

## The Moral Challenge of Doctor Assisted Euthanasia and Christian Morality

The modern society's debates regarding physician assisted suicide, or doctor assisted euthanasia, pose a very high ethical challenge especially in communities where dignity, autonomy and relief from suffering are thought to be very important. Many western nations such as Canada, Belgium, and some regions in United States of America have moved towards the legalisation or normalisation of physician aided assisted suicide. Christian theologians and ethicists are being compelled to re-examine their views on doctor assisted euthanasia.

This essay offers a detailed ethical response to doctor assisted euthanasia from the standpoint of Christian... especially Roman Catholic moral theology, drawing on scriptural principles, the natural law tradition, and magisterial teaching. It argues that while compassion for the suffering is a central Christian concern, the intentional ending of human life undermines the sanctity and dignity of that life as understood within the Christian moral vision. Key sources including *Evangelium Vitae*, the Catechism of the Catholic Church, and theological reflections by Gilbert Meilaender and Stanley Hauerwas will be used to evaluate both the moral arguments for euthanasia and the deeper theological commitments that shape a Christian ethic of life and death. Ultimately, this paper contends that Christian ethics does not support doctor-assisted euthanasia but instead affirms a vision of care rooted in hope, relational responsibility, and reverence for life as a gift from God.

Doctor-assisted euthanasia, often called as physician-assisted suicide (PAS), refers to the intentional act whereby a physician provides a patient—usually one suffering from a terminal or incurable illness—with the means to end their own life, typically by prescribing a lethal dose of medication.<sup>1</sup> While distinctions are sometimes made between euthanasia (where the physician administers the life-ending intervention directly) and PAS (where the patient self-administers), both involve deliberate steps taken to end human life in response to suffering. The ethical complexity of this practice lies in its challenge to traditional medical ethics, which has historically upheld the Hippocratic principle to "do no harm,"<sup>2</sup> as well as to theological perspectives that view life as an inviolable gift from God.<sup>3</sup>

In recent decades, several countries and regions have moved toward the legalisation of doctor-assisted euthanasia. The Netherlands and Belgium were among the first to legalise both euthanasia and PAS under strict conditions.<sup>4</sup> In Canada, the practice—now termed *Medical Assistance in Dying* (MAiD)—has been legally recognised since 2016 and was recently expanded to include those suffering from mental illness alone, prompting widespread ethical concern.<sup>5</sup> Several U.S. states, including Oregon, California, and Washington, also permit PAS

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<sup>1</sup> Emily Jackson, *Medical Law: Text, Cases, and Materials*, 5th edn (Oxford: Oxford University Press, 2019), pp. 958–59.

<sup>2</sup> Robert Veatch, *A Theory of Medical Ethics* (New York: Basic Books, 1981), p. 160.

<sup>3</sup> Catechism of the Catholic Church, 2nd edn (Vatican City: Libreria Editrice Vaticana, 1997), §2258.

<sup>4</sup> Penney Lewis, *Assisted Dying and Legal Change* (Oxford: Oxford University Press, 2007), pp. 75–76.

<sup>5</sup> Jocelyn Downie and Jennifer Chandler, 'Interpreting Canada's Medical Assistance in Dying Law', *Canadian Journal of Bioethics*, 2.2 (2019), 52–60 (p. 54).

under "death with dignity" laws.<sup>6</sup> These developments are often justified in the name of personal autonomy, relief from intolerable suffering, and the preservation of human dignity at the end of life.

Proponents argue that patients facing terminal illness should have the right to choose the timing and manner of their death, especially when facing prolonged pain, loss of independence, or diminished quality of life. They view doctor-assisted euthanasia as a compassionate response to suffering, enabling individuals to avoid what they perceive as a meaningless or degrading existence. Some even frame it as a moral imperative—an expression of care and respect for the individual's final wishes.

However, such arguments raise deep ethical and theological concerns, particularly within Christian moral traditions. The belief that human life has intrinsic value, regardless of condition or capacity, challenges the assumption that suffering invalidates a life's worth. Christian ethicists question whether autonomy can serve as an absolute moral justification for actions that intentionally end life, and whether such practices risk undermining societal commitments to the vulnerable, the disabled, and the elderly. Furthermore, the rapid normalisation and expansion of doctor-assisted euthanasia in some legal systems have provoked fears of a "slippery slope," whereby criteria for eligibility become progressively broader, and the threshold for life-terminating decisions becomes alarmingly low.<sup>7</sup>

As such, doctor-assisted euthanasia stands at the intersection of medical, legal, and spiritual concerns. It not only challenges our understanding of suffering and compassion, but also forces Christian ethics to engage with fundamental questions about the nature of life, death, and the moral responsibilities of individuals and communities.

