Medical Assistance/ Aid in Dying (MAID)

CRC context for Medical Aid / Assistance in Dying

CRC position on Abortion

All human beings are imagebearers of God and therefore have unique value and worth. Mindful of the sixth commandment—"You shall not murder" (Ex. 20:13)—the church condemns the wanton or arbitrary destruction of any human being at any stage of its development from the point of conception to the point of death. The church affirms that an induced abortion is an allowable option only when the life of the mother-to-be is genuinely threatened by the continuation of the pregnancy.

CRC position on Capital Punishment

The CRC has declared that states are not obligated by Scripture, creed, or principle to institute and practice capital punishment. It does, however, recognize that Scripture acknowledges the right of modern states to institute and practice capital punishment if it is exercised with utmost restraint.[1]

CRC position on War

Christians are called to do all in their power to promote peace, however war (killing) is permissible as a last resort to defend against grave and certain aggression if it is just, meaning: just cause, right intention, proportionality in suffering.

CRC on Euthanasia

Synod has made no official statement on euthanasia.

CRC on Suicide

While the Bible is largely silent on suicide, Christian tradition has historically condemned it. However, today Christians have tempered their attitude. They recognize that persons caught up in despair are often so burdened by life that suicide seems the only solution. Today the church seeks to offer hope to suicidal persons and to bring comfort to those who are left behind in grief after a suicide.

CRC on End of Life In 2000, the Synod of the Christian Reformed Churches affirmed an approach of "responsibility and community at the end of life" and resolved to:

- Encourage families to discuss end of life issues including advance directives.
- Encourage the allocation of health-care funding for adequate palliative services, home care, and medical support services.
- Encourage government initiatives that will allow medical treatment aimed at pain relief even if that treatment may unintentionally shorten life.
- Encourage government initiatives that will promote life-affirming legislation and oppose legislation that endorses assisted suicide or mercy killing.

[1] A study report adopted by Synod 1981 states that "capital punishment should . . . pertain . . . only to those exceptional instances . . . as are called forth by a substantial threat to the foundation and structure of a free and responsible democratic society, and thus to the safety and welfare of the people" and that the administration of justice should be surrounded "with such safeguards as will tend maximally to preserve and enhance life." The report concluded, "Given that human life is sacred, that the magistrate is fallible, that time for repentance is desirable, and that imprisonment will normally satisfy the demand for justice . . . it is not desirable that capital punishment be routinely inflicted upon persons guilty of murder in the first degree. Only under exceptional circumstances should the state resort to capital punishment" (Acts of Synod 1981, pp. 72-73, 489-91).

CRC position on Medical Assistance / Aid in Dying?
We have a responsibility to both sustain & respect life and protect human dignity.

In the face of changing attitudes and laws in our countries on Medical Assistance / Aid in Dying, what are appropriate Christian / chaplain responses to medically assisted end-of-life questions, situations, choices?

Medical Assistance / Aid in Dying in Society

Terms:

- **Voluntary Active Euthanasia**: Physician actively administers life-ending medication.
- **Involuntary Active Euthanasia:** the physician legally applies life-ending medication without the consent of the patient.
- **Medical Aid/ Assistance in Dying**: A patient self-administers a physician prescribed lethal medication.
- **Passive Euthanasia**: The withholding or withdrawing medical treatment with the intention that it will result in a patient's death.

Social Factors

- Burgeoning cost of health care (USA: personal cost & depletion of estate, Canada: cutbacks in federal funding to sick, old & dying), may cause some to feel obligated to die.
- Erosion of community, mobile society, (families live far away, cannot take care of loved ones).
- Death is increasingly institutionalized
- Advances in medicine, science & technology have allowed Increased life expectancy:
    - quantity vs. quality of life
    - "becoming a burden" to children and grandchildren is longer
    - Dying process is now drawn out, (fear of incremental death)

Shift in Thinking within society:

- Increased self-determination & personal autonomy & control (rejection of medical paternalism)
- Value of the person is diminishing
- Life as a sacred trust is diminishing. Life no longer a gift from God, rather it's *MY* life.
- Old moral barriers / taboos replaced with person's right to die as they see fit.

