Eight Things You Should Know About Assisted Suicide

Assisted suicide happens when someone helps a person take his or her own life. In an assisted suicide, the patient takes the fatal action. If anyone else initiates the final act that causes death, it's euthanasia. Voluntarily stopping eating and drinking isn't assisted suicide or euthanasia. It amounts instead to death from starvation or suicide by dehydration (which poses ethical problems of its own).

Natural death takes place when vital body systems fail due to ailment or age. Declining ineffective treatments does not constitute assisted suicide, nor does withholding therapies that increase suffering or withdrawing life-supporting machines. Palliative care manages pain and other symptoms alongside or apart from efforts to cure. Hospice care provides pain relief, nourishment, and hygiene, along with companionship and comfort. These measures are effective in almost all circumstances.

All 50 U. S. states prohibited assisted suicide until 1994. As of 2018, Oregon, Washington, Vermont, California, Colorado, DC, and now Hawaii consent to physician-assisted suicide. Over 200 bills proposing legalization in more than 35 states have failed.

Advocates of assisted suicide ignore the risks for complications and coercion. A median treatment relationship between physician and patient spans only nine weeks to six months, hardly long enough to accurately diagnose conditions or assess mental health (and in fact physicians refer fewer than 5% of cases for psychiatric review). As many as 80% of patients have no health care provider present to witness ingestion (and intervene to alleviate anything that goes wrong). Only 40%-60% of patients have been offered or enrolled in palliative care (and Dutch and Belgian doctors illegally neglect to report up to 50% of cases of assisted deaths).

Other deaths increase where assisted suicide is legal. Non-assisted suicide rates spiked 6.3% (14.5% elderly, 50% ages 34-65) during 1999-2010 in Oregon and Washington. Oregon had 10% more allegations and investigations of elder abuse in 2014 than in previous years. One study saw that 20% of family members or friends present at death suffered PTSD (posttraumatic stress disorder). Belgian physicians admitted hastening 1.7% of all deaths without explicit request. Quebec doctors began neglecting life-saving efforts after some attempted suicides.

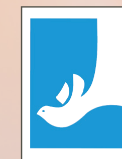
Assisted suicide inevitably expands. Such deaths have risen every year in every place where decriminalized. In the Netherlands in 2013, 13.5% of assisted deaths were infants, whereas, originally laws limited it to terminal illnesses, physical pain, and voluntary cases. Now they've been broadened to include chronic conditions, psychological distress, and nonvoluntary cases. Doctors have helped cause death for patients with MS, depression, autism, blindness, and tinnitus. Disabled children, comatose patients, and persons with dementia have been subjected to it also.

Reasons other than health most influence people seeking assisted suicide. OR/WA records show 96% most concerned with inability to enjoy activities and 92% loss of autonomy. Only 36% worried about losing control of bodily functions and just 29% inadequate pain control. In Netherlands 7% pursued assisted suicide for tired of living and 13% for cognitive decline. Percentages wanting it for cancer continue to decrease.

The public and most medical associations oppose it and have serious concerns. A survey showed 61% of Americans do not favor a doctor prescribing or administering lethal doses. Similar numbers worry it will prompt the depressed to take their own lives and put elderly at risk in nursing homes. Most fear not trusting a doctor who practices it, wrong diagnoses, and its use to cut health care costs. Every major society of medical professionals and disability advocates discourages it.

Sixteen Things You Can Do About Assisted Suicide

1. Deliberate how you would face end of life
2. Investigate regulations and strategies
3. Formulate preferences and plans
4. Draft specific Christian advance directives
5. Update providers and loved ones about your convictions
6. Discuss it with parents and elderly relatives
7. Visit and assist parents and elderly relatives frequently
8. Celebrate lives, including ones impaired or ending
9. Accommodate congregational functions and facilities
10. Keep pastors aware about assisted suicide
11. Seek pastor's counsel during disease or dying
12. Affirm the company and contributions of all ages and abilities
13. Engage in public discourse and decision-making
14. Take advantage of chance interactions
15. Urge life-minded sermons and Bible studies
16. Explore Lutherans For Life's resources



