

Euthanasia and Assisted Suicide - Main Talk

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[0 : 00] to see you all. I'm familiar, I think, with most of your faces, some new faces for me, and thanks for coming out on a Sunday evening, and I hope you'll feel it was worthwhile.

A Christian perspective on euthanasia and assisted suicide. It's not a light topic, and I don't have any jokes. Maybe that was a little joke, I don't know, but it's one of these topics that I don't like to be in, and when I was researching this book, it troubled me deeply. And even preparing for this talk, I found the whole thing quite upsetting.

And so it comes with a little bit of a warning. Maybe you're very familiar with what's going on in the Netherlands and in other countries. But if you're not, it could be quite shocking for you to hear some of the details. Euthanasia and assisted suicide are illegal in Ireland, but providing information on how to commit suicide is not illegal in many countries, including Ireland. And hence you have organizations like Exit International, hosting seminars and workshops on how to commit suicide throughout the world and in Ireland. And there have been workshops held in Dublin and attended by a lot of people in their 60s and in their 70s. Grandmothers that you might expect to be at home knitting booties for their grandchildren are at Exit International workshops. Euthanasia and assisted suicide are legally permissible, of course, in some countries in Europe. I'm sure you're aware it's permissible in the Netherlands, in Belgium, in Luxembourg, and in Switzerland. And euthanasia is illegal in most of the United States. But assisted suicide is legal in Washington, in Montana, in Oregon, California, Vermont. Did I say Montana? Let me say

Montana again if I didn't. And Bernalillo County in New Mexico. It's been resisted in many of the states of the United States. The key difference between euthanasia and physician-assisted suicide is who administers the lethal dose of medication. Euthanasia entails the physician or another third party administering medication, whereas physician-assisted suicide requires the patient to self-administer the medication and to determine whether and when to do this. Because it's lawful, many people think it's a legitimate entitlement. But there's a difference, as we know, between law and morality.

Currently, there is widespread opposition to both euthanasia and assisted suicide from professional medical associations in many countries. And many of these bodies have made public statements asserting that opposition. It's a fundamental principle of medicine that a doctor should not kill or offer to assist in killing. Euthanasia and assisted suicide must be distinguished from two other things. One, the withholding or withdrawal of inappropriate or unwanted or futile medical treatment. That's the first thing. Secondly, the provision of compassionate palliative care, even when these practices shorten life. Not all available treatments are beneficial in the course of a particular patient's care. After obtaining informed consent, doctors can withhold or withdraw any medical intervention that the physician and patient think imposes a greater burden than a benefit.

[4 : 25] There's a difference, of course, between non-intervention and direct intervention to kill. And, you know, the decision not to intervene can be done even if the unintentional result of such non-intervention or withdrawal might hasten the patient's death. The dilemma about assisted suicide emerges partly from the medical ability to sustain life beyond the point where, in the past, patients would have been allowed to die. People are becoming increasingly adamant about personal autonomy and other values are being forgotten, like solidarity and community. Assisted suicide, though presented as an act of compassion, is actually a violation of the sanctity of human life.

We all want our loved ones to die with dignity, and we all hope for a good death ourselves. Maybe not tonight, but when the time comes.

And there are times when a patient's life should not be prolonged by unnatural interventions. If a person is diagnosed with terminal cancer, they have the right to refuse treatments which prolong

the duration of life, but at the same time adversely affect the quality of that life.

It's not wrong to want to avoid spending your last few months of life in a hospital bed on chemo or radiation therapy. But that's not the same thing as asking somebody to assist in taking your life. Some people argue that laws should accommodate what they call mercy killing. They say that bringing about a gentle death in the case of incurable and painful disease is a humane and appropriate response.

[6 : 36] When a person has a terminal illness and there's loss of mobility and dignity and consciousness, some people think an injection, a simple injection which brings an end to their life is the solution.

But this is very dangerous thinking, and it raises many ethical and legal issues, including the consent of the patient and the role of the doctor. End-of-life concerns must be addressed in a way that represents the sanctity of human life.

