

Canadian Atheist

- [Home](#)
- [About](#)
- [Contact](#)

[← Previous](#) [Next →](#)

Contributors



[Derek Gray](#)

- [Street Epistemology: Watchtower not inspired by God](#)
- [Street Epistemology: Buddhist Truth](#)
- [Street Epistemology: Jehovah's Witness on Evidence](#)



[Diane Bruce](#)

- [Doctors, you are not helping](#)
- [The Limits Of Free Speech And Public Monuments](#)
- [CFI Ottawa confronts hate at Ottawa Pride 2015](#)



[Ian Bushfield](#)

- [A person who represents himself, has a fool for a client](#)
- [Building Canada's professional atheist class](#)
- [Reframing the Free Speech Debate](#)



[Indi](#)

- [Weekly Update: 1-Aug-2020 to 7-Aug-2020](#)
- [Weekly Update: 25-Jul-2020 to 31-Jul-2020](#)
- [Weekly Update: 19-Jul-2020 to 24-Jul-2020](#)



[Heidi Loney](#)

- [This is what I learned about Science Advocacy](#)



[Scott Douglas Jacobsen](#)

- [Interview with Donna Lent – President, National Women's Political Caucus](#)
- [Ask HRW \(Israel and Palestine\) 7 – New Heights to the Plight and the Fight: Covid-19, Hegemony, Restrictions, and Rights](#)
- [Ask Jon 16 – American Exceptionalism: or, "You don't know everything."](#)



[Shawn the Humanist](#)

- [SCS: The Accommodation Project](#)
- [The Secular Humanist Stance](#)
- [Mack Lamoureux interviewed on Canadaland](#)

Links

- [Godless Mom](#)
- [Nice Mangoes](#)
- [Sandwalk](#)

Podcasts

- [Brainstorm Podcast](#)
- [Left at the Valley](#)
- [Life, the Universe & Everything Else](#)
- [The Reality Check](#)

Organizations

- [Bad Science Watch](#)
- [British Columbia Humanist Association](#)
- [Dying With Dignity Canada](#)
- [Canadian Secular Alliance](#)
- [Centre for Inquiry Canada](#)
- [Kelowna Atheists, Skeptics, and Humanists Association](#)

Interview with Jeanne Arthur – President, Dying with Dignity ACT

Posted on [March 10, 2019](#) by [Scott Douglas Jacobsen](#)



By [Scott Douglas Jacobsen](#)

Jeanne Arthur is the President of Dying With Dignity ACT. Here we talk about her life, work, and views.

Scott Douglas Jacobsen: What was early life like for you, e.g., geography, culture, language, religion or lack thereof, education, and family structure and dynamics?

Jeanne Arthur: I was born in Darwin Australia. My father was in the Australian Air Force at the time following his participation in World War II but we returned to my parents' home city of Adelaide when I was three.

I grew up in a nuclear family with two brothers and a sister. My parents maintained a fairly close relationship with their mothers and siblings so I knew my aunts and uncles and some cousins.

Jacobsen: What levels of formal education have been part of life for you? How have you informally self-educated, been an autodidact?

Arthur: I attended a local public primary school and a privately run Presbyterian Secondary school. I then attended Flinders University from which I graduated with an Honours degree in Drama. When my son was born I moved to Canberra in the Australian Capital Territory (ACT) and have lived here ever since. I have recently discovered from investigating my DNA that I am by heritage 69.5 percent English, 17.8 percent Scandinavian, 11 percent Irish, Scottish and Welsh and 1.7 percent West Asian so a DNA mix like most people. On my father's side we were first settlers in Adelaide coming from Cornwall, Wales and south eastern England in 1837. The family on my mother's side arrived in Adelaide in the 1920s.

I grew up going occasionally to Sunday school and attended a religious secondary school so I gained a smattering of knowledge about Christianity. However, once I began working I basically forgot about religion because I was too busy to include it in my life.

