

National Council of Churches of Singapore

Statement on Euthanasia

According to the American Medical Association's Council on Ethical and Judicial Affairs, 'Euthanasia is commonly defined as the act of bringing about the death of a hopelessly ill and suffering person in a relatively quick and painless way for reasons of mercy'.¹ *Active euthanasia* is doing something positive (such as the administration of a lethal injection) in order to bring about the death of the suffering patient. *Passive euthanasia* is intentionally causing death by not providing necessary and ordinary (usual and customary) care (treatment) or food and water. *Involuntary euthanasia* is ending the life of a person without his or her explicit consent. *Voluntary euthanasia* is euthanasia that is provided for a competent person with his or her consent or on his or her request. *Non-voluntary euthanasia* is ending the life of the person who lacks the capacity to know or express his or her wishes (e.g., an infant or a person with severe brain damage or dementia).

While the NCCS supports and promotes compassionate responses to human suffering, it categorically opposes all forms of euthanasia on the basis of the following principles:

1. Sanctity of Human Life. The NCCS maintains that human life is a gift from God the Creator. God alone, from whom all life derives, has the authority in matters of life and death. The human being, created in the image of God, must be accorded with dignity and value. Human life is precious, and therefore should always be protected. This principle also maintains that human life has an inherent value, not just a conditional one. The life of a patient suffering from a chronic or terminal illness is as valuable as that of a healthy individual.
2. Respect for Human Life. The sixth commandment of the Decalogue, which prohibits murder, maintains that human life is sacred and must therefore be respected. As such the commandment also forbids suicide. This principle is enshrined in law in the form of the absolute prohibition on the intentional killing of innocent human beings. This commandment therefore applies to euthanasia because it prohibits the termination of the life of a human being either by an act of commission or omission, even if it is done within the context of terminal illness. The NCCS therefore maintains that human beings do not have the right to die. Although human beings are free agents, their exercise of freedom does not extend to ending their own lives.
3. The Ethos of Medical Practice. Euthanasia or 'mercy killing' is against the very ethos of medical practice because the duty of the physician is always to care and never to kill. Euthanasia occurs when a doctor, not an illness, kills a patient. Such an act violates both the Hippocratic tradition and Judeo-Christian teaching. The duty of the physician is not merely to 'minimise suffering' but always to 'maximise care'. The ethic of euthanasia presents intentional killing as an

¹ Council on Ethical and Judicial Affairs (1992), *Journal of American Association* 265:2230.

acceptable means of 'treating' the patient who is suffering from a distressing illness. This approach must be categorically rejected.

4. Euthanasia and Society. The legalisation and acceptance of euthanasia would result in the 'euthanasia mentality' that sees death as the only solution when faced with terminal illness and which does not consider other alternatives. This will have serious and adverse consequences on society. Death becomes the 'solution' to many social ills. Just as abortion is seen as the answer to 'problem or unwanted pregnancies', so euthanasia becomes the solution to pain and suffering. Such a society, which very subtly impresses upon suffering, aged and vulnerable persons that it is their 'duty to die', will diminish the value of human life itself.

We shape our society, and society in turn will shape us. A society which accepts or sanctions euthanasia will be vulnerable to serious and far-reaching consequences. We are mistaken if we think that euthanasia has to do only with the decisions made by the patient and his or her family members, and carried out by a physician. Euthanasia is more than one-on-one killing. It is societal killing, and it will have grave implications on the way we think of ourselves and about matters of life and open the door to serious abuses that would threaten the rights and dignity of persons and society.

Society should care for those who are suffering and those who are dying. The NCCS maintains that the community should provide the best possible palliative care to people who are chronically and terminally ill. Pain control is a main issue in the quality of life. There is strong evidence to suggest that patients whose symptom and pain control has been inadequate often request for euthanasia. Such requests often cease after adequate pain and symptom control is administered. More funds should therefore be directed at the establishment of hospices, the training of physicians and nurses, and research in palliative medicine and symptom relief techniques.

True compassion does not have to do with terminating the lives of people who are suffering (or those whose suffering we find unbearable). Rather it has to do with sharing another's suffering and pain. The NCCS therefore maintains that euthanasia is neither an ethical nor compassionate way of dealing with people with chronic and terminal illnesses. It maintains that the fundamental goal of physicians and health-care professionals is to exercise compassion towards and care for the sick, the disabled and the dying. They are to encourage the relief of symptoms and pain so as to improve the quality of life of their patients. Euthanasia must always be rejected as a means of achieving these goals. The introduction of death should never be seen as a treatment option.

Issued on 6 November 2008