Care at the end of life is an important issue, and primary care physicians help patients and their families cope with the decisions and emotions surrounding the dying process.

The practice of medicine involves meeting patients at their most vulnerable times. Doctors must recognize their fear, embarrassment, and sadness, but acknowledge their humanity and value. Doctors who advocate euthanasia are a minority, and they are actually assisting in the suicide of their own venerable profession.

[7 : 51] Once euthanasia and assisted suicide become legal, conscientious objection for doctors becomes increasingly difficult to defend.

A doctor cannot be both a healer and a killer without losing the trust of society. Assisting patients to die prematurely is not part of the moral ethos or the primary goal of medicine.

Having a dual role in taking life while at the same time protecting life would undermine the credibility and the trust that exists between patient and doctor.

Doctors shouldn't become executioners. Now Holland, I'll refer to Holland sometimes as the Netherlands. They're not exactly the same thing, but let's not get bogged down in it.

You know what I'm talking about. Holland has shown that once the doctor has accepted the fact that she or he can end life, no amount of rules or regulations will protect the public.

[8 : 55] The notion that a life is meaningless is a moral judgment, outside the scope of a physician's remit. Doctors should respect the right of a competent patient to accept or reject any medical care recommended, recommended.

And this will mean recognizing the patient's wishes about the initiation, the continuation, or the cessation of life-sustaining treatment.

Doctors must recognize the person, not just the condition. The doctor must try to offer treatment or care that re-establishes their dignity. Palliative or comfort care is a holistic approach to the whole person and seeks to treat the whole person with dignity.

I believe that society is on the threshold of ushering in a new and corrupt culture of medicine, and I believe that this could very quickly be foisted on us without consultation.

Medical professionals in Ireland exercise their judgment about whether or not a person in certain circumstances should be resuscitated.

[10 : 08] It was revealed by Kate Holmquist in the Irish Times on the 19th of September 2009 that 46% of elderly patients who had the words, do not resuscitate, on their charts were not consulted, and in most cases these fateful words were written by relatively inexperienced junior doctors.

Something to be concerned about. It is acceptable, of course, in certain circumstances not to attempt resuscitation, and legitimate in certain circumstances to allow somebody to die.

I want us to get this clear in our heads first, but there is a difference between that and killing people.

There are many pragmatic arguments against euthanasia, such as the fact that pain can now be effectively managed, so that physical suffering is virtually eliminated, and improvements in this regard are being made all the time.

But it is the principled argument against it that is the most compelling. The sanctity of life must be protected, and the code of ethics based on the sanctity of human life is needed in a culture of moral relativism.

We do not just have a vacuum, an absence of morality. What we have is a vortex, where people are being sucked down into ever-lowering morality.

[11 : 34] Euthanasia and assisted suicide are opposed by most national medical associations and prohibited by the law codes of most countries, but this is under threat.

It is under threat from lobbyists for change, and high-profile people and worst-case scenarios are presented in the media to argue for this.

Requests for euthanasia and physician-assisted suicide are being made in the UK. Some doctors are facilitating these requests in other jurisdictions. The balance between personal autonomy and responsibility to society is important, and what we have now is unbridled personal autonomy driving this agenda.

There is an important absolute principle at the core of this issue, and it is not a good moral argument to say that because something is desired and widely practiced that it should be legalized in order to monitor and control and regulate it.

And this argument has prevailed in Holland with regard to the use of cannabis, prostitution, as well as euthanasia and physician-assisted suicide.

[12 : 50] But where does such a pragmatic and unprincipled approach ultimately lead, and who is to say where the boundaries are to be drawn? If euthanasia is legalized, there will be undesirable outcomes.

Some patients will feel pressurized to relieve their families of the burden, emotional and financial, of keeping them alive. Now, I've been asked by Johnny to say something about the Irish context, and I'm sure you're all quite familiar with some of the things I'm going to say, but let me just refresh your memories.

