LEGALIZING EUTHANASIA AND ASSISTED SUICIDE – BETWEEN FREEDOM OF CONSCIENCE, INTEGRITY AND PSEUDO-CHARITY

Emanuel Adrian SÂRBU, Assoc. Prof. Habil. PhD
University of Bucharest, Faculty of Baptist Theology,
Doctoral School of Theology and Religious Studies
easarbu@gmail.com

Abstract: Legalizing euthanasia and/or physician assisted suicide are systematically coming back on public agendas in different countries, districts or territories, based on particular experiences presented in the media. Concepts like mercy, prolonging agony, charity are being analyzed in the same manner as freedom of conscience, integrity; older concepts like love, caring and compassion are being interpreted in totally opposed ways of partisans of one approach or another. The current article is bringing into discussion the possibility or opportunity of legalizing euthanasia and/or physician assisted suicide in countries with a deeply religious background, like Romania, starting from the historical debates on the matter, and taking into account not only the patient's perspective, but also the practitioners', which are – most often – taken out from the table.

Keywords: *euthanasia, physician assisted suicide, freedom of conscience, pseudo-charity, palliative care*

In early October, a news came by in all of the continent – in The Netherlands, euthanasia will become legal also for the children under 12[1]. Before that, at the end of February, the Constitutional Court in Germany declared as uncontitutional a law, enforced since approximately five years, which forbidded assisted suicide; this was a result of a juridical

1 BBC News a. Germany Overturns Ban on Professionally Assisted Suicide. *BBC News*, February 26, 2020, sec. Europe. https://www.bbc.co.uk/news/world-europe-51643306.

action initiated by a group of medical doctors and patients with incurable illnesses, in terminal stages[2]. However, none of them was either surprising or considered as „big news", but rather as having a secondary importance. The topic itself (in both cases) has been largely debated for decades and probably now some people are even considering it desuete or obsolete. In the same time, in most of the Eastern European (and other emergent) countries, the discussion (and debate) is still to be made, preferably (or rather mandatory) before legalizing both, each or none of them, and it should take into consideration at least three aspects: freedom of conscience, integrity and pseudo-charity.

1. Understanding the terminology

Suicide is probably well known, both as a concept and/ or phenomenon; used since 1635 or 1651, it derives from the Latin words *sui* and *cidium*, "self-killing", or "self murder"[3]. Also defined as: "all cases of death resulting directly or indirectly from a positive or negative act of the victim himself which he knows will produce this result"[4]; "an action (or omission) informed by the intended objective, whether as an end in itself or as a means to some further end, that one's bodily life be terminated"[5]; "to take one's own life deliberately" by a person "who no longer wants to live and who takes definite, effective steps to end her life – whether by actively killing herself or by avoiding available ways of preventing her own death"[6]. Physician assisted suicide is, therefore, the act itself which is committed by a patient who receives assistance from a medical specialist.

Euthanasia, apparently, comes from the Greek *eu*, meaning "good", "happy" or "easy", and *thanatos*, "death" (origin not accepted by many other authors[7]), and is being considered an easy, un-painful, good or even

2 BBC News b. Netherlands Backs Euthanasia for Terminally Ill Children Under-12. *BBC News*, October 14, 2020, sec. Europe. https://www.bbc.com/news/world-europe-54538288.

3 Paterson, Craig. *Assisted Suicide and Euthanasia: A Natural Law Ethics Approach*. Ashgate Publishing, Ltd., 2008, p. 8.

4 Durkheim, Émile, Mihaela Calcan, and Mihai Dinu Gheorghiu. *Despre sinucidere*. Eseuri de ieri şi de azi 71. Iaşi: Institutul European, 2007, p. 9.

5 Paterson, op. cit., p. 9.

6 Williams, Glenys. *Intention and Causation in Medical Non-Killing: The Impact of Criminal Law Concepts on Euthanasia and Assisted Suicide*. Routledge, 2007, pp. 113, 117.

7 See Atkinson et. al, 1995, p. 357; McDougall & Gorman, 2008, p. 99; McDougall & Gorman, 2008, p. 99.

happy death[8]. A comprehensive definition of euthanasia would consider it as „an intervention or a non-intervention by one person to end the life of another person, who is terminally ill, for the purpose of relieving suffering, with the intent of causing the death of the other person"[9].

