
	<p style="text-align: center;"><b>The Order of St James (UK).</b></p> <p style="text-align: center;"><b>Theologia Apologetica: August 2025</b></p> <p style="text-align: center;"><a href="http://www.orderofstjames.info">www.orderofstjames.info</a></p>	
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## **Assisted Dying Bill, 2025.**

Context summary outline:

(Source material: Michelle Roberts, Digital health editor, BBC News, Published 12 November 2024 and updated 29 November 2024.)

*The bill - called the Terminally Ill Adults (End of Life) Bill - would make it legal for over-18s who are terminally ill to be given assistance to end their own life.*

*The requirements are:*

- *They must be resident of England and Wales and be registered with a GP for at least 12 months*
- *They must have the mental capacity to make the choice and be deemed to have expressed a clear, settled and informed wish, free from coercion or pressure*
- *They must be expected to die within six months*
- *They must make two separate declarations, witnessed and signed (by them or a proxy on their behalf), about their wish to die*
- *Two independent doctors must be satisfied the person is eligible - and there must be at least seven days between the doctors' assessments*
- *A High Court judge must hear from at least one of the doctors and can also question the dying person, or anyone else they consider appropriate.*

- *There must be a further 14 days after the judge has made the ruling (although this can be shortened to 48 hours in some circumstances)*
- *The bill defines the coordinating doctor as a registered medical practitioner with "training, qualifications and experience" at a level to be specified by the Health Secretary*

*Under the bill, a doctor could prepare the "approved" substance (the bill does not detail what medication this is) but the person themselves must take it.*

*No doctor or anyone else would be allowed to administer the medication to the terminally ill person.*

*The doctor would stay with the person until they had self-administered the substance and died (or the doctor determines the procedure has failed).*

*The person could decide not to take it, in which case the doctor would have to remove the substance immediately.*

*Doctors would also not be under any obligation to take part in the assisted dying process.*

*This is called physician-assisted suicide. Voluntary euthanasia is different and is where **a health professional administers the drugs to the patient.***

*Deaths covered by the assisted suicide bill would not need to be investigated by a coroner.*

*But the bill would make it illegal for someone to pressure, coerce or use dishonesty to get someone to make a declaration that they wish to end their life or to induce someone to self-administer an approved substance.*

*If someone is found guilty of either of these actions, they could face a jail sentence of up to 14 years.*

*What's not included in the bill is how much the system would cost, who would pay and what the workload would be.*

*And there is no detail about the judicial process - namely, how the evidence would be put before the High Court judge.*

*Lord Thomas, former Lord Chief Justice, told the BBC's Today Programme that it cannot be a "rubber stamping process" and judges must be satisfied there is no coercion.*

*The person seeking assisted dying would be advised to consider telling their family and GP, but would not legally have to.*

In my opinion, a re-run of the Abortion Bill which has now turned into abortion on demand and now lacks many of the protective safeguards required in the initial implementation.

So let us look at some of the provisions.

Why six months? Why not a year or more? If someone knows they are going to die in pain and suffering then why put a time limit on it?

I have a friend who is in the last stages of Parkinson's. It could be argued that making him wait until he has a (predicted) life expectancy of six months is an act of cruelty in itself. If he wants to end it now, then why not allow him?

How do we avoid falling into the trap of accepting 'bad day' decisions based on a single or even multiple emotional moments that in 'normal' circumstances wouldn't even figure?

And how do we respond to those in pain and distress who cannot speak for themselves? Surely that is a form of cruelty too?

So who actually is making the authorised and legally acceptable decision and on what basis?

And then there are the financial pressures – cost of care and medication and so on. If they are going to die, then why not end lives now, and save everyone so much heartache and cost (and the suffering of the patient too!)?

Compassionate and palliative care is so expensive and the outcome is already determined, so why not end it now? Think of the savings and the number of beds released in the National Health.

Cynically, think of the amount of money it could save beneficiaries of wills in not having to pay for care homes, etc. Oh yes, that seems to be a mercenary consideration in making final decisions on behalf of those thinking about end of life too.

Or is it our decision to make?

Put me in that position and I will clearly tell you that you have no right to make that decision on my behalf. It is my decision, not yours to make.

And if you make that decision on my behalf then you are complicit in an act of murder. You absolutely cannot know what is in my mind, and even if I share something with you, you cannot know that it is nothing more than a reaction to the moment I am in.

When you women tell me you have rights over your own bodies and are responsible for the deaths of over 6 million unborn babies a year by abortion, I will tell you that you have no rights over my body even if I am near death. How dare you even consider that you can make decisions on my behalf!

Yes, an uncomfortable truth for all of us, in many cases I consider abortion an act of legalised murder although there are some circumstances that raise question. The taking of another's life is always questionable, even in matters of rape.

But because you or your partner forgot to take precautions in what can only be described as nothing more than consensual recreational (and irresponsible) sex? Yes, there are always predictable (and unpredictable) consequences.

So why should another human being suffer because of what is your irresponsibility? You should consider that in all seriousness and accept responsibility for the creation of another human being who has a right to life by virtue of creation over what basically comes down to your lack of forethought and personal inconvenience.

