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MAID in Canada: Toward a Faithful Christian Response to Assisted Suicide and Euthanasia

David Guretzki, PhD

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As an undergrad student in the late 1980s, I was introduced to the topic of euthanasia in a Christian ethics class. At the time, I thought, “This is something we will never have to deal with in real life.” The idea that doctors would administer a deadly concoction to end a patient’s life seemed dystopian to me, far from possibility in Canada. By 2016, the unthinkable, legalized euthanasia, had become a reality in Canada. Then in 2020, I was in a hospital room visiting my wife during a brief stay, and we found ourselves unavoidably overhearing the patient next to us saying her goodbyes to family as she was shortly to be euthanized, or as it is euphemized in Canada, to receive “medical assistance in dying” (MAID). Although some family and friends seemed to take her decision in stride (or at least, they were putting on a brave face), one young man, a grandson who had flown up from the United States to see his grandmother, pleaded and wept with her, convincing her to change her mind. It was then I realized that, barring some unprecedented legal and societal reversals, euthanasia and assisted suicide were here to stay.¹

I should note that my involvement with the whole issue of MAID was beyond my own expectation or plans. My formal involvement began early in 2016 when I was called upon to provide a theological affidavit to the Ontario Superior Court case on physician conscience rights and MAID between the Christian Medical and Dental Society (CMDs) and other physicians versus the College of Physicians and Surgeons of Ontario (CPSO). From there, I went on to begin work with the Evangelical Fellowship of Canada as its Resident Theologian, during which I completed a Graduate program in Bioethics from Saint Paul University in Ottawa, focusing almost all my work on examining the issue of MAID.

The rather sudden and startling social shift in our society leaves the church asking: How did we get to this point in Canada? And how are we to respond? What should our moral stance be toward this new reality? Is MAID wrong all the time, or might there be instances where it might be acceptable? What guidance can we draw from God’s Word?

Not only will the Church need to be clear on its theological position on MAID, but it also needs to deal with the pastoral implications. How do we counsel people within the Church who are considering MAID? How do we minister to families and friends of loved ones who have chosen to go ahead with MAID? How will Churches and denominations respond? And how will the legalization of euthanasia affect those in medical professions who object morally to it? In what follows, we will begin to answer some of these questions, even if in the end our answers are but preliminary.

MEDICAL ASSISTANCE IN DYING (MAID) IN CANADA: UNDERSTANDING THE ISSUES

Let’s begin with some basic definitions and then outline factors that got us to this point in our national moral history.

Defining Euthanasia, Assisted Suicide and Related Issues

The now common-place phrase, “medical assistance in dying” and its acronym, MAID, refers to two related but distinct practices in Canada: euthanasia and assisted suicide. What is the difference

between these two?

The word euthanasia is derived from a Greek word which literally means “good death” (eu = good; thanatos = death). Ironically, early Greek philosophical thinking tended to contemplate not the practice of bringing about a person’s death—as euthanasia has now become—but about what constitutes a good death versus a bad death. You might recall that the philosopher Socrates was forced to drink a hemlock concoction as punishment for his supposed bad influence on the youth of the day, causing him to instruct those with him in advance of his execution what it means to die a good death.² Through the early Christian era and middle ages, philosophers and theologians alike spoke about the end of life as a category for the living: How might a person prepare well for when death inevitably comes?

Today ethicists have generally defined euthanasia as the intentional act of ending a person’s life, usually in response to a person’s terminal illness and/or intolerable suffering. Euthanasia usually presumes the full consent of the patient (“voluntary euthanasia”), though there are places in the world where the ethics of “non-voluntary euthanasia” is being seriously debated. Some argue that in cases where persons unable to give consent but where their medical condition is terminal and irreversible that family and/or medical professionals should be empowered to decide on their behalf. Indeed, in some contexts, such as in Netherlands, there is evidence of “non-official” practice of non-voluntary euthanasia, even if it remains illegal to do so.³

Like euthanasia, assisted suicide requires a person’s consent but enables persons to be fully in control of their own death. In this regard, assisted suicide is defined as providing persons a means by which they might end their own life by their own hand. This is usually accomplished through provision of a deadly pharmaceutical and apparatus by which persons choose the time of their death and then administer the drug themselves, usually under supervision of a medical professional. Unlike the simple definition of suicide whereby persons end their own life, assisted suicide requires the help of someone other than themselves.

In Canada, euthanasia and assisted suicide are defined more precisely. Health Canada defines euthanasia and assisted suicide entirely within the medical context. In Canada, euthanasia and assisted suicide can only take place under medical supervision—explicitly identified in Canada as a “physician or nurse practitioner”—who:

1. directly administers a substance that causes death, such as an injection of a drug; this is becoming known as clinician-administered medical assistance in dying, or,
2. provides or prescribes a drug that the eligible person takes themselves, in order to bring about their own death.⁴

In Canada only physicians and nurse practitioners are legally allowed to provide MAID. Many will remember the infamous 1993 case when Saskatchewan farmer, Robert Latimer, ended his severely disabled daughter’s life and defended his action as an instance of “mercy killing.” He was subsequently found guilty of second-degree murder and handed a life sentence.⁵ To be clear, even though euthanasia and assisted suicide is now legal in

1. Hereafter, for the sake of simplicity, we will generally use the word “euthanasia” or the acronym “MAID” to refer to both euthanasia and assisted suicide as defined in our Canadian legal and medical context

2. For the full account, see Plato, *The Trial and Death of Socrates: Euthyphro, Apology, Crito, Death Scene from Phaedo*, 3rd ed. edition (Indianapolis, IN: Hackett Pub Co Inc, 2001).

3. Bebbington, D. W. “Evangelical Christianity and Romanticism.” *Crux* 26 (1990): 9–15.

4. Health Canada, “Medical Assistance in Dying,” education and awareness, June 16, 2016, <https://www.canada.ca/en/health-canada/services/medical-assistance-dying.html>.

5. Edward Butts, “Robert Latimer Case,” *The Canadian Encyclopedia*, September 9, 2016, <https://www.thecanadianencyclopedia.ca/en/article/robert-latimer>.

Canada, anyone else who would end someone else's life, claiming it as a mercy killing, would still be subject to criminal charges of homicide because only qualified licensed medical personnel can perform euthanasia or assist in a person's own suicide.

Beyond these basic definitions, we need briefly to discuss two other related issues that are often raised in conversations related to MAID.

The first issue concerns palliative sedation (PS). When persons are being cared for palliatively (i.e., being treated for symptomatic relief at the end of an otherwise untreatable, terminal illness), strong medications (e.g., morphine) are often used for pain relief. Sometimes, however, even strong pain medication is insufficient to treat pain and so persons are often also sedated to give greater comfort. Thus, on some occasions, a person may be in such extreme pain that the only way to alleviate the suffering is to treat the patient using a combination of medicine that provides both pain relief and sedation. The danger in such situations, however, is that both the dose and combination of medications themselves are administered with awareness that they may hasten the death of the person. The question is thus: Is palliative sedation a form of euthanasia? Moreover, given the real risk of premature death, is palliative sedation thus morally acceptable?

A second issue relates to the question of removal of hydration and nutrition support (RHNS) for a comatose terminally ill person. If a person is in a state of post-coma unresponsiveness (PCU),⁶ more commonly known as "persistent vegetative state," is removal of artificially administered water and nutrients necessary to human survival a form of euthanasia? The controversy surrounding Terri Schiavo in the late 1990's to early 2000's⁷ represents a famous case where legal and ethical debates raged about the ethics of removing hydration and nutrition from a person in a vegetative state. Is removal of such necessary life supports morally acceptable?

To be clear, both these issues are often raised in the broader discussions about euthanasia and assisted suicide, but I argue that neither should be considered forms of MAID. Legally and clinically, the practices of PS and RHNS preceded MAID and were already considered and practiced in various cases independent of the question of euthanasia or assisted suicide. More importantly, in most moral and legal theories, the question of a moral actor's intention comes into play. In cases of homicide, for example, a person may kill someone but whether it is judged to be murder or manslaughter depends much on the intention of the one who killed the other. This is also upheld biblically where a distinction

is made between an accidental or unintended death versus a premeditated death (see Deuteronomy 19:4-13; Numbers 35: 22-25; Joshua 20:1-9).

Similarly, I argue that there is a difference in moral intention between MAID and PS or RHNS. In both PS and RHNS, providing that the immediate intention is not to end life but to accomplish another purpose, then it should be clearly differentiated from MAID. In the case of PS, if the intention is to mitigate pain and suffering, even while acknowledging the risks associated with the practice, we should be able to accept it as part of good palliative practice.⁸ That death may or may not occur as a result of PS is akin to the use of anaesthesia for patients who need emergency life-saving surgery, mainly, that there is always greater than normal risk of death in undergoing anesthesia when a person is already medically compromised. Beyond that, there is always some risk, however improbable, of death with any general anesthetic, but that has not kept us from using it extensively and without moral pause.⁹

In the case of RHNS, there is greater moral ambiguity,¹⁰ but the moral intention is still important. Is RHNS for a comatose patient intended to end their life? Or simply to allow the natural course of death to come to a person who otherwise would be unable to feed or hydrate themselves? Here we need to remember that prior to modern medical means of artificially injecting water and nutrition into a comatose person, the person would have inevitably died naturally as a result of her or his inability to carry on the necessary actions of eating and drinking to stay alive.

Despite the complexity of both PS and RHNS, we insist that both be considered as separate moral issues from MAID and should not be conflated, even though they are often raised in similar situations where MAID is considered. Unlike MAID, where every intention is clearly directed to ending a life, in the case of PS and RHNS, the intentionality is directed to other goals and that in both cases, if death occurs, it is not a result of direct action, but is an indirect, unintended consequence of an action.¹¹

MAID Today: How Did We Get Here?

We may be tempted to think that euthanasia and assisted suicide are modern developments, but the reality is, they are not new.¹² Many in pre-Christian Greek and Roman societies did not view either practice as morally problematic, though even then there was not universal agreement that they were morally acceptable. For example, the Hippocratic oath, which dates some 400 years before Christ, represents a strain of early medical history which unequivocally stated, "I will not give a lethal drug to anyone if I am

latimer-case.

6. See "Post-Coma Unresponsiveness (Vegetative State): A Clinical Framework for Diagnosis" (National Health and Medical Research Council, Australian Government, 2003), <http://www7.health.gov.au/nhmrc/publications/files/hpr23.pdf>.