There are also several other syntagms which have been used to refer to ending someone's life: physician assisted suicide and mercy killing. Different accents could be placed on criteria like active, passive, voluntary, involuntary, non-voluntary euthanasia[10]. From the purpose of this article, the distinction between euthanasia and (physician) assisted suicide should be seen in the agent performing the final act: while in euthanasia, this is performed by specialists, at the explicit request of the patient or his/her relatives, tutors or legal guardians, in the case of (physician) assisted suicide the patient is receiving all the information and instruction from the specialists, in order to act by him/herself.

2. The right to die: a never-ending, historical debate. Between professional's and patient's freedom of conscience, integrity and pseudo-charity

The discussion about legalizing the right to die can be considered anyhow but new. Starting from historical times when the Hippocratic Oath was introduced, and also reaffirmed "by the arguably *post*-Christian Declaration of Geneva", as Keown underlines[11], the strict prohibition from offering "a deadly drug to anybody, not even if asked for" is probably the one raising most numerous debates. As Kure stated, "the term εύ θάνατος first appears in Hellenic literature side by side with the term εύγίρια (giras = old age). Initially looming sporadically, later a similar concept called

8 Johnstone, Megan-Jane. *Alzheimer's Disease, Media Representations and the Politics of Euthanasia: Constructing Risk and Selling Death in an Ageing Society*. Ashgate Publishing, Ltd., 2013, p. 63; also in Marcu, Florin. *Dictionar de Neologisme*. București: EdituraAcademiei R.S.R, 1986; Davis, 2004, p. 195; McDougall & Gorman, 2008, p. 148; Kure, 2011, p. 6; Gill, 2001, p. 270; Hauerwas & Wells, 2011, p. 376.

9 Somerville, Margaret. *Death Talk, Second Edition: The Case Against Euthanasia and Physician-Assisted Suicide*. McGill-Queen's Press - MQUP, 2014, p. 26.

10 Hope, Tony. *Medical Ethics: A Very Short Introduction*. OUP Oxford, 2004, p. 11; also in Davis, 2004, p. 195; Kelly, 2006, p. 12; McMahan, Jeff. *The Ethics of Killing: Problems at the Margins of Life*. Oxford University Press, 2002, p. 457; Dowbiggin, 2002, p. 1.

11 Keown, John. *Euthanasia, Ethics and Public Policy: An Argument Against Legalisation*. Cambridge University Press, 2002, p. 41.

mors bona (good death) appears in Roman literature. The term *mors bona* denominates an honest and happy way of dying. *Felici vel honesta morte mori* (to die in a lucky and honest way) was an ancient ideal"[12].

On the other side, Christianity promoted a strong belief that God has a plan for each human being, and that suffering, as well as every other part of life, is an important piece of this plan[13]. There is evidence that Christian influence in this matter has extended to the level of the whole society after the fall of the Roman Empire, since Middle Age writings mention this topic very rarely[14].

Under the influence of the Enlightenment's intellectuals like Voltaire, Montesquieu, and David Hume during the eighteenth century, Christian values and doctrines were replaced by ones that were considered "scientific"[15] during that time, which led to questions about tabooing euthanasia and ended up by being rather tolerant to this issue. In the last part of the century, however, Christianity re-gained the apparently lost territory under the influence of well-known evangelical leaders, such as John Wesley, and events, such as the Great Awakenings. So the "popular support for taking one's life" diminished significantly; instead, a strengthening of the "condemnation of suicide and euthanasia" could be noticed even when some of the American states made the political decision of decriminalizing them[16]. Even if the attitude towards the families of the deceased were different, being characterized by sympathy and empathy, the one toward the acts of suicide and especially to the euthanasia, or mercy-killing, was considered as a "rebellion against God's will and outrages against the sanctity of human life"[17] by nineteenth century's America.