In Ireland, it's illegal for a doctor, as I've said, or anyone else to actively contribute to someone's death. The law on these issues could be changed either by court decisions, parliament or plebiscite. It's not, however, illegal to remove life support and other treatment should a person or their next of kin request it under certain conditions.

A September the 17th, 2010 Irish Times poll showed that a majority, 57% of adults, believed that doctor-assisted suicide should be legal for terminally ill patients who request it.

[14 : 13] If palliative care was properly understood, I believe the poll results could be different. I believe that fear and ignorance is driving this agenda.

You might have heard of the case of Marie Fleming v. Ireland. She was a university lecturer who suffered from multiple sclerosis, and she lost a landmark Supreme Court challenge for the right to an assisted suicide in 2013.

And she died, sadly, peacefully at home on the 20th of December 2013, aged 59. She challenged the absolute ban on assisted suicide in the Criminal Law Suicide Act of 1993.

She argued that as a severely disabled person, unable to take her own life, unaided, the law disproportionately infringed her personal autonomy rights, I'm quoting now, under the Constitution and the European Convention on Human Rights.

She claimed that the ban was discriminatory in that an able-bodied person may take their own life lawfully, but she could not be lawfully helped to do the same.

[15 : 32] Ms. Fleming had perfect cognitive function, but had lost all motor function. Marie Fleming was not the first person to raise the issue of assisted suicide, but her case has embedded the matter in the public consciousness.

The debate is well underway in Ireland, and I wonder if you know how far advanced it is now. In the Fleming v. Ireland case, the seven-judge Supreme Court held that although suicide is no longer a crime in Ireland, this does not mean that there is a constitutional right to take one's own life or to determine the time of one's death.

It also found that the principle of equal treatment did not confer on Ms. Fleming, as a disabled person, the right to be helped in taking her own life.

The judges stressed that they were conscious of Ms. Fleming's suffering. Nevertheless, they said, and I quote, it is impossible to craft a solution specific to the needs of a plaintiff such as Ms. Fleming without jeopardizing an essential fabric of the legal system, namely respect for human life and compromising these protections for others.

Wise men, indeed. This echoed the earlier ruling of the High Court, which found that it could not rule in Ms. Fleming's favor because, quote, it could open a Pandora's box leading to the involuntary deaths of vulnerable others.

[17:17] End quote. Ms. Fleming could have taken an appeal to the European Court of Human Rights, but other decisions of the Strasbourg Court are not supportive because they tend to leave decisions of this nature to the national supreme courts.

In November 2013, the then-tawnyed Eamon Gilmore in the Dáil praised Ms. Fleming's, quote, brave and courageous campaign.

End quote. He went on to acknowledge that there's a range of ethical, legal, and other issues associated with this topic. However, he added, this issue requires to be dealt with legislatively. And this campaign, of course, it didn't end with Ms. Fleming's death, the matter is now in the hands of politicians, very firmly. A bill has been introduced to the Dáil last June 2015, passed, uncontested, and will go to the next stages.

In fact, it's meant to be debated this year, but when will that happen? One wonders. Anyway, as I say, the matter is now firmly in the hands of politicians, and some of these legislators have indicated that change is needed in order to accommodate assisted suicide.

[18:38] When Eamon Gilmore says this issue requires to be dealt with legislatively, we have legislation. What he means is this needs to be changed to accommodate assisted suicide.

Right. Tom Curran, that's Marie Fleming's partner, he has worked with TD John Halligan, Waterford Independent TD, and a team of four barristers to draft legislation to allow for assisted suicide. And they completed a right to die bill based on the Oregon Death with Dignity Act. And Curran has got support from several other TDs and some senators.

Halligan introduced the Dying with Dignity bill to the Dáil June 2015. He said, and I'm quoting in the Dáil, he said, Dáil Éireann needs to enter this debate, and when we do so, we need to leave any religious dogma at the door.

It reminds me of a sign that I saw once in a Paris hotel. Please leave your values at the front desk. The Humanist Association of Ireland has an interest in this bill, and in March 2013, they invited Tom Curran to speak about his experience of trying to help his partner succeed in fulfilling her wish to have an assisted suicide.

