

A hand is shown from the wrist up, reaching towards a bright, vertical light source. The hand is illuminated from the side, creating a strong contrast with the dark background. The light source is a bright, vertical beam of light, possibly from a window or a lamp. The background is dark, and there are many small, white, dust-like particles floating in the air, catching the light. The overall mood is contemplative and hopeful.

ASSISTED DYING

ETHICAL AND THEOLOGICAL PERSPECTIVES

SEEN&UNSEEN

ASSISTED DYING

**ETHICAL AND THEOLOGICAL
PERSPECTIVES**

SEEN & UNSEEN

Assisted dying: ethical and theological perspectives

A Seen & Unseen collection.

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About Seen & Unseen

Seen and Unseen is an online magazine that offers an invitation to see the world differently. In a world often fixated on the seen, but blind to unseen realities, it offers fresh Christian perspectives on the issues we are all talking about. It includes stories, opinions, podcasts, cultural commentary, book, music, arts and film reviews.

It brings together voices from many mainstream Christian traditions to give new insights on culture, politics, history, spirituality, freedom of belief, philosophy and theology.

Seen and Unseen seeks to open your mind to new possibilities, to lift your heart and to strengthen faith.

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His debut novel, *The Coroner*, was shortlisted for the Crime Writers' Association Gold Dagger in 2009 as was his fourth novel, *The Flight*, in 2012.

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Introduction

Bishop Graham Tomlin

The bill introduced early in the new parliament to allow assisted dying in the UK raises many complex ethical, medical and practical questions. It is an emotive and vexed issue on all sides and raises strong feelings. We are told that the public mood has shifted since the last time such a bill came to parliament in 2015, in that the majority of the population now support assisted dying, and that a majority of MPs would back it too. However, the arguments around it have not always been understood, and will no doubt be rehearsed in a debate which is likely to continue over the coming months.

Christians do not all agree on assisted suicide, however it is probably true to say that many Christians in the UK have serious questions about the possibility of adopting it legally. For many, this means that numero vulnerable people will feel under pressure to end their lives before their time, and force an unfair choice upon them. It may lead to many lives palliative care which seems a much better approach to easing the suffering of those coming towards the end of that lives. It seems like a line that once crossed, will be hard to go back on.

Seen and Unseen is a website established in 2023 by the Centre for Cultural Witness based in Lambeth Palace. It seeks to offer Christian perspectives on a wide range of issues in contemporary life. Over recent months the site has published a number of articles relating to assisted dying and some of them are reproduced here to give a range of resources for people thinking through the ethical and theological issues around assisted dying. They are not the last word on the topic and do not cover all the arguments but hopefully they give a starting point for thinking about these issues.

Our hope is that they can be used by many people, for example, clergy preaching on the topic, sharing with others to stimulate debate and helping people understand the arguments surrounding assisted suicide and to help think through the ramifications of this step.

Assisted suicide: choice and autonomy will impose a dreadful dilemma

Its logic makes perfect sense but leaves us with a fateful choice.

Bishop Graham Tomlin

First Published in Seen & Unseen 29th October 2024

<https://www.seenandunseen.com/assisted-dying-logic-makes-perfect-sense-imposes-dreadful-dilemma>

Two broad cultural trends have led us to our current debate over assisted suicide.

One is the way consumer choice has come to be seen as the engine of successful economies. Emerging from Adam Smith's theories of rational choice based on self-interest, given a boost by Reaganomics and Thatcherite thinking in the 1990s, the provision of a range of choice to the consumer is usually argued, with

some logic, as key to the growth of western economies and the expansion of freedom.

The other is the notion of individual autonomy. Articulated especially in the past by figures such as John Locke and John Stuart Mill, the idea that individuals should be free to choose to dispose of their property, their time and their talents as they choose, as long as they don't harm anyone else, has become standard moral fare in the modern world.

Put these two together, and the logic of assisted dying makes perfect sense. What can be wrong with offering someone a choice? Why should the state restrict individual freedom to end your life in the way you might decide to do so?

Yet expanding choice is not always good. Forcing an employee to choose between betraying a colleague or losing their job is not a fair choice. There are some choices that are unfair to impose upon people.

Assisted dying will lead us to this kind of choice. Imagine a woman in her eighties, living in a home which is her main financial asset, and which she hopes to leave to her children when she dies. She contracts Parkinson's or dementia, which will not kill her for some time, but will severely limit her ability to live independently (and remember about of third of the UK population will need some kind of longer-term care assistance as we get older). At present, her only options are to be cared for by her children, or to sell her house to pay for professional care

With the assisted suicide bill, a third option comes into play – to end it all early and save the family the hassle - and the money. If the bill passes, numerous elderly people will be faced with an awful

dilemma. Do I stay alive, watch the kids' inheritance disappear in childcare costs, or land myself on them for years, restricting their freedom by needing to care for me? Or do I call up the man with the tablets to finish it soon? Do I have a moral duty to end it all? At present, that is not a choice any old person has to make. If the bill passes, it will be one faced by numerous elderly, or disabled people across the country.