7. "Terri Schiavo Case," in Wikipedia, July 31, 2022, https://en.wikipedia.org/w/index.php?title=Terri_Schiavo_case&oldid=1101516495.

8. The actual issues are more complex than I present here, though I think it is easier to make a case supporting palliative sedation than RHNS. For a summary of ethical and legal issues on PS, Michael Ollove, "Palliative Sedation, an End-of-Life Practice That Is Legal Everywhere," *Staeline* (Pew Trusts.org), July 2, 2018, <https://pew.org/2KhAshK>.

9. R. Maaløe, C. L. Hansen, and T. Pedersen, "Death under anesthesia. Definition, causes, risk factors and prevention," *Ugeskrift for Læger* 157, no. 47 (November 20, 1995): 6561-65.

10. For a helpful summary of both sides of this issue, Robert E. Cranston, "Withholding or Withdrawing of Artificial Nutrition and Hydration," November 18, 2001, <https://cbhd.org/content/withholding-or-withdrawing-artificial-nutrition-and-hydration>.

11. Here the principle of "double effect" in both jurisprudence and Catholic moral theology can be helpful. Double effect speaks to both direct and indirect effects of an action. The direct effect is outworking of the intention, while the indirect effect is a secondary effect which occurs, sometimes even inevitably, but which was not intended. The example of palliative sedation well illustrates the principle in that provision of palliative sedation is intended to mitigate pain but may, but not necessarily, have a secondary effect of hastening the death of the person so treated. Catholic ethicists thus generally approved the use of palliative sedation, providing that the intention is clear that it is for pain mitigation. For a fuller account of the principle of double effect, see Philip E. Devine, "The Principle of Double Effect," *The American Journal of Jurisprudence* 19, no. 1 (January 1, 1974): 44-60.

12. For a helpful short history of Euthanasia, see Ian Dowbiggin, *A Concise History of Euthanasia* (Lanham, MD: Rowman & Littlefield Publishers, 2005).

asked, nor will I advise such a plan.”¹³

Resistance to euthanasia and suicide increased substantially in the first centuries of the common era due to the tremendous influence of both Judaism and Christianity. Synagogue and Church opposed both practices, viewing them as nothing less than murder and self-murder respectively.¹⁴ Both understood what are now called euthanasia and suicide to be contrary to Holy Scripture’s prohibition against murder (Exodus 20:13; Deuteronomy 5:17; Mark 10:19 Romans 13:9, etc.).

There was widespread condemnation in the West against euthanasia and suicide well into the Renaissance and Protestant Reformation periods (i.e., the 15th and 16th centuries), even though, on rare occasions, individuals might raise questions. Indeed, Dowbiggin puts it starkly:

The medieval consensus was not without nuances. But the medieval mind, by conflating suicide, euthanasia and the sixth commandment (“thou shalt not kill”), found it difficult to condone hastening a death, either by someone else’s or one’s own hand. By the onset of the sixteenth century, church, state, society, and medicine had forged an alliance that decisively rejected the taking of a life either by suicide or with medical assistance. This durable alliance would. . . [last]for the most part down to the early twentieth century.¹⁵

As Dowbiggin notes, it was not until the early to mid-twentieth century that moral consideration of euthanasia and assisted suicide even began to be seriously debated by Protestant theologians and ethicists, especially in North America.¹⁶ In this regard, we should realize just how theologically and morally novel it is that we are just now beginning to consider euthanasia and assisted suicide as anything other than a violation of the sixth commandment against murder.

Narrowing the focus to more recent Canadian history, we might ask, what are the factors that led to where we are at now in Canada where MAID has become not only practiced, but in a relatively short time, one of the most euthanasia-permissive contexts in the whole world? Here we will consider legal and cultural factors before turning our attention to theological and pastoral responses.

A Short Legal History of MAID in Canada

From 1892 to 2016, euthanasia and assisted suicide were illegal under section 241(b) of Canada’s Criminal Code.¹⁷ In the early 1990’s, Sue Rodriguez, who suffered from amyotrophic lateral sclerosis (ALS), launched a legal challenge to the constitutionality

of the ban on assisted suicide. In a 5 to 4 split decision, the Supreme Court of Canada maintained the legal status quo against assisted suicide in 1993. However, four dissenting Justices insisted that prohibiting assisted suicide was arbitrary, especially since suicide itself had already been decriminalized in 1972.¹⁸ Arguably, both the split decision and strong dissenting voices of the Supreme Court of Canada on the Rodriguez case opened the door to future challenges to the existing laws.¹⁹

In 2011, the British Columbia Civil Liberties Association (BCCLA) filed a lawsuit on behalf of the families of Kay Carter and Gloria Taylor, both who suffered from serious incurable diseases. The BCCLA argued that the law against assisted suicide violated section 7 and 15 of Canada’s Charter of Rights and Freedoms which guarantee, respectively, the right to life, liberty and the security of the person, and the equality of the person. The case wound its way to the Supreme Court of Canada when in 2015 it ruled unanimously that the prohibition against physician assisted suicide was unconstitutional. At that time, the Court gave parliament 12 months to approve new legislation to make constitutional corrections.

This paved the way in 2016 for the introduction of Bill C-14, The Medical Assistance in Dying Act,²⁰ by the newly elected Liberal government under Prime Minister Justin Trudeau. At that time, to be eligible for MAID, the person had to be 18 years old and suffering from a “grievous and irremediable medical condition.” The person also had to be in an “advanced state of irreversible decline” which caused “enduring physical or psychological suffering that is intolerable.” Finally, the person’s natural death needed to be “reasonably foreseeable,” a clause which was not defined, but which in practice relied upon a physician’s judgment that death was inevitable in under 12 months.

The law would not remain static long, however. After a Superior Court of Quebec ruling in 2019 that declared that the existing federal legislation too narrowly limited access to MAID only to persons whose death was “reasonably foreseeable,” new federal legislation, Bill C-7, received Royal Assent in 2021 that removed the requirement for a persons’ death to be reasonably foreseeable and opened the door to allow MAID for persons suffering from mental illness alone, which takes effect in March 2023.²¹

In 2021, there were 10,065 MAID deaths in Canada, up almost five-fold from 2017, the first full calendar year that MAID was available. ²²This represented 3.3% of all deaths in Canada in 2021. In this regard, the number of people accessing MAID has been going up by approximately 2,000 to 3,000 people per year.

13. “Greek Medicine - The Hippocratic Oath,” Exhibitions (U.S. National Library of Medicine), accessed August 5, 2022, https://www.nlm.nih.gov/hmd/greek/greek_oath.html. Incidentally, the oath immediately adds: “similarly I will not give a woman a pessary to cause an abortion.”

14. Dowbiggin, *Concise History*, 11–14.

15. Dowbiggin, 19–20.

16. A good mid-twentieth state of the question can be found in Francis P. Furlong, “Conflicting Protestant Views on Euthanasia,” *The Linacre Quarterly* 18, no. 4 (November 1951), <https://epublications.marquette.edu/cgi/viewcontent.cgi?referer=&httpsredir=1&article=1174&context=lnq>.

17. Legislative Services Branch, “Consolidated Federal Laws of Canada, Criminal Code,” June 23, 2022, <https://laws-lois.justice.gc.ca/eng/acts/C-46/page-33.html?txthl=241#s-241>.

18. It is worth noting that until the early 1970’s, even suicide was considered a criminal offense in Canada and in many Western nations. It may be difficult to know how a law against suicide was meant to function or how it would deter people from attempting it but, at the very least, there was a recognition that suicide was legally a form of homicide, albeit homicide by one’s own hand.

19. Sue Rodriguez died by suicide in 1994 with the assistance of an anonymous doctor and the presence of Svend Robinson, an NDP MP who supported Rodriguez’s bid to see the law changed.

20. “Government Bill (House of Commons) C-14 (42-1) - Royal Assent - An Act to Amend the Criminal Code and to Make Related Amendments to Other Acts (Medical Assistance in Dying) - Parliament of Canada,” accessed August 9, 2022, <https://www.parl.ca/DocumentViewer/en/42-1/bill/C-14/royal-assent>.

21. The foregoing legal history relies heavily on Tabitha de Bruin, “Assisted Suicide in Canada,” *The Canadian Encyclopedia*, 2021 2016, <https://www.thecanadianencyclopedia.ca/en/article/assisted-suicide-in-canada>.

22. Health Canada, “Third Annual Report on Medical Assistance in Dying in Canada 2021,” report on plans and priorities;transparency - other, July 26, 2022, 18, <https://www.canada.ca/en/health-canada/services/medical-assistance-dying/annual-report-2021.html>.

In both 2020 and 2021, there were only about seven MAID deaths by self-administration (i.e., assisted suicide), so effectively, the debate about MAID in Canada is practically about euthanasia. Yet it is worth considering why people are opting to have their lives ended by the hand of a physician rather than by their own. Although there may be various reasons why euthanasia is so much more highly preferred over assisted suicide (e.g., a person may be too unwell or fearful of making a mistake), we shouldn't overlook that for many, the thought of taking one's own life is still associated with suicide which is still largely seen as a tragic scenario and to be avoided. Nevertheless, it is a cultural paradox of how it is that on the one hand, there is widespread agreement for the need for strategies, treatments and organizations in place to help prevent suicide, while on the other hand, there are increased avenues and pressures in society to give people the "freedom of choice" to take their own lives, or have their lives taken, in a medical facility.

Finally, it's important to understand that in Canada, MAID works at two distinct regulatory levels – federal and provincial. At the federal level, the modified legislation mainly alters section 241 of the Criminal Code of Canada on suicide to exempt medical professionals from being charged with homicide when engaging in approved instances of euthanasia and assisted suicide. As noted earlier, it is still illegal in Canada for anyone else other than physicians or those aiding the physician to counsel or assist someone to commit suicide.

Though federal legislation decriminalized MAID, it is the provinces that are given primary charge over the administration of MAID as a part of the medical system. A combination of provincial legislation and guidelines by the provincial colleges of medicine (the arms' length associations which establish professional and ethical guidelines for the practice of medicine in each province) regulate how MAID is actually carried out. Though there is broad agreement in practices across the provinces, there has nevertheless been differing requirements for medical professionals in different provinces to practice MAID legally. This means that when one talks about professional and ethical requirements placed upon physicians, one must be aware of which province one is talking about. The most pertinent ethical difference amongst the provinces, however, has been the extent to which conscientiously objecting physicians to MAID are required to participate in MAID practices. As of 2022, Ontario, Quebec and Nova Scotia all had requirements for conscientiously objecting physicians to provide "effective referral" for patients who request MAID.²³ Effective referral means that physicians are obligated to ensure that a patient who requests MAID is connected to another medical professional who will perform the procedure. Many physicians argue that being forced to do so is a form of moral complicity. One could view this like refusing to participate in an armed bank robbery, but then introducing the robber to someone who can get a gun for him to do it. Just because one does not directly participate in the bank robbery would not make this person free from moral or legal blame.

