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# Assisted Suicide and the “Balance of Harm”

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Britain, like many other countries, is debating assisted suicide and euthanasia. In Britain, the more common term is “assisted dying,” which appears to reflect a strategy to avoid using “suicide” to describe ending one’s own life. Then again, the distinction between assisted suicide and murder is itself hard to define.

In any event, proposals for the legalization of “assisted dying” are back in play and Baroness Finlay of Llandaff (also known as Lora Finlay) has entered the debate. Writing in *The Times* [London], Dr. Finlay argues that this world is simply too imperfect to sustain any ethical system of assisted dying.

Baroness Finlay is Professor of Palliative Medicine at Cardiff University in Wales. This gives her a special credibility in arguing against assisted suicide and euthanasia. “Palliative medicine has come of age,” the Baroness explains. “I have been privileged to play a part in this revolution. I have learnt - from patients, their families and colleagues - that care of the dying is far more than diagnosing and treating the physical aspects of terminal illness,” she says. “That is an important part of the task, and advances in palliative medicine have revolutionized the science of pain and symptom control.”

Interestingly, she argues that her own clinical experience with patients has convinced her that doctors need to see death “as a natural end to life” and not use endless interventions to attempt to prolong life inappropriately. Nevertheless, assisted suicide, she argues, “is a dangerous step too far.”

Here is the heart of her argument:

*Proposals to allow “assisted dying”, while undoubtedly well intended, have an air of unreality about them that is worrying to anyone who works with seriously ill people. They assume the existence of a perfect world - a world in which all terminally ill people are entirely clear-headed and make life-or-death decisions on completely rational grounds; and a world in which all doctors know their patients well and have limitless time and skill to assess requests for euthanasia.*

As Baroness Finlay explains, seriously ill patients often alternate between deep depression and times of hope. During the bouts of depression, some may ask for assisted suicide. If given time, many will emerge from the depression with renewed hope. Dr. Finlay also understands that many patients increasingly see themselves as burdens on their loved ones and then feel “hidden pressures” to end their lives in order to free their families from the burdens of care and cost.

More:

*Doctors who care for terminally ill people sometimes have the subject of assisted dying raised by patients. In most cases they want assurance that they won’t be abandoned and will have care that maintains dignity and addresses their deepest fears. To respond by processing a request for assisted suicide risks sending a signal that the doctor agrees that the patient would be better off dead. We rely on our doctors to act at all times in our best interests. That inevitably gives them a degree of influence, however unintended, over the choices we make about our health.*

This is a keen insight — and one that a sensitive and caring physician will uniquely understand. An offer of assisted suicide will naturally be interpreted as a *duty* to commit assisted suicide. Beyond this, she relates that some patients who are thought to be nearing an inevitable death actually survive. The risk of getting it wrong is just far too high, she insists.

A recent study of British physicians found that most opposed proposals for euthanasia and assisted suicide. As Baroness Finley explains, “most doctors don’t believe that ‘assisted dying’ is something they can square with the ethics of good medicine.” And for good reason.

The essay by Baroness Finlay is important and timely. Her experience as a palliative care physician is invaluable to this debate, as is her moral insight.

She is right to point to the imperfection of this world as sufficient reason to oppose arguments for assisted suicide. Nevertheless, the Christian worldview offers a stronger argument. This world is not just imperfect — it is fallen. The reality of human sinfulness explains why no human agent is morally equipped to determine who should live and who should die. But human sinfulness also explains why humans will try to act as if we are God — even in seeking our own death.

The Culture of Death creeps along, proposal after proposal. It must be exposed for what it is — a frightening assault upon human dignity.

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