The Roman Catholic ethical tradition provides a robust framework for evaluating the moral permissibility of doctor-assisted euthanasia, grounded in Scripture, natural law reasoning, and magisterial teaching. At the heart of this tradition lies the conviction that human life possesses inherent dignity because it is created in the image of God and entrusted to human beings as stewards rather than owners. From this theological premise flows the affirmation that life is a sacred gift that must be protected from conception until natural death. The intentional ending of human life, even in the context of suffering, is therefore viewed as morally impermissible within Catholic moral theology.

A central pillar of Catholic bioethics is the principle of natural law, which asserts that moral truths can be discerned through reason and are inscribed in the nature of human beings. According to Thomas Aquinas, human beings are naturally inclined to preserve life, and to act against that inclination—especially by seeking to end life deliberately—is contrary to reason and divine law. Doctor-assisted euthanasia, by its very nature, involves the direct and intentional termination of life, which Catholic teaching holds to be intrinsically evil. The act is not judged solely by its

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<sup>6</sup> Kathryn L. Tucker, 'State Regulation of Physician-Assisted Dying', *Journal of Legal Medicine*, 30.4 (2009), 427–43 (p. 428).

<sup>7</sup> Wesley J. Smith, *Culture of Death: The Age of "Do Harm" Medicine*, updated edn (San Francisco: Encounter Books, 2016), pp. 134–3

consequences—such as the relief of suffering—but by its object and intention: namely, to cause death.

This ethical position is reaffirmed in the Catechism of the Catholic Church, which teaches that direct euthanasia, regardless of motive or means, is morally unacceptable. Similarly, Pope John Paul II, in his encyclical *Evangelium Vitae*, condemns euthanasia as a grave violation of the divine moral order, particularly because it elevates human autonomy above the sovereignty of God. While acknowledging the immense burden of suffering, he insists that genuine compassion lies in sharing another's pain, not in eliminating the person who suffers.

Importantly, Catholic ethics does not advocate for the prolongation of life at all costs. The Church permits the refusal of extraordinary or disproportionate means of sustaining life—interventions that are excessively burdensome or offer no reasonable hope of benefit. This distinction between “killing” and “allowing to die” is morally significant. Withholding extraordinary treatment in a terminal case may be justified, provided that the intention is not to cause death but to accept the natural limits of medical intervention. The moral difference lies in whether death is directly willed or merely foreseen as an outcome of appropriate medical judgment.

The Catholic tradition also upholds the importance of palliative care, which aims to alleviate suffering without hastening death. Pope Francis has repeatedly affirmed the value of palliative medicine as a compassionate and ethical alternative to euthanasia, calling for a “culture of mercy” in which suffering is alleviated and life is respected until its natural end. Such care reflects the Christian commitment to accompany the dying with dignity, compassion, and hope—affirming their worth even in vulnerability and dependence.

Thus, from the Roman Catholic perspective, doctor-assisted euthanasia is ethically indefensible. It violates the sanctity of life, undermines the integrity of the medical profession, and distorts the meaning of human dignity by reducing it to autonomy and control. Catholic ethics offers an alternative vision—one in which the human person is valued not for their productivity or independence, but for their intrinsic worth in relation to God and others. Suffering, while never desirable, is seen as a context for solidarity, spiritual growth, and participation in the redemptive suffering of Christ.

While Roman Catholicism presents a clear and consistent opposition to doctor-assisted euthanasia, other Christian traditions also engage this ethical issue with distinct theological emphases. Across the Christian spectrum, there is broad concern for the sanctity of life and caution toward the deliberate ending of human existence, though the reasoning and tone may differ depending on denominational tradition, scriptural interpretation, and pastoral considerations.

**Reformed and Evangelical Protestant traditions** often share the Catholic commitment to the sanctity of life, grounding their opposition to euthanasia in biblical authority and a high view of divine sovereignty. Many Protestant theologians emphasize that life and death belong to God alone, and that human beings are not morally justified in assuming control over the timing of death. This conviction is often rooted in passages such as Romans 14, which declares that

whether we live or die, we belong to the Lord<sup>8</sup>. For many within these traditions, doctor-assisted euthanasia is seen as a violation of God's lordship over life, and as a form of moral presumption that undermines trust in divine providence<sup>9</sup>.