Cultural Factors Behind Canada's Current MAID Context

It is one thing to trace the legal history of MAID in Canada, but it is nearly always the case that a nation's laws simply follow broader movements of thought. This isn't the platform to lament the

decline of Christian influence in Canada, but it is arguable that many of Canada's significant moral shifts parallel the significant changes in the broader cultural understanding of the human person in Western civilization away from its Judeo-Christian roots. Although it is important to understand the broader impact of modernity, postmodernity and secularization in Western society at large, it is more precisely a significant shift in anthropology—what one believes a human person is—that is most closely aligned with the now widely accepted approval of MAID in our Canadian society. Although there are many factors to consider, such as shifts in morality (How do we determine what is right and wrong?), and aesthetics (What do we perceive to be good and beautiful?), we will need to restrict ourselves to an account of changing views of what a human is (anthropology) and how that has contributed to our conflicting sensibilities surrounding MAID and suicide prevention.

Who Am I? Shifts in understanding of a Human Person (Anthropology)

"What is a human?" is a question that gets to the heart of anthropology, the philosophical and/or theological discipline of the study of the human. In what follows, we will briefly document the shift from pre-modern to modern understandings of the human. Whereas prior to modernity, a human was understood in the Christian era as fully defined in relationship to God, after modernity a human was increasingly and regularly defined without reference to a relationship to God.

One of the most widely acknowledged hallmarks of the shift to the modern period regarding both our understanding of how we come to know something (epistemology) and who we are as humans (anthropology) came courtesy of the famous phrase by philosopher René Descartes (d. 1650), "I think, therefore I am."²⁴ Although Descartes was himself a man of faith, within decades, Descartes' famous formulation had taken on a philosophical life of its own and launched the beginning phases of modernity in its quest to understand all things through exercise of the human mind. Descartes' method taught people to question everything that could not come through exercise of human reason. Although intended to introduce a level of healthy skepticism to human claims about knowledge, once this method was accepted, it eventually resulted in humans having greater difficulty in accepting the claims of external authorities such as Scripture or the teachings of the Church. When it came to the question, "What is a human?" a rationalistic method looks not to the Bible or revelation, but only at what the human could rationalize about her or himself. Thus, once Descartes' famous method was accepted, his statement—"I think, therefore I am" came to epitomize the very nature and essence of a human: A human is one who has the ability to think or to rationalize about her or his very self. As some philosophers put it, "A human is a rational animal."

The most remarkable thing about this definition of a human is not that it centered in on human ability to think; theologians and philosophers throughout the ages have recognized the unique ability of humans to think in ways different than animals. Rather, what is new is that the conclusion that "I am what I am" follows from my ability to doubt and to think.²⁵ Descartes likely did not intend to conflate ability to think with the key characteristic of

23. For a compelling argument that insists that forcing physicians and others to be coerced to provide effective referral for MAID is to force them into moral complicity, see R Trigg, "Conscientious Objection and 'Effective Referral,'" Cambridge Quarterly of Healthcare Ethics 26, no. 1 (2017): 32–43, <https://doi.org/10.1017/S0963180116000633>.

24. Gary Hatfield, "René Descartes," in The Stanford Encyclopedia of Philosophy, ed. Edward N. Zalta, Summer 2018 (Metaphysics Research Lab, Stanford University, 2018), <https://plato.stanford.edu/archives/sum2018/entries/descartes/>.

25. Descartes' fuller formulation was "If I doubt, then I must be thinking. And if I think, therefore I am." See Lex Newman, "Descartes' Epistemology,"

defining what it means to be human on all levels (spiritual, political, social, economic, etc.). Nevertheless, rationality became a central idea for Western thinking applied to multiple dimensions of the modern world. This is in contrast to most Western thinkers in the premodern era, whether Christian or not, who tended to define humans in relation to God in a way that is distinct from all the other creatures in the world. This classic, pre-modern view of the human was, in other words, implicitly theological, i.e., understood as being related to God.

To be clear, this new view of the human in early modernity held dominance in the West and sparked both tremendous advances and confidence in knowledge and science, but also increased skepticism toward traditional authorities such as the Church or the Bible that subordinated humans to a higher authority or being than themselves.

However, by the late eighteenth and early nineteenth century, attention on the role of human rationality began to waver. In a broad movement called Romanticism, human emotion and feeling began to take greater pride of place in understanding what makes a human a human.²⁶ "I feel, therefore I am" is the Romantic answer to the question of what it means to be a human.²⁷ This recognition sparked a welcome softening of hard rationalism and resulted in great achievements in art, music, literature, poetry and even attention to the beauty of nature which rationalism had tended to overlook.

Questions about what it means to be human continued to evolve. After Romanticism, thinkers began to realize that there was virtually an infinite number of experiences and feelings available to humans and thus, there could be no one standard set of experiences or feelings that could define a human. Are there experiences (e.g., hurting a fellow human, being sexually repressed, being isolated from nature, etc.) and feelings (e.g., hate, jealousy, etc.) that detract from being a human? Philosophers thus began to argue that there is no single common set or matrix of human characteristics to define a human as much as to recognize that every human has a non-reproducible individual life trajectory. Because humans each have a unique existence (thus the movement eventually was called "existentialism"), the individuality of each human was expressed over against seeking common characteristics of a universal "humanity." Despite basic biological similarities, there is no common "human experience" other than the fact that every human is existentially unique. Humans, thus, are "individuals" who are utterly and uniquely defined by the life choices that they make. This is what is now generally referred to as individualism.

It was with the rise of existentialism and individualism that the question, "What is the meaning of my existence?" first came to be asked (Contrary to a standard high school essay opening, humans have not been asking that question since the beginning of time, but rather only in the last couple hundred years!). And of course, the only valid answer to the question in an individualistic age is, "Whatever you choose it to be." It is at this point, then, that human choice increasingly reigned supreme and which was a hallmark of much modern existentialist anthropology. It does not matter, in other words, which choice you make as much as you accept that you have the choice to make. "I choose, therefore I am" became

the mantra of existential and individualistic anthropology in the late nineteenth and early twentieth centuries. Of course, our penchant for choice remains strong even today, with the mantra "freedom of choice" being dominant in our society.

This admittedly oversimplified history of anthropology almost takes us up to our current day in which individualism is still alive and well. However, after the rise of the post-WW2 industrial and technological boom, the number of experiences and choices multiplied exponentially such that it was no longer merely a choice between this or that, but a choice between dozens and hundreds of varieties of the same thing. Whether the colour of one's car, the brand of one's breakfast cereal, or the choice of one's vacation destination, consumerism has probably had more to do with how we view ourselves as humans than anything else: "I consume, therefore I am."

But more far-reaching than any of these has been the rise of the virtual world of the Internet and social media which has enabled the fusion of existentialism, individualism, and consumerism. The Internet not only gives us the ability to get almost anything in a day or two from online retail giants, it also enables us to experience, even if only virtually, almost anything we choose to experience: whether that be a trip to the ocean's depth, the outer reaches of the universe, the consumption of cross-cultural music or engagement of virtual sexual experiences of almost anything imaginable. The Internet has also added a heightened level of impatience to human experience, such that we quickly become upset when it takes longer than a second to load an internet page or longer than a day for our online order to arrive on our step. The bringing together of individualism, consumerist choice, and instantaneity explains why humans today believe that even when it comes to life and death decisions, it is up to me to decide what is best for me right now.

All the foregoing competing versions about what it means to be human, of course, stand in stark contrast to a theological account of humanity which, biblically speaking, pertains to our relationship to God the Creator and to one another. To put it another way, these philosophical shifts in understanding of what it means to be human have had a tremendous impact on humanity's sense of what we are because most, if not all, of the modern and post-modern understandings of humanity are atheological. That is, current definitions of the human at best rely upon our relationship to one another as humans (usually in a small sub-tribe of humans labeled our "identity"—Christian, atheist, communist, gay, Conservative, Liberal, well, the identity labels are nearly endless now), and at worst, are only self-referential, that is, only in reference to who I am as an "individual" – "I am me." I am what I think, choose, or feel. Modern and postmodern view of humanity, in other words, have lost the ability to understand that the "worth" and "dignity" and "value" of a human is not defined on our own, but first, in relationship to God our Creator in whose image we are made, and second, to others who are fellow image bearers with us. Without God in the picture, human worth is cast upon what we think about ourselves, or what we hope others think about us. And as for Christians, even we have far too often bought into the idea that our human worth has to do with our choices, our destinies, or our activities,

in The Stanford Encyclopedia of Philosophy, ed. Edward N. Zalta, Spring 2019 (Metaphysics Research Lab, Stanford University, 2019), <https://plato.stanford.edu/archives/spr2019/entries/descartes-epistemology/>.

26. Romanticism - New World Encyclopedia," accessed August 24, 2022, <https://www.newworldencyclopedia.org/entry/romanticism>.

27. The German Pietist theologian, Friedrich Schleiermacher, was one of the first Protestant theologians to include Feeling (German, Gefühl) as a major theological category. See Friedrich Schleiermacher, *The Christian Faith* (Edinburgh: T & T Clark, 1999). To be fair, even Evangelicalism came under the sway of Romanticism by attending to Christian experiences as measures of one's spirituality and walk with Christ. See D. W. Bebbington, "Evangelical Christianity and Romanticism," *Crux* 26 (1990): 9–15.

not realizing that our humanity remains permanent, even in the abundance or absence of our own choices, activities or even self-understandings.

