



A Christian perspective
on assisted dying

Sarah McBriar, a palliative care doctor, addresses the complex and emotive subject of assisted dying.

“Why, at the end of our lives, do we treat pets so much better than we treat people?” asks Esther Rantzen as she calls for the legalisation of assisted dying.

Assisted dying is an umbrella phrase for a number of different terms, including euthanasia and physician-assisted suicide which both involve a medical professional being involved in ending a life, at the request of and with the consent of the patient. In euthanasia the doctor will deliver the fatal drug that will end life, while in physician-assisted suicide the doctor will prescribe the medication which the patient will then take, thus ending their life.

Assisted dying has been legalised in many countries around the world, including the Netherlands, Belgium, Switzerland, New Zealand, Australia and certain states in America. At present, it is illegal in the United Kingdom and Ireland, however, attempts are being made to change the law in Edinburgh, London and Dublin. The proposed laws would be legislating for assisted dying in the context of a terminal illness and a short prognosis. The UK Prime Minister has promised that he will give a free vote on assisted dying in the House of Commons during his tenure, which raises the possibility of a change in the law in the not-too-distant future.

The assisted dying debate

As Christians we need to consider what the Bible teaches. In Genesis 1:27, we learn that human beings are different to the animals because we are made in the image of God, irrespective of our age, gender, disability or illness. The sixth commandment (Exodus 20:13) explicitly commands us not to murder, which is the intentional ending of someone’s life. This is expanded further in Job where we read that the Lord gives and the Lord takes away (Job 1:21), pointing us to the understanding that no man has the right to take life, only God can do this.

While the biblical roots of our belief system are important and will likely differ from those around us, it is still important to be able to engage in the debate on assisted dying from a secular

viewpoint. In light of this, let us briefly consider the common arguments for and against assisted dying.

Proponents of assisted dying will often argue that people have a right to choose how they live and therefore should have a right to choose how to die. The ethical term for this is ‘autonomy’, the right to self-govern. Many people argue that there is now an inequality between nations due to a lack of access to assisted dying in the UK; and that this creates a social divide as those who can afford to travel can end their life abroad. Another common argument for the legislation of assisted dying is the relief of suffering. Supporters argue that despite palliative care interventions, some people approaching the end of their life still find their suffering intolerable, and see assisted dying as the only way to end this.

The most important thing we can do is pray.

While the arguments for assisted dying can be emotive, especially when personal stories are involved, there are compelling arguments against its introduction. The sanctity of life does not necessarily need to be a religious belief, but holds that life is precious and we do not have a right to end it. Significant concerns are raised regarding the potential to coerce and exploit those who are vulnerable, whether intentionally or as an unintended consequence of a person feeling that they are no longer valuable to society. There is a risk that we could do harm by introducing these laws and while safeguards can be put in place, it is very unlikely that they would prevent all cases of coercion. There is also the potential problem of misdiagnosis and the difficulty predicting length of life which could lead to people being inappropriately allowed to access assisted dying. Another concern is the slippery slope argument, that what starts off as legislation for those with a terminal illness soon expands to encompass other non-life limiting conditions. In Canada there has already been a proposition that those with a mental illness could seek assisted dying, although the introduction of this law has been delayed to 2027.

When debating in ethics, no ethical principle is supreme. Autonomy does not rule. Other principles such as beneficence (doing good) and non-maleficence (doing no harm) need to be considered as well. While we live in a society where autonomy often takes priority, there are times when we are not allowed to do what we want because there is a risk of harm to others, such as keeping the speed limit. I would argue that the debate around assisted dying boils down to a similar point. The legalisation of assisted dying brings serious concerns for the vulnerable and while it is important to provide autonomy when possible, this is a situation where the good of others needs to be considered before autonomy.

How should we respond?

Be understanding. It is vitally important when engaging in discussions around assisted dying that we remember to be understanding and sensitive. We can never know the experience of the person we are talking to or their family, therefore we must always speak with “gentleness and grace” (1 Peter 3:15–17).

Be ready to give an answer. If we truly believe that assisted dying is contrary to the Bible then we need to be prepared to give an answer when asked. I think that it is important to engage in the secular debate in our post-modern world. Take time to read about assisted dying and the arguments for and against.

Pray. The most important thing we can do is pray. Pray for those in government, that they would make wise and right decisions. Pray for those who publicly oppose a change in the law, that they would have grace in how they handle debates. Pray too for those who feel their suffering is so unbearable that they would like to access assisted dying – for those who feel hopeless in their illness and those facing a terminal diagnosis, that they may know God’s love and strength as they face each day.

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