I cannot accept that as justification for taking the life of another, even if they have not reached full term. That is my problem, not yours, even if you will have to answer for it beyond this life.

And actually, this becomes the problem with the Assisted Dying Bill. Other people's personal inconvenience will ultimately become the driving force in the way the bill is implemented.

It may all start off with high moral principle but it will quickly deteriorate to something of a lower moral standard of expectation and practice. Morals are inevitably shaped when it hits you in the pocket.

There is an almost unwritten expectation of financial transfer at death to one's relations. That colours decision making on behalf of the giver by those who will receive.

A home costs money. They are dying anyway. Let's cut out the middleman and save ourselves some money even though it's not presently ours. The assumptions being made are pretty immoral but strangely no one seems to make a different case.

What might the Assisted Dying Bill rapidly become?

An over the counter suicide pill, no questions asked other than have you made a will? Maybe not even that looking at the way the Abortion Bill went.

Don't assume that this Bill will be any different to any previous Bills. History has a habit of repeating itself, and safeguarding can quickly be revoked in practice.

In practical terms one should research the effectiveness of the means of Assisted Dying, the actual mechanism. Prescribed drugs are not a fool-proof means of terminating life and things do go wrong.

I have read of an up to 40% failure rate in some of the statistics reviewed. That if correct is hardly acceptable, never mind the pain and suffering it actually causes rather than alleviates. And can you medically guarantee a death that is painless or is it just guesswork? People can't come back to tell us what they actually experienced.

A bullet would be more effective, but probably would not be seen as socially acceptable. At least it would be better guaranteed although I hear the success of self-administered suicide by firearm is statistically 'poor'.

And why should one be limited by the proposed constraints, safeguards and methods so long as it can be self-administered without the need for coercion?

And does one need to have a socially acceptable reason for taking one's own life if taking one's own life is not a socially desirable behaviour in general?

Can anyone be 'qualified' when it comes to making a decision about the quality of my life and my reasoning as to why I want to end it?

Or worse, is it a failure of society to meet the needs of some person in distress and despair?

Have I been intelligently able to explore all options and alternatives before my final decision is made?

Why accept 18 as a legal age of consent regarding Assisted dying when children in Primary School can for example determine their own sexuality and gender? If they are considered old enough to make that life changing decision by themselves then why not their own death?

What has age or mental reasoning got to do with anything?

In fact, all the proposed safeguards for the Assisted Dying Bill are quite irrelevant and arbitrary when push comes to shove. They can be changed and made practically irrelevant given the right political circumstances.

If you can't think for yourself then why not allow someone else to make the decision regardless of age of consent?

Let's face it, we destroy thousands upon thousands of 'unwanted' babies each year without asking whether they are viable or able to make a valuable contribution to society because they are 'an inconvenience'.

Whether you are 18 or not makes no difference in the end. 18 is just an arbitrary number and is no guarantee of being able to make an intelligent and responsible judgement.

When you become an economic or health service resource liability then what is the reason you continue life at the expense of those who could better benefit?

All potential small steps towards enforced or socially encouraged euthanasia?

What have we become morally that we are actually discussing this?

The bible states in the Ten Commandments, 'thou shalt not kill'. That includes participating or condoning the taking of life away from others, even with the best and 'most noble' of intentions.

Ah yes, decisions made on a purely emotional basis are never good decisions, and the majority of arguments made on behalf of assisted dying are just that, an emotive response that doesn't stand up to considered and reasoned thought. Life is a gift of God, as is death, and isn't ours to play God with.



The arguments made so far have been mostly based on emotional reasoning and even going as far as 'you would put a dog down rather than let it suffer like that, it's just cruel'. Or is it we just don't want to deal with 'suffering' because that means we have to be involved and take responsibility for others?

Nobody wants to see suffering, but in the end it has to be faced and dealt with. Emotions are not and never will be a good basis for making decisions.

(If it were then probably teenagers would be the group most at risk from making bad decisions based on the way they felt, especially if there was coercion being led from all the different forms of social media that are so powerfully instrumental in shaping and guiding teenagers lives.)

Strangely, people's opinions often change when they find themselves the focus of such discussions. It becomes a different ball game when you find yourself being the subject of assisted dying because one is seen as a burden, liability or even an obstruction. Suddenly practice and principle head down different paths. Ok for someone else but when it comes to 'me' I want something much more compassionate and humane, where the reason has nothing to do with inheritance, costs of care homes and basically inconveniencing other people.

And the opportunities for subtle coercion are limitless.....

I wonder instead why we are not talking about quality palliative care in the community instead of Assisted Dying?

Pain relief and control yes, but not deliberate and constructive termination of life, and I know the arguments about pain relief and medication contributing towards early death. I know about morphine and withdrawal of food and liquids and know about their own cruelties.

The principle may be fine for others but when it comes to the practice and my own personal needs then I want, expect, demand, something a far better.

Yes it costs, but so does assisted dying, and the costs are not just financial. I cannot even begin to predict what the social, personal and emotional costs might be if Assisted Dying becomes the norm. When life becomes 'disposable' then what does that say about us as human beings and our take on life?