One of the first public figures that promoted the right to euthanasia based on Darwinism was Robert G. Ingersoll, stressing the fact that people with a severe condition or in incurable suffering are not only not useful for themselves and for the community they live in, but are also enduring an agonizing pain that a "benevolent" God could not pretend

12 Idem, p. 7.

13 Dowbiggin, Ian. *A Merciful End: The Euthanasia Movement in Modern America*. Oxford University Press, 2002.

14 Ibidem.

15 Ibidem.

16 Dowbiggin, 2002, p. 4.

17 Ibidem.

to expect from an individual (a rather strange argument when opposed to Jesus' agony, when Christ chose to endure for a purpose that seemed to be greater than the current condition or tremendous pain)[18]. Then, in 1891, Felix Adler, who – like Ingersoll - had a religious background, was "the first prominent American to openly endorse suicide for the chronically ill"[19]. Before him, in the 1870's in Great Britain, several intellectuals had already proposed "voluntary active euthanasia for the hopelessly ill"[20]. Adler's teaching - "Ethical Culture" - was that "chronic invalids should hold out for as long as possible, but when their pain and unhappiness became overwhelming they deserved the right to die peacefully". If something like this would ever be legalized, then it should be also "rigorously safeguarded and voluntary; if it was, the attending physician should be permitted to administer 'a cup of relief'"[21].

Then, in 1930s, Charles Francis Potter, a former Baptist minister, at first opposed to euthanasia, played an important role in the debate. In time, he ended up publicly sustaining euthanasia, which was met in the current reality, even if physicians were not admitting their deeds because of their fear of being sent to court or imprisoned. But they were certainly helping their patients end their lives when the patients were facing incurable and painful diseases. Handicapped babies who provided painful and traumatic experiences to their parents were also put to permanent "sleep". This is the main reason that, according to his vision, euthanasia should not only be legalized, but imposed in certain situations: "It is simply our social cowardice that keeps [imbeciles and idiot infants and 'monsters'] alive," he contended; their deaths were "socially desirable"[22].

Another important figure to be mentioned here is Inez Celia Philbrick. Soon after her friend's death caused by a very painful battle with cancer, Philbrick got involved in the battle for legalizing active euthanasia[23]. She even "refused to restrict euthanasia to only consenting and competent adults"[24].

18 Idem, p. 10.

19 Idem, p. 12.

20 Johnstone, 2013, p. 77.

21 Dowbiggin, 2002, p. 13.

22 Potter, apud Dowbiggin, 2002, p. 44.

23 Dowbiggin, 2002, p. 46.

24 Ibidem.

In this context of diverse and vivid debates, in 1938 the Euthanasia Society of America was established, in a social and cultural context that required a political approach to the issue. In approximately the same time, in Europe was starting to implement the project called "Aktion T-4", after Tiergartenstrasse 4, the address of its headquarters. The result was horrible: "more than 200,000 inmates from mental hospitals, correctional institutions, and old-age homes throughout central and eastern Europe. Included in that number were also incapacitated concentration or slave labor camp prisoners. Victims were either shot, gassed, overdosed, starved to death, or dispatched by lethal injections, and then cremated in six designated killing centers around Germany[25].

It is interesting that eugenics theories had an enormous success not only in Germany, but even in countries like the USA or UK; it is recorded that "the number of American colleges offering courses in eugenics rose from 44 in 1914 to 376 in 1928. In addition, eugenics also seeped into high-school texts and was presumed to be a good"[26]. "Aktion T-4" was officially closed in the summer of 1941, but was proven to have been continued informally and became "the first Nazi mass-murder program to target specific groups of people, and thus was a "first chapter" to the "Final Solution"— the genocide of European Jews"[27]. This has also been used as an argument against euthanasia and eugenics (the so-called *argumentum ad Hitlerum*).

A very important reaction to this provided the Roman Catholic Church when it publicly condemned any kind of euthanasia, or the so-called "mercy-killing", in *Acta Apostolicae Sedis 32* in 1940. According to the New Dictionary of Christian Ethics and Pastoral Theology, in *Acta Apostolicae* euthanasia is defined as:

> „(...) the direct inducement of death, painlessly, for persons incurably diseased, mentally deficient or suffering from intractable pain. It is not to be identified or equated with the refusal or withdrawal of artificial / mechanical life- support systems, or with the administration of pain-relieving drugs which also shorten life. Euthanasia is seen as intrinsically evil, since it violates a human being's primary and natural right to

25 Idem, p. 64.

26 Deane-Drummond, Celia. *Genetics and Christian Ethics*. Cambridge University Press, 2006, p. 60.

27 Dowbiggin, 2002, p. 65

> life and constitutes a sin against the fifth commandment: 'You shall not murder' (Ex. 20: 13). Furthermore, it transgresses the supreme authority and dominion of God, the author of human life"[28] (Atkinson et al., 1995, p. 873).

