

Why faith and religious belief are factors in the assisted dying debate

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Friday 12 May was a significant day for British society because Lord Joffe's proposed legislation to permit assisted dying was defeated in the House of Lords. The demise of this legislation was hastened (pardon the pun) by united opposition to the bill by the Archbishop of Canterbury, Anglican bishops and peers who are lay members of the Church of England. This campaign was backed by leaders of other denomina-

tions. In the light of the proposed legislation, and the impact that it would have on pharmacists if passed, there has been some debate recently on assisted dying within the pharmacy profession. Much of the correspondence has reasonably focused on the impact that assisted dying would have on palliative care services, respecting a patient's choice to end his or her own life, and a conscience clause for pharmacists who object to assisted dying on moral grounds. However, religious faith — which can be a primary factor for an individual's views on assisted dying, be they a patient or a professional — is

often at best misunderstood or at worst discounted or ridiculed. And yet the opposition to Lord Joffe's Bill came almost entirely from people with a faith world view. Health professionals cannot ignore the issue of religious faith and its effects on attitudes and values concerning health and illness. Nor can religion be treated as an entirely abstract issue, since religious faith and values are embodied in the patients we see every day, and religious faith is an important motivating factor in many spheres of human activity.

The debate about active euthanasia, for which assisted dying might be said to be a euphemism, is essentially a moral debate; that is to say, it focuses on whether the act of killing a terminally ill patient is morally justifiable in any circumstances and, conversely, whether it is ever right, as a patient, to seek euthanasia. Yet the rationale for religious views on euthanasia is much broader than the moral agency, or responsibility, of the individuals involved.

In Christianity, from a moral perspective, the chief point of reference is the prohibition

against killing in the sixth commandment, "You shall not kill" (Exodus 20v13). But within the Christian tradition, there are two distinct strands of thought concerning why killing another human being is wrong. First, there is a clear biblical teaching that the span of all human life is determined by God alone and, therefore, someone who kills someone

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else for any reason is essentially usurping God's place as final arbiter of life and death. In a society where more and more clinical scenarios are subject to human control — either by the empowered patient or by medical professionals as a result of advances in medical technology — this doctrine has increasing significance. Many Christians, and indeed others of religious faith, are uncomfortable about any practices which go against the revealed will of an all-powerful God. Moreover, people of all faiths or none should be concerned about the potential for the development of hubris or human arrogance in attitudes to health care, for it is this arrogance on the part of patients, relatives and professionals that will lead to assisted dying on grounds of expedience and convenience, if assisted dying were legalised.

Secondly, there is a clear understanding that individual human beings are created in God's image (Genesis 1v27). Because of this, each human being has inestimable moral and spiritual value and, from a Christian perspective, the taking of a life is, therefore, an offence against God. If killing is condoned or sanctioned, then human life is devalued. Furthermore, if a society sanctions any form of legalised killing, then human life becomes devalued within that society, to the detriment of the whole society. This impinges on all of the relationships of trust and care within that society.

The ideological framework that supports assisted dying is essentially a utilitarian one, ie, an act is morally justifiable if it does the greatest good for the greatest number of people. Furthermore, according to utilitarianism, with any act the end justifies the means and no account is taken of the motivation for the act. According to the utilitarian approach, where there are limited health care resources

available, then it is justifiable to ration these resources to extend the lives of those who are most valuable to that society. Correspondingly, the terminally and intractably ill have a duty to consider assisted dying so as not to be a burden to society. Euthanasia is a means of achieving that end and, therefore, it is justifiable in itself.

Set against this approach, religious objections to assisted dying might appear to be blind individualistic moralism. However, although the utilitarian arguments for assisted dying purport to be concerned with the good of society as a whole, religious arguments against assisted dying are equally about the well-being of society. In Christianity, the Ten Commandments were given by God to help Israel live as a peaceful society. The fact that many legal systems since have been based on the Judaeo-Christian moral traditions are testimony to the value of these moral absolutes in governing many different human societies over the centuries.

While a utilitarian approach seeks to make an extrinsic judgement on the value of an individual's life, in terms of their perceived value to society, the religious view emphasises the non-negotiable, inherent value of all individuals in society. Consequently, while it may be reasonable to evaluate therapeutic interventions using economic methods such as quality-adjusted life years and cost-benefit methodology, it is not reasonable to analyse the value of the patient in the same way. For the utilitarian approach, the end alone justifies the means, and the motivation for an act is of no consequence. Yet, in human experience, the motivation for any act is an important determinant for the quality of life in any society. This is certainly the case for health professionals, many of whom are personally motivated by, and derive considerable occupational satisfaction from, the care of ill people. Furthermore, this "duty of care" is a well-defined legal concept governing the conduct of health professionals.

Religious arguments against euthanasia and assisted dying are concerned with the well-being of society as a whole and safeguarding its most vulnerable members, in the context of what we know to be human nature. One thing is certain: although Lord Joffe's Bill was defeated, it will be on the political agenda again in the future. When that happens, health professionals will need to be ready and aware of both the clinical and philosophical issues involved so that they will be able to assess the implications for their practice, and for society as a whole.