Of course, supporters of the bill will say that the proposed plan only covers those who will die within six months, suffering from an "inevitably progressive condition which cannot be reversed by treatment." Yet are we sure it will stay this way? Evidence from most other countries that have taken this route suggests that once the train leaves the station, the journey doesn't end at the first stop - it usually carries on to the next. And the next. So, in Canada, a bill that initially allowed for something similar was changed within five years to simply requiring the patient to state they lived with an intolerable condition. From this year, a doctor's note saying you have a mental illness is enough. In the same time frame, 1000 deaths by assisted dying in the first year has become 10,000 within five years, accounting for around 1 in 20 of all deaths in Canada right now. Some MPs in the UK are already arguing for a bill based on 'unbearable suffering' as the criterion. Once the train starts, there is no stopping it. The logic of individual choice and personal autonomy leads inexorably in that direction.

Of course, some people face severe pain and distress as they die, and everything within us cries out to relieve their suffering. Yet the question is what kind of society do we want to become? One where individual choice overrides all other considerations? Where we deem some lives worth living and others not? Where we make numerous elderly people feel a burden to their families and feel a responsibility to die? In Oregon, where AD is legal, almost half of those who opted for assisted dying cited fear of being a burden

and where to protect the vulnerable, we find other ways to manage end of life pain, putting resources into developing palliative as a factor in their decision. Or would we prefer one where the common good is ultimately more important than individual choice, care and supporting families with dependent members – none of which will happen if the option of assisted dying is available.

Even though the idea may have Christian roots, you don't have to be religious to believe the vulnerable need to be protected. Changing the law might seem a small step. After all, doctors routinely administer higher doses of morphine which alleviate pain and allow a natural death to take its course. Yet that is a humane and compassionate step to take. To confront numerous people, elderly, disabled and sick with a dreadful dilemma is one we should not impose upon them.

The cold truth of Canadian lives not worth living

Canada's implementation of medical assistance shows that a society considers some lives not worth living.

Mehmet Ciftci

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<https://www.seenandunseen.com/cold-truth-canadian-lives-not-worth-living>

Alan Nichols' application for euthanasia mentions only one health condition as the reason for his request: hearing loss. "Alan was basically put to death," according to his brother. He was hospitalized after being found dehydrated and malnourished in his house. He asked his brother to "bust him out" of the hospital as soon as possible. A month after being admitting, he was euthanized through MAID (medical assistance in dying), despite the desperate objections of his family and his primary health practitioner. They were informed of the procedure over the phone only

four days before it took place. They have since reported Alan's case to the police; they argue he was not in a fit state of mind to understand the procedure or make decisions for himself. He had no life-threatening conditions. He was vulnerable.

Canada's relaxed laws around MAID came to international attention when CTV News reported that a fifty-one-year-old woman chose MAID after failing for two years to find housing that would allow her to manage her multiple chemical sensitivities. Despite the best efforts of friends and even her doctors to get her suitable housing in Toronto, letters left behind documented her desperate yet fruitless search for help. She begged officials at all layers of government to help find an apartment free from the chemicals and cigarette and marijuana smoke that worsened her symptoms. "The government sees me as expendable trash, a complainer, useless and a pain in the a**," she said in a video days before her death.

These are only some of the terrible stories that have been reported after Canada became the first Commonwealth country to legalise assisted suicide and euthanasia. Advocates of MAID will point to how comfortable Canadians are with it. As a recent poll revealed, MAID is supported by 73 per cent of Canadians, with 27 per cent supporting MAID even if the only affliction is poverty, 28 per cent for homelessness, and 20 per cent for any reason whatsoever. Those numbers may shift as disability activists and medical professionals continue to raise the alarm over the consequences of growing numbers choosing MAID, from 2,838 deaths in 2017 to 10,064 in 2021.

There are two reasons why the Canadian example teaches us to remain firmly opposed to the legalisation of assisted suicide and euthanasia in the UK.

The first is that the slippery slope in this case is real. Campaigners for Dignity in Dying claim they want only the legalisation of assisted suicide, not of euthanasia. The latter involves a doctor directly administering lethal drugs, without requiring the patient's participation. (MAID permits both, although euthanasia is the method used in 99 per cent of cases.) They argue there is no evidence that legalising assisted suicide in the UK would lead to a loosening of laws over time. But this is contradicted by the timeline of events in Canada.

MAID was introduced in 2016 following the Supreme Court of Canada's ruling in 2015 that the criminalisation of assisted suicide violated the Canadian Charter of Rights and Freedoms. Only those suffering from incurable diseases whose death was "reasonably foreseeable" were eligible, initially. But the MAID evangelists did not wait long before complaining that this was too restrictive. The courts obliged, and in 2019 the court of Quebec found the "reasonably foreseeable" condition to contravene the Charter. In 2021 the laws were changed to allow MAID for those whose natural death was not foreseeable, but who have a condition considered intolerable by the applicant. Those suffering only from mental illnesses will be eligible for MAID in March 2024.

The slope becomes more slippery still: the government is considering further expansion to allow "mature minors"; vaguely defined as children mature enough to make their own treatment decisions, to ask to be killed, even against a parent's wishes.

The second lesson is about what kind of society we want to be. For a doctor to present the option of being killed, which Canadian doctors are now obliged to do whenever "medically relevant", even if the patient does not bring it up first, does not expand patients' freedom. It is rather an invitation to despair. This is frequently forgotten when some think that denying patients the choice to seek

death is “imposing Christian values” as one cleric of the Anglican Church of Canada said. Roman Catholics, Evangelical Christians, and others have opposed MAID because a society that kills those who ask to be killed has already made a choice to consider some lives not worth living, and to invite those already made vulnerable by their pain and distress to see themselves as a burden to others. Not to mention the perverse incentives created to reduce medical and palliative care.