But this was not the universal perspective adopted by all Christian churches; there were clerics, churches, denominations and professional organizations accepting the euthanasia, and also ones (predominantly Catholic and Protestant) considering euthanasia "'contrary to public interest and to medical and ethical principles' under any circumstances"[29]. The debate was very intense in the 1940s, when the New York State analyzed the possibility to legalize euthanasia.

Everything seemed to slow down a little bit after World War II and after the terrible experiments of the Nazi regime that brutally implemented both euthanasia and eugenics policies in their territories. In the 1960s-1970s the topic of euthanasia was relaunched into the public space of the Western World in the context of increasing public awareness about the aging population and of several additional topics like death and dying, terminal illnesses, life-prolonging medical technology, pain-management, and individual dignity. However, the debate used slightly different terminology and accents: "thanks to the rising public interest in the concepts of patient autonomy and individual rights, euthanasia ceased being interpreted as a predominantly social or biological matter and was largely transformed into a personal issue. Increasingly it was viewed as a civil liberty, a freedom from interference in one's personal life, rather than a legal practice monitored (and possibly applied) by the state. Privacy became the keyword of the new, revitalized euthanasia movement, and the term 'euthanasia' was steadily replaced by the phrase 'the right to die'"[30].

A significant contribution to the debate came from Pope Pius XII, who stressed the opposition between euthanasia and what would later be called "therapeutic stubbornness" in some circles:

> „On 24 February 1957 Pope Pius XII spoke to an international gathering of anesthesiologists and, while upholding traditional

28 Atkinson, David John, David Field, Arthur Frank Holmes, and Oliver O'Donovan. *New Dictionary of Christian Ethics and Pastoral Theology*. InterVarsity Press, 1995, p. 873.

29 Dowbiggin, 2002, p. 93.

30 Idem, p. 97.

> Catholic opposition to mercy killing, added that there was no reason that dying persons should endure unusual pain. Physicians, he stated, were permitted to use pain relievers even if they shortened a dying patient's life, though doctors should never administer pain-killing drugs against someone's will or with the intention of killing a patient. Christians were still encouraged to accept physical suffering as heroic imitation of Christ's passion on the Cross, but the Pope declared that dying patients were under no obligation to accept extraordinary medical treatment simply to extend their lives"[31].

It is clear that this statement coming from the Pope himself left euthanasia partisans speechless and caused a rethinking of the whole euthanasia paradigm. It brought a fresh and a more realistic perspective on the subject to the front. Since traditional proponents seemed to be so focused on euthanasia that they ended up supporting mercy-killing even if it was not the will of the suffering person, this perspective did not only bring the dignity of the individual, including unconscious individuals or mentally ill ones, into the discussion, but held huge potential in preventing terrible abuse, like the one that happened in Nazi Germany during the World War II.

Pope Pius XII's position has been refined since then. In 1980, the Vatican's Sacred Congregation for the Doctrine of Faith issued *The Declaration on Euthanasia*, emphasizing the fact that "it is very important to protect, at the time of death, both the dignity of the human person and the Christian concept of life, against a technological attitude that threatens to become an abuse"[32]. In other words, it is important to state that opposing euthanasia does not automatically mean sustaining the limits of absurdity in life-preserving interventions if that means prolonging the suffering or the pain that the patient might endure. Rather, every situation should be evaluated and a decision that does not focus on death or dying but on the quality of life and prevention of any possible abuse should be made. Other authors have emphasized this reality by putting an accent to two subjective and very sensitive words – sometimes and always: "it is always morally wrong to directly kill an

31 Idem, pp. 98–99.

32 McDougall, Jennifer Fecio, and Martha Gorman. *Euthanasia: A Reference Handbook*. ABC-CLIO, 2008, p. 22.

innocent person, but it is sometimes morally right to allow a person to die"[33].

