Dignity in Dying, Dignity in Living

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I have changed my mind. For many years I was against the idea of assisted dying on the grounds of the sanctity of life, as well as the 'slippery slope' argument. However, after many years as a congregational minister of seeing people die in pain, I see no merit in individuals being forced to live out their last days in misery if they wants to avoid it. I am also confident that the safeguards being proposed around assisted dying are sufficiently strong and will ensure that it is not abused. I know palliative care can be wonderful, but it has limits and there are those it cannot help, and assisted dying should be available as an option for those who so wish.

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What is vital to this debate is clarity of terms. Assisted Dying is neither euthanasia nor suicide nor the Liverpool Care Pathway. Euthanasia refers to situations in which someone else takes a person's life because the state has permitted it. The individual concerned is not necessarily terminal ill, but may have what are considered by others to be serious mental or physical defects. Suicide is when a person takes their own life for a variety of different reasons, varying from those in a state of extreme distress to those who do so as a pre-planned political statement. Moreover, in most cases, the person would have lived for many years had they not committed suicide.
In contrast, Assisted Dying is where an already dying patient takes their own life, doing so of their own accord, whilst in sound mind, so as to hasten their death, usually in order to avoid either pain or incapacity.

This also differs from the procedure known in England as the Liverpool Care Pathway (which you may know under a different name), where medical staff makes decisions on behalf of a terminally ill patient. Death is hastened not by administering anything but by withdrawing medical treatment or food and water.

At present, assisted dying is not legal in Britain, although it does happen elsewhere: in several countries in Europe: Austria, Belgium, Luxembourg and the Netherlands, with it being under consideration in France, Germany, Ireland and Portugal. It also occurs in several states in the USA, as well as Australia and New Zealand. However, in those places it is only for citizens, and the one country that allows those from abroad to come to be helped to die is Switzerland, and hence the trail of people going to the 'Dignitas' clinic there.

The reason why assisted dying has become increasing discussed as a possible option is largely because of two consequences resulting from the changes in our lifestyle in recent decades. First, thanks to modern improvement in housing, central heating, sanitation and medicine, people live longer. However, this also means that more people reach a bodily condition in which pain or indignity are constant, at which point some would prefer to die rather than carry on living. Thus the bonus of living longer carries the penalty that we have more time in periods of terminal illness.

For instance, between 1991 and 2001, life expectancy rose by 2.2 years but the period of healthy life only increased by 0.6 years, whereas that of unhealthy life increased by 1.6 years[1]

1 Paul Badham, Is There a Christian Case for Assisted Dying? London: SPCK 2009, p. 8

The second factor is the growth in the belief in personal autonomy and the right to make decisions affecting oneself. It includes choosing one's marriage partner and selecting one's career path, both of which were pre-determined until recently, and still are so in some circles. Those who expect to control all aspects of their life now wish to extend that to determining when their departure from life occurs, especially if they are facing terminal illness.

A key factor for them is the desire to avoid pain. However, it is not just physical suffering that appals them, but a range of other situations: the humiliation (in their eyes) of failing powers; the limitation of their ability to enjoy life; their dependency on others; the lack of control over their bodily functions; the sense that they have nothing to look forward to save ever-worsening decline; the unwelcome image of being sedated into a state of narcotic stupor in their final days or with their bodies sprouting a forest of tubes.

Of course, there are many who regard the above as a regrettable part of the natural cycle of life, to be mitigated through medical care if possible and to be endured if not.
That is entirely their prerogative and must be respected. The question is whether those who wish to avoid that pain and indignity should have the right to do so?

> like the people who say: "Each night I pray I won't wake up in the morning"—and are then devastated that they do … or those who implore the doctor & relatives saying "can't you do something to send me on my way"—

And we also need to ask whether other people have the right to prevent them making that choice about their own life?

From a Jewish point of view, the traditional approach to any query is to examine biblical and rabbinic sources for guidance. The Bible has various examples of suicide, but they are all of healthy individuals facing a traumatic future. They are Samson, who brings the building down on himself and the Philistines (Judges 16.30); King Saul who falls on his own sword so as not to fall into the hands of the Philistines (I Samuel 31.4)

Achitophel, an adviser to King David who hanged himself after the failure of the revolt of Absalom, which he had backed, (II Samuel 17.23); and Zimri after the failure of his coup against the king of Judah (I Kings 16.18).

There is also the incident surrounding Abimelech, a military leader who was fatally wounded when a woman dropped a heavy stone on his head from a tower … at which point he asked a solder to kill him with his sword so that people would not say he died through a woman's hand—but that was an authorised killing by someone else, not assisted dying by the person himself (Judges 9.54).