We can and should support those who are frail and in need of care at the end of their lives to die with dignity, without hastening their deaths, without deeming their lives no longer worth living. Dame Cicely Saunders and other pioneers of the hospice movement have shown us what an alternative to assisted suicide and euthanasia would look like. Hospices put into practice the parable of the Good Samaritan, who responded with pity to the man beaten by robbers, bandaging his wounds and giving him a place to rest and receive care. Jesus tells the parable to show what it means to be a good neighbour to someone and how to react with compassion to suffering. What would have been the message of the parable if the Samaritan had instead reacted to the sight of the suffering man by reaching for his dagger?

Behind the data: the social messages physician assisted suicide sends to the autistic

If intense suffering caused by society drives autistic people to seek assisted death, then society has failed.

Henna Cundill

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<https://www.seenandunseen.com/behind-data-social-messages-physician-assisted-suicide-sends>

Statistically speaking, autistic people are far more likely to die by suicide than non-autistic people. They are also, statistically speaking, far more likely to die by physician assisted suicide than non-autistic people, in countries where this is allowed.

For example, in [a study](#) of 927 people who sought physician assisted suicide in the Netherlands (where this is legal) 39 of them

were autistic. That's about four per cent, but the prevalence of diagnosed autism in the Netherlands is only one to two per cent. The researchers go on to note that 21 per cent of these 39 people cite autism or intellectual disability as the "sole cause of suffering" that had prompted them to request assistance to die.

I don't like speaking statistically. For a start, 21 per cent of 39 people is 8.19 people, which raises obvious questions. A little digging reveals that what the researchers mean really is eight people. Eight people with eight unique stories that include an account of autistic suffering so intense that they asked for help to end their lives.

But we do not have those stories, not really. Included in the report are carefully anonymised excerpts from the physicians' notes, and this is the nearest that we can get.

~~~~~  
*'The patient suffered from his inability to participate in society [ ... ] [He] was not able to live among people, because he was easily overstimulated. This made him isolated'* (2019 (22), male, 70s, ASD)

