

A METHODIST STATEMENT ON

EUTHANASIA

Adopted by the Methodist Conference of 1974

Definitions

1. Although 'euthanasia' strictly defined means 'a good death', it now bears the special sense of taking deliberate steps to end life, usually with the intention of avoiding a prolongation of pain, distress or helplessness. It will be used in that sense in this statement. The proposal is frequently made that individuals should be allowed to make a statement indicating that in certain medical crises their lives should be terminated. This proposal is known as 'voluntary euthanasia'.
2. The campaign to legalise voluntary euthanasia has strong roots in a compassion which seeks to end suffering or overwhelming incapacity in terminal cases. It seriously questions the justification for permitting life to continue when the patient's pain and distress cannot be controlled and a return to improved health and a significant enjoyment of life is no longer possible.

Pain-killers which shorten life

3. There are two categories which ought not to be classed as 'euthanasia'. The first occurs in terminal cases when the treatment necessary to control pain also has the effect of reducing the remaining span of life. As the patient's illness is mortal and the doctor's basic intention is to alleviate suffering, it is appropriate for the treatment to be given.

Prolonging survival

4. Circumstances arise in which medical intervention, aimed at prolonging physical existence, must be questioned. Most often these will involve patients who may survive physically but who will permanently lack any significant capacity to enjoy or even to respond to their environment. Typical of these situations are the following examples.
 - (a) A child is born with so severe an abnormality or handicap that without the intervention of surgery or other intensive treatment his life expectancy is minimal. Surgery or other treatment would greatly extend his life-span but could not overcome the massive dimensions of handicaps, physical or mental.

- (b) A road accident victim sustains very severe brain damage. Even the lower brain functions have to be maintained artificially by intensive care. Hopes of recovery to a significant level of physical and mental activity recede and finally disappear. The decision must then be taken as to whether or not to continue the intensive care which is maintaining the patient's life.
 - (c) An elderly patient has a condition of chronic ill-health (senile dementia, for example) the severity of which can only increase. He then suffers an additional illness (perhaps, bronchial pneumonia) which will prove fatal unless promptly treated. Successful treatment of this additional illness cannot, however, hope to do more than return the patient to his previous condition of chronic sickness.
5. The view may well be taken that medical interference is not appropriate in these and similar circumstances. The total needs and interests of the patient are not served by intervention, although any pain or other distress must be controlled by proper terminal care. The decisions not to intervene in these situations is compassionate and responsible. It is not euthanasia.
 6. There are therefore occasions when doctors may have to use a pain-killer which is also a life-shortener or may have to refrain from fighting for a patient's physical survival when this is inappropriate in the light of his total situation. Doctors should have the support of society and, if necessary, the protection of the law when they take these decisions.

The legalisation of euthanasia

7. The campaign for the legalisation of voluntary euthanasia asks for a good deal more than this. It presses for laws which will permit the deliberate ending of life when the patient has requested this and a medical crisis justifies it. It is significant that no country has yet found it possible to legalise euthanasia. This may be explained in part by the difficulty of drafting laws of sufficient clarity – a difficulty which was exposed by the unsuccessful Parliamentary motions of 1936, 1950 and 1969. Legal complexities can be over-emphasised and in any case they do not settle the basic moral issues. Nevertheless legislation which is dangerously imprecise does itself pose ethical problems.

The medical profession

8. The antipathy of the medical profession to the principle of voluntary euthanasia must be faced. The British Medical Association, supporting the World Medical Association, specifically rejects euthanasia. There is no doubt that it represents the views of the overwhelming majority of the profession.
9. The impulse of the doctor and the nurse is to heal. Inevitably, therefore, they have an antipathy to the deliberate precipitation of death. They are sensitive too, to the importance of the relationship between them and their patients and fear that its vital dimension of trust would be eroded by the legalisation of euthanasia. The scientific character of medicine sets standards by which the

profession recognises that there is a degree of inaccuracy inherent in diagnosis and prognosis. While this is extremely small, its very existence would create hesitancy in basing the decision to administer euthanasia on marginally inaccurate evaluation of the medical condition.

10. The attitude of the medical profession, while it may not be decisive, is of extreme importance. Nevertheless, euthanasia is a matter of great personal and social significance and the public must be fully involved in the debate.

Advantages of euthanasia

11. It is often claimed that the legalisation of voluntary euthanasia would have several positive results. One of the advantages lies in the indication it would give to the doctor of the patient's wishes – an indication which would diminish to some extent the heavy burden resting on the doctor. The initial decision about euthanasia is made when the individual is not under the stress of immediate suffering or anxiety. For the sake of doctor, patient and family, it is useful to avoid the taking of decisions in the physical and emotional tensions of a critical medical condition. Euthanasia would also shorten the period of anguish often suffered by the family during the course of the patient's illness. Not least, by removing that agony from the patient himself, it also removes the prospect of it from the whole of the population. There are people whose lives are consciously or unconsciously shadowed by the fear of a painful and difficult death.

