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## MEDICALLY ASSISTED DYING: COMPASSION AND COMMON-SENSE

Three of the main contemporary arguments in support of assisted dying are compassion, common-sense and control. There are other arguments but these are the three popular arguments we will engage with and challenge from a biblical perspective. As these arguments are inter-related, our response is spread across a discussion of all three arguments and continued in the next chapter. Remember too that because the arguments express a 'relativist/consequentialist' position, the differences with an 'absolutist'/Bible position are considerable.

## ARGUMENT ONE: COMPASSION

Many supporters of medically assisted dying describe their distressing experiences in caring for loved ones who died in considerable pain, discomfort and distress. I was deeply moved, for example, reading Professor Badham's account of the suffering and deaths of several of his close relatives. One understands his desire for the legalised option in certain cases for medically assisted dying. With many others, he believes it is compassion which influences them in their efforts to obtain the legalisation of medically assisted dying in the United Kingdom. He declares with refreshing honesty that 'the fundamental reason why I and others support euthanasia and assisted dying is because of what we have witnessed happening to our nearest and dearest, and it is ultimately because of this that we want the law changed.'<sup>29</sup> That is understandable and we need to consider this argument with respect and genuine sympathy. Some of our relatives do suffer and die in ways which distress us and we must not close our eyes to this fact.

### *Examples*

Professor Badham's paternal grandfather died of inoperable stomach cancer in the 1950s. His death was slow and painful, but even more distressing for him and the family was the fact he lost his faith in God during the illness. His paternal grandmother died of dementia and in the final stages did not recognise her family, not

even her husband, but her faith remained strong and she was happy to think she would soon see her Saviour. His maternal grandmother collapsed and died in a heart attack in her sixties but, by contrast, her husband died of stomach cancer. By this later date, palliative care ensured that there was reasonable control of his pain, albeit his death was slow and distressing for the family to observe. However, Professor Badham admits that ‘the worst death was that of my father’, who for ten years battled with prostate cancer. In the final period, he was encouraged to receive ‘burdensome’ treatment that only extended the dying process, so he lingered on. Despite his suffering, he believed it was all within the will of God and he had a strong faith. His widow survived him for twenty-five years and lived an active life for most of the period until her health broke when she suffered several heart attacks. She requested euthanasia but it was illegal and her life continued for many weeks due to excellent nursing care. Professor Badham draws attention to the Mental Capacity Act (2007) which, if it had been in force at the time of his mother’s death, would have respected her desire not to resuscitate her if the request had been in written form. The final example he provides is that of his wife’s father who had lived next door for several years but suffered from asbestosis. He constantly struggled for breath and was dependent on increasing amounts of oxygen. He wanted to die in his sleep and that was eventually granted but unexpectedly. Reflecting on these deaths, Professor Badham writes: ‘I admit that one powerfully motivating factor is the wish that the law