~~~~~  
'The patient had felt unhappy since childhood and was persistently bullied because he was just a bit different from others [...] [He] longed for social contacts but was unable to connect with others. This reinforced his sense of loneliness. The consequences of his autism were unbearable for him [...] The prospect of having to live on in this way for years was an abomination to him and he could not bear it' (2021 (26), male, 20s, ASD)
~~~~~

The debate about legalising physician assisted suicide in the UK is ongoing, and the British Medical Association have provided a [helpful guidance document](#) which sets out the main arguments, both for and against, without making a recommendation either way. In the document, they observe that the reasons people ask for assisted suicide are predominantly personal and social, not clinical, and also that "laws send social messages." I agree that laws do that, and I also think that those seeking assisted suicide send social messages too.

For example, even just from these two tiny excerpts, I hear that a life worth living is one where people can participate in society and have social contacts, even if they are a "just a bit different from others." It would be good to hear more. It would be good to sit down over a cup of coffee with each of these two men and ask them all my questions about their lived wisdom when it comes to autism.

I could ask "2019 (22), male, 70s, ASD":

*What causes the overstimulation - are there places where you don't feel that?*

*Can we create more such places for autistic people to socialise?*

And I could ask "2021 (26), male, 20s, ASD":

*What makes you feel different?*

*What kind of social contacts and connections do you think that you are looking for?*

But of course, I can't do that, because these two men have been assisted to die.

When approached for comment, autistic theologian Claire Williams said:

“ *There is something of a personal and social tragedy reflected in these cases. If we understand that much of the difficulty that autistic people suffer is caused by society – as per the neurodiversity paradigm – then it is the case that these two nameless men were failed by society. They felt that their lives could not find a place in an unwelcoming world. It is, of course, their choice to end their lives but I do also think that God chose to start their lives and finds them to be infinitely valuable. They were both made in God’s image and reflect something of it. That they felt there isn’t a place for them that is suitable is a tragedy because society should do better to welcome them.*”

The word ‘welcome’ is striking to me here. What does it mean to welcome someone, not to merely include or tolerate, but to really welcome someone, even if they seem ‘a little bit different from others’? Dr Léon van Ommen, another theologian who writes about autism, suggests that it is a matter of making oneself and one’s resources fully available to that person, to the point where they feel that you belong to them. This is not to promote relationships with unhealthy power dynamics, but to highlight that when a person feels truly welcomed by another, they feel the opposite of owing a debt or being a burden – they feel they are of value, that you would be lacking something without them.

I feel we are lacking something without you, “2019 (22), male, 70s, ASD”. And I feel we are lacking something without you, “2021 (26), male, 20s, ASD”. Not to forget the 37 others who are a little like you. We can pause to reflect on the social messages that you have sent, what you are teaching all of us about what it means to live a “good” life. But I am sorry that you have all died now and we cannot hear more.

Whether people in the UK should be able to choose physician assisted suicide, I, personally, am not yet sure. Like the BMA, I see and respect the very good arguments both for and against. But eight people have chosen physician assisted suicide due to autism or intellectual disability, and when it comes to the social messages that sends, I feel compelled to sit down and listen.

# The careless conflation of independence, autonomy and dignity

As Jersey begins to legalise assisted dying, there's keyword confusion.

*Henna Cundill*

*First Published in Seen & Unseen on 23 May 2024*

<https://www.seenandunseen.com/careless-conflation-independence-autonomy-and-dignity>

Reviewing Canada's legislation on assisted dying, [one article](#) raises the concern: "Does it make dying with dignity easier than living with dignity?" This insightful question cuts to the centre of the debate: dignity. Or more particularly, the unwitting conflation of dignity with independence, and of independence with autonomy.

As Jersey begins the [process of legalising](#) assisted dying, and as the possibility of legalisation grows across the UK we should listen

carefully as to how and where these terms are being used, both in the formal debate, and in the commentary that surrounds it.

The States Assembly in Jersey voted to allow the development of assisted dying legislation for those with six months to live (or twelve months if their condition is neurodegenerative). A second vote to make assisted dying available more broadly to those who experience conditions that entail “unbearable suffering” was defeated by a narrower margin. Reading the flurry of press releases that followed the vote, these keywords, autonomy, independence, and dignity, are everywhere. But are we really thinking about what these words communicate?

The word dignity comes from the Latin word *dignus*, meaning ‘worthy’, and this is still the primary definition given to the English word dignity today. The OED dictionary has it as “the quality of being worthy or honourable”, immediately followed by reference to “honourable or high estate”. If this is so, then dignity is not something that can be bought, nor assumed – it is a status conferred upon someone by the esteem in which other people hold them. The haughtiest person in the world can still be esteemed undignified, as can the richest. Moreover, the opposite is also true: we are never prevented from conferring dignity upon, and esteeming the worthiness of, those who live the humblest of lives.

And yet, if we are honest with ourselves – do many of us not quietly associate the idea of becoming rich and powerful with becoming dignified? Do we not tend to assume the worthiness of those in high office – at least until we meet them and realise pretty quickly that they all put their trousers on one leg at a time, the same as the rest of us. This association happens because we have such a tendency to conflate dignity with independence (the ability to live without assistance from others) and autonomy (the ability to make one’s own decisions, and not have those decisions limited



or interfered with). People in positions of wealth and power have more independence and autonomy, more choices and freedoms, but it is we who ascribe dignity to those in that position. It is society who sees the autonomy of those in high status, and esteems it as dignified.