The turning point in my views about religion came when I retired. I began reading and educating myself in science and I became a member of the Atheist Foundation of Australia. From that time on I became increasingly concerned about the damage religious views are doing both to individuals and also to the planet. Many religious

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- [Sima](#) on [Street Epistemology: Buddhist Truth](#)
- [rj](#) on [Ask Professor Burge 4 – Overlap and Separation of Religion and the State](#)

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[Scott Douglas](#)

[Privacy](#) - [Terms](#)

views are stupidly cruel and intolerant and have been responsible for the persecution of groups who hold religious views different from the main cultural group. This is contributing to the world wide movement of people away from their countries of origin. Religions also persecute individuals whose behaviour does not fit in with religious doctrine about how sexual relationships should be conducted, who should have sex with whom and the management of fertility. Religious dogma that insists that reproduction should not be controlled or managed is also responsible for the overpopulation and poverty of many countries. This of course is having a direct impact on climate change. Religious doctrine and laws that governments enact are often consistent or mutually supportive. This has been the case for many centuries in relation to sex roles, sexual relationships, war, fertility and the provision of assistance to die.

Jacobsen: As the President of Dying with Dignity ACT, what are some of the more important parts of the job? What are some of the pluses and minuses of the associated tasks and responsibilities coming with the position?

Arthur: The most important part of the job is to provide a human face for the organization i.e. to represent a group of people who hold an unpopular view or one that people want to avoid thinking about. Death is not something most people think about until they reach a certain age or become unwell. Because the current law or some version of it has been in place for thousands of years it is accepted as 'natural' by most people. It has become generally accepted that we must keep on living until we die of disease. If we want to die before that most people assume that hanging, gassing or shooting oneself is the way ending one's life has to occur. People don't realize that the reason for the way we die is law devised by people who hold beliefs that they wish to maintain. They do this in democratic countries by getting themselves into positions of power in parliaments in sufficient numbers to ensure that these beliefs will be maintained. Thinking about this issue and challenging this thinking (especially its deceptive appearance of 'naturalness') is the most important part of the job.

In fact the way we die now is completely consistent with the overall cruelty of religious doctrine. The idea that only God can take a life is euphemistic mythology for the acceptance of suffering that the religious view of life is all about. Dying of disease is thought to be part of that suffering that we must all endure. Law that criminalizes anyone who assists someone to die is a clever way of maintaining religious views that perpetuate the idea that life is all about suffering and that those who end their own lives are self murderers who should be punished for their actions. Forcing them to have no other option but to die cruel deaths and punish themselves in order to end their lives is consistent with this view. It has nothing to do with so-called 'suicide prevention'. That is just what religious hypocrites want us to believe.

The minus associated with the job is that change is so slow. On the other hand the years it has taken to argue for change have given me a lot of time to think about the issue and deepened my understanding, for example, of the relationship between religion, religious people in political parties and the maintenance of the current law which I was completely naïve about when I began my involvement with this movement.

Jacobsen: Now, to the main topic, what is elective death? How is this change in terminology important for properly framing the subject?

Arthur: Dying with Dignity ACT was set up to reform the law. Section 16 of the ACT Crimes Act states that: *The rule of law that it is an offence to commit, or to attempt to commit, suicide is abolished.*

The consequence of this law is that ending one's own life is a lawful act. However the word 'suicide' means self-murder. To continue to call ending one's own life 'suicide' is to describe the act wrongly from the point of view of 1) the law and 2) the correct attribution of the meaning of the word to a now lawful act.

The continued use of the word demeans those people who lawfully choose to end their own lives. It puts them in the position of having to keep their feelings secret and to undertake a lawful act in a violent, underhand way.

It also seems to give governments an excuse for not making proper provision for those people who inevitably will want to end their lives before disease comes along

to end it for them. In my view governments have shirked their duty to this group of people in a shameful manner that is a clear abuse of their human rights. I describe them as a group of people because statistics have been collected for a long time in every country that identify that some people everywhere across the world will choose to end their lives rather than wait for disease to do it. Just because they don't act together to stand up for their own interests does not mean that this is not a group. Governments seem to have assumed that once it was made legal they could wash their hands of genuine care for those who want to end their lives. So-called 'suicide prevention' strategies that governments like to fund have been put in place by citizen organizations but they clearly do not work. The statistics all over the world show this.

I have therefore proposed that the act of ending one's own life should be called an 'elective death'. This would recognize the act as the lawful choice it is that requires governments to provide facilities to support people making the choice of an elective death.

In Dying with Dignity ACT's model for an elective death there would be two groups who would access Elective Death Units which would be attached to hospitals. One group would be those who were already dying who had discussed their prognosis with a doctor. The doctor would on request give them a referral to the Elective Death Unit. The other group would be those with no illness who do not want to continue to live. Both groups could access counselling through the Elective Death Unit but those who are not ill would be required to access it. However both would have a peaceful death available to them without judgement if that is what they decide. Please see the attachment that describes the Elective Death proposal more fully.