Not only the Roman Catholic Church adopted the position that is always wrong to kill. Eastern Orthodox churches, United Pentecostals, the Church of the Nazarene, the Episcopal and the Southern Baptist churches "all have doctrinal proscriptions against suicide" and/or euthanasia[34]. Other Protestant and Anglican traditions use different terminology, but there is "a rough consensus"[35] between these Christian denominations. For example, in 1977, the Missouri Synod of the Lutheran Church adopted "Resolution 3-30: 'To Affirm the Sacredness of Human Life,' stipulating that "the Synod unequivocally declare that the practice known as euthanasia, namely, inducing death, is contrary to God's will and cannot be condoned or justified"[36].

Paul Ramsey, which underlines the fact that the human right to die is not actually a right, since life has a Creator and Giver, who is actually its owner[37], also stated that "nobody has a *right* to another's assistance in his death"[38]. A similar position has been adopted by Hauerwas, but with a surprisingly argument: since the most important acquisitions in human life are memories, which "capture our past, sustain our present, and give our future direction", it might be said that forgetfulness or not remembering that we have been "created by a God who sets our way" is a sin[39]. The community dimension was, for Hauerwas, far more important than the individual one, especially when it comes to a Christian deciding for or against his/her life. This, for him, is the main reason for Christians not to seek or claim their "independence" or "autonomy" (terms widely used by the promoters of euthanasia or assisted suicide) as an excuse

33 Kelly, David F. *Medical Care at the End of Life: A Catholic Perspective*. Georgetown University Press, 2006, p. 12.

34 McDougall & Gorman, 2008, p. 153.

35 Gill, Robin. *Health Care and Christian Ethics*. Cambridge University Press, 2006, p. 276.

36 McDougall & Gorman, 2008, p. 165.

37 Ramsey, Paul. *Ethics at the edge of life: medical and legal intersections*. New Haven: Yale Univ. Pr., 1978, pp. 147-149; also in Ramsey, Paul. *Fabricated Man: The Ethics of Genetic Control*. New Haven: Yale University Press, 1970; see also Tubbs, 2013, p. 77.

38 Tubbs, James B. Jr. *Christian Theology and Medical Ethics: Four Contemporary Approaches*. Springer Science & Business Media, 2013, pp. 78, 81.

39 Hauerwas, Stanley. *Truthfulness and Tragedy*. 1 edition. University of Notre Dame Press, 1977, p. 104.

to bring their death sooner[40]. However, Hauerwas also showed that accepting the gift of life does not mean that one should use any of the life-prolonging means invented. Rather, "affirming the trustworthiness of God's care also means accepting the 'fatedness' of our ending"[41]. So, in different words, it is possible for a suffering patient to say no to painful treatments that will not cure their conditions[42].

On the other side of the debate, an important figure was the Episcopal minister Joseph Fletcher, a supporter of euthanasia, which he often called "death control". Fletcher opposed the idea that there was any moral difference between withdrawing life-support from a patient and ending life by euthanasia, "because if the end is the same, then the means are irrelevant"[43]. One of his followers in this reasoning, Glanville Williams, member of both American and British societies that promoted the legalization of euthanasia, also stressed the fact that "the prohibition against euthanasia was defensible only on religious grounds and therefore did not apply to those who did not share such beliefs"[44]. But Williams failed to reduce euthanasia to only consenting adults who were facing painful death, broadening it to "cases of 'incapacitating but non-painful affliction, such as paralysis'", to "involuntary euthanasia in cases of senile dementia and 'hopelessly defective infants'"[45]. All of these circumstances have been presented by him as humanitarian interventions that will help either the ones in pain, their suffering families or would ease the burden of supporting tremendous costs that was carried by the whole community.

However, Yale Kamisar, another law scholar attacked his theory that there are only religious counterarguments for opposing the legalization of euthanasia, stating that there is no reasonable evidence that a law that would allow killing people who feel they are a burden for themselves would not later allow the killing of the ones who are perceived as a burden by others, like what happened in Nazi Germany[46].