Repeatedly ancient wisdom, in the Bible, warns us not to assume that dignity comes with the freedom of wealth or power. All the great 'heroes' of that book suffer their indignities. Fresh from the success of his Ark project, Noah gets drunk and exposes himself. Elated from a victory against an enemy, King David dances half-naked through the streets. These are just two examples of the catalogue of embarrassments and mishaps that beset nearly all the kings and leaders whose stories are told as part of the Christian story. One after another, they stumble and struggle with life and leadership. The apostle Paul explains that this is because God uses the foolish things of this world to shame human pride, "for even the foolishness of God is still wiser than human wisdom." Therefore, Paul argues, God chooses to speak to us through the weak and the lowly things and people of this world. Never was this demonstrated so clearly as when Jesus was born in a draughty stable, lived a life of poverty, and died a criminal's death on a cross.

But what has all this to do with the debate over assisted dying? Well, I am struck by how often the idea of losing one's independence (through disabling or terminal illness) is conflated with losing one's dignity, and so dying through personal choice (autonomy) is presented as regaining it. One campaign group that speaks to this debate even calls itself 'Dignity in Dying' – but does this not unwittingly suggest that choosing to live in a state of extreme dependence on palliative care is, by implication, undignified?

The Dean of Jersey, the Very Reverend Mike Keirle, has spoken of his concern that the change in legislation will make vulnerable

people feel pressured to end their lives. Examples from Canada, where physician assisted dying is already available, show that his concern is not unfounded. In 2022, Canadian veteran and Paralympian Christine Gauthier phoned her caseworker to chase up the over-due installation of her new wheelchair ramp. She then [describes](#) how she was horrified to find herself being advised to consider assisted dying instead.

“It is remotely just what they’re doing,” says Gauthier, “exhausting us to the point of no return. [...] I was like, ‘Are you serious?’ Like that easy, you’re going to be helping me to die but you won’t help me to live?”

Gauthier is not alone – she spoke out when she learned that four other Canadian veterans had reported similar experiences. In these unhappy moments, one can see how dangerous the assumption can be – the assumption that no one would want to live a life of needing help. Here are disabled people who do want to live, and this assumption, this careless conflation of independence, autonomy, and dignity, leaves them fighting for their right to do so. Why should anyone have to fight or even speak for their right not to commit suicide? It is little wonder that disabled actress, Liz Carr, describes assisted dying legislation as [“terrifying”](#) for disabled people.

I respect that there are terminally ill people, and those who love them, who speak from a desire to end their suffering; it is clear that people on all sides of the debate need to have this difficult and emotionally charged conversation. But whatever the eventual outcome in terms of legislation, we must be careful that it is not based on careless assumptions, or on the conflation of one thing with an entirely different other. Independence is not possible for everybody, or not possible to the same degree. And dignity? Well, dignity is possible for anyone – it is a state that can be conferred

whenever, and upon whomever society chooses to confer it. Autonomy is the matter in question – we are talking about autonomy in dying. And whatever happens, we should by no means legislate in a way that leaves disabled people esteemed unworthy, left open to the indignity of fighting for their right to live.

# Assisted dying and the cult of kindness

I witnessed an assisted death. We need to  
be honest in the debate about it.

*Matthew Hall*

*First Published in Seen & Unseen on 4 October 2024*

<https://www.seenandunseen.com/assisted-dying-and-cult-kindness>

**T**he UK's Assisted Dying Bill is likely to be passed into law this autumn, the government having promised to 'rush it through'. The debate will invariably be conducted in a fog of euphemistic language in which 'compassion' and 'dignity' will feature heavily on both sides, while the main point is likely to be missed: the legalisation of euthanasia or AD, marks a tectonic shift from a Christian to a post-Christian society and should be a wake-up moment for dozing Christians.

I was recently present when my aunt, an artist who had become a Canadian citizen, died by euthanasia in her own home while

in the very early stages of motor neurone disease. She was 72, divorced, living independently, fully mobile (although she had lost the use of one arm) and was laughing and joking up to the moments before the doctor (or 'The Killer' as her son called him) injected the first dose of the lethal cocktail. It happened at 7pm on a Tuesday evening. She had made the phone call requesting her death at 3pm the previous Sunday – yes, a Sunday. Service of a kind our NHS can only dream of.

As a reluctant witness to what I consider a murder-suicide, I was nevertheless beguiled by the relatively clean ending (although there was some disturbing gurgling that apparently occurs as a result of the lungs filling with fluid) to a life that was about to become very difficult. Her two older siblings, including my mother, are each currently several years into slow deaths from combined Parkinson's and dementia.

I am an almost daily visitor and a secondary carer to my mother, and while she is mute, benign and seemingly contented, the toll on my stepfather and on me is enormous. I often pray for it all to be over – it's an endless grind and her former self would be utterly horrified to see herself this way! – and yet, as a Christian, I have to see purpose in it. One thing it certainly does do, is force carers to be selfless and compassionate in the strict sense of the word, which is 'to suffer with'

My aunt didn't want the trial of becoming ill and dependent, and the Canadian government gave her an opt-out which she grabbed the instant she received her diagnosis. Confirmation by two doctors that she was terminally ill and of sound mind – almost a trifling formality – got her immediate approval. She was, to use her kind of language, 'out of here' a mere three months later.

How could she have been so cavalier and determined to die, despite the protests of her son, nephew and granddaughters? She was, in hindsight, a perfectly minted product of the 1960s who believed above all in doing her own thing - whatever felt right. Such notions were anathema to her Christian parents and their dutiful wartime generation but are now the norm.

Like many who came of age to the sound of the Beatles, she toured the spiritual supermarket and picked out the nice bits from Christian, pagan and Eastern religions – predominantly those that allow you to think that life is about 'being in tune' or feeling good about yourself. This did most definitely not include becoming immobile and having strangers change her nappy. She believed in an afterlife, 'love,' aliens and reincarnation but definitely not in judgement or consequences for her suicide.

Her decision to die was the ultimate consumer choice – she availed herself of a service that promised to free her from her ailing body as quickly and comfortably as possible, with the added bonus of leaving her assets to her family.

Polls in Canada and the UK show that the vast majority would consider this a win all round. According to Opinium, 75 per cent of British adults support AD. In political terms this a 'bridge issue' almost without comparison, uniting 78 per cent of Conservatives with 77 per cent of Labour supporters, yet no issue should more starkly dramatise the unbridgeable chasm between Christian and secular world views.