Jacobsen: How does Dying with Dignity ACT work to improve secular access to right to die technologies, methodologies, and, indeed, rights?

Arthur: The most important thing regarding the matter of secular access to right to die technologies is for us all to acknowledge how religious and long held cultural beliefs affect the way death is dealt with in our societies. Religious and cultural beliefs that death must occur as a result of disease because that is what God or other cultural beliefs want is useful to all governments. It helps to maintain control over people as individuals and perpetuates the belief that we belong to governments whose laws we should respect whether they are good or not.

In democratic countries infiltration and control of political parties by people who hold these beliefs, whether they are religious or not, is what prevents change in the laws about how we die. Right to die technologies, methodologies and our rights will not change or be developed properly until we find a way to effectively counter those who are blocking the change to these laws.

Jacobsen: For those unsure as to the rights status of someone who wants euthanasia or medical assistance in dying, what human rights link to euthanasia safe and equitable access? How is the *Universal Declaration of Human Rights* important for this?

Arthur: The Universal Declaration of Human Rights is fundamental to my understanding of the status of our right to die. The ACT has a Human Rights Act based on the UN Human Rights Declarations which I read and compared with its Crimes Act. The human rights that are inconsistent with the Crimes Act law are as follows.

Section 8 Recognition before the law

Everyone has the right to enjoy his or her human rights without distinction or discrimination of any kind.

Human Right: Everyone has the right not to have his reputation unlawfully attacked.

Human Right: Protection from torture and cruel, inhuman or degrading treatment

1 b) No-one may be treated or punished in a cruel, inhuman or degrading way.

Human Right: Right to Liberty and Security of person; 1) Everyone has the right to liberty and security of person.

Human Right: Every person has the right to life and has the right not to be arbitrarily deprived of life.

Human Right: Human rights may be limited

1. Human rights may be subject only to reasonable limits set by territory laws that can be demonstratively justified in a free and democratic society.

ACT Human Rights Act; Application of human rights to Territory laws

Section 30 Interpretation of laws and human rights

So far as it is possible to do so consistently with its purpose, a Territory law must be interpreted in a way that is compatible with human rights.

The Universal Declaration of Human Rights

Human Right: Every person has the right not to be arbitrarily deprived of their property.

This last right may be seen as requiring further explanation. Section 17 (1) of the Crimes Act arbitrarily deprives people of their right to their most precious property, their bodies. They cannot dispose of their property (their bodies) as they see fit due to the exclusion by law of methods of death other than disease. Due to being required to die by disease they lose the ability to manage and dispose of their bodies themselves. Their bodies then become the property of others due to illness that is the inevitable consequence of the law.

Jacobsen: How does an elective idea relate to the notion of a peaceful death, regardless of age, and the right to make, arguably, the most important decision will one make in their life – when and how to die?

Arthur: An elective death respects the right of individuals to make their own choices about when they die and gives them the right to die peacefully. No-one asks to be born but we are expected to act as responsible adults once we leave childhood except when it comes to our deaths which are surrounded by myths about suffering, our bodies belonging to God and criminality.

Deciding whether we want to continue to live is a decision for responsible adults to make. I have no doubt that because we are all basically animals programmed to survive most people will not make this choice until they see that it is the one that is correct for them. I am absolutely certain that giving people the freedom to make this choice for themselves will not lead to a breakout of mass deaths. Those who are religious will not make the choice unless they are part of some cult but those who are not religious will be free to exercise the last right human beings currently do not have. And they will do it responsibly taking all the facts and circumstances of their lives into account in the same way as they have done everything else in their lives.

Jacobsen: How will the repealing of sections 17 and 18 of *The Crimes Act 1900* help advance the legislative and regulatory reform necessary here?

Arthur: Sections 17 and 18 of *The Crimes Act 1900* are as follows:

Suicide – aiding etc

1. A person who aids or abets the suicide or attempted suicide of another person is guilty of an offence punishable, on conviction, by imprisonment for 10 years.

Section 18 Prevention of Suicide

It is lawful for a person to use the force that is reasonable to prevent the suicide of another person or any act that the person believes on reasonable grounds would, if committed, result in the suicide of another person.

No-one asks to be born. Human life is imposed on us by our parents. While it is right to expect that we should not be arbitrarily deprived of life by other human beings, given that it is not a crime to end one's life, neither should we be forced to arbitrarily live until we die of disease as we are forced to do as a consequence of the current laws S17 & S18 that have been made by human beings, not God.

