

# **EUTHANASIA: A DIGNIFIED CHALLENGE TO THE CHURCHES**

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People want to die with dignity. On this deeply personal concern, the churches are out of touch with their members. Out of touch with their community. Out of touch with their place in a pluralistic secular society.

The churches have become a vocal pressure group carrying levels of fear and intimidation as they assert “the churches’ view”. But the churches’ view as such cannot be accepted on the basis of hierarchical assertions, or claims of some given authority.

In a society searching the issues of living and dying, the imposition and assumed dominance of the churches’ view is now challenged by people inside and outside the churches.

1. It should be challenged at the baseline of their assumed authority, viz, their view of God – as a supernatural, patriarchal figure of judgment “up there” in the heavens. Several decades ago, Bishop JAT Robinson published his treatise entitled, “Your Image of God Must Go”.

A liberated theology no longer accepts the idea of an omnipotent omniscient God, intervening in human affairs. When church clerics and theologians talk of knowing “the will of God”, we know at once - that even from their own framework, they are talking ‘gobbledygook’, and offer a response outside the acceptance of many thoughtful people.

People in my context are searching for intelligible ways to use the word ‘God’ as the energy and spirit of life as it is discovered in the evolution of life, and not as a result of an imposed system of dogma and declaratory beliefs.

2. It should be challenged at the baseline of the examination of the Scriptures. Many quarrels have taken place over whether every word of the Bible is to be interpreted literally, or whether there is some latitude in trying to understand books written 2000 years ago – and more – for situations and cultures different from ours.

What we do know is this – The Gospel accounts do not have Jesus mention the issue of euthanasia. We also know this - much as Moses is revered, we cannot escape the biblical accounts of the genocide he and his fellows committed. This is not in any way comparable with physician-assisted dying: it was outright murder of thousands. Immediately we are caught in an ethical conflict, and the outcome is this serious dialogue between people of difference attempting to interpret our deepest spirituality in this complex situation. We live in a different era – in a world in which the philosophical-theological-spiritual heritage from an earlier era is being challenged and changed. Those of us in the Christian, post-Christian

ethic search for ways to do as Jesus did: he relieved suffering; showed compassion; commended kindness; practised tolerance and acceptance. He also advocated living life to the full, but there is silence on the realities that we see where people are so ill and deteriorated that the quality of life has gone and the person's sustained wish is to die peacefully – "a good death". In a notable sense, living fully can become a matter of deciding to live one's own dying. In that deciding process they may resolve not to linger or suffer, even though some would wish them to do both.

3. It should be challenged on the basis of the churches' contradiction of its values. Dying with dignity provides a person with the choice of ending their life after careful and prolonged consideration. It means an acceptance of suicide. Traditionally, the churches have been opposed to any form of suicide. People caught up in their fearful mental state may be so secretive that they are unable to disclose their turmoil to anyone, or, if they do, they fear they will be told how bad they are for even thinking of taking their own life.

In my work I see many who contemplate suicide out of intense conflict, and some on desperate impulse. We work to prevent it.

But I note how silent the churches are on the prevention of suicide in adolescents and the elderly – where, in both groups, the suicide rate and rumination are high. I note the churches are inactive in education programs regarding smoking, and destructive life-styles, and yet the death rates are very high from both. Why then the highly charged emotion on one aspect of dying and the silence on others? We may evade talk of suicide, but our culture colludes in different forms of dying or by our behavior, we are killing ourselves. I could go into another area of my involvement over the last 25 years – of conducting regular group programs for successful ageing. If we believe life is the basic value, why are we not involved in promoting lifestyles that decelerate negative ageing and open a new awareness of well-being for the elderly.

You may think I have strayed from the topic of concern. But as people live longer than before (in the last 100 years, an additional 30 years have been added to the lifespan) people will be the more confronted with the questions of life and death, of dying with dignity or dying with anxiety. The question will be tested even more, as people are vastly better educated and informed than previous generations, and increasing numbers are showing they are not willing to accept the churches' impositional pronouncements.

People are recognizing that in denying a person's right to die their death the way they choose, we deny their personhood.

They cease to be somebody. They become a powerless nobody.

4. The churches' are to be challenged on their philosophy of death as something around which an external drama is created without listening to the dying person's internal message. In my work, I call this "the 9<sup>th</sup> F" – giving people the choice of speaking of the Final things, and that includes respecting their choice of how they would like to enter their final moments, without fear of judgment.
5. The churches' position is further challenged by what is already established humanitarian values and practice. Doctors in the intensive care units are regularly faced with the wishes of the dying person and their families. Doctors in general practice in rural areas across Australia have long shown they will help a person die according to their wish.

I have been touched by the account of Sigmund Freud's last hours.

Having suffered vastly from a cancer in his jaw, he called in his doctor (Dr Max Shur) "you promised not to forsake me when my time comes. Now it's nothing but torture and makes no sense any more". Shur administered morphine, Freud fell asleep, and some hours later; he slipped into a coma and died.

We know that this kind of help is not always available to people who wish it. Some doctors and nurses, clergy and hospitals are firmly opposed. We could benefit from the objective service of the principle of the ombudsman [one or two people of wisdom] who are part of a tribunal who can hear the plea of the dying person. In this way, compassion and wisdom join hands and humanity reveals its best spirituality in exercising the most respectful regard for the dying person and their independence, and their ownership of their life and death. In living their own dying, the person takes the power over their death away from the churches, the governments, the institutions, the doctors, the lawyers.

The churches could return to their primary focus of being people-centred, and come to support a person's comfortable and dignified death as a priority over their defence of their position which, at the several points I have indicated, ought to be challenged.