Why society remains ill-equipped for the experience of dying:

1) Dramatic technological advances has obscured the distinction between death and life and has confounded the layperson's ability to know whether death is imminent. Even when medical professionals agree that a patient is dying, the patient and family often remain unaware.
2) Unwavering faith in technology's abilities has prevented society from wrestling with the reality of death.
3) The secularization of Western culture has marginalized the role of religion in preparing individuals for death.
4) Physicians—as the new intermediaries between life and death—are notoriously inadequate at discussing end-of-life issues with their patients. When death arrives, seemingly unannounced, patients and family members are shocked and confused, and they struggle to cope.

Historically the Church aided in preparing laypersons for the process of dying, for example in the prayers and text of *Ars moriendi* (Art of Dying). Over the last century and a half, the deathbed ritual lost its appeal. Churches began to deemphasize the concept of ***dying well*** and to promote instead the notion of ***living well***. Within a more secularized society, medical science is the new hope and salvation, and death became the enemy. Today we find the dying patient, not at home, but in the intensive care unit with an array of tubes, devices, catheters, and monitors blurring the boundary between life and death—a boundary that patient and family alike are unprepared to face.

Societal Ethical Statements on Life & Suffering

Example: The *Canadian Charter of Rights and Freedoms*

7. Everyone has the right to life, liberty and security of the person and the right not to be deprived thereof except in accordance with the principles of fundamental justice.
12. Everyone has the right not to be subjected to any cruel and unusual treatment or punishment.

Theological Reflection on Life, Death & Suffering

A. Life is a Gift of God.

"I am not my own, but belong, body and soul, in life and in death, to my faithful Savior, Jesus Christ." (HC Q&A1)
God "breathed into [humankind's] nostrils the breath of life" (Gen. 2:7).
We are caretakers not owners of this Life.
The Gift of Life comes with the responsibility to use it wisely.

B. Life is valuable.

Human Beings have inestimable worth & value because they are created in the image of God (Gen. 1:26-27) and therefore each person is to be respected, cherished and treated with compassion.

C. Life is to be protected.

God commands us to protect life and not to take it into our own hands. He will require an accounting for every human life, “for in the image of God has God made man” (Gen. 9: 5-6). The commandment: “Do not murder”. Jesus reaffirmed the commandment not to kill, replacing the desire to hurt with the requirement to love and care for one's neighbor and even one's enemy (Matt. 5:21-22, 43-44).

D. Dignity & Identity of a person

A person’s dignity & identity is found in who that person is in God and who God is in that person. Our identity is hidden with Christ in God (Col. 3:1-4). A person’s dignity is not depend on ability, intellect, personality, occupation, title, competence, etc

Then [Jesus} said to them all: “Whoever wants to be my disciple must deny themselves and take up their cross daily and follow me. For whoever wants to save their life will lose it, but whoever loses their life for me will save it. What good is it for someone to gain the whole world, and yet lose or forfeit their very self? (Luke 9:23-25)

E. Full & Abundant Life

Luke 10: The rich young religious scholar and the Parable of the Good Samarian: “What must I do to have full and abundant life?” A rich and high quality of life is a life in which a person loves both God and “the other” (neighbor). Implying that relationship, love and compassion, being able to give and receive are hallmarks of a full rich life. Jesus said “I have come that they many have life, and have it to the full.” (John 10:10).

F. God identifies with us in Life and Death

Jesus affirmed the value of life by participating fully in our life on earth. (Even the suffering and death on a cross).

Jesus taught that the real value of life lies not in how much we cling to it but rather under what circumstances we are willing to lay it down. (Luke 9: 24)

G. God does not desire people to suffer.

For all who do suffer, God promises, “I will turn their mourning into gladness. I will give them comfort and joy instead of sorrow” (Jer. 31:13).

Our most appropriate response to suffering is compassion. Compassion compels us to ease pain and suffering. Not to do so is wrong.