The advantages disputed

12. Most of these arguments in favour of euthanasia are, however, disputed. Although it would give a useful indication to the doctor of the patient's wishes, the doctor still has to decide when the medical situation warrants the administration of euthanasia and he has also to carry it out. The advantage that the initial decision is not made under stress is diminished if, as seems necessary, the patient retains the right to withdraw his request when the crisis occurs. Confirming the decision in that condition of stress is hardly less difficult than having to make an initial decision in the same circumstances. While euthanasia would help families to avoid certain situations of distress and tension, it has less attractive aspects. Elderly people often have a sensitive (frequently unwarrantable) fear of being useless or becoming burdensome to their family and to others. It may well be that there would be no deliberate abuse by relatives exerting direct pressure, but indirect and unconscious pressure is almost inescapable. The very possibility of this might well create in relatives a real (again, often unwarrantable) sense of guilt.
13. Those who oppose euthanasia often do so because they regard it as eroding that high regard for human life on which the safety of the individual depends. They fear that once the principle of euthanasia is accepted – perhaps in order to help a small number of extreme cases – the qualifying categories will be easily and dangerously extended. It may also have the effect of diminishing the vital impetus to discover new ways of conquering illness and controlling pain.

14. If it were impossible in any other way to deal with the problems of suffering and distress, the legalisation of euthanasia might have to be considered. There is, however, a new sense of urgency in developing better methods of caring for the dying. Throughout the medical profession and in Government circles there is an awareness that change is needed. Medical education must equip its students in the special skills needed in caring for terminal cases. There have occasionally been failures in doctor / patient relationships, and in the degree to which the families of patients are involved in the appropriate decisions. The final stage of illness is not one which need represent the ultimate defeat for the doctor or nurse but a supreme opportunity to help the patient at many levels, not least those which relate to his spirit and total personality. Thus when the illness cannot be defeated, the symptoms (pain, nausea etc.) must be overcome. The experience of dedicated workers in this field, including that of the hospices which specialise in this work, suggests that it is possible to deal with all the symptoms which cause distress to the patient. This is a claim which, if justified, would do much to remove any argument in favour of introducing euthanasia. Of course, it may entail an increase in personnel and expenditure, but it would be a poor argument for euthanasia which insisted that it must be legalised because it is cheaper.
15. It is necessary to develop a sensitivity towards the inappropriateness of some medical treatment and procedures which are currently followed in a certain number of cases. There is a variety of situations which need careful consideration in this way. They include the following:
- (a) indiscriminate surgery in the case of all children born with spina bifida regardless of the severity of predictable handicap;
 - (b) resuscitation of patients whose survival will involve them in a further period of weakness and discomfort before final collapse;
 - (c) the indefinite maintenance by extraordinary means of the physical phenomena of life in a person whose medical problems have resulted in a permanent loss of consciousness and response to external and internal stimuli;
 - (d) the treatment of a critical condition in a patient whose 'normal' condition is one of distress, severe incapacity or pain (e.g. bronchial pneumonia in a person with an advanced condition of senile dementia).

These are all circumstances in which the body is moving with a certain appropriateness towards death. Much better reasons than are often advanced are needed to justify interfering with this process. Restraining such interference is not euthanasia, which essentially consists of an interference aimed at precipitating death.

A Christian approach

16. The life of man bears the stamp of God who 'made man in his own image' (Genesis 1:27). This is the source of man's basic dignity, made astonishingly 'little less than God, crowned with glory and honour' (Psalm 8:5). It is also part of the Biblical basis for the sanctity of human life:

*He that sheds the blood of man
for that man his blood shall be shed;
for in the image of God
has God created him. (Genesis 9:5-6)*

17. Man is meant to have fellowship with God and this relationship is an essential aspect of his life. It is, in fact, the possibility of an utterly unbreakable fellowship with God that gives man's life its eternal dimension. Death is an event in that life, marking a transition rather than a terminus. For a Christian in fellowship with God, there is no 'terminal condition.' Death is part of life.
18. Man is not only called to relationship with God, he is given responsibility before God, 'dominion over every living thing' (Genesis 1:28), a theme vividly taken up in Psalm 8. This 'dominion' now includes the discoveries of science and technology. One part of the Biblical view of human sin is, however, that he fails to use with real responsibility the gifts which God has entrusted to him.
19. Turning to the New Testament we find Jesus often intervening in sickness in order to restore health. He is also heard insisting that death is not a final disaster and demonstrates by his resurrection its episodic rather than catastrophic nature.
20. Above all, Jesus pleads for and epitomises the love-motive of all actions. He speaks of compassion, of the call to seek the welfare of others, of the need to fight against those things which demean either human relationships or the significance of the individual.
21. The Christian, therefore, approaches the euthanasia debate with many biblical strands in his hands: the dignity of man as made for unbroken fellowship with God; the eternal; dimension of life which sets death in perspective the call to use responsibly all God's gifts including the powers man has over the lives of others; and above all the need to find in every situation the way of compassion.
22. Some steps which can be immediately taken are obvious. Compassion must be shown in a much more energetic onslaught on the problems of terminal care. Responsibility must be shouldered in a new consideration of the appropriateness of certain forms of medical intervention. Despite its high cost in terms of time, money and pastoral care, this compassion and responsibility must be exercised by the medical services, the churches and society as a whole.
23. The need is not so much to change the law as to alter the attitude of society towards death. This is an event which must be talked about and prepared for physically, mentally and spiritually. The families of the dying must be supported not only by the statutory services but also by the community. Pre-death loneliness must be relieved and those who are in the latter days of life must feel that they are still (perhaps, especially) part of the family of God. The use of drugs and the increasing skills of medicine must be coupled with an

understanding of the needs of the whole person. The spirit of man also requires care and the Christian must be ready to respond to the need for this personal ministry.

24. It is not merely that the artificial precipitation of death is likely to remain abhorrent to many people, not least to very large numbers of Christians. The approach to the death event which has been indicated in this statement makes euthanasia, in the sense intended by its proponents, both inappropriate and irrelevant.