Contribution to the Euthanasia debate at the Council of Europe

With the question of euthanasia being on the European political agenda at the Parliamentary Assembly of the Council of Europe, the CSC sought opinions of member churches of the CEC on this issue. Responses have been received from several member churches from Orthodox and Protestant traditions. Although on first sight these responses show diverging positions - from an absolute rejection of euthanasia to a carefully worded permission under strict conditions and in exceptional cases - none are in favour of active euthanasia.

In the cases where there is a certain permissive attitude it is a question of *ultima ratio* - a last resort. We summarise some of these considerations and arguments, in the hope that it may contribute to the discussions.

- The first, and perhaps *a priori*, consideration relates to the definition of (active) euthanasia, the question of what we are talking about. We note the definition in the Report of the Social, Health and Family Affairs Committee of the Parliamentary Assembly of the Council of Europe: 'Euthanasia' means *'any medical act intended to end a patient's life at his or her persistent, carefully considered and voluntary request in order to relieve unbearable suffering'* , perhaps completed by *'and/or in his/her obvious interest'* after the word *'request'* . The point we want to make is not to promote this definition but to say that defining carefully what we are talking about precedes the evaluation of it.

- All churches agree that the deliberate killing of suffering and dying human beings is a grave sin. All churches underline the need for the maintenance of good terminal care, including offering of pastoral care. The problem of euthanasia normally comes up in a situation where, at least, two important principles of medical ethics collide or at least are at odds: protection of human life and the alleviation of pain and distress. Even if we underline the need for the promotion of palliative medicine, we have to admit that in a small percentage of cases this palliative medicine fails. Moreover, refusing or resigning from further medical treatment and restricting oneself to the alleviation of pain and distress may result in a shortening of life or, rather, of the process of dying. In that case we enter into a 'grey area' where good terminal care may imply the abbreviation of life. Recent research (*The Lancet*, August 2003) shows that about 50% or more of end of life decisions result in an abbreviation of life. This is the situation where the problem of euthanasia comes in.

- It is also possible to discuss the issue of euthanasia in a more extended way, for instance as a means to prevent suffering and deterioration, but in practice we see it as an issue in the context of terminal care.

- There is a broad agreement in the churches that there is no virtue in the prolongation of dying by means of medical 'high technology' and that there is no

theological difficulty in allowing a terminal patient to die naturally. Christian faith implies that we trust in God who is with us in life and death. Belief in resurrection means that the 'sting' of death is removed (I Cor. 15,54ff). It is, however, important to emphasize that medical technology itself may entail difficult end of life decisions, for instance in the case of tube-feeding treatment to stroke patients with dysphagia (swallowing disorder). If no tube treatment is given, the patient may die a natural death, but without having a chance of the improvement of his/her situation. However, if the tube is removed after it has become clear that it has had no therapeutical value at all, the patient will die. The question remains if we can call it a natural death. A more general issue would be the place of the concept 'natural' in medical ethics, given the fact that medical care is often very 'unnatural'.

- One important aspect in the debate is the principle of human autonomy, although this principle is based on and limited by other fundamental principles such as human dignity and the protection of life. Human dignity is taken to be inviolable, and autonomy does not mean that we can freely dispose of (our own) life and death. Life, in the Christian tradition, is seen as a gift of God. Therefore we prefer to use the word 'responsibility' instead of 'autonomy', in order to underline the fact that human life should be characterized in terms of relationship to one another and to God. This responsibility may in exceptional cases lead to the sacrifice of our life for our neighbours or in the service of God. It might also lead to a request for euthanasia in exceptional cases, when pain and distress become unbearable. But the challenge is if this is still a question of the free disposal of our responsibility or just a cry for help when there is no more medical aid available.

- The importance of the value of human dignity as a basic human (and therefore Christian) value is linked up with (the protection of) biological life, but we have to face quality of life aspects as well. In Christian anthropology, human dignity is more than a biological category. It is linked to the commitment for granting quality of life, although the definition differs depending on the cultural context.

- In the light of what has been said above, that end of life decisions enter easily into a grey area where abbreviation of human life is likely, one could ask whether it would not be wise to have some adequate regulation about these decisions. The question is, if on the basis of the recommendation 1418 (1999) of the Parliamentary Assembly further regulations can be found which do not imply a right to euthanasia but help to protect the above values, giving assistance to suffering human beings and those who are responsible for their support.

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