THE SALVATION ARMY UNITED KINGDOM TERRITORY
WITH THE REPUBLIC OF IRELAND

POSITIONAL STATEMENT

EUTHANASIA, ASSISTED SUICIDE AND LIVING WILLS

The Salvation Army believes that being made in the image of God every human life is sacred;[1] being the object of God's love, it is precious.[2] Life is not our own but a gift from God, [3] who requires it to be nurtured, cherished and allowed to flourish.[4] Furthermore we are required to care for one another,[5] not least when ministering to the ill and dying.

Though support for euthanasia and assisted suicide may be grounded in a desire to relieve suffering, we do not condone these practices, which deny the sanctity, value and purpose of human life. Instead, The Salvation Army is committed to alleviating suffering without deliberately ending life, showing compassion at all times while helping people face up to the enormous challenges that can leave them feeling devastated and desolate, with their faith sorely tested.

Euthanasia

Euthanasia is taken to mean any act or omission by a doctor with the primary intention of accelerating the death of a patient to eliminate suffering.[6] Euthanasia requested by a patient is said to be voluntary; administered to a patient who cannot give consent it is non-voluntary and given without the consent of a competent patient it is involuntary.

It is a moral and legal requirement to obtain the informed consent of a patient before any medical procedure. Consent must be given voluntarily and implies an adequate understanding of procedures, risks and prognosis, but it also assumes the right of a patient to refuse treatment. However, various reports show that the practices of euthanasia and assisted suicide are open to abuse, for example by ending life without informed consent, withholding reasonable treatment, violating official guidelines and falsifying death certificates.[7]

If euthanasia is requested by a patient it is usually to end a life felt to be intolerable or pointless, or to avoid unbearable pain, dementia, loneliness, loss of dignity or the use of inappropriate life-sustaining measures. We agree it is unacceptable to use technology simply to prolong the dying process. The onset of dying should be acknowledged and, when treatment becomes ineffectual and illness irreversible, the focus should change from the struggle against disease to that of caring for the dying.

Christians believe that life is not an end in itself and that the process of dying is a phase of a journey [8] during which they are upheld by the grace of God. No human life is pointless or worthless; everyone is loved and valued by God. Consequently we should respond faithfully to his command to love and support one another in all circumstances and situations.[9]

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[1] So God created man in his own image, in the image of God he created him; male and female he created them. Gen.1: 27

[2] But God demonstrates his own love for us in this: While we were still sinners, Christ died for us. Rom.5: 8

[3] I know, O LORD, that a man's life is not his own; it is not for man to direct his steps. Jer.10: 23

[4] I have come that they may have life, and have it to the full. Jn.10: 1

[5] Jesus replied: '… And the second [great commandment] is like it: Love your neighbour as yourself…'Mtt.22: 39

[6] It is not euthanasia if futile or over-burdensome treatment is withdrawn whilst full palliative care is maintained, if a refusal by a patient of recommended treatment hastens death, or if measures taken with the sole purpose of relieving pain or suffering coincidentally hasten death. Withdrawal of life-support systems may be appropriate if brain death has been demonstrated.

[7] The Remmelink report 1991, reviewed 1995, 2005. See also: J. Keown 'Euthanasia, Ethics and Public Policy' CUP 2005.

[8] …everyone who looks to the Son and believes in him shall have eternal life, and I will raise him up at the last day. Jn.6: 40

[9] The parable of the Good Samaritan. Lk.10: 25-3

Assisted suicide

Assisted suicide is helping or encouraging someone to end their own life, a practice that conflicts with the ethical principles referred to above.

A patient might wish to take their own life to avoid, for example, becoming a burden or to escape a chronic, progressive condition. Others may be driven by an overwhelming sense of isolation, helplessness and despair when their quality of life becomes unacceptable to them.

The challenge to family, friends and society is to alleviate these feelings without resorting to ending life. A supportive human presence together with high-quality palliative or terminal care provides psychological, social, physical and spiritual support, while demonstrating a comprehensive, loving and compassionate commitment to the protection and care of the patient and their loved ones.

Living Will and Power of Attorney

Planning ahead can alleviate some of the anxiety associated with terminal illness by providing the opportunity for personal involvement in future healthcare decisions and full discussion with family or friends about end-of-life issues.

A Living Will [10] is used to record a person's wishes regarding future healthcare. It can consist of two elements: an advance decision to refuse specified treatments, which can be legally binding on medical staff[11] and an advance statement concerning other aspects of care which, though not legally binding, should be taken into account. A Living Will takes effect once the person becomes incompetent, that is, unable to communicate adequately. However, choices made in the past, especially when fit and healthy, do not necessarily reflect the current wishes of the seriously ill or dying patient, consequently the principle of informed consent may be compromised and the true wishes of the patient remain unknown.

Another option is to choose a proxy with whom one can discuss any concerns and beliefs regarding terminal illness and healthcare. This proxy can be granted the authority of a Health and Welfare Lasting Power of Attorney[12] and should be asked to explain one's views when required. Crucially, the proxy can take into account advances made in medical treatment and diagnosis while not being bound by requests that have become obsolete or inappropriate. Even so, one cannot guarantee how accurately a proxy can, or will, convey the wishes of a patient.

In conclusion, the purpose of medical practice is to acknowledge and attend to the ill, protecting, nurturing and, when possible, restoring. These aims support our moral conviction that it is important to communicate by word and deed to the sick, the elderly, the despairing and the dying that they are worthy of respect, they are loved and that they will not be abandoned.

All Bible references are taken from Today's New International Version.

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[10] Also known as Advance Decisions or Advance Directives.

[11] Not legally binding in Scotland, N Ireland or the RoI, although it can be taken into account by medical practitioners in their decision making processes.

[12] In Scotland: Personal Welfare PoA; in Northern Ireland: Welfare PoA; in the RoI: not available.

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