The sharpness of this divide has, however, been successfully obscured by the insidious (and to my mind, diabolical) Cult of Kindness that has inveigled itself into both secular and Christian space. Imitating Christian virtues, it subverts them by subtly perverting language - by using 'compassion' when what is meant is

'convenience,' for example – and by making 'happiness' rather than self-sacrifice the highest good. This leads both sides into dishonesty and self-delusion.

The biggest pro-AD lie is that it is merely an escape route for the tiny few facing the most intolerable suffering with no additional consequences. The truth, as the Canadian experience demonstrates, is that AD is not a slippery slope but a cliff edge. It is now the fifth most common cause of death and climbing by 30 per cent each year. Every seriously ill Canadian now feels some pressure to address the option. Cases of people choosing AD out of despair, depression or at the suggestion of a lazy or uncaring State official are already numerous. Those who have signed an advance consent waiver setting a date for their euthanasia in the event of their mental incapacity, are now being terminated. In some cases, the demented refuse to cooperate and are euthanised under forced sedation. The State is already saving money and families are saving their inheritances. Life itself has been downgraded.

The Christian side indulges in even bigger untruths. Windy episcopal speeches about advances in palliative care avoid the hard fact that denying AD involves many suffering prolonged and painful deaths while family finances are destroyed and carers worn down to a husk. The pill can't be sugared: thou shalt not kill is absolute, not an invitation for an ethical discussion. The point is so fundamental that to avoid it and be drawn into discussing the minutiae of legislation is a betrayal of the faith.

Christians won't save the secular world from AD and its consequences, but the current debate is an opportunity for honesty and for Christians to save themselves from the delusion that the true virtue of compassion can be inverted to justify killing.

The Christian religion began with an agonising death of a kind which its scriptures exhorts its followers not to fear. It's a tough message: God doesn't promise the comfort we would like in this life. We do have the means and the duty to alleviate much suffering, but death as a consumer choice is simply off the table.



# The dying decision: choice, coercion and community

A Japanese drama about medical assistance in dying, Plan 75, reveals a lot about our relationlessness.

Sian Brookes

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<https://www.seenandunseen.com/dying-decision-choice-coercion-and-community>

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*“Being able to choose when my life will end provided me with peace of mind, with no feelings of doubt. She led a good life on her own terms, people will say”*

In Chie Hayakawa’s 2023 dystopian film drama Plan 75, these are the words of a silver-haired, wrinkled woman in a promotional video for the eponymous plan – a government scheme which offers all over 75-year-olds the option of a pain-free death at the time of their choosing.

And yet for Michi, an older lady toying with the decisions around Plan 75 it doesn't really feel like it is her choice which matters at all. Whether it is the \$1,000 grant offered as an incentive to die, the luxury amenities on offer at the Plan 75 facility promoted in leaflets and magazines, or the young person employed to gently guide the candidates towards their death (but whose real job it is to make sure they follow through with it), this is a world which has a clear agenda – to rid society of older people. Indeed, it is clear that this is a vision of a world which believes it is better for old people to die than to put financial burdens on the economy or their families, and this is a culture willing to subtly coerce individuals to accept and act on that belief.

Plan 75 reveals a crucial point at the heart of the MAID (Medical Assistance in Dying) debate. One of the primary reasons that MAID is so attractive is the ability to take back control of one's life and death, yet what happens when that seeming control isn't really within the individual's own control at all? For Plan 75, what is marketed as giving control back to older people, is really just a twist on a more sinister political policy to pressure individuals to sacrifice their "burdensome" lives for the greater good. Of course, this is a common argument for rejection of assisted suicide. This is the dangerous 'slippery slope,' where MAID begins as an option only for those who desperately need it to relieve intense physical suffering. Yet it quickly becomes a tool to remove people whose lives no longer seem worth living due to societal expectations and opinions, rather than any objective reality.

For many, this problem can be appeased through strict legal controls over MAID – as long as the powers that be are regulated, MAID is still OK. As long as it is the individual who maintains control over their own death (and not the state), the goal of personal autonomy is maintained and all is well. And yet this perspective fails to ask the question - is such control over our own death ever actually possible? Do we ever truly choose to die totally independent of

the expectations of those around us? In a world which places so little value on old age, can older people really make choices unaffected by that (deeply flawed and inhumane) logic? And, indeed - the elephant in the room - no matter how much we try to control death, in the end is it not death that ultimately controls us? As fundamentally finite beings we can never escape it completely - it will always find us one way or another. Ultimately, we will all have to face the reality of death when it comes to us. Complete control and autonomy are never truly possible.

In light of this unveiling, the possibility that complete choice and autonomy around death isn't really an attainable goal, what better options might we pursue?

One thing is clear in *Plan 75*, the isolation and loneliness of older people in a society that has rejected them is deeply problematic. The movie primarily follows the stories of Michi, who lives alone with no family and Yukio Okabe, an older man totally estranged from his remaining family. Both face life, and are facing death, alone. We live in a world where increasingly we are forced to face death alone. When our final days and hours rarely happen in the family home, surrounded by our loved ones, but in faceless institutions devoid of lifelong meaningful relationship the sense that we are no longer doing death together as a society is acute. Where previously we would find comfort and hope in being loved, known and held by others in our death, now all too often this isn't the case.

At the same time, there is no doubt that our modern world is unceasingly committed to the ideal of individual personal agency and autonomy - "She led a good life on her terms". As numerous philosophers and theologians have commented, belief in human autonomy has come to replace belief in God. And MAID is one area which reveals this to be the case most acutely. Where previously we would turn to God to find comfort in the face of our finitude, instead now we turn to ourselves - the last hope we find in the face of death is our individual ability to control it.