Once the ACT Legislative Assembly considers the true implications of Section 16 of the Crimes Act 1900 it must see how inadequate Sections 17 and 18 are as responses to people's desire to end their own lives however that desire comes about. Penalizing someone who assists someone to die and encouraging people to use force to prevent someone from dying are completely unsatisfactory legal responses to a complex human reaction to life. This law was intended to prevent people who were well from dying early but it also covers people who are dying of a disease so it is poorly constructed law. Another reason it should be repealed is the poor use of terminology that I have already mentioned. Repeal will force politicians to construct better law that actually meets people's needs rather than being law based on ideology.

Jacobsen: Why should the federal government repeal the 1997 Euthanasia Laws Act?

Arthur: The 1997 Euthanasia Laws Act is embedded in the ACT Self Government Act.

Australian Capital Territory (Self Government) Act 1988

Part IV Powers of the Legislative Assembly

Section 23 Matters excluded from power to make laws

(1A) The Assembly has no power to make laws permitting or having the effect of permitting (whether subject to conditions or not) the form of intentional killing of another called euthanasia (which includes mercy killing) or the assisting of a person to terminate his or her life.

The intervention of the Australian Federal Parliament in the ACT Assembly's legal processes by the imposition of this law is legal according to the Australian Constitution. It has prevented the Assembly from taking any action on euthanasia since the law was passed in 1997. The main argument given for repealing it is that it makes citizens in the ACT second class citizens by imposing a further layer of law on them that people who live in the states don't have. In the Australian states law about assistance to die is state law not federal law so citizens living in the states who want reform only have to debate the reform they want with the state government. In the ACT we have to reform this federal law as well as the territory law.

Another argument could also be made that the Federal Parliament already has clear evidence that Australians do not believe that the Federal government has the right to control their bodies and send them to their deaths. In 1916 and 1917 two referendums about conscription in WWI were held asking the public if they were in favour of the government conscripting men for the war. Both referendums were lost. The implication of this is that Australians believe that their bodies belong to them and they don't give the government the right to arbitrarily send them off to war with a strong possibility that they will die or be injured. The principle is the same for Sections 17 and 18 of The Crimes Act 1900 which require us as an act of law to either 1) live until we die of disease or 2) to hang, gas, shoot ourselves or break the law to end our lives even though it is lawful to end our lives. In denying the Assembly the right to reform these laws in the ACT the Federal Government has exploited the powers given to it in the Constitution to control the bodies of territory citizens and the way they die contrary to the clear denial given to it by the referendums one hundred years ago.

Although the legal advice DWD ACT has received is that this law is directed only as an instruction to the Assembly the reasons given for its imposition were religious and acknowledged to be so by those who voted for it. The Australian Constitution states that the Federal Parliament may not make law to impose religious observances. Dying of disease and punishing those who choose to end their own lives are all part of the religious observances required by Christian churches. Although we can find no lawyer to support our view that this law breaches the Constitution by imposing religious observances we believe that it does and this is another reason it should be repealed.

Jacobsen: Any final feelings or thoughts based on the conversation today?

Arthur: I'd like to thank you for giving me the opportunity to reach a larger audience about the new idea of an elective death. I think the great struggle

Canadians made to change the law to allow assisted death for those suffering a terminal illness was truly admirable. Despite that enormous struggle the Canadian Parliament has still limited their access to an assisted death so I hope that the idea of an elective death might be helpful to them in pursuing their legal rights further.

Jacobsen: Thank you for the opportunity and your time, Jeanne.

Appendices

Appendix No. 1

Conscription referendums, 1916 and 1917 – Fact sheet 161

Australian voters were asked in October 1916, and again in December 1917, to vote on the issue of conscription. Universal military training for Australian men aged 18 to 60 had been compulsory since 1911. The referendums, if carried, would have extended this requirement to service overseas.

The 1916 referendum

Australian troops fighting overseas in World War I enlisted voluntarily. As the enormity of Australian casualties on the Western Front became known in Australia and no quick end to the war seemed likely the number of men volunteering fell steadily. There was sustained British pressure on the Australian Government to ensure that its divisions were not depleted: in 1916 it was argued that Australia needed to provide reinforcements of 5500 men per month to maintain its forces overseas at operational level. With advertising campaigns not achieving recruiting targets, Prime Minister Hughes decided to ask the people in a referendum if they would agree to a proposal requiring men undergoing compulsory training to serve overseas. The referendum of 28 October 1916 asked Australians:

Are you in favour of the Government having, in this grave emergency, the same compulsory powers over citizens in regard to requiring their military service, for the term of this War, outside the Commonwealth, as it now has in regard to military service within the Commonwealth?