H. Suffering can be, but is not always redemptive.

Paul was willing to "share in the suffering of Christ" and offered himself as a living sacrifice. In Colossians 1:24 Paul writes, "I now rejoice in my sufferings for you, and fill up in my flesh what is lacking in the afflictions of Christ" In other places in scripture suffering is seen to build character or the building up of faith.

However, when Job was in despair and the depths of his suffering he required a better response than his wordy friends had to offer him. Their compassionate silence as they sit with him for seven days and seven nights to "sympathize with him and comfort him" (Job 2:11) may have been more valuable than all their words. And Christ's prayer in the Garden of Gethsemane "let this cup pass from me" reflects his own struggle in accepting the hell he faced in his death. Paul also prayed three times that the thorn in the flesh be removed (2 Cor. 12:8), but ultimately received the grace: "my strength is made whole in weakness". In the same way we can learn to let go and pray "not my will, but Your's be done".

The cross, the logo of Christianity is the ultimate symbol of suffering. In the cross there is also the hope of transformation.

Restricted access & eligibility criteria to MAID: A safeguard against abuse.

- Must be adult
- Must be a resident
- Must have terminal illness with 6 month prognosis (an incurable and irreversible illness that is reasonably expected to result in death)
- Must be mentally capable
- Must be voluntary
- Must be an informed request
- Must be self-administered.
- Must receive counsel on:
    - Advance Directives
    - Feasible alternatives: palliative care, hospice care, pain control
    - May rescind request at anytime
    - Understanding of potential risks
    - Can obtain MAID meds but choose not to use it
    - Notify kin, ingest in non-public place in company of trusted companion

Reporting requirements publically available. Protections for staff involved in MAID

- Doctors not be subject to discipline/loss of license for participating in good faith with patients' right to die
- No person is required to participate in support of another's decision to carry out MAID activities
- Staff may not be censured/disciplined for choosing to not participate in medical aid in dying activities (for religious or personal reasons)
- Employees are neither encouraged nor discouraged from participation in MAID activities- entirely voluntary. Only those who are willing and desire to participate should do so

Discussion Questions

1) Theology of Suffering

Contemporary practice of medicine should sustain both life and human dignity. When does prolonging life become prolonging death? (Or a living hell)? Is "not being in control", "being a burden", loss of dignity, or "unable to do for self" (being disabled) a type of suffering? Is, and when is, a life of suffering not worth living? How would you define suffering? Who should define what suffering is or what "the good life" or quality of life is? (The State, the Church, society at large, the individual person)? Can a community help to make a life worth living if it helps to "bear one another's burdens"? What does it mean that we as Christians enter into Christ's suffering? Is prolonging death or living a life of misery and suffering a sanctified life?

2) Slippery Slope of treating a life as a disposable commodity

This the value of persons/ life diminishing within North American society? In Europe there have been rare occasions of involuntary euthanasia. Do you think it is possible that North American society may also fall into involuntary euthanasia? Would it be possible that we reach a point where the elderly, disabled, and unborn could be deemed expendable nuisances or "burden to society"?

3) Protection of Vulnerable Persons

We are called to seek the flourishing for every person created in the image of God, which includes protecting lives that are vulnerable. How could MAID put vulnerable populations at risk? Is the value of human life diminished by the physical or mental ravages of old age, disability, disease, accident, or deformity? Should a person have the right to end their own life if s/he believes their life is not worth living? Does a person who has loss of control of their life have to die to have dignity?

4) Task of the Church

In a society where death it taboo and not talked about, is the task of the church to prepare people for death (how to die well)? Or to live well? Is this task a task of the church, doctors, bioethicists, medical community, or hospice? Should doctors be the gatekeepers that get to decide who will die in 6 months and who is of sound mind to make a rational (vs. impaired) judgment? What is the place of the deathbed within community? Society?

5) Being Present in the ending of scared Life.

Chaplains have always been present in midst of great pain and suffering. Whether in a trenches with soldiers or at bedside of patient suffering with terminal illness, the gospel compels us to be non-judgmental gracious presence against the urge to be indifferent.

If just war theory is applied correctly violence and killing are permissible with restraint if there is just cause and means. Would the ending of a life of suffering and pain be permissible under extraordinary circumstances?

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