40 Tubbs, 2013, pp. 113–114.

41 Idem, p. 113.

42 Ibidem.

43 Williams, 2007, p. 23.

44 Dowbiggin, 2002, p. 104.

45 Ibidem.

46 Idem, p. 105; see also Keown, 1997, p. 245.

The debate was relaunched in the 1970s after the progress in medicine made it possible to keep the patients "alive" while connected to breathing and feeding machines for an undetermined period of time. The battle continued in America as well as in the rest of the Western world, with rebranding/name changes (for e.g., Euthanasia Society of America changed its name in the Society for the Right to Die) to stress the fact that choosing the moment when an individual wants to die is "a human right, almost a civil liberty"[47]. The concept of the "living will" was introduced - "a document that states in advance a patient's request to discontinue treatment that simply prolongs life when the patient is dying and unable to make the decision"[48].

Historically speaking, its evolution continued with pros and cons on different meridians. For example, in 1997 the State of Oregon become the first state in the USA who condemned physicians who assisted suicide[49]. On the other hand, in 2001 the Netherlands and in 2002 Belgium legalized euthanasia[50], Albania legalized it in 1999, Luxembourg decriminalized it in 2009, Switzerland had legalized assisted suicide in 1918[51]. Euthanasia is also legal in Colombia, passive euthanasia (sometimes under strict control) in Austria, Norway, Finland, Sweden, and assisted suicide in some parts of Australia, Germany. In 2018, Spain also debated about legalizing euthanasia.

In countries like Canada the accent is on the patient's right to inviolability, which "focuses on the right not to be touched without consent (…) rather than on any 'right to die'"[52]. Some say that this approach "recognizes a more absolute right to refuse treatment"[53].

It is also true that the euthanasia "solution" is no longer proposed or sustained only for dying patients who are giving their consent or with a "living will" expressed in that direction. There are countries, like the Netherlands, who are going even further with the discussion. Of course, we might wonder if it is indeed a truly informed decision, since there

47 Dowbiggin, 2002, p. 118.

48 Idem, p. 120.

49 Marinescu, Cornelia, Câmpeanu, I., Muntean, E., Adronic, M. and Gheorghie, C. *Enciclopedia Universală Britannica*. București: Litera Internațional, 2010, p. 358.

50 Ibidem; see also Williams, 2007, p. 5.

51 Johnstone, 2013, p. 67.

52 Somerville, 2014, p. 32.

53 Ibidem.

is evidence that the media has been monopolized by the proponents of euthanasia in the Netherlands to such an extent that apparently an entire generation has been raised without hearing any serious argument against it[54]. This concept is so clearly defined in the Dutch legislation that euthanasia is possible even at the request of minors and if a physician is persuaded that it "is necessary to prevent serious harm to a child who requests it, the physician may fulfill the child's request despite the refusal of consent by the parents or guardian"[55]. However, in spite of its exhaustive approach, the Dutch legislation has been criticized by some analysts because it proved "the elasticity of the guidelines and the absence of a rigorous independent oversight of the doctor's decision-making"[56] in numerous aspects.

Therefore, it should be no surprise that there are serious debates in countries like the Netherlands since the early 2000s about the possibility to "welcome euthanasia in the event of a progressive loss of memory coupled with the inability to recognize her children". Additionally, according to the official reports in that country, like the annual report of the Dutch Euthanasia Review Commission, there were "25 cases involving early dementia (mostly Alzheimer's)" that have been examined only in that year[57] in 2010. Registered official proposals have been formulated by the Dutch government to promote "mobile medical teams' (dubbed 'death on wheels' by some) to administer euthanasia to people in their own homes", and to extend the possibility to administer euthanasia to "people with dementia arguing that '80 percent of people with dementia or mental illnesses were 'missing out' by the country's euthanasia laws"[58]. So one could say that the Pandora box is far from being closed.