If we leave the Bible and move on to the Talmud the rabbinic commentary on the Bible in the 5th century and which did so much to re-shape Judaism and led to the form we know today … we find two rabbinic texts that have some relevance but, again, don't fit our modern issues.

The most famous is the episode surrounding Rabbi Judah—the great scholar who is dying, but is being kept from death by the prayers of his colleagues who don't want to lose him … but his maid realises he is suffering and that they are elongating his misery and so she climbed up to the roof of the house and threw down a pot—and when it smashed onto the ground it distracted them, their prayers ceased temporarily and he was able to die in peace (Ketubot 104a)

It is a case that may apply to withdrawal of treatment, bur not assisted dying, while it also concerns other people making a decision about a person, not the person themselves making a decision.

Then there is the case of Chanina ben Teradion —a rabbi being burnt at the stake by the Romans—who accepts an offer from the executioner to remove the wet woollen tufts from his chest that had been placed there to delay his death and increase his suffering (Avodah Zarah 18a)
This, too, deals more with removing obstacles to death, not causing death through a positive action, such as taking life-ending medicine.

Of course, it is the natural instinct of religious scholars when trying to judge new situations to look at ancient texts … but as financial advisers often warn clients when they want to invest in stock & shares: "past performance is no guarantee of future results"—and so instead of citing past examples, we need to concentrate more on the values of our faith and see how they affect our approach to assisted dying,

There are the general principles of valuing every life and providing care for anyone unwell—which are central to Jewish thinking—and certainly mean offering palliative care for those who so wish—but they do not address the question of terminally ill person who wants to die.

A biblical passage that—deliberately or accidentally—is relevant to the changing perceptions today (and perhaps long ago too) is the famous line in the Book of Ecclesiastes 3.2: 'There is a time to be born and a time to die'. It is noticeable that it does not say who chooses that time. In previous eras it was assumed that both were pre-ordained by God, and that any human interference was sinful, but now it can be read very differently. The time to die could just as well be our decision.

The God-barrier has long been pushed aside both in the beginning and end of life, with humans acting in lieu of God, whether by doctors' efforts to create life via test tubes or postpone death through heart transplants.
Why should a terminally-ill person not have the same decision-making rights? The objection raised by some, that assisted dying is 'playing God', ignores the fact that we frequently 'play God'—doing so every time we give a blood transfusion or provide a road accident victim artificial limbs. Should we stop doing that? If the religious ideal is 'imitatio dei'/imitation of God, then it is our duty to use our God-given abilities to imitate God as much as possible.

And as a minister of faith, I would argue that supporting assisted dying is also playing God in the best possible way:
in the sense that God wants us to help those in distress
to heal where possible … comfort when needed
… and help to let go of life when desired
• that's what being religious mean

There are those who regard suffering as a God-given test to prove character or teach humility. Others argue that even if not deliberately inflicted by God, then at least it is a way of discovering inner strengths that one never knew existed or learning greater sensitivity to the needs of others. These qualities are indeed praiseworthy but can be learnt in many other ways and should not be taught through making individuals suffer. Justifications such as these are simply making the best of a bad job and trying to give some meaning to the inexplicable.

However, belief in the sanctity of life—in other words, how precious it is—does not mean believing in the sanctity of suffering or disregarding steps to avoid it. There is nothing holy about agony.
If a terminally-ill person does not wish to live out his/her last few months in pain, for what purpose should they be forced to do so, and in whose interest is that life being prolonged?

This theological position is reinforced by the practical concern for those dying in pain, along with the anguish of relatives watching on helplessly. Other rabbis—past and present—do recognise the problem

and are not unsympathetic to the predicament it poses. However, they hold that that matter is in God's hands and not for humans to fathom the reasons or change the outcome. The most daringly pro-active response is that one is permitted to pray for the person's death[2].

While this may be a way of nudging God in the right direction, it still rules out any human intervention. But it is also theological cheat—you cannot pray for something that is halachically forbidden … so either don't pray for it or change Jewish law. Hospices and palliative care can be the answer for many individuals, but those whom they cannot help need different answers, and assisted dying might be one of them.