[20:06] Halligan's bill would allow for a person to end their own life, subject to being examined by two separate medical practitioners who then sign a valid declaration that the person in question's decision is voluntary.

Halligan said the doctors would have to certify that the person has an incurable and progressive illness which cannot be reversed by treatment and which is likely to lead to their death.

It all sounds very good. All sounds very reasonable. He said that a third independent witness who is not a beneficiary of that person's estate must also testify that the person seeking assisted suicide has a clear and settled intention to end their own life when their illness becomes too much to bear. Halligan told the Dáil, At all times, safeguards must be met to show the terminally ill person has reached their decision on an informed basis and without coercion or duress.

Well, all of this was said in the Netherlands. Ten years, you know, like, it's legal in the Netherlands since the 1st of April 2002.

[21:25] Euthanasia and assisted suicide are both legal since that time. But a decade before that it was widely practiced. And all of these safeguards were put in place and all of them now no longer exist.

None of them at all. And if you're tired of life and you're 16 years old you can have your life terminated. I work in the Netherlands. I've also suffered from depression in the past.

Should I be overwhelmed by depression on a two-week visit to the Netherlands I could be dispatched by visiting a doctor who doesn't have to refer me for any psychiatric counseling who doesn't have to consult any relative.

I don't have to have a terminal illness. I don't even have to be ill. Technically that's illegal in the Netherlands but that's widely practiced because those criteria are still in place but they're totally ignored.

The first bear would hear of it could be, possibly, imagine this scenario my ashes arriving at the door. That's the kind of scenario that we have a nightmarish scenario now.

[22:42] Anyway, Halligan's bill would allow for all of this and these are the safeguards that are talked about at this stage but once legislation is introduced all of these things are diluted and expanded and ignored.

And that's the evidence that we have from places where it does exist like the Netherlands. And all we can go on is that evidence.

And in April 2015 you might be familiar with this. Gail O'Rourke I'll come back to that and what has happened in the Netherlands in a few minutes but let me just finish off on the Irish context.

In April 2015 Gail O'Rourke was found not guilty of attempting to assist her friend and MS sufferer Bernadette Ford to travel to a euthanasia clinic Dignitas in Zurich in Switzerland.

The trial lasted eight days and the jury deliberated for seven hours and it was the first prosecution under the Criminal Law Suicide Act 1993 which decriminalized suicide but made it an offence to assist another to end their life.

[23 : 57] The O'Rourke Ford plan was thwarted when a travel agent alerted the Gardee. Judge McCartan ordered the jury to acquit Miss O'Rourke of ordering a lethal dose of barbiturates from Mexico which were later taken by Miss Ford to end her life on June 5th 2011.

The judge also told the jury to find O'Rourke not guilty of procuring the suicide of her friend by helping to organize her funeral before her death.

A Gardee investigation began after Miss Ford's body was found in her apartment with the drug pentobarbital nearby. Pentobarbital is used in euthanasia and in capital punishment in the U.S. curare is the drug they use in the Netherlands and curare is a drug I don't know if you ever remember the films with the pigmies in Africa the tribe of very low sized people and they shoot poison darts that's curare there are there are it's a paralytic drug and there are of course synthetic versions of that now but anyway Gardee first became aware of the matter when they were alerted by the manager of Rathgar Travel that a group of people were traveling to Dignitas in Zurich and O'Rourke told the travel agent the purpose of the trip and this information was passed on to Gardee who were waiting for her when she came to collect the tickets now Gardee didn't make an arrest but they told O'Rourke it was an offense to assist in a suicide now let me just say that voter referendums and legislative bills on assisted suicide have failed in many places so we shouldn't despair why have they failed though that's the question partly because of the concerns of a broad coalition of healthcare professionals hospice workers disability rights advocates pro-life advocates and various moral leaders who have vigorously opposed the legalization of euthanasia and assisted suicide in these political jurisdictions what are their concerns they've been concerned about the inability to contain assisted suicide once it starts and evidence shows that once you open the door to legalize euthanasia and assisted suicide things change dramatically and that's what Hope Ireland wants to prevent hope Ireland is a new organization opposed to legalizing euthanasia and assisted suicide and it is warned that the consequences of doing so in Ireland would be would be catastrophic now they're an independent organization I might say a little bit more about them in a few minutes but in countries where assisted suicide was legalized more often it wasn't used by older people but by middle-aged people who feared disability or age related disease and the answer to that fear is more support more education more compassion right to die advocates point to Holland as the model for how well physician assisted suicide and voluntary euthanasia for terminally ill competent patients can work without abuse but the facts indicate otherwise the Rotterdam court established the following guidelines