However, some **mainline Protestant denominations** have taken a more nuanced or open stance, especially where intense suffering and questions of personal autonomy are involved. For example, certain bodies within the United Church of Christ or the Episcopal Church have shown pastoral sensitivity toward those who support euthanasia in limited, carefully regulated circumstances. These groups tend to frame the issue in terms of compassion, dignity, and moral responsibility rather than absolute prohibitions<sup>10</sup>. Nevertheless, even among more liberal Protestant communities, there is significant unease about the potential for abuse, the erosion of care for the vulnerable, and the moral confusion that can arise when death becomes a solution to suffering<sup>11</sup>.

**Eastern Orthodox Christianity**, while less frequently cited in Western bioethical discourse, offers a deeply spiritual and ascetical perspective that also rejects doctor-assisted euthanasia. The Orthodox tradition emphasizes life as a sacred mystery and suffering as an opportunity for spiritual purification, endurance, and union with Christ<sup>12</sup>. Within this context, euthanasia is seen not only as a moral transgression but as a theological misunderstanding of the redemptive role of suffering. The Orthodox Church encourages patience, prayer, and community support for the dying, and insists on the importance of accompanying individuals through their final moments in hope and love, rather than hastening death out of despair or fear<sup>13</sup>.

Despite these denominational differences, a unifying theme among most Christian responses to doctor-assisted euthanasia is the emphasis on human dignity as rooted in relationship—with God, with others, and within the broader Christian community. Rather than seeing dignity as synonymous with autonomy or self-determination, these traditions tend to locate it in the enduring worth of the person as a bearer of the image of God<sup>14</sup>. Life is not valued simply for its utility or pleasure, but as a gift, a vocation, and a sacred trust. Accordingly, most Christian ethical frameworks resist the notion that ending a life can ever be a truly compassionate or morally justified act, even when motivated by concern for suffering<sup>15</sup>.

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<sup>8</sup> Holy Bible, Romans 14:7–8 (New Revised Standard Version).

<sup>9</sup> John Jefferson Davis, *Evangelical Ethics: Issues Facing the Church Today*, 3rd edn (Phillipsburg, NJ: P&R Publishing, 2004), pp. 142–45.

<sup>10</sup> *Faithfully Facing Dying: A Lenten Study Guide*, (United Church of Christ, 2010), pp. 5–9 [https://www.ucc.org/what-we-do/justice-local-church-ministries/justice/health-and-wholeness-advocacy-ministries/health-care-justice/faithfully\\_facing\\_dying/](https://www.ucc.org/what-we-do/justice-local-church-ministries/justice/health-and-wholeness-advocacy-ministries/health-care-justice/faithfully_facing_dying/) [accessed 23 July 2025].

<sup>11</sup> Pew Research Centre, 'Religious Groups' Views on End-of-Life Issues', November 2013.

<sup>12</sup> John Breck, *The Sacred Gift of Life: Orthodox Christianity and Bioethics* (Crestwood, NY: St Vladimir's Seminary Press, 1998), pp. 112–16.

<sup>13</sup> H. Tristram Engelhardt Jr., 'Euthanasia in the Orthodox Tradition', in *Euthanasia: Ethical and Legal Challenges*, ed. Michael J. Cholbi (New York: Routledge, 2017), pp. 87–95.

<sup>14</sup> Gilbert Meilaender, *Bioethics: A Primer for Christians*, 3rd edn (Grand Rapids, MI: Eerdmans, 2013), pp. 50–53.

<sup>15</sup> Nigel Biggar, *Aiming to Kill: The Ethics of Suicide and Euthanasia* (London: Darton, Longman and Todd, 2004), pp. 92–96.

At the same time, these traditions also affirm the importance of pastoral sensitivity, acknowledging the emotional and spiritual complexity that surrounds end-of-life decisions. The Christian response, therefore, must go beyond moral pronouncements and instead offer practical, relational, and spiritual accompaniment—through palliative care, community support, prayer, and sacramental ministry. In doing so, the Church testifies to a vision of life and death shaped not by fear or control, but by hope, grace, and faith in the God who holds all life in His hands<sup>16</sup>.

In the public square, three dominant ethical arguments are commonly advanced in support of doctor-assisted euthanasia—autonomy, compassion, and dignity—and each merits careful analysis through the lens of Christian ethics.