As to the topic at hand, the ability for MAID to have arisen so rapidly in our society has largely depended on humans assessing the worth of their lives in reference to evolving understanding of what it means to be human, including self-perceived assessments of “quality of life” which we as consumers demand to have charge over. Indeed, in the 2021 report on MAID in Canada, the top reason given by 86% of people who received MAID was “the loss of ability to engage in meaningful activities,”²⁸ indicating that by and large, people receiving MAID define the value of their human lives not on the basis of who they are as creatures in relationship to God, but relative to what they can perceive to be the most meaningful choices and activities in their lives. To lose the ability to choose, do, feel, and experience the things we once loved (all “values” of a consumeristic, Romantic, existential anthropology) means a loss of our humanity and worth. But this idea of the loss of our humanity runs absolutely counter to the biblical testimony that humans are what they are before God (*coram Deo*, life lived in the presence of God). MAID, in other words, could not yet have taken hold in a society where our understanding of humanity still relied upon a sense of connection to the Creator. But today, MAID is now a “choice” which can only be contemplated in a society where an individualistic, consumeristic mentality has sunk deeply into our collective soul.

We cannot overestimate how much influence these changes in our understanding of what it means to be human have influenced everything else. We do not have space here to unpack how our present understandings of what it means to be human have changed how we believe that we come to know things (epistemology), how we make decisions about right and wrong (morality) and even what we consider to be good and beautiful (aesthetics). Indeed, one could argue that our (post) modern view of humanity has resulted in suspicion toward anyone telling me what is real and what is fake (epistemology); outright distrust of anyone telling me what is right and wrong (morality); and tremendous amounts of energy spent in seeking pleasure while avoiding pain and suffering (aesthetics). It is no wonder then when it comes to end-of-life matters such as MAID, it has become increasingly difficult for us as individualistic, consumeristic persons to be convinced that I am responsible to anyone else but myself (“I am self-made”), that our decisions may be immoral (“I am an independent autonomous individual”), and that there are greater goods than present bodily experience of pleasure and pain (“My life’s goal is to seek pleasure and to avoid pain and suffering at all costs.”).

A BIBLICAL AND THEOLOGICAL RESPONSE TO MAID

Given that the first article of faith of the Evangelical Missionary Church of Canada includes affirmation that “the Bible . . . [is] the only final authority in all matters of faith and conduct,”²⁹ any response to MAID needs to be grounded in Scripture. This needs to be said because it can be easy to be distracted by the

fact that MAID aims to address the suffering of people, especially those experiencing extreme suffering due to incurable illness. To contemplate suffering of those nearest us understandably evokes deep emotion and compassion, and thus, makes MAID easier to justify when we are emotionally involved either in our own or someone else’s suffering. While it will be important to address the pastoral question of how we are to help those who are so suffering, we must not lose sight that the first and primary question is: Is it ever theologically and morally justifiable intentionally to end a person’s life? Or to put it starkly, are there exceptions to the biblical prohibition against killing another human being?

While I hold that there may be instances where it may be biblically warranted that the intentional death of another person may be permitted and not deemed murder, MAID is not one of those exceptions. I do not find any biblical or theological warrant that would allow alleviation of suffering as sufficient grounds to provide an exception to the moral command, “You shall not kill.” The argument to follow will address not only Scripture’s moral prohibition, but also the theology of humanity and of God that undergirds this prohibition.

God’s Command: You Shall not Murder

The first and most straightforward moral argument against MAID is that as an intentional ending of human life, MAID by definition breaks the commandment given in the Old Testament Law and reiterated in the New Testament against murder.

Historically, Christians have affirmed with one voice that murder is against God’s moral will as revealed in Scripture. Of course, the clearest prohibition in the Scriptures is the fifth commandment, “You shall not murder” (Exodus 20:13; Deuteronomy 5:17).³⁰ In the New Testament, Jesus himself upholds the prohibition against murder in his own teaching (Matthew 5:21-22). The Apostle Paul lists murder as an example of breaking God’s law (Romans 13:19; 1 Timothy 1:9) and the Apostle John goes so far as saying that “no murderer has eternal life residing in him” (1 John 3:15). Given that the Christian faith is all about the announcement of the gift of eternal life offered to all those who believe in Jesus Christ (John 3:16), it is striking to consider how John so explicitly associates the act of murder as a clear sign that eternal life is absent in such a person.

Both Scripture and the Church throughout the ages consistently testify that murder is contrary to God’s will. If it can be accepted that murder is defined as the intentional ending of human life without divine permission, then euthanasia and assisted suicide alike are clear candidates to be categorized as murder. That both are acts of intentionally killing someone or aiding them in killing themselves seems clearly, therefore, to fall under judgment of this divine commandment.

In this regard, we also need to address a rarely addressed aspect of MAID and this is the sadly ironic way in which people opting for MAID literally makes them aiders and abettors in the act of murder by medical professionals. This is uncomfortable

28. Canada, “Third Annual Report on Medical Assistance in Dying in Canada 2021.”

29. “Our Beliefs,” Evangelical Missionary Church of Canada, accessed August 8, 2022, <https://www.emcc.ca/who-we-are/our-beliefs/>.

30. English translations have either used the word “murder” or “kill” to translate the commandment. The Hebrew word spoken of in the fifth commandment is *rasah*, a word which is rare and sometimes included unintentional or accidental killing. However, as Chavalas has argued, *rasah* is predominantly used in Hebrew Scripture to speak of violent and “inherently evil” killing in the covenantal community. In this regard, the commandment is clearly not a general prohibition against killing; the sacrificial system put in place by God requires killing, as did permission by God to eat animals for food. Rather, the prohibition is clearly directed against the killing of another human being. Moreover, “*rasah* did not cover the subject of killing in war or capital punishment, which were done only at the command of God; thus, they were not in the same category as murder.” See Mark W. Chavalas, “Murder,” in Baker’s Evangelical Dictionary of Biblical Theology, ed. Walter A. Elwell (Grand Rapids, MI: Baker Book House, 1996), <https://www.biblestudytools.com/dictionaries/bakers-evangelical-dictionary/murder.html>.

but necessary to realize: Every time someone willingly agrees to accept MAID, they are acting in moral cooperation with someone else who is engaged in the intentional, willful, premeditated end of someone else's life. To put it starkly, persons who willingly give themselves over to MAID enable, as their last living act, someone else to commit a sin against God's moral law. We have to consider: In what way will we give an account to God in this last permissive act? This is especially important to consider in light of the fact that the New Testament announces that murderers have no place in the kingdom of God (Galatians 5:20; Revelation 21:8). Woe to us if we cause anyone to fall into this sin.

The problem, however, is that the foregoing argument may seem unpersuasive because of how quickly Canadian society at large has accepted MAID as something other than murder. Why is this so? We are convinced it is because the practice of MAID has been essentially sanctioned and sanitized in our current Canadian context. On the one hand, because MAID has been legalized, it has been, in many people's minds, therefore sanctioned. Unfortunately, it is a logical and moral error to assume that just because something is legal that it is therefore moral. On the contrary, there are clearly instances where something may be legal, but yet clearly immoral. If this were not the case, then the Church would never have to consider civil disobedience. Notwithstanding this logic, it can be difficult for people to understand why many churches still speak out against certain sexual activities such as same-sex marriage when the law now considers same-sex marriages as equally acceptable to opposite-sex marriages.

Though it may still be difficult for many people to distinguish between legality and morality, one hopes that Christians, committed to the authority of God's Word, can be persuaded to pause long enough to realize that various State regimes throughout history have used the tactic of legalization as a means of sanctioning what otherwise would be considered immoral actions. That genocides throughout history have been legalized by the State hardly counts as moral sanction. Even today, for those concerned with other life issues, such as abortion, we know that legalization of abortion has hardly settled its morality.

But MAID in Canada has not only been sanctioned but sanitized. This has happened because of how MAID has been, from the outset, situated within the practice of medicine. The more it is touted as a medical procedure, done under the supervision of a medical professional within a health care institution following standard safety protocols (the irony is hard to miss), the more people can be persuaded that somehow, the intentional ending of a person's life is something other than—murder.

This also raises a separate issue which we can't explore here in depth, but which is well worth consideration: To what extent will the introduction of MAID into the medical system erode trust in our medical professionals even more than is already the case? How will people be able to distinguish between when a medical professional is acting to preserve our life or when they are now acting to encourage an end to our life? As Nielsen puts it, "MAID may very well change the trust doctors have earned over the centuries."³¹ It provides one more reason for vulnerable populations to have a generally lower trust of medical professionals.³² And further to this question, how will medical professionals themselves be able to bear the burden of both

responsibilities, not to mention the increased pressure both medical professionals and governments are under to finance burgeoning health care costs? When will doctors be pressured to suggest MAID when they know that sustaining the life of a person will likely result in increased costs?

However, there is still the question about whether, like in Scripture, there are instances where the intentional ending of another human life may be divinely permitted or sanctioned. In other words, Is it possible that MAID is one instance where there is divine permission given to end life, thus rendering it as "non-murder"?

To answer this question, we should consider that there are in fact places in the Bible where God clearly commands humans to kill others. Early in the biblical account, God tells Noah, right after he had emerged from the ark, "And from each human being, too, I will demand an accounting for the life of another human being. 'Whoever sheds human blood, by humans shall their blood be shed; for in the image of God has God made mankind'" (Genesis 9:6). Here it is clear that divine permission was given to punish murder as a capital offense.

There are other places in the Old Testament, troubling to be sure, where God commands the Israelites to end the lives of the Canaanites who were living in the promised land (Deuteronomy 7:1-2; 20:16-18). God even occasionally commands that fellow Israelites be killed (e.g., Achan and his family – Joshua 7). Moreover, there are various offences in the Law which were punishable by death, including for murder (Exodus 21:12,14); kidnapping (Deuteronomy 24:7); child sacrifice (Leviticus 20:2); idolatry (Deuteronomy 17:2-5); bestiality (Leviticus 20:15-16) and many others.

In the New Testament, the lists of offences deserving death is admittedly shorter, but it should be at the least acknowledged that in Romans 13 it appears the political authorities have been given divine authority to bear the sword—and it is an unavoidable conclusion that bearing the sword could mean that sometimes human lives are ended through some kind of divine sanction.

Given all these "exceptions" to the "You shall not murder" command of God, couldn't one argue that euthanasia, as a state sanctioned medical practice, be a kind of extension of God's authority to human political authorities? While most of us are still prohibited by law against killing another human, police and soldiers, under certain circumstances, may be authorized to do so. Could not medical professionals also be authorized? Indeed, under Canadian law, haven't they been so authorized? And if they are authorized by political authorities, is MAID not divinely permitted?