[27 : 48] I list eight the patient must be experiencing unbearable pain that's number one number two the patient must be conscious number three the death request must be voluntary number four the patient must have been given alternatives to euthanasia and time to consider these number five there must no longer there must be no other reasonable solution to the problem number six the patient's death cannot inflict unnecessary suffering on others number seven there must be more than one person involved in the euthanasia decision number eight only a doctor can euthanize the patient and there is a ninth great care must be taken in actually making the death decision all of those strict you would say criteria were established by the

Rotterdam court and these guidelines they've been interpreted by the Dutch courts and the Royal Dutch Medical Association in ever broadening terms one example is for example the very first one the interpretation of the unbearable pain requirement reflected in the Hague court of appeal decision the court ruled that the pain guideline was not limited to physical pain this is where it starts and that psychic suffering it said or the potential disfigurement of personality could also be grounds for euthanasia and the main argument in favour of euthanasia in Holland has always been the need for more patient autonomy that patients have the right to make their own end of life decisions yet over the past 20 years Dutch euthanasia practice has ultimately given doctors not patients more

and more power the question of whether a patient should live or die is often decided exclusively by a doctor or a team of physicians now in spite of the fact that medical care is provided everywhere in Holland free or well not free but it's you know it's a developed country and it has good medical care but in spite of that palliative care programs with adequate pain control techniques and knowledge are very poorly developed and where euthanasia is an accepted medical solution to patients pain and suffering there's little incentive to develop programs which provide modern available and effective pain control for patients that is one of the outcomes of introducing something like that there are very few hospice programs in Holland and the services they provide are very limited in the mid 90s 1990s for example there were only two hospices in Ireland in the Netherlands two for a country that has a population four times the size of

Ireland in Ireland there are nine hospices three in Dublin and one each in Cork Limerick Galway Sligo Donegal and Kildare there's none for example in Waterford to my knowledge but you see most palliative care is delivered in homes that service is offered in Waterford and in South Kilkenny by a palliative care team and hospice specialists but they don't have a hospice building with beds if you know what I mean but there's a big difference there why you know active medical intervention to cut short a life without an express request is a common practice in the Netherlands they've officially sanctioned euthanasia for those who cannot ask for it particularly handicapped newborn children the court found that psychiatrist

Dr. Shabbat was medically justified and followed established euthanasia guidelines in helping his physically healthy but depressed patient commit suicide why was this person depressed well the patient 50 year old Hilly Boshier said she wanted to die after the death of her two children and the subsequent breakup of her marriage it's not surprising that this woman wanted to die it seems like a natural reaction to such tragedy in her life but such a distressed woman should have been helped to live you know that some doctors run self-help programs for adolescents to end their lives in the Netherlands general practitioners wishing to admit elderly patients to hospitals have sometimes been advised to give the patients lethal injections instead cost containment is one of the main aims of

[33 : 11] Dutch health care policy and euthanasia training has been part of both medical and nursing school curricula for many years now euthanasia has been administered to people with diabetes rheumatism multiple sclerosis AIDS bronchitis and accident victims what you have is suicide on prescription and you do have you know we have meals on wheels in Ireland well you have death on wheels in the Netherlands because the right to die people in the Netherlands found that there were some conscientious objectors doctors who didn't want to participate in these programs and so they introduced a mobile service whereas if your doctor refused to give you this service you could ring them up they'd call around to your house and you could be dispatched in that way in 1990 the Dutch

