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Euthanasia or Mercy Killing

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EUTHANASIA OR MERCY KILLING

Prepared by the Commission. Adopted by the General Synod, 1981 Convention

Definition of Terms and Practice

The word 'euthanasia' (derived from the Greek *eu* and *thanatos*) has three primary meanings in common English usage: a) a gentle and easy death; b) the means of bringing about a gentle and easy death; and c) the action of inducing a gentle and easy death. The term is a synonym for mercy killing, and this involves either assisting a patient to commit suicide or administering 'painless' or 'merciful' death to a patient.

Various Forms of Mercy Killing

Current 'social' vocabulary distinguishes between

- a) *voluntary euthanasia* — the deliberate ending of life in a painless manner at the request of a patient;
- b) *involuntary euthanasia* — the deliberate ending of life in a painless manner without the consent of the patient;
- c) *convertible euthanasia* — the deliberate ending of life in a painless manner when the patient is at the time unable to give consent but who has consented previously;
- d) *compulsory euthanasia* — the deliberate ending of life in a painless manner against the wishes of the patient.

In addition to these terms, we also have the phrases 'passive' or 'negative' and 'active' or 'positive' euthanasia. The term 'passive' or 'negative' euthanasia is particularly dangerous because it sounds like the acceptable medical practice of 'allowing a patient to die'. The term 'euthanasia' must never be used in the context of dying because euthanasia, with or without a qualifying adjective, always means killing.

Legislation of Mercy Killing

The church rejects the practice of mercy killing or euthanasia in all its forms, because such killing is contrary to the word and law of God. The church's opposition to past, present, and future proposals for euthanasia legislation is based, above all, on ethical considerations concerning the life and the death of human beings. The 'right to life' of every person must be protected by law. The 'right to die' concept is completely foreign to sound biblical ethical principles.

There are additional reasons why the church is opposed to euthanasia legislation, reasons of a legal, social, or medical nature. These may be summarised as follows:

- a) Euthanasia legislation and practice extend the 'life-not-worth-living' concept which has already been introduced in a number of state-liberalised abortion laws;
- b) Euthanasia legislation does not eliminate the existing dangers of uncertainty in diagnosis, errors of observation, and the misinterpretation of the patient's wishes;

- c) There will inevitably be moral pressure from relatives and the community on patients and doctors to avail themselves of euthanasia, even though the real wish of the patient is against it;
- d) Our society does not tolerate any reasonable sentencing of a person guilty of serious crime, if any reasonable doubt exists as to the person's guilt, and in many places capital punishment has for that reason and others been abolished. As euthanasia involves certain death of an 'innocent' person, we must not tolerate any margin of error or uncertainty as to the patient's wishes or as to the diagnosis of incurability. Neither can be absolutely ascertained;
- e) Euthanasia puts at risk those who have an incurable and fatal disease, those who are severely incapacitated, and those who are hopelessly mentally or physically defective. These people, young or aged, need the benefit of modern and understanding medical care, rather than the administration of 'death on demand';
- f) The legalisation of voluntary euthanasia must inevitably lead to an involuntary or a compulsory euthanasia program for 'useless eaters' or 'useless obstacles', who prevent a society from creating its own utopia. There is documented evidence that involuntary euthanasia has been the real objective of advocates of voluntary euthanasia legislation. Voluntary legislation is to be but the first step.

Care for the Dying

- a) The church is aware of the great advances made in medical technology, and therefore of the possibilities of 'prolonging' life beyond the scope of 'ordinary' means of medical treatment.
- b) The church is mindful of the difficulty of making clear distinctions between 'ordinary' and 'extraordinary' means of medical treatment in the light of current advanced medical technology.
- c) The church supports the following criteria for the responsible care of terminally ill or dying patients:
 - i) Physicians should at all times respect the life of their patients and use all 'ordinary' means available to them to preserve their lives;
 - ii) Physicians should as often as practicable inform their patients of the purpose of using 'extraordinary' means and respect the wish of their patients that they stop all heroic and extraordinary efforts to prevent their death, in case there is in their expressed professional judgment no real hope of recovery;
 - iii) Physicians should never yield to any pressures exerted by civil or medical authorities, patients or their relatives or any other individual or group to apply any form of mercy killing to their patients;
 - iv) Physicians should always ensure that their patients' demand for proper spiritual care be met with respect, understanding, and good-will, and do what is in their power to provide opportunities for spiritual care;
 - v) Physicians should never hesitate to alleviate pain and physical distress. However, they should be mindful of the fact that the dimensions of pain and distress often go beyond the merely physical;
 - vi) Physicians should remember that the church is called to help both physician and patient in the process of decision-making and that the church in pastoral wisdom will continue to remind the medical profession of its responsibilities, obligations, and privileges.

Call to the Church

The church calls upon its pastors to be diligent in their ministry of word and sacrament to the sick and dying, and encourages its members to be comforting and supporting brothers and sisters to those whose earthly pilgrimage is made more difficult through suffering, sickness, or fear of death.

Call upon Governments

The church also calls upon Commonwealth, State and local governments to support the care for the dying by all appropriate means available to them, eg the allocation of sufficient funding for the purchase of adequate means of life-support for the terminally ill and dying patients; the provision of a 'hospice-type' environment for such patients; the support of adequate training programs for medical and para-medical personnel so that specialised care for such patients is readily available; and a firm commitment to refuse the enactment of any form of euthanasia legislation even in the face of increased pressure by influential euthanasia supporters.