The referendum was defeated with 1,087,557 in favour and 1,160,033 against.

The 1917 referendum

In 1917 Britain sought a sixth Australian division for active service. Australia had to provide 7000 men per month to meet this request. Volunteer recruitment continued to lag and on 20 December 1917 Prime Minister Hughes put a second referendum to the Australian people. The referendum asked:

Are you in favour of the proposal of the Commonwealth Government for reinforcing the Commonwealth Forces overseas?

Hughes' proposal was that voluntary enlistment should continue, but that any shortfall would be met by compulsory reinforcements of single men, widowers, and divorcees without dependents between 20 and 44 years, who would be called up by ballot. The referendum was defeated with 1,015,159 in favour and 1,181,747 against.

The conscription referenda were divisive politically, socially and within religious circles. Newspapers and magazines of the time demonstrate the concerns, arguments, and the passion of Australians in debating this issue. The decisive defeat of the second referendum closed the issue of conscription for the remainder of the war.

Appendix No. 2

AN ELECTIVE DEATH

An Elective Death is based on the following principles

- It is the responsibility of government to ensure that everyone dies with dignity.
- A good health system should be able to guarantee a good death.
- An elective death is a peaceful, pain free and quick death.
- A civilized society respects the rights of its citizens to die at the time of their choice.
- To elect death is a legitimate goal that some people have for themselves. Like birth, death is a matter of individual choice and in the same way it should be

supported by the state.

- Elective death is defined as a voluntary decision to shorten one’s own life.

An Elective Death Unit

1. An Elective Death unit would be well-publicized in or linked to a local hospital. The most effective medication would be purchased by the hospital and managed safely like all other medications in hospitals. It would be made available to the EDU staff as required.
2. The Elective Death Unit would have a) a 24 hour a day service with the resources to make professional personal, financial, and relationship counselling available to clients as well as immediate access to police, the coroner, organ donation and funeral services; b) an education facility designed for all members of the community and targeted for specific age groups and their particular stage of life needs to educate and inform people about death; to assist people to let go of life, to understand what death is and to prepare themselves for death; c) rooms with the facilities to assist those wanting an elective death to die comfortably in the presence of people they select; d) provision of the facilities to enable a peaceful, pain free and quick death to be undertaken in most cases independently without the help of other people.
3. The Elective Death Unit would provide any adult ACT citizen with an elective death following a) provision of a reason for the wish for death, b) offers of help through counselling or other assistance as needed, c) a cooling off period negotiated with the person wanting to die. The decision to die would be respected as would the decision to live.
4. On diagnosis of a terminal illness or a protracted chronic disease that brought unbearable suffering, those people diagnosed may request a referral from their doctors to the Elective Death unit for an elective death at the time of their choice. Accessing the counselling services of the Elective Death Unit would be a matter for them.
5. The Elective Death unit would be required to maintain records of the reasons for people requesting an elective death and report regularly to the Assembly on their findings.
6. The ACT Government would co-ordinate public and private health systems to link into the Elective Death unit so that they can refer clients to it.

Death by Disease	An Elective Death
Suicide	Elective Death
People die by hanging, gassing, drowning shooting, jumping etc	People receive counselling and if they still want death they are provided with a peaceful death.
Doctors who assist death are criminals.	Doctors refer patients to the elective death unit.
People die without assistance in a variety of death places as a result of their diseases.	People take a referral from their doctors to the elective death unit to die there. Alternatively elective death unit places as a result of their staff would go where they were required to go to assist a death.
Medical staff are required by law to make people as comfortable as they can but watch while people die.	Staff are trained to assist people to die. They would not have to have a medical background. The skills needed for this role do not require high level medical training. Training in counselling and in administration of drugs are all that is required.