Patients Association a disability rights organization developed wallet sized cards which state that if the signer is admitted to a hospital no treatment be administered with the intention to terminate life many in Holland see the card as a necessity to help prevent involuntary euthanasia being performed on those who do not want their lives ended especially those whose lives are considered low in quality in 1993 the Dutch senior citizens group the Protestant Christian Elderly Society surveyed 2066 seniors on general health care issues the survey didn't address the issue of euthanasia at all yet 10% of the elderly respondents clearly indicated that because of the Dutch euthanasia policy they were afraid that their lives could be terminated without their request right to die advocates often argue that assisted suicide is a choice issue the Dutch experience clearly indicates that where euthanasia and assisted suicide are accepted practice a significant number of patients end up having no choice at all it's inevitably applied to those who are chronically ill disabled elderly mentally ill mentally retarded and depressed the rationale being that such individuals should have the same rights to end their suffering as anyone else even if they do not or cannot voluntarily request death unlike Holland where medical care is automatically provided for anyone for everyone in the USA millions of people cannot afford medical treatment if euthanasia and assisted suicide become accepted more widespread in the USA death would be the only medical option many people could afford doctors may not always recognize if a patient's assisted suicide request is the result of depression or the sometimes subtle pressure placed on the patient to get out of the way also given the current push for health care cost containment medical facilities may be tempted to view patients in terms of their treatment costs

instead of their innate value as human beings patients should not be viewed merely as customers in a health care business what is needed is customized care not customer care in a society of economics without ethics it's often the paramount consideration is the bottom line and there's a danger that ultimately even clinical decisions will be determined by financial management policies and professionals the elderly the chronically sick the intellectually and physically disabled would become vulnerable termination of life on request and assisted suicide act it took place on the 1st of April 2002 and it legalized euthanasia and physician assisted suicide the procedures codified in that law had been widely practiced by the Dutch medical community for many years prior to that and what the law did was it transformed the crimes of euthanasia and assisted suicide into medical treatments and specifically it allows euthanasia for incompetent patients 16 year olds can request termination of life requests don't have to be made for any particular medical condition children 12 to 15 years of old can also request and receive euthanasia if a parent or guardian agrees one parent or guardian agrees see first a person might qualify for assisted suicide if the doctor certified that the patient was suffering from a terminal illness and that the patient's suffering is lasting and unbearable then that was changed so that there was no requirement that the suffering be physical or that the patient be terminally ill now you just have to be tired of life and we know that medical tourism is a reality in our world people already travel to foreign countries for dental medical and cosmetic treatments that are either more readily available or of higher quality or just simply cheaper and assisted suicide tourism exists in the

Netherlands and there have been kind of public relations statements that deny that but actually doctors are not legally forbidden to administer assisted suicide to people from outside the Netherlands let me just say I'll just continue I want to say I want to close with something about the biblical perspective or the Christian view but let me just say that making assisted suicide widely available with mobile teams to help patients die at home and that has already happened but now there's a proposal that anybody over 70 will automatically have an entitlement to assisted suicide so you get it with your pension in the Netherlands the criteria for these things are being continuously expanded the process of liberalization has shifted from terminally ill adults to adults who have lost their interest in living to suffering children to children whose parents are suffering the

[40 : 17] Groningen protocol Groningen is the name of a hospital a research hospital in Utrecht in the Netherlands and they have they recommended that the Groningen protocol recommended that newborns can be euthanized and you know lots of people in the Netherlands instead of opting for second trimester termination well a lot of children are aborted if there's any kind of physical or any kind of abnormality they're aborted in the second trimester so there's a lot less say handicapped people now but should a child be born with some kind of deformity the parents suffering is now a legal entitlement under the Groningen protocol to have those children euthanized so babies are being euthanized now what happens if adults feel distressed you know because their aging parents have

