person with low-quality of life.
Mortifacient – A drug used to cause death. Literally means *makes death*.
NEB – New English Bible.
NIV – New International Version of the Bible.
Non-voluntary euthanasia - Unintentional death during treatment or *involuntary euthanasia.*
PAD - Physician Assisted Death – *active euthanasia* by a Physician.
Palliative care – Medical care with the purpose of easing pain and suffering.
Palliative sedation – Keeping a patient in a medically induced coma to avoid suffering.
PAS - Physician Assisted Suicide – *active euthanasia* aided by a physician.
Passive euthanasia - The with-holding or cessation of life-sustaining treatment.

PEG - Percutaneous Endoscopic Gastrostomy feeding tube.
Persistent vegetative state – A state of being in a coma with cardio-pulmonary functions.
Polypathology – The existence of more than one chronic disease.
REV – Revised English Version of the Bible
RFND - Reasonable Foreseeability of Natural Death *or* Reasonably Foreseeable Natural Death.
SCC - Supreme Court of Canada
Stare decisis - In law the doctrine of precedent.
Suicidal Ideations – Persistent thoughts of ending one's own life by suicide.
Terminal palliative sedation – Keeping a patient in a medically induced coma until death.
Terminal sedation – Keeping a patient in a medically induced coma until death.
Voluntary euthanasia – Euthanasia with informed consent by a competent adult.
Voluntary active euthanasia – Performing active euthanasia with informed consent.
VSED - Voluntarily Stopping Eating and Drinking.
WMA – World Medical Association.

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