Appendix No. 3

<http://www.catholicnewsagency.com/resources/life-and-family/euthanasia-and-assisted-suicide/vatican-document-on-euthanasia/>

SACRED CONGREGATION FOR THE DOCTRINE OF THE FAITH
DECLARATION ON EUTHANASIA

INTRODUCTION

The rights and values pertaining to the human person occupy an important place among the questions discussed today. In this regard, the Second Vatican

Ecumenical Council solemnly reaffirmed the lofty dignity of the human person, and in a special way his or her right to life. The Council therefore condemned crimes against life “such as any type of murder, genocide, abortion, euthanasia, or willful suicide” (Pastoral Constitution *Gaudium et Spes*, no. 27). More recently, the Sacred Congregation for the Doctrine of the Faith has reminded all the faithful of Catholic teaching on procured abortion.[1] The Congregation now considers it opportune to set forth the Church’s teaching on euthanasia. It is indeed true that, in this sphere of teaching, the recent Popes have explained the principles, and these retain their full force[2]; but the progress of medical science in recent years has brought to the fore new aspects of the question of euthanasia, and these aspects call for further elucidation on the ethical level. In modern society, in which even the fundamental values of human life are often called into question, cultural change exercises an influence upon the way of looking at suffering and death; moreover, medicine has increased its capacity to cure and to prolong life in particular circumstances, which sometime give rise to moral problems. Thus people living in this situation experience no little anxiety about the meaning of advanced old age and death. They also begin to wonder whether they have the right to obtain for themselves or their fellowmen an “easy death,” which would shorten suffering and which seems to them more in harmony with human dignity. A number of Episcopal Conferences have raised questions on this subject with the Sacred Congregation for the Doctrine of the Faith. The Congregation, having sought the opinion of experts on the various aspects of euthanasia, now wishes to respond to the Bishops’ questions with the present Declaration, in order to help them to give correct teaching to the faithful entrusted to their care, and to offer them elements for reflection that they can present to the civil authorities with regard to this very serious matter. The considerations set forth in the present document concern in the first place all those who place their faith and hope in Christ, who, through His life, death and resurrection, has given a new meaning to existence and especially to the death of the Christian, as St. Paul says: “If we live, we live to the Lord, and if we die, we die to the Lord” (Rom. 14:8; cf. Phil. 1:20). As for those who profess other religions, many will agree with us that faith in God the Creator, Provider and Lord of life – if they share this belief – confers a lofty dignity upon every human person and guarantees respect for him or her. It is hoped that this Declaration will meet with the approval of many people of good will, who, philosophical or ideological differences notwithstanding, have nevertheless a lively awareness of the rights of the human person. These rights have often, in fact, been proclaimed in recent years through declarations issued by International Congresses[3]; and since it is a question here of fundamental rights inherent in every human person, it is obviously wrong to have recourse to arguments from political pluralism or religious freedom in order to deny the universal value of those rights.

I. THE VALUE OF HUMAN LIFE

Human life is the basis of all goods, and is the necessary source and condition of every human activity and of all society. Most people regard life as something sacred and hold that no one may dispose of it at will, but believers see in life something greater, namely, a gift of God’s love, which they are called upon to preserve and make fruitful. And it is this latter consideration that gives rise to the following consequences:

1. No one can make an attempt on the life of an innocent person without opposing God’s love for that person, without violating a fundamental right, and therefore without committing a crime of the utmost gravity.[4]
2. Everyone has the duty to lead his or her life in accordance with God’s plan. That life is entrusted to the individual as a good that must bear fruit already here on earth, but that finds its full perfection only in eternal life.
3. Intentionally causing one’s own death, or suicide, is therefore equally as wrong as murder; such an action on the part of a person is to be considered as a rejection of God’s sovereignty and loving plan. Furthermore, suicide is also often a refusal of love for self, the denial of a natural instinct to live, a flight from the duties of justice and charity owed to one’s neighbor, to various communities or to the whole of society – although, as is generally recognized, at times there are psychological factors present that can diminish responsibility or even completely remove it. However, one must clearly distinguish suicide from that sacrifice of one’s life whereby for a higher cause, such as God’s glory, the salvation of souls or the service of one’s brethren, a person offers his or her own life or puts it in danger (cf. Jn. 15:14).

