

**Report of the Task Force on  
Assisted Suicide**

to the 122nd convention of the  
Episcopal Diocese of Newark

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**Prologue**

The topic of this report is assisted suicide. Assisted suicide is a hotly debated issue within every institution of our society. The task force chose to focus on those issues relating to situations in which a person is contemplating the ending of her/his own life and the issues surrounding those choices. The discussion of involuntary and nonvoluntary euthanasia is of great importance, and requires further study but is beyond the scope of this report. For purposes of clarity the various forms of assisted suicide and euthanasia are defined as follows:

**Euthanasia** - Etymologically euthanasia meant in antiquity a "good death" or an "easy death" that is death free from severe pain. However, euthanasia no longer simply means an easy death. Today Euthanasia

refers to any intervention which lessens the suffering of illness; an intervention that at times carries with it the danger of terminating life prematurely. Sometimes the word euthanasia may also be used to mean mercy killing, the purpose being to put a complete end to extreme suffering. For our purposes euthanasia means an action or omission that by its nature or by intention causes death with the purpose of putting an end to all suffering. Euthanasia is therefore a matter of intention and method.

There are several forms of Euthanasia and Assisted Suicide:

- \* Voluntary Euthanasia - An individual personally chooses to end his or her own life to end suffering with or without the assistance of others and dies as a result of this voluntary choice. Essentially the same as SUICIDE.
- \* Involuntary Euthanasia- An individual is killed against his or her own will but with the primary intention of ending his or her suffering. Such killing would clearly constitute murder and would be prosecuted as murder.
- \* Nonvoluntary Euthanasia- An individual is killed with the intention of ending his or her suffering when that individual neither gives informed consent nor specifically indicates any decision. Frequently occurs when an individual's ability to understand or discuss his or her condition and alternatives are severely impaired or the person may be comatose.
- \* Rational Suicide- Refers to suicide that results from a voluntary and competent decision by an individual that future prospects do not justify living.
- \* Irrational Suicide- Refers to suicide that results from depression, anger, rage, fear, or an emotional disorder.
- \* Assisted Suicide- Refers to an individual taking his or her own life with the aid of another individual.
- \* Physician Assisted Suicide- Refers to an individual taking his or her own life with the aid of a physician.
- \* Terminating Life-sustaining Treatments- Refers to withholding or withdrawing life-sustaining treatments from the patients to let him or her

die. (Commonly referred to as passive Euthanasia.)

\* Indirect Euthanasia- Refers to administering narcotics or other medication to relieve pain with incidental consequence of causing sufficient respiratory depression to result in patient's death.

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## **Introduction**

The intentional ending of one's life is an issue that raises the most serious pastoral, moral, and theological questions. The deliberations of the task force on assisted suicide proceed from the assumption that individuals have the ability to make moral choices. These choices can and should be made with the assistance of an enlightened conscience informed by scripture, tradition and reason. This report presents a number of factors that should be taken into consideration in informing the conscience and arriving at an informed moral choice.

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## **Theological Issues**

### **Creation**

We begin our consideration of the theological issues of assisted suicide with the doctrine of creation. As Christians we believe that God is the creator of the universe. As such, the whole of the created order including human life is a gift from God. An integral part of that gift is that humans have free will which needs to be exercised responsibly in obedience to God.

The statements of basic beliefs need to be elaborated in order to see the connection between freedom, creation, and assisted suicide. Reverence for God's creation requires that we refrain from any unnecessary and willful destruction of that creation. Yet, given the nature of creation, some destruction is inevitable and necessary. It is inherent in nature that life can be sustained only at the expense of other life. The willful taking of life, however, can be morally justified only if the good desired outweighs the potential evil and only if that good cannot be achieved in

a less destructive manner. Therefore, with creation there is also destruction. This apparent paradox was clearly described by a report of the Church of England:

The creation of new value is as important as, if not more important than, the preservation of existing value. And it can be argued, paradoxically but not nonsensically, that the greater value could be achieved in a person's life, *taken as a whole*, if he knew that at a certain stage of his dying he would be painlessly put to death rather than be allowed to linger on, feeling himself a burden to others as well as to himself. In certain circumstances his death could be said to be a good rather than an evil. The act of physical destruction, it could be argued would be a morally creative act.