Why God sometimes gives commands to kill others in the Bible is not a simple theological problem. Suffice it to say that in all instances noted above, when God commands humans to kill others, it is always as a clear outworking of God's judgment against sin, rebellion and blasphemy. So, we must admit that while sometimes there is divine permission given for one human to end the life of another, biblically, it is only as an outworking of God's judgment against the person who committed certain crimes.

There is another major hurdle, however, if one wants to see MAID

31. William Robert Nielsen, "MAID in Canada: Ethical Considerations in Medical Assistance in Dying," *Canadian Journal of Bioethics / Revue Canadienne de Bioéthique* 4, no. 2 (2021): 96.

32. In the lead up to MAID, a network of advocacy groups for vulnerable people established the Vulnerable Persons Standard in order to highlight how certain populations of people are more susceptible to coercion to accept MAID. See "Vulnerable Persons Standard," *Vulnerable Persons Standard*, accessed August 30, 2022, <http://www.vps-npv.ca>.

as an instance of divine permission to intentionally end another person's life. If it is, then we must also infer that those who are practicing MAID are doing so as a kind of outworking of divine judgment against the persons so killed. Although someone might want to try to make that theological argument, one can hardly imagine that anyone would be comfortable with assuming that the thousands of MAID deaths in Canada each year are God's way of judging those people through the agency of the medical profession. Even ardent supporters of MAID would surely recoil at that thought, not to mention that the only times in the history of humanity where physicians have served as an outworking of the arm of the Sword of the State were under radically evil regimes where the physicians themselves had already abandoned any notion that their primary role was to preserve life, rather than to be agents of mass murder.

One last and important question must be addressed: Could the use of MAID ever be justified as a means of ending extreme suffering? This is, after all, the fundamental question which many thoughtful Christians are seeking guidance on, especially since as Christians, who are called to love one another, we are deeply affected by the sufferings of others and will do all we can to mitigate or even end that suffering.

The problem, of course, is that one looks in vain for a scriptural passage that opens the door to euthanasia or assisted suicide, or even in the medical context, MAID. Indeed, we argue that both Jesus' action and his teaching indicate that hastening of death was never once used or sanctioned to end suffering. Jesus shows deep compassion for those who are sick and dying, often healing them, and even on occasion, bringing them back to life. Likewise, the apostles, as recorded in Acts, never hasten the death of an ill person.

Here reflection on Jesus' parable of the Good Samaritan can yield additional insight. In this familiar story, Jesus uses it to answer the question posed to him of what it means to "love your neighbour as yourself" (Luke 10:27). As we well recall, a man on the road to Jericho was beaten and left for dead. In fact, the text (10:30) indicates that the man was left "half-dead" (Greek: *hēmi-thanō*). Incidentally, is this not the state of many people today who are seeking MAID? Good as dead or half-dead?

And yet, what is the Samaritan praised for? Though the poor fellow seemed to be in a hopeless situation and near death, the Samaritan nevertheless "had compassion on him" (10:33), "bound his wounds, pouring in oil and wine" and set about taking care of the man with his own financial means (10:34). He even went the extra mile to leave extra money and promised to return to pay any extra expenses that were incurred (10:35). In short, the Samaritan was praised not because he brought an efficient end to the beaten man's suffering, but because, despite the inconvenience and financial cost, he exercised practical evidence of his compassion and care. It was the Samaritan who was praised as being the neighbour—the one who showed mercy, being careful to highlight here that mercy did not in any sense include the premature ending of the man's life. And so, here Jesus' command is highly pertinent: "Go and do likewise" (10:37). Thus, we can conclude that both through the absence of evidence and by the positive example taught in Scripture broadly and here by Jesus that a compassionate, neighbourly love for the suffering, eschews hastening of death and positively commends compassionate care.

God's Creature: The Divine Image Bearer

A moral prohibition, a "thou shalt not," almost always begs the question, Why not? Although we may be morally confident that murder is clearly prohibited by God's commandment, it helps to understand a deeper reason why it is prohibited in the first place. The answer here is because to kill a human is to kill a representative of God.

In the grand account of Genesis 1, the climax of creation week is presented as God's creation of the male and the female, the Adam, the "earthlings." As Genesis 1:26-27 puts it,

Then God said, "Let us make mankind in our image, in our likeness, so that they may rule over the fish in the sea and the birds in the sky, over the livestock and all the wild animals, and over all the creatures that move along the ground." So God created mankind in his own image, in the image of God he created them; male and female he created them.

Perhaps the most striking thing we learn here is that unlike anything else in creation, humans are created in God's image. What does that mean?

Admittedly, theologians throughout the ages have debated about what it means to be created in God's image—a debate we cannot get into here.³³ But despite differences of emphasis, there is wide consensus amongst the experts that the language of humans bearing the "image of God" clearly intends to communicate that humans were created by God to reflect or represent God in this world. Even if we might disagree about *how* it is that humans reflect or represent God, almost all theologians agree that they indeed do. This means that humans are, in short, living metaphors of God. One could even use sacramental language³⁴ and say that humans are living signs of the Creator in the created.

Humans are God's representatives on earth. This is why there is a strict prohibition in the Ten Commandments against forming any graven images of God (Exodus 20:4-6; Deuteronomy 4:16-18): because God intends humans to be his primary representative in the world (cf. 2 Corinthians 5:20 where we are called to be "ambassadors" of God's ministry of reconciliation).

Of course, we know that the creation account is immediately followed by the tragic account of humans falling into sin. Even if the image of God in humans has been significantly marred by sin, it is not completely broken. Scriptures continue to affirm that even after their fall into sin, humans are still created in his image (see Genesis 9:6; 1 Corinthians 15:49; James 3:9).

Interestingly, the first two sins of human history undermine this role as God's representatives. Adam and Eve's sin was an outworking of their rejection and rebellion against what was otherwise a relatively simple command of God: Do not eat of the fruit of the tree of the knowledge of good and evil (Genesis 2:17). Though humans were created to be ambassadors of God's Word, in their disobedience, Adam and Eve failed to represent God as the sole source of Law.

It is terrifying to consider how quickly breaking of a simple, single command degenerated to the point where the second sin recorded in Scripture is murder, mainly, Cain's murder of his brother Abel. When confronted with what he had done, Cain refused to acknowledge his own responsibility to protect a fellow

33. For a good summary of some of the theological options suggested about the meaning of the image of God, see Stanley Grenz, *Theology for the Community of God* (Nashville, TN: Broadman & Holman, 1994), 219–33.

34. It will be recalled that the classic definition of a sacrament in theology is a "visible sign of an invisible reality."

divine image bearer. Cain rhetorically asks, “Am I my brother’s keeper?” (Genesis 4:9) in expectation that he is not. But the non-rhetorical answer is, Yes, indeed, you (and we) are! Cain’s sin of murder then is condemned as an instance of a failure to keep watch over his brother.

Most tellingly, in the New Testament, murder is regularly included as an instance of the failure to love one’s neighbour. This is best encapsulated in Romans 13:9-10 where the apostle, most certainly echoing Jesus’ own teachings, puts it this way:

The commandments, “You shall not commit adultery,” “You shall not murder,” “You shall not steal,” “You shall not covet,” and whatever other command there may be, are summed up in this one command: “Love your neighbor as yourself.” Love does no harm to a neighbor. Therefore love is the fulfillment of the law.

James, too, says, “With the tongue we praise our Lord and Father, and with it we curse human beings, who have been made in God’s likeness. Out of the same mouth come praise and cursing. My brothers and sisters, this should not be” (James 3:9). Indeed, if it is prohibited to curse another human made in God’s likeness, how much more is it prohibited to end their lives! Suffice it to say that it is difficult to reconcile how the ending of a person’s life, even through the sanitized versions of euthanasia and assisted suicide in modern MAID, can be anything other than bringing harm to them. And yet, love of neighbour, like the Hippocratic Oath, assumes that one will do no harm.

It is no surprise that biblically, the attack against God’s own image comes to a climax in the murder of his own Son, Jesus, whose image and likeness we share. The death of Jesus is thus the utter and most reprehensible attack against God. Yet humans have continued to be obsessed with inventing new ways to hate, slander and kill one another (Romans 1:29), whether that be through needless warfare, unjust economic practices that brings starvation to millions, and, of course, the ongoing practice of abortion. But the more we attack and kill one another as God’s image bearers, the more we are demonstrating ongoing attack and rebellion against God himself. In short, MAID should be resisted not only because it is prohibited by God’s law, but because it is an affront, an attack, and indeed, a form of warfare against God himself. In this regard, MAID is a modern legalized, sanctioned, sanitized means of attacking God’s own representatives in the world, his human image bearers.

God as Creator, Lord and Judge

So who is this God against whom humans rebel when they murder one another? The Bible indicates that the God who reveals himself the person of Jesus Christ by his Holy Spirit is the same God who brought creation into existence and continues to sustain it, the same God who is Lord over creation and its creatures, and the same God who alone will judge and restore creation.

It is also why the Bible repeatedly calls God “the living God” (Joshua 3:10; Daniel 6:26; Jeremiah 10:10; Matthew 16:16; John 6:57; Hebrews 3:12). It is God alone who gives life but it is also

God alone who has the prerogative to give and take life. As Deuteronomy 32:39 puts it, “See now that I myself am he! There is no god besides me. I put to death and I bring to life, I have wounded and I will heal, and no one can deliver out of my hand.”

Here we reach the ultimate reason why the intentional ending of a person’s life, even by a well-intentioned person who might see themselves as mitigating against pain and suffering, is ultimately to be rejected, and that is because to take a life is to presume to do what is only God’s prerogative to do as Lord over life and death. The reason murder is prohibited by God isn’t simply because he says it is wrong, or even because murder involves an attack against his representative humans. Murder is ultimately prohibited because to end a human life without divine permission—and we had better be extremely clear when and if we feel we have the divine permission to do so—is to take into one’s own hands that which God alone claims to have the sole prerogative to do.

We can recall that the Tempter in the Genesis 3 account of the fall of humans into sin actually used the words “You shall be like God” to good effect. Indeed, there is a sense in which sin could be defined as seeking to re-structure our relationship to God and to give up what is ours to do and to take into our own hands the prerogative that is God’s alone. To take life is to try to take the place of the Giver, Sustainer and Taker of life, God himself as Creator, Lord and Judge. Taking one another’s lives is a way to “be like God.” It is not ours to give life—life is a gift of God to us by his Spirit. This is why many people talk about the “sanctity of life.” To sanctify something is to make it holy and in this regard, life is holy because it comes from God’s own Holy Spirit.³⁵ But it is also not in our hands to take life; this, too, is God’s prerogative alone.