In the end, this is just another form of continuation of this never-ending debate. Countries like The Netherlands are either presented as "an example of why euthanasia should not be legalized", or as "a model of tolerance and enlightenment"[59], each part offering arguments for their claims. There are also states or countries that recognize "living will"

54 Idem, p. 35.

55 Idem, p. 51.

56 Keown, 2002, p. 90.

57 Johnstone, 2013, p. 3.

58 Ibidem.

59 Torr, James D. *Euthanasia: Opposing Viewpoints*. Greenhaven Press, 2000, p. 92.

documents like the state of California did in 1976 and, like Davis stated, “by 2003 every state except Nebraska had enacted some form of living will legislation”[60]. There are countries that legalized voluntary euthanasia and it is reasonable to think that there are also people who are practicing involuntary euthanasia for more or less humanitarian reasons.

3. Legalizing or not legalizing euthanasia? Aspects to keep in mind

The answer is anyhow but simple or easy. We must admit that, when suffering reaches a level so high that humans consider it as *unbearable*, whether it is at a physical, psychological, emotional or even spiritual level, people are tending to deal with it based on their worldview, on their religious background, on their historical or cultural heritage.

Johnstone mentions twelve arguments that could be discussed in relation to euthanasia and/or assisted suicide – five in favor of euthanasia (autonomy, dignity, moral imperative to relieve pain, justice, duty to die when resources are limited), and seven against it (sanctity of life, the slippery-slope, clinical uncertainty, discrimination, irrationality, risk of abuse, and non-necessity)[61]. We, however, may consider at least five.

The first one is, for sure, to keep in mind the legal and, especially, the **Constitutional aspects** which may deal with the topic. For instance, the Romanian Constitution specifically mentions and guarantees the right to live and to benefit of physical and psychological integrity (art. 22); also, in the article 34, it guarantees the right to preserve health (1st paragraph) and obliges the state to ensure and maintain public health and hygiene (2nd paragraph). And according to the article 50, the disabled persons are granted a special protection, preventive measures and treatment for their disability, equal opportunities and means to participate in the communities’ life, respecting the rights and obligations of parents and tutors. It is difficult, if not impossible, to see how legalizing euthanasia could fit in this Constitutional frame. Also, when it comes to the freedom of conscience, one must admit that euthanasia is never only about the patient’s freedom, but also about the freedom of the different specialists involved. Religious or not, a professional cannot be obliged

60 Davis, John Jefferson. *Evangelical Ethics: Issues Facing the Church Today*. P & R Pub., 2004, p. 193.

61 Johnstone, 2013, pp. 70–71.

to induce or contribute by any means to the death of a patient, even if that patient is being considered as incurable, based on the article 29 of the Constitution, which guarantees „the freedom of thought and of opinions, as well as the freedom of religious beliefs". Also, in the second paragraph of the same article, the Constitution states that the freedom of conscience „must manifest in a spirit of tolerance and mutual respect", which is odd to be perceived when it comes to contributing (directly or indirectly) to ones's death. Because euthanasia is never only about the patient, but also about his/ her relatives, tutors, professional health care providers, social workers etc. Their freedom of conscience, their integrity and their worldviews are equally important to the ones of the patient asking for euthanasia or physician assisted suicide. So ending up one's sufferance considered as unbearable cannot oblige another person to face the legal consequences or ignore his/ her own freedom of conscience.

A perspective on human life is another extremely important topic to discuss not only from the perspective of the individual's worldview, but also considering the fact that the self-preservation instinct reaches a crucial level in crucial moments and life itself seems to be something of such little value that a man/woman can easily renounce it. In a Christian country, the discussion about legalizing euthanasia cannot skip the belief that life is a divine gift given to humans, considered so precious that God himself decided to become a human, paid with his son's life so that all humans could live62. Human life is not just a sacred gift from God, but also involves some community responsibilities, which should be a reason in itself to protect the other members, including the weak and helpless ones, rather than considering them not being worthy to live[63].

A **clear perspective on death and dying** should have in mind the fact that death is natural and inevitable and everyone must die one day; but this must not be used as an excuse to inflict it upon oneself, or to "die by his or her own hands"[64]. Like everything else, suffering is temporary, and it should be tried to be eased, relieved or even ended, not the life of the suffering individual.

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62 Keown, 1997, pp. 316–317.

63 Wellman, Carl. *Medical Law and Moral Rights*. Springer Science & Business Media, 2005, p. 46; see also McMahan, 2002, p. 462.