II. EUTHANASIA

In order that the question of euthanasia can be properly dealt with, it is first necessary to define the words used. Etymologically speaking, in ancient times Euthanasia meant an easy death without severe suffering. Today one no longer thinks of this original meaning of the word, but rather of some intervention of medicine whereby the suffering of sickness or of the final agony are reduced, sometimes also with the danger of suppressing life prematurely. Ultimately, the word Euthanasia is used in a more particular sense to mean “mercy killing,” for the purpose of putting an end to extreme suffering, or having abnormal babies, the mentally ill or the incurably sick from the prolongation, perhaps for many years of a miserable life, which could impose too heavy a burden on their families or on society. It is, therefore, necessary to state clearly in what sense the word is used in the present document. By euthanasia is understood an action or an omission which of itself or by intention causes death, in order that all suffering may in this way be eliminated. Euthanasia’s terms of reference, therefore, are to be found in the intention of the will and in the methods used. It is necessary to state firmly once more that nothing and no one can in any way permit the killing of an innocent human being, whether a fetus or an embryo, an infant or an adult, an old person, or one suffering from an incurable disease, or a person who is dying. Furthermore, no one is permitted to ask for this act of killing, either for himself or herself or for another person entrusted to his or her care, nor can he or she consent to it, either explicitly or implicitly. nor can any authority legitimately recommend or permit such an action. For it is a question of the violation of the divine law, an offense against the dignity of the human person, a crime against life, and an attack on humanity. It may happen that, by reason of prolonged and barely tolerable pain, for deeply personal or other reasons, people may be led to believe that they can legitimately ask for death or obtain it for others. Although in these cases the guilt of the individual may be reduced or completely absent, nevertheless the error of judgment into which the conscience falls, perhaps in good faith, does not change the nature of this act of killing, which will always be in itself something to be rejected. The pleas of gravely ill people who sometimes ask for death are not to be understood as implying a true desire for euthanasia; in fact, it is almost always a case of an anguished plea for help and love. What a sick person needs, besides medical care, is love, the human and supernatural warmth with which the sick person can and ought to be surrounded by all those close to him or her, parents and children, doctors and nurses.

III. THE MEANING OF SUFFERING FOR CHRISTIANS AND THE USE OF PAINKILLERS

Death does not always come in dramatic circumstances after barely tolerable sufferings. Nor do we have to think only of extreme cases. Numerous testimonies which confirm one another lead one to the conclusion that nature itself has made provision to render more bearable at the moment of death separations that would be terribly painful to a person in full health. Hence it is that a prolonged illness, advanced old age, or a state of loneliness or neglect can bring about psychological conditions that facilitate the acceptance of death. Nevertheless the fact remains that death, often preceded or accompanied by severe and prolonged suffering, is something which naturally causes people anguish. Physical suffering is certainly an unavoidable element of the human condition; on the biological level, it constitutes a warning of which no one denies the usefulness; but, since it affects the human psychological makeup, it often exceeds its own biological usefulness and so can become so severe as to cause the desire to remove it at any cost. According to Christian teaching, however, suffering, especially suffering during the last moments of life, has a special place in God’s saving plan; it is in fact a sharing in Christ’s passion and a union with the redeeming sacrifice which He offered in obedience to the Father’s will. Therefore, one must not be surprised if some Christians prefer to moderate their use of painkillers, in order to accept voluntarily at least a part of their sufferings and thus associate themselves in a conscious way with the sufferings of Christ crucified (cf. Mt. 27:34). Nevertheless it would be imprudent to impose a heroic way of acting as a general rule. On the contrary, human and Christian prudence suggest for the majority of sick people the use of medicines capable of alleviating or suppressing pain, even though these may cause as a secondary effect semi-consciousness and reduced lucidity. As for those who are not in a state to express themselves, one can reasonably presume that they wish to take these painkillers, and have them administered according to the doctor’s advice. But the intensive use of painkillers is not without difficulties, because the phenomenon

of habituation generally makes it necessary to increase their dosage in order to maintain their efficacy. At this point it is fitting to recall a declaration by Pius XII, which retains its full force; in answer to a group of doctors who had put the question: “Is the suppression of pain and consciousness by the use of narcotics ... permitted by religion and morality to the doctor and the patient (even at the approach of death and if one foresees that the use of narcotics will shorten life)?” the Pope said: “If no other means exist, and if, in the given circumstances, this does not prevent the carrying out of other religious and moral duties: Yes.”[5] In this case, of course, death is in no way intended or sought, even if the risk of it is reasonably taken; the intention is simply to relieve pain effectively, using for this purpose painkillers available to medicine. However, painkillers that cause unconsciousness need special consideration. For a person not only has to be able to satisfy his or her moral duties and family obligations; he or she also has to prepare himself or herself with full consciousness for meeting Christ. Thus Pius XII warns: “It is not right to deprive the dying person of consciousness without a serious reason.”[6]