In this regard, we should never forget death is portrayed throughout Scripture as the judgment of God against the sin, evil and corruption that all humans share in. To cause the death of another is dangerously to take place of God alone who is Judge over the Living and the Dead (Acts 10:42; 2 Timothy 4:1).

By now, I hope the progression of the argument has been clear. Murder is biblically prohibited and so MAID, as a clear practice of the ending of another human life, breaks the commandment. But why is murder wrong? Because to murder another human is to murder someone created in the image of God. But why is it so unacceptable to end the life of a divine image bearer? Because to do so is to demonstrate in one of the most concrete ways rebellion and rejection of the Creator of Life. Murder is the contradiction of life and the murder of a human is warfare against the Creator who has designated humans as his ambassadors and representatives.

MAID: A Proposed Theological Position

In light of the foregoing discussions, we are now in a place where we can, as succinctly as possible, stake out a theological position on MAID and some of its related issues. In doing this, we recognize that often Christians are known for what they are against, but not always as forthright on what they are for. Thus, we will seek to lay out the position by a series of affirmative and negative statements.

35. Some readers may note that in this paper we have not relied heavily on the notions of the “sanctity of life” to make our argument against MAID. It is not that we have any disagreement with the concept as much as relying too heavily on it can put us into some ethical conundrums. For those who overemphasize the sanctity of life, they can be apt to seek to do everything possible to sustain a human life, even when all indicators are that a life has reached its end. Our point here is that while we can affirm that life is sanctified because it is given by God and modeled by Christ, the concept of sanctity of life is difficult to apply ethically when sometimes the right thing to do is to allow death to come as a natural outcome of fallen human existence. Our argument instead has focused on how MAID is a form of murder in that it is the deliberate and intentional ending of life. The argument is more focused on why we should not prematurely and artificially end a life rather than to what extent we must seek to artificially sustain a life against what is an inevitable end.

1. In light of Jesus' own example of compassion and care for those in need (Isaiah 40:11; Matthew 8:16-17; 11:28-30; Mark 6:34), we fully support human attempts to mitigate pain and suffering wherever it is compassionately and reasonably possible as an outworking of our belief that all humans are created in God's image (Genesis 1:26-27) and loved by him (John 3:16) and where we see such mitigation of suffering as an outworking of our love for God and our neighbour.
2. Given the lack of biblical evidence to support the practice of dealing with suffering through ending of life, we oppose using MAID as a means of ending of suffering and pain because the intentional ending of human life is both contrary to God's moral law and a form of attack against God's image-bearing creatures and against God himself.
3. We oppose MAID in the form of euthanasia (an active and intentional hastening of death by a medical professional or anyone else) because to do so, is to end a human created and loved by God in his image (Genesis 1:26-27) and because the only divine permission permitted in Scripture is when an agent is working clearly with divine permission to bring about judgment on sin (e.g., Romans 13:4).
4. We oppose MAID in the form of assisted suicide (an active and intentional hastening of death of oneself through provision of means by a medical professional or anyone else) because killing oneself, a human created and loved by God in his image without divine permission, is nothing less than self-murder.
5. We oppose MAID in both forms as euthanasia and assisted suicide because to agree to or encourage others to engage in MAID is to be morally complicit with the intentional killing of a human without divine permission by the hand of another human who also is accountable to God (Romans 14:12; 2 Corinthians 5:10) for her or his moral actions.
6. We cautiously support the use palliative sedation or removal of hydration and nutrition only when it can be demonstrated that the intention of either procedure is to mitigate pain and suffering as an act of human compassion and love, or to allow the person to come to a natural end of life when it is clear that artificial intervention is the only thing sustaining a person's life. We clarify that neither of these procedures should be confused with MAID but should be dealt with as independent ethical issues and that individual cases need to be prayerfully discerned.
7. We affirm that the ability of the Church to address the practice and expansion of MAID in Canada will be to be intentionally faithful to God's prohibition against intentional ending of human life while also seeking to be attuned to ways in which we can bear one another's burdens (Galatians 6:2), including those who walk through the sufferings of walking through the shadow of the valley of death (Psalm 23), as an outworking of Christ's command to love our neighbour as ourselves (Mark 12:30-31; Luke 10:25-37). As the Church demonstrates its commitment to supporting palliative

care, to supporting vulnerable persons, to speaking up and advocating for the helpless (Proverbs 31:8-9; Isaiah 1:17; James 1:27), MAID will hopefully become the least desirable of all options for those who so suffer.

PASTORAL AND BROADER IMPLICATIONS OF MAID

In this final section, we address the pastoral implications of MAID. It may be tempting to think that MAID is solely about the decision intentionally to end the life of someone who consents due to some intolerable suffering or terminal illness. But it is important to highlight, beyond the theological and moral requirements of an individual considering or receiving MAID already addressed, five interconnected communities are significantly affected ethically and pastorally by the legalization of MAID in Canada: 1) The medical community; 2) Family, friends, and neighbours; 3) Vulnerable persons and groups; 4) Pastors and spiritual caregivers; and 5) Communities of discipleship (the Church).

The Medical Community

Given that this paper is addressed to the Christian community, we are not seeking to address those outside of the faith as to their participation in MAID per se. However, it should be noted that objections to MAID have not been restricted only to religious communities. There have been various disability groups, human rights groups, medical practitioners and academics, and others who have voiced conscientious objection to MAID either in whole or in part.³⁶ Indeed, there are some, who though favourable to MAID in circumstances where death is reasonably foreseeable in an otherwise incurable terminal illness, have shown much greater reticence to open MAID up to those with mental illness alone, or as the discussion is currently being had in Canada, amongst so-called "mature minors" (i.e., those under the age of majority who are determined to have sufficient understanding to make a choice for MAID). We should be aware, then, that there are many people with whom the Church might cooperate in seeking legislative and regulative restrictions or even reversals to MAID. Although we may disagree fundamentally on matters of religious belief or morality, we should be ready to cautiously work together with those who have common cause.³⁷

More narrowly, the Christian church needs to become better informed and aware of the types of pressures that medical professionals face in the current MAID regime. Depending on the provincial legislation and professional and ethical expectation of the provincial medical colleges, physicians face ethical pressures even when they have conscientious objection to MAID. Currently, for example, in Ontario, Quebec and Nova Scotia, medical professionals are not sufficiently protected if they conscientiously object to MAID. Though none are required to participate directly in MAID if a patient requests, they are required actively to ensure that the procedure is performed by a qualified and willing person. This raises the question of moral complicity: Are you guilty of theft if you don't personally rob the bank, but assist the bank robber in getting away? Or more pertinently, are you guilty of murder if you don't pull the trigger, but help the trigger-man get a gun?³⁸

36. For a helpful account from an insider to the health care profession on reasons that many refuse to participate in MAID, see Janine Brown, "Health-Care Providers and MAID: The Reasons Why Some Don't Offer Medically Assisted Death," *The Conversation*, accessed August 25, 2022, <http://theconversation.com/health-care-providers-and-maid-the-reasons-why-some-dont-offer-medically-assisted-death-186625>. For a non-religious case against euthanasia in general, see Daniel Callahan, "A Case Against Euthanasia," in *Contemporary Debates in Applied Ethics*, ed. Andrew I. Cohen and Christopher Heath Wellman, Second (Chichester, West Sussex: Wiley Blackwell, 2014), 82-92.

37. The situation is similar to abortion in that not everyone who is "pro-life" or "anti-abortion" are necessarily religious.

38. See here especially, Sean Murphy, "The Problem of Complicity," *Protection of Conscience Project*, March 15, 2016, <https://www.consciencelaws.org/ethics/ethics082.aspx>. and The Center for Bioethics and Culture, "Moral Complicity - A Christian Perspective," *The Center for Bioethics and Culture*,

Three ways the Church can support people in the medical community:

- **Pray for our healthcare providers:** First, we must intentionally pray for those in the medical profession. Coupled with the fact that many medical professionals work under burn-out conditions, they face pressures not only of life and death but in all of the familial, political, and professional systems of which they are part. There is a complex network of demands that can so easily overshadow the reason many doctors and nurses got into medicine in the first place: to help people to be cured, to save and sustain life, and to help people flourish in life. Perhaps we might even consider putting doctors and nurses from our own congregations on our prayer lists that we regularly intercede for both privately and corporately.
- **Educate and become educated on the pressures in the healthcare industry:** Second, we need to get informed about the pressures that medical professionals face. Because those in the profession tend to operate on strict codes of confidentiality, medical professionals tend to keep their work at work, and many lay people are unaware of the ethical and professional pressures they face on a daily and weekly basis. Moreover, some disciplines (such as family practice, palliative care medicine, anesthesiologists) face greater pressures than others because of the great chance of intersection with people who are asking for MAID. Here church leaders might consider asking willing medical professionals to give a talk or share with a small group some of the issues they face so that we can be better informed and support them better.
- **Advocate for conscience rights:** Third, we need to seek to influence elected officials about the need for protection of conscience not only for Christian doctors, but for any doctor or medical professional that has a conscientious objection to participation in MAID. Several provinces already have good conscience protection laws (and it is provinces that need to enact such protection because doctors and nurses operate under provincial authority) but several don't. Writing letters to provincial MPs, MPPs, and MNA's and justice ministers can ensure that they hear that the public desires medical professionals to be protected.

Family, friends and neighbours

MAID does not merely affect a person who receives it; it affects family, friends, community members, co-workers, sports teammates, and neighbours. An oft-overlooked aspect of MAID is that it occurs in a social context: individuals who receive it are part of larger interconnected social networks and relationships who are also affected.

I introduced this paper with the gut-wrenching experience of listening to family members in the hospital room next to my wife as they said their goodbyes to a woman who had opted for MAID. Not everyone agreed that MAID was in fact in Grandma's best interest.³⁹

Most of us are already aware of additional pressures put on family and friends in caring for loved ones suffering under chronic or terminal illness. However, MAID has placed additional pressures on families and loved ones who may face significant disagreement on the morality of MAID, not to mention its medical suitability as a therapy for suffering. We need to be aware that for some people, MAID is seen as a wonderful option to free the person from their pain, while others see it as a cruel way to deal with someone who may just want to spend as many days as possible with their family and friends, suffering notwithstanding.