64 Jones, David Albert. *Approaching the End: A Theological Exploration of Death and Dying.* 1 edition. Oxford University Press, 2007, p. 205.

Of course, this leads to a **perspective on suffering**, which must be comprehensive, especially when one has to endure tremendous, unexpected, and at some moments almost unendurable sufferance or pain. For Hauerwas and Wells, suffering can be perceived also as an experience, a privilege that Christians have, to trust in God's ability to rule and exert control over their life circumstances, in order to experience Christian love and the possibility to follow the example of Jesus, who accepted the cup of suffering as well and endured it until the very end[65]. So accepting suffering, rather than rejecting or denying it, could bring a different meaning to syntagms like "the mystical beauty of pain", "a blessing in disguise," or as "an opportunity to reconcile oneself with God rather than a curse"[66].

However, an important aspect of suffering is that submitting to God's will and trusting in his plans **doesn't equate enduring unusual pain, if there are means to relieve it** (analgesics, pain-relievers, pain-killers)[67]. Since euthanasia and assisted suicide are not an alternative or an option from our perspective, the alternatives would only be palliative care, whose purpose is exactly to deal with severe, terminal illness. Palliative care could be described as „a treatment that helps to relieve and prevent the pain and suffering of sick patients and eases the end of their lives"[68]. This is being considered as properly emphasizing the syntagm "the right to be assisted in dying"[69] or, as Joe Loconte called it, "a better way to die"[70].

The same thing is also mentioned by Atkinson et al. considering that, due to the "improvements in the quality of terminal care, especially the greater sophistication which hospices have developed in the use of pain-killing drugs, mean that few patients are now left to die in conditions of extreme suffering"[71], the alternative is viable and the argument of inducing death for "humanitarian" or "mercy" reasons can no longer be considered valid. The right attitude in cases that might be a subject for

65 Hauerwas, Stanley, and Samuel Wells. *The Blackwell Companion to Christian Ethics*. John Wiley & Sons, 2011, p. 384.

66 Dowbiggin, 2002, p. 93.

67 Davis, 2004, p. 198.

68 Nakaya, Andrea C. *Euthanasia*. Reference point Press Inc, 2014, p. 8.

69 Somerville, 2014, p. 31.

70 Torr, 2000, p. 97.

71 Atkinson et al., 1995, pp. 96–97.

euthanasia or assisted suicide decisions would be "therapeutic measures designed to increase the patient's comfort and control pain, to provide food and water and normal nursing care, and to minimize stress for the dying patient and the family", or "customary hygiene, normal feeding, clearing of nasal passages, providing warmth, and so on", "to provide care and comfort rather than to cure"[72].

To conclude, there are many possible approaches to the spinous topic of euthanasia. There are legal, ethical, moral, religious, and biological issues, as well as medical conditions and social and psychological aspects that must be taken into consideration in order to ensure that the person who needs to make a decision makes the right and appropriate choice. Does he/she really have the right to die? Do they have "an inevitable pain and suffering that is perceived by the patient as being 'unbearable and that has no known cure or remedy"[73]?

What's for sure is that "the word euthanasia evokes emotions, regardless of the way it is used. When pronounced, instead of a rational discourse, separate camps of irreconcilable proponents and opponents are drawn up. Both fight for dignity, liberty, autonomy, rights and humaneness"[74].

Our conclusions will not only be related to religious arguments, but also to the ones comprised in an international, secular, and normative act that has been recognized and quoted by both sides of the debaters - the Universal Declaration of Human Rights, which "stands as a memorial to those who were so treated, and as a reminder of our responsibilities toward one another; it plays a key role by enjoining all people to treat one another equally, with respect and dignity[75].

The only questions remaining is how we define human dignity, freedom of conscience, integrity, mercy, charity, and what filter we apply to these concepts.

72 Davis, 2004, pp. 192–193.

73 Delpérée, 1995.

74 Kure, Josef, ed. Euthanasia - The "Good Death" Controversy in Humans and Animals. InTech, 2011, p. 3.

75 Hayden, Patrick. *The Ashgate Research Companion to Ethics and International Relations.* Ashgate Publishing, Ltd., 2013, pp. 201-202.

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