IV. DUE PROPORTION IN THE USE OF REMEDIES

Today it is very important to protect, at the moment 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. Thus some people speak of a “right to die,” which is an expression that does not mean the right to procure death either by one’s own hand or by means of someone else, as one pleases, but rather the right to die peacefully with human and Christian dignity. From this point of view, the use of therapeutic means can sometimes pose problems. In numerous cases, the complexity of the situation can be such as to cause doubts about the way ethical principles should be applied. In the final analysis, it pertains to the conscience either of the sick person, or of those qualified to speak in the sick person’s name, or of the doctors, to decide, in the light of moral obligations and of the various aspects of the case. Everyone has the duty to care for his or her own health or to seek such care from others. Those whose task it is to care for the sick must do so conscientiously and administer the remedies that seem necessary or useful. However, is it necessary in all circumstances to have recourse to all possible remedies? In the past, moralists replied that one is never obliged to use “extraordinary” means. This reply, which as a principle still holds good, is perhaps less clear today, by reason of the imprecision of the term and the rapid progress made in the treatment of sickness. Thus some people prefer to speak of “proportionate” and “disproportionate” means. In any case, it will be possible to make a correct judgment as to the means by studying the type of treatment to be used, its degree of complexity or risk, its cost and the possibilities of using it, and comparing these elements with the result that can be expected, taking into account the state of the sick person and his or her physical and moral resources. In order to facilitate the application of these general principles, the following clarifications can be added: – If there are no other sufficient remedies, it is permitted, with the patient’s consent, to have recourse to the means provided by the most advanced medical techniques, even if these means are still at the experimental stage and are not without a certain risk. By accepting them, the patient can even show generosity in the service of humanity. – It is also permitted, with the patient’s consent, to interrupt these means, where the results fall short of expectations. But for such a decision to be made, account will have to be taken of the reasonable wishes of the patient and the patient’s family, as also of the advice of the doctors who are specially competent in the matter. The latter may in particular judge that the investment in instruments and personnel is disproportionate to the results foreseen; they may also judge that the techniques applied impose on the patient strain or suffering out of proportion with the benefits which he or she may gain from such techniques. – It is also permissible to make do with the normal means that medicine can offer. Therefore one cannot impose on anyone the obligation to have recourse to a technique which is already in use but which carries a risk or is burdensome. Such a refusal is not the equivalent of suicide; on the contrary, it should be considered as an acceptance of the human condition, or a wish to avoid the application of a medical procedure disproportionate to the results that can be expected, or a desire not to impose excessive expense on the family or the community. – When inevitable death is imminent in spite of the means used, it is permitted in conscience to take the decision to refuse forms of treatment that would only secure a precarious and burdensome prolongation of life, so long as the normal care due to the sick person in similar cases is not interrupted. In such

circumstances the doctor has no reason to reproach himself with failing to help the person in danger.

CONCLUSION

The norms contained in the present Declaration are inspired by a profound desire to service people in accordance with the plan of the Creator. Life is a gift of God, and on the other hand death is unavoidable; it is necessary, therefore, that we, without in any way hastening the hour of death, should be able to accept it with full responsibility and dignity. It is true that death marks the end of our earthly existence, but at the same time it opens the door to immortal life. Therefore, all must prepare themselves for this event in the light of human values, and Christians even more so in the light of faith. As for those who work in the medical profession, they ought to neglect no means of making all their skill available to the sick and dying; but they should also remember how much more necessary it is to provide them with the comfort of boundless kindness and heartfelt charity. Such service to people is also service to Christ the Lord, who said: "As you did it to one of the least of these my brethren, you did it to me" (Mt. 25:40).

At the audience granted prefect, His Holiness Pope John Paul II approved this declaration, adopted at the ordinary meeting of the Sacred Congregation for the Doctrine of the Faith, and ordered its publication.

Rome, the Sacred Congregation for the Doctrine of the Faith, May 5, 1980.

Franjo Cardinal Seper
Prefect

Jerome Hamer, O.P.
Secretary

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- [3] One thinks especially of Recommendation 779 (1976) on the rights of the sick and dying, of the Parliamentary Assembly of the Council of Europe at its XXVIIth Ordinary Session; cf. Sipeca, no. 1, March 1977, pp. 14-15.
- [4] We leave aside completely the problems of the death penalty and of war, which involve specific considerations that do not concern the present subject.
- [5] Pius XII, ADDRESS of February 24, 1957: AAS 49 (1957), p. 147.
- [6] Pius XII, Ibid., p. 145; cf. ADDRESS of September 9, 1958: AAS 50 (1958), p. 694.

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