Alzheimer's and you know the Alzheimer's patient is fine we all know that up to a point but it's distressing for the carers so will that be sufficient reason to take them in and get them the jab not the flu jab but the terminal jab you know this is coming down the tracks and this is what happens I'm going to have to finish it there because I want to say something about I close to close with life and death death is not just a legal and medical issue and so the debate should not be confined solely to legal and medical professionals death is also a spiritual matter and it has a moral dimension and according to the bible humanity was created in the image of god we read about that in genesis chapter one and particularly verses twenty six to twenty eight and we have our value our value as human beings is inherent it's not utilitarian value in other words our value doesn't disappear when we no longer have a useful purpose we have by very virtue of the fact that we are

God's precious creation inherent value as human beings and death and bereavement are common to everyone and people of all faiths and those of none have a legitimate right to comment but the historic Christian tradition is struggling to be heard in the clamor for personal autonomy and civil liberties in a multicultural society that is becoming increasingly secular believers can offer an ethical framework for critiquing these issues these issues are on the radar indicating a collision course with Christian values it's time for Christians to be alert and to present the case that these are not satisfactory solutions to end of life concerns concerned citizens both inside and outside Christian community need to be informed information is key right in in a mission letter to your supporters discouragement depression and despair are feelings to which no human being is immune and

some people who opt for assisted suicide are simply depressed young men sports or whatever and they become paralyzed paraplegics or quadriplegics and they want to die initially they want to die so in the Netherlands that's okay you want to die but lots of these people if they're helped to overcome their depression and you know they don't have a whole lot of life experience at that stage of their lives but look at someone like Joni Erickson-Teda for example and the dignity and value of her life and all that she achieved and the dignity and value that she gave to many other people in her situation and and and the gospel as well and the difference it made to the quality of her life so when people get deeply depressed they sometimes want to die and at such a time what they want and what they need are two different things and in a world that values personal autonomy so highly this sounds arrogant doesn't it whereas one understands the value of non-directive counseling there are situations where people need a nudge in a particular direction in the right direction in fact in some situations non-directive counseling would be negligent and entirely inappropriate what is needed is a proactive intervention based on the sanctity of life the depressed person needs support not to terminate their life but to find meaning and value people who are stranded on islands of discouragement need to be rescued not abandoned to despair and when people are facing present difficulties or future uncertainty they need to be reassured that they can get through this they need to be told of others who have done so people who become weary with this world need to be helped imagine if somebody stood on the ledge of a sixth floor window and said

I'm going to jump and you went and said go on and they said I'm afraid let me give you a hand and you push them off the ledge it sounds ridiculous doesn't it and nevertheless that's exactly what's happening with the medical profession in the Netherlands people are coming to them in that condition and they're being assisted to take their own lives Paul was honest in his correspondence with the Corinthians and he unashamedly told them that he was discouraged to the point of despair there's no need to read between the lines there but he regained perspective and that's reflected in the verses immediately following where he says in verses 9 and 10 indeed we felt that we had received the sentence of death but that was to make us rely not on ourselves but on God who raises the dead he delivered us from such a deadly peril and he will deliver us on him we have set our hope that he will deliver us again the Christian has an eternal perspective and this gives hope and hope may burn dimly but that flame should never be allowed to go out

[50 : 10] God can surround that flickering flame with his loving hands and protect the vulnerable from the winds that blow in the dark and bleak places it's heartbreaking to think that many who present themselves as candidates for assisted suicide are having their lives terminated and it's tragic to think that people who are physically exhausted emotionally drained fearful isolated stressed and spiritually depressed might be assisted in their desire for suicide especially when counseling therapy and or medication can help them find equilibrium depression produces distorted thinking people become confused and in such a state of mind their judgment is impaired the Christian must bring hope and help to a world where so many people are overwhelmed by problems defeated by fear and feel there is no purpose in life we have a divine perspective death is a reality that many people don't like to contemplate it's sobering and serious issue euthanasia and assisted suicide are now on the radar indicating a collision course with Christian values and it's time for

Christians for us to be alert and to present the case that euthanasia and assisted suicide are not satisfactory solutions to the serious social issues related to death and dying thank you