

# EUTHANASIA AND RELIGION

◆ Courtney S. Campbell

**The advance of technologies to prolong life and control dying can raise agonizing moral dilemmas. What guidance is offered by the great world religions?**

In “The Parable of the Mustard Seed”, the Buddha teaches a lesson that is valid for all cultures: human beings receive no exemption from mortality. Deep in the throes of grief after the death of her son, a woman seeks wisdom from the Buddha, who says that he does indeed have an answer to her queries. Before giving it, however, he insists that she must first collect a grain of mustard seed from every house that has not been touched by death. She canvasses her entire community, but fails to collect a single seed. Returning to the Buddha, she understands that, like all other living beings, we are destined to die.

◆ Professor of Philosophy, Oregon State University, USA

Death is a defining characteristic of human experience. Yet, while the event of death remains elusively beyond human control, the process of dying has increasingly been brought into the domain of medicine and life-extending technologies. Some technologies, including organ transplantation, respirators, antibiotics like penicillin, and feeding tubes, enable life to be prolonged. Other technologies may hasten death.

The decision to use these technologies is a moral choice, because it involves a decision about a fundamental human good, the preservation of life. Yet, in some situations, a resort to technology to stave off death comes at a price of compromising another fundamental human value, the quality of

that life. Decisions about continuing treatment for the dying or of allowing death to take place by foregoing or terminating such treatment, or even by physician-assisted suicide or euthanasia are thus both existentially and ethically agonizing. As individuals and their families face these controversial questions and as many countries consider revising their laws on end-of-life choices, religious traditions and values can offer guidance and insight, if not solutions.

Historically, religious communities have sought to appropriate death within the life cycle through rituals of remembrance, and religious teachings have emphasized that death brings meaning to mortality. The process of dying is often portrayed as an invitation to spiritual insight and a key moment

**Staving off death may sometimes compromise a fundamental value, the quality of human life.**



© Valérie Winckler/Rapho, Paris

► in the cultivation of spiritual identity.

The world's great traditions of moral wisdom all begin with a strong predisposition to favour the preservation of life, although the specific reasons for this conviction vary from tradition to tradition. Turning first to three monotheistic religious traditions which have had global influence, Judaism, Christianity and Islam, for all their differences, basically address ethical issues concerning the end of life from a common value perspective. In particular, discussions centre on the values of sovereignty, stewardship, and the self.

Sovereignty denotes that the lives and bodies of persons are created by, and ultimately return to, God. We owe our existence to a loving Being who has graciously brought us into being. Thus, the fundamental passages in human life, including birth and death, are of divine concern. This understanding of sovereignty has significant implications for decision-making at the end of life. It bestows sacredness upon human life, which supports the impulse towards preserving life by available medical technologies. Yet sovereignty also entails that the ultimate authority for deciding our mortal passages belongs to God. Human beings must not overstep these boundaries, or so to speak "play God" with life and death.

### 'Agents of God'

Through the value of stewardship, we are considered "agents of God", called to carry out the work of divine intent on earth. This task entails decision-making responsibilities for which we are accountable: our actions either further or violate divine intent. In addition, as emphasized in Islamic teaching, we are the trustees or stewards of our bodies. We are therefore entrusted with the capacities and responsibility to make appropriate decisions when confronting a treatment choice at the end of our own life or that of a loved one.

Indeed, with very few exceptions, the major faith traditions of the West have rejected a view known as "vitalism", which holds that biological life is to be preserved at all costs and with all available technologies. Vitalism is considered theologically mistaken because it appears to make divine will and intent contingent upon the state of medical technology. In other words, it puts technology in the role of God.

The dignity of persons, linked to the notion of "self", is another core value of these monotheistic faith traditions. In Jewish and Christian thought, this is expressed in the idea that humans are distinctively in the "image of God". Islamic theology does not use such language, but no less affirms the significant value of persons. The "religious self" is constituted in part by the person's rationality, freedom, and decision-

making capacity, but also by relationships (with loved ones, for example) and bodily integrity. These characteristics support human responsibility in addressing end of life decisions, including refusals of medical procedures that invade the body with no real benefit, in the context of a caring community. Put another way, preserving life is not an absolute good in and of itself. Life is a good that opens the way to achieving higher goods that constitute the religious self.

So by looking within the moral parameters set by these three values of sovereignty, stewardship, and the self, we find that a patient can decide to forego life support. A doctor can also allow a patient to die if the continuation of life (by technological means) assaults the dignity of the person—if it attacks their rationality, freedom, relationships with others or their bodily integrity. Certainly, differences can be discerned between these traditions precisely over the priority of these goods. For example, Orthodox Jewish thought emphasizes the sanctity of life (as displayed in bodily integrity) which translates into a stronger commitment to life-extending technologies than in Roman Catholicism, which stresses the capacity for human relationships as a threshold for determining the permissibility of

---

### Judaism, Christianity and Islam basically address ethical issues concerning the end of life from a common value perspective

---

stopping life support.

The monotheistic faiths have also focused a great deal on the legalization of physician assistance in hastening death by providing a terminally ill patient with a lethal prescription of medication. In each instance, arguments supporting physician-assisted suicide have to overcome a long-standing prohibition of suicide. For a variety of reasons, suicide is sinful according to the three traditions. Suicide constitutes a wrong against one's nature and personal dignity ("religious self"). It also harms the community and violates the sovereignty of God. As a result, a physician assisting in suicide may be seen as a moral accomplice in evil, undermining the sacred covenant of the healer.