One concern, though, is that the right to opt for assisted dying might have a harmful effect on others, especially those in a similar condition but who do not wish to end their life. Might they feel pressurised to do so? The Bill recently proposed by Baroness Meacher in England in the House of Lords to permit assisted dying legislation listed a wide range of safeguards that should allay such fears. They include the stipulations that:

1. the person is terminally ill
2. the person is mentally competent
3. the person is suffering unbearably
4. the person makes the request of their own free will

The process for ensuring the above was rigorous:

- it can only be initiated if requested by the person him/herself
- the person must be assessed by two independent doctors to ensure that he/she is terminally ill and of sound mind
- the patient must be counselled by a palliative care expert to ensure they have considered other options
- the person has to make two oral and one written request; the latter must be witnessed by two independent witnesses not connected with the family or hospital
- there has to be a fourteen day waiting period for reflection
- before permission can be given, it has to be checked by a judge to ensure all the safeguards have been observed
- the person can change their mind at any time and including right up to the last minute
- it is an assisted death only, and while doctors can prescribe medication, only the patient can administer it

According to the provisions of the Bill, assisted dying would not be allowed for those are who unable to take the potion of barbiturates themselves. This may rule out some deserving cases, but is so as to ensure that the person is taking the medication from their own free will.

It would also not apply to those suffering from chronic pain but who are not terminally ill. This may disappoint some, but is so as to limit permission to those shortly about to die anyway and to avoid any

2 Moshe Feinstein, Iggrot Moshe, Chosen Mishpat 2.73

slippage into shortening life more generally.

I should say that there are some countries where the conditions are much wider … where assisted dying is not just for the terminally ill (as is being proposed in England) and where those who are suffering but not terminally ill are eligible … but that is not what is being called for in England, where it is just those approaching death.

What is so persuasive for me is that we are in the fortunate position of knowing in advance what will be the likely effects of permitting this strictly limited form of assisted dying … as a result of the experiences elsewhere, especially in Oregon, which has the closest system to the legislation being proposed for Britain.

Since it was introduced in 1997, several thousand dying patients per year enquire about assistance to die, but only around 0.4% opt for it[3]. In 2017 this meant 143 people out of 36,498 who died in Oregon.

Moreover, it is a static annual figure that is not shooting up but stable. It indicates that many people wish to 'know it's there' and have the emotional safety-net of knowing they can resort to it if their situation makes life intolerable, but never find they reach that stage.

What's more, those who would be considered to be in the category of 'the vulnerable' have been less likely to take up assisted dying that those who are in positions of greater independence and responsibility. It suggests that it is particularly favoured by those used to controlling the course of their life. This may not be everyone's choice, but why should they be denied it because others do not wish it?

There are those who are worried about the effect on doctor-patient relationships if doctors are involved in the process of assisted dying. But if the doctor is providing a lethal potion only in response to the patient's request, their role will continue to be seen as beneficial and patient-oriented. It is significant that the declaration taken by most doctors upon qualifying is no longer the Hippocratic Oath (which spoke of not causing harm to a patient),
but has generally been replaced by the Geneva Declaration (which changed the emphasis to considering the health of patients). Assisted dying would only be permitted to alleviate the pain or indignity that a patient wished to avoid.

It would also be the case that, as stated in the proposed legislation, doctors would not be obliged to participate in assisted dying if it was against their conscience.
Concern over the impact on family relationships is another legitimate question, but it need not make assisted dying any more problematic than the current options: caring relatives will remain caring relatives, and will seek to support loved ones who are dying whatever the manner of their death. It is virtuous to tend to the dying, but no less virtuous to allow them to choose assisted death if that is their clear preference. The refusal to do so would be putting their own wishes before that of the patient.

Conversely, the anguish of relatives watching on helplessly as someone dies slowly and painfully can be enormously destructive. It can lead to the collapse of their faith, and many a person has demanded to know how a supposedly loving God can allow such suffering to happen, and then never set foot in church or synagogue again. Meanwhile, uncaring relatives will remain uncaring, and be guilty of the same neglect as happens currently; but they will be prevented by the strict provisions of the proposed legislation from taking any steps to hasten the patient's death.

I would certainly advise those thinking of assisted dying should an intolerable situation arise to discuss it with their families well in advance, both to prepare relatives for that option and to be aware of their

3 Badham, ibid. p. 115

reactions. It might result in lengthy discussions, or delaying any decision until the immediate circle had come to terms with it, or the person changing their mind. Whatever the scenario, the key object would be to help all sides feel emotionally prepared for the final outcome and mutually supportive of each other.
Another concern is the 'slippery slope' argument: that once permission is given in certain situations, it could later be extended to the others, such as to those who are not mentally competent.

But possible fears of the future should not impede the definite needs of the present. Moreover, we have the reassurance of knowing what has happened in Oregon, where there has been no change to legislation that was enacted in 1997.

Nor has the take-up rate increased by a significant number over two decades, for although many apply for the right, as I said earlier, it is more as a safety-net in case they cannot face carrying on, and it is rarely activated.

Some countries, such as Belgium, do have much more permissive conditions, but they were there from the start. If British society, or any other country, feels boundaries are important, then they will be maintained by being enshrined in the law.

