



▶ Questions

"For you created my innermost being; you knit me together in my mother's womb" Psalm 139 v.13. "Don't you know that you yourselves are God's temple and that God's Spirit lives in you? If anyone destroys God's temple, God will destroy him; for God's temple is sacred, and you are that temple." 1 Corinthians 3 v 16-17

- What do you understand by the phrase "sanctity of life"?
- In what ways is it a privilege to care for someone at the end of their life?
- What would you say to someone who feels they are a burden to others and therefore wants to end their life 'with dignity'?
- What emotional and spiritual issues might arise for the close family and friends of those who would choose assisted suicide, both before and after the assisted suicide took place?

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End of Life Issues: A Christian Perspective





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Much recent UK media coverage has surrounded decisions by individuals to seek assisted death, or to refuse medical treatment when a terminal condition is diagnosed. Making decisions about the end of life has ethical, religious and pastoral implications that affect not just the individual sufferer but carers and family members alike. These decisions cannot be made in a vacuum. Legalisation of euthanasia or assisted suicide will not produce a solution to the needs of the individual sufferers; or address the health-care challenges of contemporary society.

“You are precious in my eyes and I love you”. This could be the refrain of a popular love song, but it is not. It comes from the Hebrew Scriptures (Isaiah 43:4) and is one of the foundations to understanding a Christian approach to end-of-life issues. How can honour and love be at the heart of the assisted-dying debate? A Christian understanding of the value of human life derives from the belief that we are made in the image of God and that God loves, honours and respects us. This perspective on the value of human life has particular consequences in our ageing population. There are inevitably scarce resources available to take care of the aged, the frail and the infirm. Medical advances, life-supporting technology and pharmacological interventions have increased life expectancy and the expectation of cure to the point that illness and death are perhaps less accepted as part of normal human experience.

▶ The Right to Die: Secular Approaches

In our society, issues addressing end of life are increasingly approached from an individual perspective. The right to decide to die is argued to be part of our liberty as human beings. This individualistic view of life, coupled with the fear of being maintained alive in a situation of terminal illness with continuous pain, gradual loss of dignity and fear of becoming a burden to their loved ones may have influenced the public's views on the right to die. Dr Andrew Davies, addressing the BMA in 2006 mentioned that the greatest concern of terminally ill patients under his care, was the fear of becoming an emotional and financial burden to their families.

▶ End of Life Issues: A Christian Approach

The Old and New Testaments do not specifically address many of our present day problems related to “letting someone die”, possibly because the medical knowledge available in Biblical times did not allow for sustaining life for long periods of time. However, Scripture does give principles from which to draw conclusions. These are based on the understanding that we are made in God's image; therefore all human life, irrespective of an individual's ability or gifts, is precious and holy.

We are all part of society. Our lives as well as the lives of others are to be treated with respect. End of life issues cannot simply be addressed in isolation. These are decisions that affect not just the terminally ill person, but also the family, the carers, the medical support group and the understanding of society as a whole. All these people bring their own life experiences, values, beliefs and feelings to the decision making process, respecting the fact that this process is centred around a person who happens now to be a patient. The death itself, the manner of death or the subsequent survival of the patient and his/her quality of life are significant matters that have spiritual and psychological consequences for the patient, the relatives, carers and staff.

The focus should not just be on the actual moment and manner of physical death, but on the period (days, weeks or months) leading up to the moment of death with an emphasis on achieving the best quality of life possible. This focus is best realised through the palliative care model of holistic care – physical, psychological, spiritual, social – with positive objectives which will enhance the remaining days of the patient, and of relatives and carers. This is a way of describing “dignity in death”.

▶ Dignity in Dying: the Palliative Care Option

An argument often advanced for euthanasia or physician assisted suicide is the fear of pain. However, pharmacological research and practice in the area of pain management is progressing therefore reducing the risk of being in constant pain. The case for death because of inadequate pain management is therefore significantly weakened. Pain management is a significant component within palliative care. Since its inception, palliative care education has used the model of multidisciplinary education.

▶ Palliative care is synonymous with holistic care

A good deal of research evidence indicates that people's spirituality and in particular their religious spirituality can be a great source of help when approaching death. The Christian tradition provides us with structures of hope, meaning and new possibilities even in the midst of pain and suffering. In an age-denying culture such as our own, Christianity enables us to look at growing old and facing death quite differently from the culture around us by offering rituals, prayers, scriptural insight and communities of belonging that embody and live out the belief in the importance of a life well lived as well as life after death. End of life care begins in the day to day life of the Christian community and not simply within the intensity and technical expertise of the medical ward often associated with the end of a person's life.