However, some faith communities in Protestant Christianity and in Reformed Judaism have argued otherwise. When faced with terminal illness, one may well be disposed to ending life, and one's immediate community (or family) may support this method of death. These kinds of arguments

stress the dignity of the individual as a free decision-maker (which also applies to persons entrusted with the decision-making responsibilities of others). This dignity provides the basis for a political and philosophical claim to self-determination and opens the possibility for choosing the timing, circumstances and method of one's death. So physicians may be permitted to hasten death by prescribed medications, or even by administering lethal medication. Yet they would never be obligated to do so.

Many religious communities have denounced the question of legalizing physician euthanasia, or administering death. The most vigorous opposition has come from the Roman Catholic tradition, with Pope John Paul II describing euthanasia as an example of the "culture of death" in Western societies. The Pope believes euthanasia is a manifestation of social views that have abandoned the protection of life and lent support to liberalized abortion, capital punishment, and incessant warfare. In general, much religious opposition is based on concern for patients who may be in vulnerable positions because of their illness or their lack of social and economic resources. There is fear that patients who cannot afford expensive treatment, for example, will be pressured to accept euthanasia. There is also great concern about the moral nature of the doctor's professional self. Islamic teaching, for example, stresses the physician's commitment or covenant to healing. Euthanasia would violate this sacred role.

Although few in number, there are individual theologians within both the Jewish and Christian traditions for whom euthanasia is not a contradiction but a culmination of religious values such as compassion, mercy, and love. By joining these values to respect for self-determination, some theologians can find a way of tolerating euthanasia as a final resort.

### Eastern faith traditions

To die well, say the teachers of eastern religions, one must live well. The views of eastern religious traditions and philosophies have been very influential in global understanding about providing appropriate care to the dying. For example, the pioneering work of the Swiss-born psychiatrist Dr. Elisabeth Kubler-Ross in understanding the experiences of dying patients in Western medical institutions drew directly on understandings of the meaning of "good death" and "stages" in life in Hindu tradition. Buddhist values of compassion, non-violence, and suffering have also influenced the discourse of Western medical ethics. The ethical tension in these two traditions about end-of-life choices is rooted in two main values, liberation and *ahimsa* (non-violence).



© Valérie Winkler/Rapho, Paris

Hindus and Buddhists believe that it may be permissible to shorten life when physical suffering impedes a patient's self-control and lucidity.

In Hinduism and Buddhism, human beings are captured in endless cycles of rebirth and reincarnation (*karma-samsara*). The goal of mortal life is detachment from the material world, culminating in the liberation of the true self from the body-mind complex. To experience the good life and the good death, we must be constantly aware of the ultimate trajectory towards liberation.

In both traditions, all living creatures (humans, animals, plants, etc.) represent manifestations of the laws of karmic rebirth. To honour these laws, one must show great respect for the preservation of life and non-injury of sentient beings. Acts destructive of life are morally condemned by the principle of *ahimsa*, which is the conceptual equivalent of the Western principle of the sanctity of life. In most circumstances *ahimsa* bears a moral bias towards life-preservation. Yet there is some ethical flexibility which opens the possibility of foregoing treatment or seeking assistance to hasten death.

As a general rule, both Hinduism and Buddhism oppose suicide as an act of destroying life. However, a distinction is made in both traditions between self-regarding (or self-destructive) reasons and other-regarding (or compassionate) motives for seeking death. To commit suicide over the loss of a child or because of economic hardship (self-regarding reasons) is to commit a morally reprehensible act which reflects

the individual's ignorance about the nature of life and human destiny. Instead of achieving the ultimate spiritual goal of liberation, a person who acts in this way will remain trapped in the ongoing karmic cycle of life-death-rebirth. Those who assist in this suicide may also be subject to karmic punishment, for they have violated the principle of *ahimsa*.

### **To die well, say the teachers of eastern religions, one must live well**

However, a very different perspective emerges when individuals seek death for spiritual motives, of which there are basically two kinds. The first revolves around compassion; concern for the welfare of others as one is dying can be seen as a sign of spiritual enlightenment. So a person can decide to forego treatment to avoid imposing a heavy burden of caregiving on family or friends. He or she may also stop treatment to relieve loved ones of the emotional or economic distress of prolonged dying.

The spiritual goal of liberation can also be seen as an ethical reason for seeking or hastening death. When physical suffering impedes self-control and lucidity, it is permissible to shorten life. Pain or lethargy might cloud the awareness and consciousness at

death that both Hindus and Buddhists believe is necessary to ensure a favourable rebirth. Extreme suffering might also cause someone to be so attached to their material life (bodily condition) that they cannot pursue the ultimate spiritual goal of liberation from the material world.

This pattern of reasoning—the primacy of spiritual goals of liberation or compassion relative to the preservation of life—also applies to euthanasia through physician injection or administration of a lethal drug. Hindu and Buddhist scholars have found support for this so-called “active” euthanasia in their traditions by reflecting on the meaning of death as a door to liberation, the culmination of life in detachment from the material world. They then go a step further by linking compassion to the norm of self-similitude: “one should act towards others as one would have them act toward oneself”. So euthanasia can be seen as a compassionate act or a “mercy killing” for a dying person striving to the highest purpose of human destiny, liberation.

A moral problem arises with euthanasia, however, if the administered medication renders the patient unconscious or unable to comprehend their descent toward death. The patient is unaware precisely at the moment when he or she should be most sensitive and receptive to spiritual teaching and meaning. For these reasons, other modes of bringing about death are preferable morally and religiously. ■