In the case of assisted suicide, one must balance the onerous consideration of taking a human life against the pain and suffering of that same individual. The idea of the sanctity of human life is a deep-seated principle in Christian theology. This principle however does not negate the role of human-kind in creation. It is our belief that creation is an ongoing activity of God and it is a high calling of humans to share in that activity.

If human-kind is part of and a contributor to creation then we must also address the nature of our dependence upon God. Some argue that suicide is never permissible because it indicates that the person does not comprehend the appropriate relationship between God and humans. According to this argument suicide indicates a lack of trust in God. We would suggest, however, that dependence upon God is in no way violated by the *responsible* exercise of our God-given freedom to choose, especially when it comes to our own death.

The progress of medical science is such that while a person's body can be kept alive much longer than was possible only decades ago, the quality of that life may be described by unremitting pain and loss of those very qualities which describe human life. The theology of creation allows us to contemplate the relationship between God and humans in

this area but it does not give us ready answers to the questions regarding assisted suicide.

## **Exodus**

Augmenting the theology of creation is the constitutive event at the foundation of the Judeo-Christian community, the story of the Exodus. Here God draws the chosen people out of bondage and suffering into the consecrated life of the covenant. As creation theology holds the notion of life itself, *bios*, at the center of the relationship between God and humanity, Exodus theology holds *zoe*, the abundance of life in and through the revelation of God to God's own people, as the primary expression of God's creative force. *Zoe* represents the sweetness and significance of life described by Jesus as the very center of the incarnation: "I have come that you might have life and have it more abundantly." In considering how to be faithful to God's intention for humanity in the present question, one must hold in creative tension the respective claims of both *bios* and *zoe*. The fact of life itself is clearly to be cherished, but God's saving action is also expressed in the relief of suffering, in the drawing of humanity from the bondage of suffering into the deeper, creative significance of life in God. It is the essence of the Christian hope to affirm that discovering that meaning is not a quest that ends in death, but is taken up by God as we are reclaimed in death for eternal life. Accordingly, the end of *bios* by no means results in the end of *zoe*. We must remain open to the possibility that this assertion is not negated by the choice for voluntary death in the kinds of extraordinary circumstances to be discussed later in this report.

## **Resurrection**

A refusal to acknowledge any possibility of the ethical integrity of a prayerful decision to end one's life, or to assist someone else to do so is, in a sense, a failure to be mindful that "God's steadfast love endures forever" (Ps. 118:1), and that Christian faith looks forward to what lies ahead, notwithstanding "the terror of the night... [and] the destruction of the wastes at noonday" (Ps. 91:5-6). The light of Easter morning is

disclosed only by the shadow of the cross.

The historic creeds of the Church openly acknowledge death in affirming resurrection from the dead. The Apostles' Creed professes belief in "the resurrection of the body and the life everlasting". The Nicene Creed declares that we "look for the resurrection of the dead, and the life of the world to come".

The Christian hope is that of being raised from every power of death by the same power of God's Spirit that raised Jesus Christ from the dead. Indeed, an explicit longing for death in order to achieve the highest spiritual condition has been, at times, a powerful part of Christian tradition. It was **the** motivation for joyful Christian martyrdom in the early Church. In his letter to the Philippians, St. Paul revealed his own desire for death in order to "be with Christ" (Philippians 1:23). We refer to these traditions simply as a reminder that neither the tradition, teaching, nor scripture of the Church have held up human life on earth as the ultimate good to be maintained at all costs. Ours is a resurrection faith.

Our baptismal covenant calls us to "respect the dignity of every human being". (BCP p. 305) Surely this cannot mean requiring all persons under all circumstances to continue in human life which has become unspeakably and unrelievably agonizing and undignified for them.

## **Suffering**

No discussion of assisted suicide can proceed without a serious look at the issue of suffering associated with serious illness, and what Christian faith requires in response. If human suffering were completely manageable in the midst of illness, the issues of assisted suicide would be moot.