The German theologian Eberhard Jüngel described death in this broken world as “the occurrence of complete relationlessness”. Jüngel suggests that as human beings we are first and foremost made up of our relationships – we are truly human not by how we self-define in isolation but how we relate – how we relate to the God who made us, and how we relate to other people. This need for relationship is found most acutely in the face of death. As Ashley Moyses points out in his book, *Resourcing Hope for Ageing & Dying in a Broken World*, death and health should be a corporate phenomenon – when one person is ill, all of society is ill. And so, as death increasingly becomes the journey of the individual – when we face death in isolation from others and in isolation from God no wonder we feel such a strong desire towards control, towards ending our lives prematurely, towards science to help us avoid any more pain than we can bear alone.

In *Plan 75* we see glimmers of hope in the possibility of relationship. As Michi and Yukio find rare moments of human connection with a long-lost nephew, with a young person working for Plan 75, with another older person going through the same questions around mortality you can't help but feel deeply uncomfortable with their choice to apply for the scheme. It is in the hints of love, physical touch, smiles exchanged, even a simple conversation shared between two people that suddenly MAID seems so disconnected with the hope that life still has to offer through relationship. Perhaps if we could imagine a world where death became no longer an occurrence of complete relationlessness, but a locus for relational dependence, for familial connection, for leaning on God and not ourselves, the need for MAID would feel a little less necessary. It would be a world with a little more hope.

# What do you make of Esther?

A campaigner's call to change an assisted dying law got family calling MND sufferer Michael Wenham. Here he shares why such legalisation will increase people's fear of dying.

Michael Wenham

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<https://www.seenandunseen.com/what-do-you-make-esther>

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"What do you make of Esther Rantzen?" asked my brother.
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I knew what he was talking about, as no doubt all listeners of Radio 4's *Today Programme* would have done. Clearly the advocates of assisted dying, or specifically suicide, have launched the next round of their campaign, even enlisting the late Diana Rigg, whose resemblance to my wife was once commented on by an old Welsh policeman, as a witness. The *Today Programme* devoted a great deal of airtime to the subject over a number of days.

My reply to my brother was that I thought it was a good thing if we were more open about the subject of death and dying. After all they are events everyone without exception will come in contact with at some point or another. So, the sooner we stop treating it as a taboo subject the better. However, the dangers of legalising assisted suicide, are proved by places like Canada and Belgium.

In January this year I made a submission to the Parliamentary Health and Social Care Committee consultation on assisted dying/assisted suicide. Here's some of that submission.

"I am writing as an individual who was diagnosed with a rare form of Motor Neurone Disease (MND) twenty-two years ago and who has experienced the condition's relentless deterioration since then. There are a number of my contemporaries who have survived that long. That, and witnessing the ravages of the disease on friends in our local MNDA branch plus an Ethics qualification from Oxford, is the extent of my expertise."

"My first observation is how positively my contemporaries, with short or longer prognoses, with the disease seize hold of life. Clearly there are some who, like Rob Burrows, devote themselves to fund-raising and creating awareness; while others enjoy the opportunities of life that come their way. What might have seemed a death sentence has proved a challenge to live.

"Secondly, I have recently discovered myself how expert professional care can enhance what is often portrayed as undignified dependence. Good caring can in fact add to quality of life. The sad thing however is that it is not something which the state will normally provide. Along with terminal palliative care, domestic social care must surely be a spending priority for any government that cares about the well-being of all its citizens. I'm fortunate to live in an area of excellent MND provision and good, though not abundant, palliative care. But I understand that this is not equally

spread through the country. If it were, I suspect it would reduce the fear of dying which must be a major motivator for assistance to ending one's life.

"Ironically, in MND, according to the Association's information sheet, [How will I die?](#), those fears are greatly exaggerated:

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In reality, most people with MND have a peaceful death. The final stages of MND will usually involve gradual weakening of the breathing muscles and increasing sleepiness. This is usually the cause of death, either because of an infection or because the muscles stop working.
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Specialist palliative care supports quality of life through symptom control, practical help, medication to ease symptoms and emotional support for you and your family.
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When breathing becomes weaker, you may feel breathless and this can be distressing. However, your health care professionals can provide support to reduce anxiety.
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You can also receive medication to ease symptoms throughout the course of the disease, not just in the later stages. If you have any concerns about the way medication will affect you, ask the professionals who are supporting you for guidance.
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Further weakening of the muscles involved in breathing will cause tiredness and increasing sleepiness. Over a period of time, which can be hours, days or weeks, your breathing is likely to become shallower. This usually leads to reduced consciousness, so that death comes peacefully as breathing slowly reduces and eventually stops.
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So, this is a third and subtle danger of legalising assisted dying/ suicide. It would increase people's fear of the inevitable fact of death and dying. I think this can be one factor in explaining why, in jurisdictions which have introduced it, we see it being extended beyond the first strict limits. It is held out as an answer to this fearful fact, death, whereas in fact death and dying should be talked about in realistic terms, as normal, as concisely outlined by Dr Kathryn Mannix. As she says, [normally dying isn't as bad as we think](#).

If the government should be doing anything, the first thing it might well do, is to promote informed education about dying of the sort exemplified by specialists such as Dr Mannix, as well as adequately funding her former specialism of palliative care. It should start with schools' curricula. After all every child will have encountered death at some stage.