Sadly, one of the reasons that some people opt for MAID—and this is borne out by the annual report in Canada on MAID—is because they don't want to be a burden on family and friends. Prior to MAID, a person suffering with chronic or terminal illness often felt those same feelings of being a burden, but really didn't have a way to change it. Now with the introduction of MAID as an option, individuals can feel the pressure to opt for MAID as a way to relieve the burden on their own family and friends in caring for them. But again, the choice for MAID does not sit equally well for all family and friends around them. It is too early in the history of MAID in Canada to know what long-term effects the choice of MAID may have on family and friends. For some, seeing their loved one's life ended prematurely could mean psychological relief in the short-term, but long-term guilt or regret or trauma in the long-term. We just don't know.

In this regard, the Church needs to be aware that, just like those who lose a loved one to illness, accident, crime, or even natural causes, loved ones need spiritual and social support too. The support needed for families left behind in the wake of MAID is just as crucial, but perhaps even more complex than ever before. If MAID is, after all, a form of suicide, and given the knowledge of the trauma that suicide causes on those who remain, how are we to prepare well for the increased numbers of people affected? Many people might go years or a lifetime without knowing someone who commits suicide, but today, with over 3.3% of deaths in Canada being MAID deaths, the odds of crossing paths with someone who faces the psychological aftermath of a euthanized or assisted suicide death is only going to increase. The Church will need to be ready when these numbers begin to grow.

Vulnerable Persons

Perhaps one of the most alarming trends in recent days has been reports of people receiving MAID due to circumstances that seem preventable. Reports of people receiving MAID because they could not get sufficient social assistance due to chronic illness or unemployment, or to those who have received MAID because they felt pressured to do so from the medical establishment itself are no longer theoretical.⁴⁰

From the beginning stages when MAID was being debated in Canada, there were various groups with higher vulnerability seeking to voice their concerns. These included disability groups⁴¹ and Indigenous groups, for example, both of which already have higher rates of suicide than the general population.⁴² The provision of MAID has only made it easier for these people to

November 11, 2006, <https://www.cbc-network.org/2006/11/moral-complicity-a-christian-perspective/>.

39. For further reflections, see David Guretzki, "Behind the Curtain of Assisted Dying," Faith Today, June 2020.

40. One recent report shows that even MAID supporters are troubled by how MAID is being requested due to lack of social supports. See Kevin Philipupillai, "Senate MAiD Sponsor 'Very Troubled' by Reported Use as Alternative to Inadequate Social Services," The Hill Times, May 5, 2022, sec. News, <https://www.hilltimes.com/2022/05/05/senate-maid-sponsor-very-troubled-by-reported-use-as-alternative-to-inadequate-social-services/360161>.

41. "PRESS RELEASE: MAiD Bill Violates Equality Rights of People with Disabilities – Inclusion Canada," accessed August 29, 2022, <https://inclusioncanada.ca/2020/02/28/medical-assistance-in-dying-bill-violates-equality-rights-of-people-with-disabilities-it-must-be-stopped/>.

42. On the dangers to disabled persons, see "'Darker Side': Canada's Euthanasia Laws a Threat to Disabled, Experts Say - National | Globalnews.ca," accessed August 29, 2022, <https://globalnews.ca/news/9052672/canada-euthanasia-laws-disabled/>. On Indigenous peoples, Statistic Canada reports

access or contemplate ending their lives. Moreover, with the reality that by 2023, persons with mental illness alone without an underlying physical illness threatening their life, will be eligible for MAID. It is deeply, deeply alarming to think that people with mental illnesses, many of whom already have suicidal thoughts, will be offered MAID as a potential “therapy” for their illness. Even many psychiatrists are warning that this will be a difficult door to close once opened.⁴³

Although we will return shortly to the role of the Church and faith community we need to point out that we have our work cut out for us. We cannot think that the only response for the Church is to lobby for changed laws and regulations. Although that is a legitimate and needed avenue open to us, we must also be prepared for the changed social conditions in which we increasingly serve and minister to people. The ability to provide practical, spiritual, mental and financial support to vulnerable people who have lost hope is a vital area where the Church will need to enter prayerfully, strategically and, indeed, with all the resources we have to muster.

Practically, this means becoming better aware of the vulnerable persons in our midst and in our communities and then asking how we might be able to give practical supports to these people. We will also have to become better educated about mental illness, about the plight of our Indigenous people, and the challenges and shortcomings of support for the disabled population in our own churches and communities.

Pastors and Spiritual Caregivers

Those charged with the spiritual care of a flock of God's people, pastors and spiritual leaders and caregivers, are not the only ones who will face new challenges as a result of MAID, but they are presented with a particular set of thorny theological, ethical and pastoral problems.

At one level, pastors and teachers will need to be attuned to the need for explicit teaching and instruction on what God's Word has to say about who humans are, why we are created, and why it is imperative to protect human life. Instruction of children and teens on these issues ought to be a vital component of discipleship training and should look not only at issues of MAID, but also of abortion and the hard topics of war and punishment. Young people and old alike need to be refreshed in their understanding of God's love for and desire for fellowship with people as his original and ultimate purposes for creation and that he sent Jesus Christ not only to be the one who forgives us our sin, but also who came to reconcile us to him (2 Corinthians 5:14-21) and to give us life and to give it more abundantly (John 10:10).

That said, we cannot presume that everyone in our congregations will necessarily see a problem with MAID as an option. In this regard, pastors will especially be faced with a distinct set of pastoral questions. These include:

1. What is the theology of suffering that a pastor is working with, teaching, and modelling for her or his congregation?

At the heart of the push for MAID by supporters has been that it is a way to deal with extreme and irremediable suffering and pain. While Scripture seems to indicate that suffering is inscrutably allowed by God (see Job 42:1-3) and that it is at least partially an outworking of the groaning of a fallen creation (Romans 8:22-25), it is also the case that Scripture nowhere illustrates or advocates the use of intentional ending of life as the solution to suffering.⁴⁴ On the contrary, the Scripture consistently calls for endurance and patience, while relying on the grace of God as utterly sufficient in times when we have gone past our human limits.

2. What should a pastor say and do in response to people in their congregation who are contemplating MAID?

Pastors and spiritual caregivers know the benefits of developing good practices of prayerful listening and discernment. But as they enter into the world of MAID, they will need to be prepared to hear people's stories of suffering and the wrestling that many are having in moments of pain about whether it is acceptable to access MAID. This will require deep sensitivity to discern, spiritually, what is often going on under the surface, and then, courage to speak when called upon to do so. For many, the contemplation about MAID is less about its moral acceptability (though many are still wrestling with that and need guidance) but more about the pressures, implicit or explicit, from family or friends. Canadian statistics already show that many who access MAID do so because they don't want to be a burden on families. Thus, we will need to dig into the delicate question of motivations for requesting MAID in the midst of pain and helplessness. Are they feeling like they are a burden to others? Are they truly responding to suffering, or more to what they perceive to have been lost in terms of quality of life? Learning to ask good questions, to be a prayerful listener, and then to respond with hope from the Scripture is of utmost importance in this task.

3. What is morally and theologically acceptable for a pastor to do for a person, Christian or not, who has opted to participate in MAID? Is it moral complicity to be in the same room with a person while they receive MAID?⁴⁵ Does it matter whether the person claims to be a believer or not?

We must be honest that pastoral caregivers in the MAID era are facing ethical dilemmas that few in the history of the Church have had to face. It is one thing to be in a room as a person's spirit slips away; it is quite another to be there while the person either allows someone else to end her or his own life, or ends it on their own in a sanitized medical, hospice, or home setting. Pastors and chaplains will need to make certain that they will be able to live with whether they opt to stay or opt to leave, not to mention the potential trauma or moral injury⁴⁶ this might bring on themselves. It is also recommended that pastors gain advance moral and ethical guidance from their denominational and congregational

that they are three times more likely to commit suicide than the general population. Statistics Canada Government of Canada, “Suicide among First Nations People, Métis and Inuit (2011-2016): Findings from the 2011 Canadian Census Health and Environment Cohort (CanCHEC),” June 28, 2019, <https://www150.statcan.gc.ca/n1/pub/99-011-x/99-011-x2019001-eng.htm>.

43. For example, psychiatrist Dr. Mark Sinyor is actually in principled agreement with the provision of MAID but is alarmed that Canadian law is opening up MAID to those with mental illness alone. See Mark Sinyor, “Why Evidence-Based Medicine Needs to Have a Central Role in Revamp of MAID Law,” CBC, March 4, 2021, <https://www.cbc.ca/news/opinion/opinion-medical-assistance-in-dying-maid-1.5934977>.

44. See the reflection on the parable of the Good Samaritan above.

45. It should be noted that currently, in Catholic moral theology, it has been determined that Catholic hospitals are not permitted to provide MAID or to engage direct participation of a person opting for MAID. This includes restrictions on what priests and spiritual caregivers are allowed to do. In most instances, priests are not allowed to be present with a person who is receiving MAID as it is deemed to be moral complicity with the act.

46. Lindsay B. Carey et al., “Moral Injury, Spiritual Care and the Role of Chaplains: An Exploratory Scoping Review of Literature and Resources,” *Journal of Religion and Health* 55, no. 4 (August 2016): 1218-45, <https://doi.org/10.1007/s10943-016-0231-x>.

leadership on what is or is not morally acceptable for the pastor to do in such situations.

4. What is a pastor's spiritual responsibility to those in her or his congregation or community of faith who are in the medical profession? What guidance or support is being offered to them?

As earlier noted, medical professionals often operate in isolation and under codes of confidentiality that prevent them from sharing what they are experiencing or facing with patients. Here it may be good to enlist retired or second career people with experience in medicine to advise and perhaps even minister to medical professionals.

5. How should a pastor conduct a funeral or memorial of a person who had opted for MAID?

While pastors are generally already prepared to conduct funerals for those who have committed suicide, many are unclear about how to handle the situation of when a person has received MAID, especially if up until the time of their death the person had been an active and perhaps even influential member of the Church. At least in the case of suicide, a minister can be prepared to guide the family and the funeral service sensitively because everyone in the room likely understands that the death was a tragedy. In cases where a person has had their life ended by MAID, there will be ambiguity and disagreement amongst those present about whether this was in fact a morally tragic death. In this regard, the pastor needs to courageously but sensitively ask family members to speak to the situation in advance of the funeral or memorial service.

Denominations and seminaries will also need to provide pastoral policy and guidance for pastors and ordinands who may, at the very least, need general counsel and training on how to manage and deal with these admittedly new pastoral situations. It is surely something that has not yet reached most seminary courses in pastoral theology and care.