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Going Gracefully

by Rev. Michael W. Salemink

A Better End-of-Life Approach Than Assisted Suicide

	Autonomy	Pain	Quality of Life	Death with Dignity
What it is …	Shouldn't I have the right to determine the timing and manner of my death? Can't I express myself however I want with my body so long as my choices don't harm anyone else? Doesn't subjecting me to another person's politics or beliefs diminish my freedom and dignity?	But what about intractable pain? Doesn't death sometimes offer the only deliverance from agony? Wouldn't we prefer early death to prolonging pain? Must we add the futility and cruelty of putting off death to the torture of a terminal diagnosis and unrelenting pain, particularly when the patient wants it over with anyway?	But how will we detect and measure this? Shouldn't we calculate pleasures and weigh them against pains to determine the value of continuing life versus terminating it? Doesn't quality of life matter more than quantity? Won't we best avoid imposing unwanted ideologies by seeking rational, objective assessments? Can't a "good" death make more of a difference than a "bad" life?	But shouldn't the dying process also display this human dignity? Don't deteriorating conditions rob people of respectability? Wouldn't assisted suicide spare loved ones the embarrassment of an "infantile" or "vegetative" state? Shouldn't they be permitted at least to preserve their pride and leave an honorable legacy?
Why it's bad …	Assisted suicide involves doctors, hospitals, insurers, lawmakers, prosecutors, family, and caregivers. It creates a "duty to die" by encouraging a cultural expectation that disabled or depressed persons represent a "burden" and are "better off dead." It directs society to offer compassionate intervention only for some suicidal people while discriminating against others. It increases the opportunities for relatives or providers to manipulate already-vulnerable individuals.	Assisted suicide kills a person instead of just killing pain. It does not resolve the suffering's root causes but rather removes a primary motivation for seeking cures. It's not always pursued because of a physical ailment, and it's not only prescribed for terminal situations. It neither lifts nor eliminates misery. It just inflicts the discomfort on others (the grieving survivors).	Quality-of-life comparisons rest on intensely personal experiences and temporary states of mind. These appraisals also presuppose that only certain lives are worth living. Even statistical and scientific language cannot quantify the intangibles and unknowns that constitute human beings and their relationships. Physicians themselves admit their estimates about both disease progression and patient happiness can prove inaccurate. Death is too final to allow it so much latitude.	Dignity depends on one's character, not circumstances. It's insulting to imply that impairments or appearances can negate dignity. Often an individual most convincingly exhibits human dignity in enduring death's offenses undeterred. Assisted suicide isn't a death but a killing, an outright assault on human dignity. It's just as "undignified" as frailty, since it requires others' aid, and it steals dignities from these survivors and participants.
What is better …	**Community brings even more benefits than autonomy.** Our Almighty Maker exercises the privileged responsibility of providing life and deciding death so that we don't have to labor under that obligation (Deuteronomy 32:39). Since He wills and works life in all situations (John 10:10), this gift always arrives in His time and on His terms—in abundance, unto eternity, and even amid afflictions (Isaiah 43:1-2). Abandoning this assurance, not the body's failure, poses the supreme threat to human well-being (Matthew 10:28-31). Human beings have each other and need each other. Dependency is good, and selves are for sharing, especially when suffering comes (1 Corinthians 12:26).	**Purpose gives even more comfort than painlessness.** God's own incarnate closeness in the body and death of Jesus redeems suffering's meaning and imparts purpose to human pain (Matthew 8:17). The Savior's atonement empties our pain of any divine punishment or deserved payback (John 9:2-3). He dwells with and prevails in the hurting (Romans 8:38-39). Surrendered to His reign, our sufferings become sacrifices that serve another's welfare and salvation (2 Corinthians 4:11-12). This Lord uses suffering to achieve outcomes greater than the costs (2 Corinthians 4:17).	**The sanctity of life allows even more certainty than any "quality of life."** God's love and grace—not one's age, appearance, achievements, experiences, or evaluations—provide worth to every human life (Ephesians 2:8-10). His intimate involvement in everyone's creation proclaims all human beings special (Psalm 139:15-16). His incarnation and crucifixion redeem all human beings and prove how precious they are, even those with compromised bodies (Philippians 2:5-8). His ongoing connection to all human beings by resurrected communion pronounces each one priceless (Romans 8:11). Abilities and emotions show and share this worth but do not establish it (Matthew 7:18).	**Life with grace delivers even more blessing than "death with dignity."** Death has no dignity to lend to anybody, but a dignified person can adorn even death with nobility (Acts 7:59-60). Jesus regularly embraced those who were devalued and unhealed as lives worth having (Mark 1:40-41). Indeed, every life is damaged by sin, and God's love justifies them all (Romans 3:23-24). Often He commends deaths the culture calls undignified (John 21:17-19). The greatest dignity belongs to the one who waits in faith upon the Lord's will and remains attentive to whatever our neighbors need for salvation (Matthew 26:32-34).