From the earliest days of the Christian faith, there has existed an integral connection between faith and suffering. The passion of our Lord and its redemptive effect stood at the center of our initial kerygma

(proclamation of the Gospel). Early Christianity lived out its embryonic centuries in a hostile environment where faith, persecution, and suffering were inextricably bound together. From this context our formative theological reflection on suffering was born.

Saint Paul is eloquent on the suffering that rises out of the experience of faith, and on the virtue of that tribulation. Representative of his understanding are the words of the fifth chapter of Romans:

*. . . we rejoice in our suffering, knowing that suffering produces endurance, and endurance produces character, and character produces hope, and hope does not disappoint us, because God's love has been poured into our hearts through the Holy Spirit which has been given to us. (Rom. 5:3-5)*

This is a clear endorsement of the virtue of suffering and of the abundance of grace that flows through its process for the Christian. Similar attitudes toward suffering emerge in the words of Saint Paul in Rom: 8:17ff; 1 Cor. 12:26; 2 Cor. 1:6. What must be emphasized here is that such statements by Paul regarding suffering never glorify the virtue of suffering for its own sake. All of Paul's references refer to suffering ***for the sake of the Gospel and its proclamation into the often hostile world.*** The author of Hebrews offers us this reflection on suffering:

*For it is fitting that he, for whom and by whom all things exist, in bringing many children to glory, should make the pioneer of their salvation perfect through suffering. For the one who sanctifies and those who are sanctified all have one origin. For this reason Jesus is not ashamed to call them brothers and sisters . . . (Heb. 2:10-11)*

Here the reference is not to human suffering in general, but specifically to the redemptive quality of the suffering of Jesus. The label "pioneer" certainly indicates like followership, but it refers to salvation, not perfection through suffering. Jesus is the pioneer of our salvation, not of our descent into painful tribulation for its intrinsic redemptive value.

The circumstances of suffering, therefore, are critical to formulating a faithful response to its existence. Unless an individual somehow understands suffering due to serious illness as a direct consequence of ones' faithful response to the Gospel, endurance of such suffering cannot be seen as a mandate, either moral or theological, on the basis of the scriptural witness. It is not a moral failing to view such suffering as devoid of purpose, and thus without redemptive value. This, coupled with the clear precedent of Jesus' countless efforts to alleviate suffering through his healing ministry, makes clear that there is no obligation incumbent upon the Christian to endure suffering for its own sake.

There are individuals who experience their own suffering in serious illness as an opportunity for the deepening of their faith. There are those whose suffering allows them to feel a more profound sense of identification and solidarity with the suffering of others, even of their Lord. For these people, suffering associated with serious illness has significant, even magnificent meaning. There is no intent here to wrest that sense of purpose away. The intent is to offer freedom to those who might otherwise feel enslaved to a biblically driven mandate to suffer virtuously and without release. Such a mandate is not theologically defensible, and is thus in force for no faithful Christian.

### **Ethical Considerations**

Our society and church accept the *ethical* principle of autonomy. Christians, however, throughout the centuries have set limits on human autonomy based upon the understanding of the scriptures and church traditions. Orthodox approaches to Christian ethics have always ruled out suicide in any form. As discussed in other parts of this document, circumstances have changed, requiring a review of these ethical positions. Modern technology has created a dissonance with the past.

Contemporary medicine has generated a variety of choices previously unavailable to the individual. This has resulted in a growing tension between individual, God, family, church, and society. When one ponders exercising a choice regarding the time and circumstance of his or her

own death, all of these dimensions will need to be carefully explored.

When considering the possibility of voluntary assisted death, the first issue to be encountered is whether the person's circumstances make such an action a morally viable alternative. We offer the following criteria as a measure of that ethical defensibility, recognizing that fulfillment of the same does not constitute a mandate for assisted suicide, but an affirmation of the further pursuit of the possibility. Such affirmation would depend upon compliance with all of these:

- \* The decision to hasten death is a truly informed and voluntary choice free from external coercion.
- \* The condition is terminal or incurable.
- \* The pain and/or suffering is persistent or progressive.
- \* All other reasonable means of amelioration of pain and suffering have been exhausted.