Finally, the dangers of coercion, in my experience, are not so much external as internal. It's often rightly observed that prolonged pain is worse for the engaged spectator than for the sufferer. If you care for someone, seeing them struggling is barely tolerable. You may wish to see their struggle over, but underlying that wish is your own desire to be spared more of your own horror show. The person who is 'suffering' however has that strong survival instinct, common to all humans, and is more concentrated on living than dying. Having said that, when you are depressed, as might be natural, that instinct gets temporarily eclipsed. Then you need protection from your own dark sky. It is at such times that your other inner demons emerge: your sense of being a burden - to your family, to your friends (if you have any), to the NHS and to the state purse; your fear of losing your savings and of leaving nothing to your loved ones; your fear of pain and of dying (exaggerated by popular mythology), and your sense of suffering, heightened by your depression.



"For most of us with long incurable diseases, it's these internal perceptions that are most coercive, although they can be easily compounded or even exploited from outside. I don't see any way to protect us from such coercion, internal or external, except to demonstrate through legislation that every life, however tenuous, is equally important to our society and worth caring for. 'Any man's death diminishes me...' and so we will value it to the end."

I'm grateful that when I received my 'motor neurone disorder' diagnosis, which was initially frightening, I couldn't be tempted to opt for an early death. Instead of one Christmas with my family (as I warned them), I've enjoyed 22 more Christmases. That was the law against suicide fulfilling its safeguarding function, protecting the vulnerable, as I was then. Contrary to my preconceptions, my form of MND (PLS) is very gradual and I've been able to live a full if increasingly limited life, thanks to my wife, Jane, who cares for me 100 per cent. 24 hours a day, seven days a week.

My view is still that legalising assisted dying/suicide has more cons than pros. The better choice is to invest in hospice and palliative care, so that everyone may have access to pain and symptom care in the last years of their life.

# Assisted dying: in praise of being a burden

It's not a reason to end a life, it's the very  
possibility of our being human.

Jonathan Rowland

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<https://www.seenandunseen.com/assisted-dying-praise-being-burden>

**A** lot has been said already about assisted dying. In the raging bonfire of public discourse, there has been a lot of heat, but not a lot of light. But amid all the noise surrounding Parliament's upcoming discussion around assisted dying, a recent conversation hosted by Prospect between Brenda Hale (former President of the Supreme Court) and Rowan Williams (former Archbishop of Canterbury) served as a reminder that we are, despite everything, still capable of having meaningful and fruitful discussion about even the most divisive of issues.

The [conversation](#) is earnest and hard-won throughout; both Hale and Williams each push and probe the other for more detail, more nuance, more outworking of implications. And yet their tenor remains respectful. There is no cheap point scoring, no trite comments or easy aphorisms. These are two people working to understand the other, in full recognition of the gravity of the topic.

One particular moment, however, was frankly spine-chilling. As the conversation progresses, Hale is asked the following: "How do you deal with the pressure questions – pressure from family or financial pressures? What safeguards can you build in?" Her response – in full, for context – is as follows:

"Well, you can build in the safeguards that the decision must be made without undue influence, coercion, duress or fraud. But in the end, it's a matter of evidence, isn't it? One of the things I find most difficult is that I don't think it's necessarily irrational for somebody to take into account the suffering their suffering is causing to the people dear to them, or the burden that looking after them is placing upon the whole community.

I wouldn't call that "undue influence", but it's one of the questions I find most difficult about all of this. You know, obviously there's duress, there's financial abuse, there are all of those sorts of things that have got to be checked against, and there ought to be objective evidence of absence of that. But when it comes down to somebody thinking, "I don't want to be a cause of others suffering," that seems to me to be a reasonable thing for somebody to take into account."

The idea that my dependency or burdensomeness might factor into decisions about whether I continue to live, seems to me to be contrary to the very notion of the Christian message. Let me explain why.

We are, whether we like it or not, now rapidly approaching Christmas. At this time of year, Christians celebrate the birth of Jesus; the divine Son of God made flesh and born of a virgin. As the divine Son of God, Jesus lived the perfect human life of joy, grace, and faithfulness; the kind of life I can only aspire to.

Because of this, as a Christian, I look to Jesus' perfect life of faithfulness as a model for what a truly healthy human life looks like. And I am often surprised by what I find there. For example, it turns out true human flourishing does not involve getting married, having sex, or having children; Jesus' perfect life of flourishing featured none of these things.

But crucially, Jesus' perfect life often involved depending upon others; upon being a burden to those around him. As an itinerant travelling teacher, Jesus relied on the financial support of his followers to make his ministry possible. He relied on being made and given food to eat, and a roof to sleep under. He was far from self-sufficient. Rather, he gladly made himself a burden to others in service of his ministry.

But more than this, we often overlook the radical significance of the Christian claim that, at Christmas, we celebrate God's becoming a baby. For the first years of his perfect life, Jesus was entirely – entirely – dependent upon his parents for all his needs. Here we see God, in the person of Jesus, depending upon Mary and Joseph to feed him, to clothe him, to cuddle him, to clean up his sick and his excrement. This is what human flourishing looks like.

This is mirrored at his glorious death, too. Prior to his arrest, Jesus asked his friends for support; to stay awake while he prays for comfort. The Gospels go on to tell us that, having been mercilessly tortured, beaten, stripped, and interrogated, Jesus had his cross carried by a man named Simon of Cyrene. After his death,

having no tomb of his own, Jesus was buried in the family tomb of his follower Joseph of Arimathea. And this, too, is what human flourishing looks like.

Throughout his entire life Jesus lived the perfect life of human joy and faithfulness. And this often involved depending upon others and being a burden to them in every way conceivable. We are made to be a burden, then. To depend on others, to be burdensome to them, is to be human.

To think, then, with Baroness Hale, that my dependency and burdensomeness upon others might somehow serve to underwrite a decision to end my life, is fraught with difficulty for me as a Christian. I simply cannot reconcile her words with the life I see Jesus living in the Bible: a life of joyful, difficult burdensomeness.

There may be many other reasons why people decide they want their lives to end. But a sense of burdening others ought not to be one of them. Being a burden is not a reason to bring one's life to an end, because it is the very possibility of our being human in the first place. To need others, to place ourselves into their care, does not make us less human, it makes us more human. And therein lies its glory.