### **Autonomy and Control**

Proponents often invoke individual autonomy, arguing that competent adults possess the moral right to choose when and how to die, particularly when facing terminal illness or intractable suffering. This right is framed as an extension of personal freedom, individual sovereignty over one's own body, and respect for deeply held convictions about the meaning of a life lived on one's own terms.

#### **Christian response:**

From Christian ethical tradition, especially in Catholic and Reformed thought, autonomy is subordinate to divine sovereignty. Human beings are seen not as owners of their bodies or lives but as stewards under God's authority (1 Corinthians 6:19–20). Formulating ethics around autonomous choice risks isolating individuals from their relational context—family, church, and community—and reduces persons to agents of self-will. The Christian vision, by contrast, situated human dignity in belonging: we are God's, and our lives serve purposes beyond self-determination.

### **Compassion and Mercy**

Supporters of doctor-assisted euthanasia frequently appeal to compassion, arguing that it is merciful to help terminally ill individuals avoid prolonged and unbearable suffering. They contend that if modern medicine cannot relieve pain or preserve dignity, permitting an "exit" can demonstrate genuine care.

#### **Christian response:**

Christian ethics affirms compassion emphatically, but insists that the alleviation of suffering should never intentionally cross the boundary into killing. The Roman Catholic tradition draws a clear moral distinction between ordinary and extraordinary means of care. As stated in the Catechism, refusing disproportionate means is morally licit; but active killing is intrinsically wrong. Alternative approaches such as palliative care honour compassion without violating the sanctity of life. Moreover, Christian suffering is richly laden with theological meaning—in some

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<sup>16</sup> Stanley Hauerwas, *Suffering Presence: Theological Reflections on Medicine, the Mentally Handicapped, and the Church* (Notre Dame, IN: University of Notre Dame Press, 1986), pp. 58–60.

traditions it is redemptive and draws people into the mystery of Christ's suffering (Colossians 1:24). Mercy manifests not in ending life but in accompanying it: listening, pain relief, prayer, and presence.

### **Dignity and Quality of Life**

A central claim in euthanasia debates is that dignity is lost when life is diminished—whether by physical pain, cognitive decline, or dependency. Some argue that a dignified death requires control over one's final moments.

#### **Christian response:**

Christian dignity is not predicated on independence or productivity, but on being made in the Imago Dei. It is intrinsic and inviolable, regardless of health or capacity. In Protestant thought, dignity derives from being God's creation and loved by Christ; in the patriarchal Psalms and the Gospels, we see care and concern for those suffering, regardless of dependency. Thus Christian ethics calls us to defend dignity through care, not through euthanasia. A society that equates dignity with autonomy alone risks marginalising those who live with disability or chronic illness—in tension with the broader Christian call to protect and serve the vulnerable.

### **Slippery-Slope and Societal Implications**

Empirical and ethical critiques of doctor-assisted euthanasia frequently concern its potential for abuse once legalised—expansion of criteria, pressure on the vulnerable, diminution of voluntary consent, and altered cultural attitudes toward suffering and elderly lives.

#### **Christian response:**

These concerns resonate deeply within Christian moral reflection, which is wary of normalising practices that degrade life. The Canadian experience with MAiD's expansion to include psychiatric conditions is cited among theologians and ethicists as evidence of the slippery slope. The loss of rigorous safeguards, even in well-regulated systems, can erode the moral clarity needed to protect the most vulnerable. Christian ethics thus sounds a cautionary note: once life becomes conditional, the impetus for solidarity and support is weakened, and access to care may shrink. Instead of euthanasia, Christians are called to advocate for universal access to palliative support, healthcare justice, and resources that empower all to live—and die—with dignity.

### **Conclusion**

Doctor-assisted euthanasia presents a profound moral challenge in contemporary society, striking at the heart of what it means to affirm life, respond to suffering, and protect human dignity. From a comprehensive Christian ethical standpoint—whether Catholic, Protestant, or Orthodox—the intentional termination of life remains impermissible.

A Christian ethic against doctor-assisted euthanasia is neither sentimental nor inflexible. It is rooted in theological depth, ethical reasoning, and pastoral love. It recognises the complexity of suffering and the legitimacy of lament, but rejects death as a solution. Instead, it calls for

solidarity—through prayer, medicine, ethics, and public policy that dignifies every life-stage and condition. In doing so, it offers a vision of compassion that sees death not as an emancipation from suffering, but as a threshold met with grace, community, and hope.

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