If the determination has been made that an individual's condition makes voluntary assisted death a reasonable and ethical alternative, that individual will need to move toward a specific decision regarding whether to exercise that alternative.

No single rigid set of ethical rules or guidelines is sufficient for decision making given the ever changing complexity of present daily life. The task force recognizes the multiplicity of ethical considerations and systems which must be embraced by an individual contemplating the alternative of voluntary assisted death, and by those persons who have been asked to assist in the actualization of that death. The process of ethical decision making becomes one of dialectic reflection, seeking truth not in moral absolutes, but in the dynamic tension existing between seemingly opposite, but equally held principles.

It may be likened to navigating a boat on a river, with the opposing shores defining and directing the journey. The opposing truths of each shoreline shape the creative tension from which responsible decisions can emerge. Christian decision making which seeks to determine

whether voluntary death can be considered as an ethically sound option move carefully and deliberately between the shorelines. Such dialectic thinking, both for one who considers dying and for one who considers assisting, will profoundly engage the conflict begotten of mutually honored moral values existing in dynamic tension, such as:

Personal autonomy <-----> Responsibility to others  
Concern for Society <-----> Compassion for the individual  
Stewardship of Resources <-----> Protection of Life  
Living as long as possible <-----> Dying as well as possible  
Sanctity of Life <-----> Quality of Life

Finally, if this process leads a person to a decision to seek voluntary death or to assist in that ultimate passage of another, we offer these final three criteria to be met in order that the decision be morally sound:

- \* The decision to end one's life has been discussed with significant others.
- \* The method and timing of death have been clearly discussed and understood by the dying person.
- \* The plan for voluntary assisted death places maximum autonomy and command of the process in the hands of the dying person. The individual should be afforded as much control as their condition allows over the timing, location, and circumstances of their death. The role of one assisting should be as broad as necessary and as narrow as possible.

While ethics is complicated by the opinions of academic, scientific, sociological, philosophical, psychological, cultural, legal, and theological disciplines, the above strives to find a balance that meets the needs of the person faced with this difficult situation. An ethical guideline, however, is no guarantee that the final decision will be ethical.

We believe that there are cases and circumstances where involuntary prolonged biological existence is a less ethical alternative than a conscientiously chosen and merciful termination of earthly life. In such

an exceptional environment, voluntary assisted death may indeed be part of the healing process because it enables the person to die well.

## **Pastoral Issues**

Several pastoral issues related to assisted suicide have broad implications for both individuals and the community. The pastoral challenges surrounding assisted suicide are substantial. Our society is still struggling with the role of death as an inseparable component of life and as the first step toward immortality, redemption, and ultimate healing. The legal specifications and requirements regarding assisted suicide are beyond the scope of this report.

In the course of modern history, cures for many diseases and other technical advances have prolonged biological life. Yet with them, new challenges and opportunities have emerged for the patient and loving care givers alike. One particular challenge emerges when medical advances artificially extend biological life while offering no hope of relief or recovery. Attempts to keep a person alive regardless of the physical and psychological consequences may actually become an act of aggression rather than an act of caring and kindness. Often, decisions made by care givers and the medical profession in an attempt to avoid pain, suffering or death are counter productive and ultimately prolong an excruciating process. Assisted suicide is not the only solution to such physical and mental pain. Rather, it may be viewed as a new complication, further confusing the issues around death and dying. Yet in a situation where the process of dying has become grossly undignified, assisted suicide has the potential to alleviate meaningless pain and suffering.

## **The Wider Church Community**

The task force identified the need for a commitment to parish-based Christian education. The areas for education include demystification of death, suffering as part of life, and other end of life issues. Death is not easily dealt with by our society. We use euphemisms when describing

death, deny its existence as a normal and final process of mortal life. The denial of death and the unrealistic sanitization and sentimental portrayals by the media demonstrate a need for education.

In our baptismal vows, we promise to "respect the dignity of every human being" (BCP p. 305). The right to dignity is for a lifetime, in every moment even the last. Therefore, dignity in death may have greater value than our need to sustain life.