6. How can pastors care for families of persons who are opting for MAID, especially families who may be divided by the individual's decision?

MAID presents a pastoral and spiritual dynamic that pastors have rarely had to face in the past. It is one thing to minister to a family and their grief when a loved one has committed suicide on their own; it is another thing when a person's life is ended with the full awareness of the family that this was going to happen and with the medical profession's full cooperation, and without guarantee that everyone was in agreement that this was a good thing to do. Rarely would anyone think that a suicide was a good thing, but now with MAID, there is significant moral ambiguity amongst those closest to the MAID recipient who are deeply divided morally, spiritually and theologically on its goodness. How a pastor seeks to minister to those left will be fraught with peril. There may be need for reconciliation and ongoing dialogue and help for family members who now face moral and spiritual trauma of their own but are also at odds with family members and even fellow congregants who do not see the situation as negatively as they do.

These are only some of the many questions which we are just beginning to ask as pastors and for which we have few theological and pastoral models. They are also questions which pastors will need to answer together with peers, but also in full awareness that in deciding how they will or won't act that they do so before God to whom they will need to give an account (Romans 14:12). The spiritual weight on pastoral caregivers is bound to be increasingly heavy as these questions press in.

The Community of Faith, the Church

For reasons that remain both mysterious and wonderful, God has chosen the Church to be his primary vehicle of his presence in the world. This doesn't mean that God's activity is restricted only to where the Church acts, but the New Testament is clear that God has chosen to call the Church the very body of Christ, the visible representative of Christ's spiritual presence in the world. Consequently, it is imperative that the Church pray, discern, think, plan and act in ways that anticipate the growing needs that are opening up as a result of MAID in our context. What are ways in which the Church can be involved? Here we suggest, briefly, five concrete, tangible ways for the Church to engage.

1. Pray

There is no one in the Church who is unable to pray. Although it is true that some of the saints have greater time, facility, and practice in prayer—for which we can be grateful—all can engage in prayer as needs surface. Nearly everyone these days has someone in their family or in their set of acquaintances who is suffering from chronic or terminal illness. Though it may go unnoticed by the masses, God hears every individual Christian's prayer in the name of Jesus and in the leading and power of the Spirit, no matter the prayer's length or eloquence. We can pray for individuals who are suffering, for doctors and medical professionals we may know, for policy makers and politicians, and for families, caregivers and pastors who are dealing with matters of MAID.

2. Teach

Local churches are all about making disciples, baptizing and teaching people to live out everything that the Lord has commanded (Matthew 28:18-20). In this regard, those entrusted with developing the local teaching and preaching schedules and curriculum in a church ought to be strategizing on how to bring regular teaching and preaching on life issues which touch not only on MAID, but on matters such as abortion, war, the role of the State, and other crucial areas of Christian discipleship. In addition, there is necessity for raising up an army of lay volunteers who will be willing to be trained to serve in practical ways in meeting the needs of vulnerable populations such as the disabled or poor who are increasingly turning to MAID as a way out of their dire situations. It may not seem to be an obvious connection but helping someone to have the food and resources they need simply to live can be the main thing that keeps them from contemplating whether suicide or even MAID is the next best solution. We may not be able to bring major change to legislation or to the existence of MAID in our country, but we can be thinking strategically and missionally about ways to lessen the suffering and hardship people experience to ensure that MAID (and for that matter, abortion) is the least desirable of all options open to a person.

3. Prepare

As difficult as it may be, it is crucial for families to intentionally begin to prepare for the inevitable: the day of our own or our loved ones' death. Today many people, Christians included, avoid talking about death or what will happen when one dies. However, experience tells us that the time to make life and death decisions is not in the midst of crisis, but in advance of crisis. Having wills, living wills, powers of attorney and other matters prepared helps family members to know a person's wishes and convictions in advance. Today MAID cannot be specified through the use of advance directives, but the pace of legislative change could very well signal that it is better to be safe and to overstate one's wishes regarding one's end of life matters than to understate them and force family members into difficult situations where they must

make potentially divisive decisions due to any ambiguities.⁴⁷

4. Palliative Care

Perhaps the greatest area of need in Canada is in palliative care. While there was an all-party motion to support the development of a national palliative care strategy in 2017,⁴⁸ palliative care is now increasingly being pushed off the national agenda in favour of expansion of MAID. The problem is that only 20-30% of Canadians have resources or access to palliative care programs. Although palliative care does not answer all the concerns of those advocating for MAID, it does address well the concerns of people who fear unmanageable levels of pain and suffering due to horrific diseases such as ALS. Indeed, palliative care as a medical discipline has advanced to the level where it is rare, with some exceptions, for a patient to have absolutely no control over pain.⁴⁹ Mitigating suffering needs to be part of the heart of the Christian community, just as Jesus had compassion for those who suffered.

Churches have tremendous resources available to them called "people." For Christians who see discipleship of living out love for God and love for neighbour, involvement in caring for, visiting, sitting with, and ministering to the families of those who suffer is an immediately available strategy with relatively low cost, other than our time and willingness to be with those who suffer. Churches and its leadership should thus be willing to look at their local context to see what needs there are and to ask how as an individual church, or perhaps a cooperation of churches, might contribute to the care of people in some of the most difficult phases of life. Incidentally, it is well known that people are often more open to speaking about spiritual and eternal realities during times of suffering, pain, and tragedy. Here God's people have opportunity to be the aroma of Christ to those who are dying, whether they are fellow believers or those still seeking.

5. Political advocacy

We should never forget that Christians in Canada still enjoy some of the greatest religious freedoms in the world. Though a Christian worldview and morality is increasingly subject to suspicion and open hostility, Canadians still have the freedom and right to advocate for changes to public policy. The MAID regime has demonstrated how many layers of policy have been affected, all the way from local and provincial policy to federal and arms' length colleges of medicine. Here the Church needs strategically to look at their own congregations and identify at what level they can be involved based on the positions and expertise of their own people. In this regard, we shouldn't think that federal legislation is the only game in town. In fact, the administration and regulation of how MAID affects a community often comes down to civic policy, like whether a church can operate a hospice on their property or in part of their building, or whether a local hospital allows non-clergy persons to attend to patients in spiritual care. Moreover, having people willing to serve on town councils or local hospital boards who have a Christian perspective and compassion can have major influence on how MAID is administered in a given locale.

CONCLUSION

The legalization of MAID in Canada presents a whole new set of theological, moral, legal, and pastoral challenges for the Church today. We can expect that not everyone will agree on all aspects of how we respond to MAID, including some of the things proposed in this paper. However, it is my prayer that we will all seek that our responses are guided by attention to the authority of Scripture, that we respond with grace to those who disagree, and perhaps most importantly, with Spirit-led compassion for those who are touched by this issue either personally or through connection with family or friends.

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47. Recently, my wife and I updated our will and powers of attorney documents and discussed MAID with our lawyer. Although the lawyer rightly indicated that MAID cannot currently be done without consent of the doctor, she recommended adding a statement about our resistance to MAID as a way of affirming our convictions in our legal documents. Remember: You can put whatever you want in your will and legal documents that represent your views and convictions.

48. Health Canada, "Action Plan on Palliative Care," policies, October 29, 2019, <https://www.canada.ca/en/health-canada/services/health-care-system/reports-publications/palliative-care/action-plan-palliative-care.html>.

49. Eric L. Krakauer et al., "Palliative Care and Pain Control," in *Disease Control Priorities: Improving Health and Reducing Poverty*, ed. Dean T. Jamison et al., 3rd ed. (Washington (DC): The International Bank for Reconstruction and Development / The World Bank, 2017), <http://www.ncbi.nlm.nih.gov/books/NBK525276/>. Coincidentally, this document also highlights research that good palliative care results in overall economic savings for health care systems.

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ABOUT THE AUTHOR

Dr. David Guretzki lives in Ottawa and is The Evangelical Fellowship of Canada's (EFC) Executive Vice-President and Resident Theologian. In early 2023, he will become the EFC's fourth President and CEO. David is often called for theological insight on MAiD and has presented at various venues on this topic among others. In 2015, David provided an affidavit as an expert witness in an Ontario case between the Christian Medical and Dental Association and the College of Physicians and Surgeons of Ontario on physician conscience matters related to medical assistance in dying (MAiD). In 2022, David completed a Graduate program in Bioethics from Saint Paul University (Ottawa) and focused the majority of his studies on the topic of MAiD.

Before joining EFC staff, he served on the EFC's Board of Directors from 2008-2017. From 1993 to 2017, David was Professor of Theology, Church and Public Life at Briercrest College and Seminary in Caronport, Saskatchewan. Over the years at Briercrest, he also served as Dean of the College, Dean of the Seminary, and Vice President of External Relations. Before his move to Ottawa, David served as an elder at Caronport Community Church and was past president of the Canadian Evangelical Theological Association. He has regularly preached and lectured in dozens of church and ministry contexts across

Canada. He continues to serve as an adjunct professor of theology at Briercrest Seminary, Tyndale Seminary, and Columbia International University. In 2019, David was elected to serve on the International Council of the World Evangelical Alliance.

David grew up and came to know the Lord Jesus Christ at Oneway Evangelical Free Church in Alberta. He completed a BRE in Theology from Briercrest College in 1989. After serving as assistant pastor at Lacombe Evangelical Free Church from 1989-1992, he returned to Briercrest to complete an MA in Historical Theology in 1995. After joining Briercrest staff in 1993, he eventually attended McGill University (Montreal) where he completed a PhD in Western Christian Thought in 2006.

David has taught, written, and researched on a broad number of topics, including the theology of forgiveness and reconciliation, the nature of the Church and Kingdom of God, the theology of marriage and illness, the theology of Karl Barth, human dignity and law, conscience, and the Christian's place in public life. He writes a regular column in *Faith Today* entitled "Cross Connections." David has been married to Maureen since 1989. David and Maureen have journeyed together as Maureen has lived with Multiple Sclerosis since 2002. They have three adult children (two married). When David has spare moments, he is involved in astrophotography, amateur radio, reading novels and house renovation.

EDITORIAL COMMENT

The SALT Committee (Social Awareness Living Truth) is grateful to the author for providing us with their academic and personal exploration of this topic. We encourage all readers to prayerfully consider how to integrate this culturally relevant information into their Biblical worldview and ministry context.