Also, let's be honest: we constantly live with situations that are open to abuse—from driving a car to giving the police extensive powers over us—but we do not let it petrify us into total inactivity, but try to maintain a balance between the appropriate and inappropriate; in the case of assisted dying, the status quo of condemning dying people to suffer is no longer acceptable.

This is especially the case as it is not as if the current situation is a good one, for at present people who are terminally ill & suffering have three options and all three are bad options:

1. stagger on in pain, despite desperately wanting to let go … and who does that benefit?
2. try to end it themselves and commit suicide—which is often botched & leaves them worse off, or if successful, is often traumatic for relatives to have to deal with afterwards
3. go to Dignitas in Switzerland, which is not only very costly, but also means you die abroad away from family AND you have to die earlier than you might choose, as you have to be fit enough to travel by plane

The challenges posed by those dying in pain have led to significant developments within the religious world. Whilst many Christian and Jewish clergy- especially those in the hierarchy—still hold to the traditional opposition to assisted dying, there are a growing numbers of ministers who now favour it. They come from a wide range of denominations within both faiths: Anglican, Methodist, Baptist, Congregationalist, Unitarian, along with Reform and Liberal rabbis.

They have linked together to form RADiD—Religious Alliance for Dignity in Dying—to show that there can be religious reasons for it, based on theological training and pastoral experience.
The Religious Alliance provides a voice for an alternative view to the idea that all clergy are opposed to assisted dying. In addition it seeks to provide guidelines for the pastoral care of individuals and their families before and after death, as well as to develop rituals for those under-going the process of assisted dying.

A dramatic example of change within the religious hierarchy came when George Carey—who had had adamantly opposed Assisted Dying—now came out in favour of it. His significance was that he was a former Archbishop of Canterbury—the leader of Church of England, both in Britain and of the Anglican

Communion world-wide. He explained how the instances of pain and distress that he saw as a minister visiting those who were dying had led to his reassessment, saying:

'The old philosophical certainties have collapsed in the face of the reality of needless suffering…Had I been putting doctrine before care, dogma before human dignity? Today we face a terrible paradox. In strictly observing accepted teaching about the sanctity of life, the Church could actually be sanctioning anguish and pain—the very opposite of the Christian message.' (Daily Mail)

It was a massive blow to the then attempts of faith leaders to show there was a religious consensus against assisted dying.

As if this was not seismic enough, the former Archbishop of Cape Town, the late Desmond Tutu, also called for a 'mind shift on the right to die' and said that laws that prevent people being helped to end their lives are an affront to those affected and their families.

Those of us in favour argue that life is not seen as any less precious, but that it is more religious to allow terminally-ill individuals whose days are full of pain or distress to depart the world if they so wish.

At the same time, attitudes are changing within the laity too. A YouGov poll that was commissioned specially in 2015 asked whether people would support a change in the law to permit Assisted Dying under carefully regulated circumstances. A breakdown was done of whether those responding came from a religious background or not.

This was not defined as nominal believers, but people who take their faith seriously enough to attend services at least once a month, if not weekly.

The result was that 79% of those from religious backgrounds said they did support the law being changed[4].
… and it means that those religious spokesmen who oppose assisted dying have a right to their opinions but do not speak for all believers.

This change of heart was also reflected in the medical world: the BMA/British Medical Association changed its stance from being opposed to being neutral (as did the Royal College of Nurses and the Royal College of Physicians.

> But there's a word I have not mentioned so far and that is central to all of this—it's the C word—compassion.
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> If someone from the other side of the argument wishes to live as long as they can—that's fine—good for them—but what right have they to deny that choice to people who want to let go?
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> where is their compassion for individuals who are suffering dreadfully?
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> why are they putting their personal ideology above other people's wishes and their needs?
> … it's not compassion at all, it's doctrinaire!

There is no doubt that this is difficult territory, but it is religiously appropriate to try to navigate it. The right to live one's life to the very end does not imply the religious obligation to do so, especially if that end is a travesty of that person's life and everything that has gone before.

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4 This was up from a previous YouGov poll in 2013, which showed 62% in favour

As you know, people often talk nowadays of “well being” and “living well”—but there is another aspect: “dying well” … and people should have that right …
and that means having the option of assisted dying, whether or not it is taken up.
Let me end by telling you I have often been in debates where I have been heavily criticised not only by the opposing speaker, but by large sections of the audience.

Yet when I ask, “How many of you, if you were dying in distress, would want to have the option of an assisted death if your last few days became agonising?”—virtually every hand in the room is raised.

I believe we should each have the right to that option.