We need to teach that death is part of the fabric of life. The dignity of all persons throughout life, from infancy to death, needs to be understood from a Christian perspective. Biblical witness regarding suffering, death, sin and life are essential. Above all else, any such exploration must proceed from the vantage point of Easter, embracing Christ's resurrection and promise of eternal life.

## **The Patient**

The patient who has requested assisted suicide presents many pastoral challenges and opportunities. Initial pastoral interactions are to be confidential and need to include the possible impact of assisted suicide on those individuals belonging to the intimate and immediate community of the patient. Reasons for the request need to be explored as well as why the patient came to decide that assisted suicide was an available option.

It is important that open and honest discussion take place regarding all available options for management of physical, emotional, and psychological suffering. When a decision is reached to pursue assisted suicide, it is critical for the patient to determine which other persons need to be informed of this decision. To commit suicide without informing intimate others is hurtful and potentially damaging to the survivors.

## **The Family and Other Loved Ones**

The psychological pain associated with the potential loss of a loved one frequently requires and involves pastoral intervention. In an effort to prevent loss, loved ones may demand life-prolonging intervention at all costs, even if it leads to the indignity of the patient. Loved ones who are asked to support a patient who has chosen assisted suicide need pastoral support.

In many cases, the loved ones may not wish to assist physically or emotionally or even concur with the patient's wishes. Where the patient and the loved ones disagree, the autonomy and self determination of the patient is paramount.

### **The Medical and Other Professional Staff**

The medical staff involved with the treatment and care of the patient will also need psychic and spiritual support. Death is often viewed as a failure among the medical profession, even though it is the natural outcome of living. Medical staff may be requested to assist in a suicide. For the medical professional, suicide may be in conflict with personal spiritual beliefs and may be viewed as being incompatible with professional standards and treatment goals. Personal integrity should always be honored in medical personnel who have the right to choose for themselves which procedures they are willing to perform.

For those professionals who choose to assist in a patient's suicide, spiritual counsel and pastoral care should be constantly available. Because of the possible inflammatory nature of this issue, the potential for both professional damage and community repercussions, and the uniqueness of each patient's case, medical professionals are likely to be struggling with this issue on an ongoing basis.

### **The Clergy**

Because of the gravity of life and death issues clergy also require pastoral care. The church community needs to be aware of the clergy's need for support in providing pastoral care to all individuals

participating in the care of dying patients.

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## **Conclusions**

The task force affirms that assisted suicide can be theologically and ethically justified. We assert that people need to develop an informed conscience on this issue. We find that:

1. Christian theology demands respect for human life and recognizes that human life is sacred.
2. Modern science has created a situation where biological existence may be extended far beyond the point where a reasonable quality of life exists.
3. There are circumstances where involuntarily prolonged biological existence is a less ethical alternative than a conscientiously chosen and merciful termination of earthly life.
4. In such exceptional cases, assisting a suffering person in accomplishing voluntary death can be morally justified as part of the healing process, because it enables a person to die well.
5. As Christians we are all called upon to offer pastoral care and comfort to persons who find themselves or their loved ones in such a difficult situation.
6. The issue of assisted suicide and death requires additional education, and prayerful discussions leading to a more informed community and congregation.
7. We encourage individuals to enter into the discussions of how to implement the concepts that have been discussed in this report.

## **Resolutions**

**Resolved:** That the 122nd Convention of the Episcopal Diocese of Newark accept the report of the Task Force on Assisted Suicide.

**Resolved:** That we affirm that suicide may be a moral choice for a Christian when: a person's condition is terminal or incurable; when pain is persistent and/or progressive; when all other reasonable means of amelioration of pain and suffering have been exhausted; and when the decision to hasten death is a truly informed and voluntary choice free from external coercion. Assisting another in accomplishing voluntary death under these circumstances may be an equally moral choice.

**Resolved:** That the report of the Task Force on assisted suicide be forwarded to the General Convention of the Episcopal church and the New Jersey legislature for their consideration.

**Resolved:** That during 1996 the Diocese commit to a program of education for all congregations of the Diocese on the subject of issues related to assisted suicide and death.