There is a cost to society in how it values life. We must not make the mistake in assuming that the Assisted Dying Bill is a marker that shows how much we value life. It doesn't. What it devalues is death being the natural ending to life by placing it into our own hands and 'un-naturally'.

We (although this relates to the choices women make on our behalves mostly) have already taken ownership of birth and who shall live or die in the Abortion Bill. If 6,000,000 pre-birth lives per year plus is the cost worldwide then what will be the cost of Assisted Dying?

With all of the check in place Abortion has still become death on demand for the unborn.

Given this fact, what will Assisted Dying become? You tell me.

In principle, I can understand it, but in practice and where it will lead is abhorrent and unacceptable to me. I have a right to die naturally (and hopefully pain free) rather than this be someone else's call.

For me all this remains dangerous territory.

Only God should have the final say because we are too involved in the financial consequences of another's death. That is not an acceptable or a plausibly good basis for allowing or sanctioning the death of another.

And let's face it, those reasons might become the reason for our own pre-emptive deaths, taken out of our own control 'for the greater good'.

Just ask yourself, what the hell does that mean?

Euthanasia by numbers?

It means we have no choice in the end. Our wait for death is uneconomic. The sooner the better and then all living remain beneficiaries, a drain on our families, the NHS and Government resources. Of course it makes logical sense but that doesn't make it morally defensible.

Trust me, it will happen simply because the figures say our lives have become uneconomic and we need to go.

It is what you voted for or allowed to happen, so don't say you weren't warned.

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***Story by Aine Fox***

The Terminally Ill Adults (End of Life) Bill cleared the House of Commons last month in a historic vote, bringing assisted dying closer to becoming law in England and Wales.

It has now moved to the House of Lords where it will undergo further debate and scrutiny.

In the immediate aftermath of the June vote, Bishop of London Dame Sarah Mullally, who sits in the House of Lords, said peers “must oppose” the Bill when it reaches them due to the “mounting evidence that it is unworkable and unsafe”.

She is among those opposed who have called for more work to improve funding and access to “desperately needed” palliative care services instead.

Addressing the Church of England General Synod – also known as the Church’s parliament – on Friday, Mr Cottrell voiced his staunch opposition to the Bill.

He said there was a “compelling narrative of what it means to be human – and in all our glorious diversity, made in the image of God, and living Jesus-shaped lives – that will enable us to withstand, and even turn back, those utilitarian tides of opinion that risk making, for instance, assisted dying a reality in our national life, changing forever the contract between doctor and patient, pressurising the vulnerable, and assuming an authority over death that belongs to God alone”.

Mr Cottrell – who is the temporary leading religious voice of the Church while the appointment of a new Archbishop of Canterbury is awaited – thanked Dame Sarah and “other Lords Spiritual for their principled and persistent opposition to the assisted dying Bill in Parliament”.

It is expected Synod members will engage in a debate on assisted dying during this five-day session.

Making the case for assisted dying ahead of last month's vote, a terminally ill Christian preacher criticised the "nonsensical" religious argument against assisted dying that suffering must be part of life.

Church of England lay preacher Pamela Fisher, who is terminally ill with cancer, made an impassioned speech against the religious arguments made by some who oppose assisted dying.

Speaking to reporters in June, she said: "I completely reject the assumption that the sanctity of life requires terminally ill people to undergo a distressing and painful death against their will.

"I disagree with those that say it is God alone who decides how and when we die.

"Yes, life is a gift from God to be honoured but it's nonsensical to say that assisted dying is wrong because suffering is part of God's plan for us."

The proposed legislation would allow terminally ill adults in England and Wales, with fewer than six months to live, to apply for an assisted death, subject to approval by two doctors and a panel featuring a social worker, senior legal figure and psychiatrist.

Elsewhere in his opening address to Synod, Mr Cottrell acknowledged, in an apparent reference to controversy around the handling of abuse scandals over the years, that the Church of England had been “humbled” of late.

He said: “God has humbled us in so many ways this year.

“It has not been easy, but if it has made us more penitent, more determined to put victims and survivors first, more resolved to sort out all sorts of things to do with clergy discipline and accountability, terms of service, independent safeguarding, and other things besides, then, Synod, God the Redeemer, who believes in his Church, is at work among us.”

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Assisted suicide is where a doctor helps a patient to kill themselves by prescribing a lethal drug for the patient to take. This becomes euthanasia when the doctor administers the drug directly. There has been much debate in the UK in recent years over issues concerning the end of life. Here we briefly outline the main arguments for and against assisted suicide and euthanasia, and outline CARE's perspective on the issue. Below you will also find resources and further reading.

## **The Arguments For Assisted Suicide & Euthanasia**

### **1. We need it**

This is 'the compassion argument'. Supporters of assisted suicide believe that allowing people to ‘die with dignity’ is kinder than forcing them to continue their lives with suffering.

## **2. We want it**

This is known as 'the autonomy argument'. Some believe that every patient has a right to choose when to die.

## **3. We can control it**

This is 'the public policy argument'. Proponents believe that assisted suicide can be safely regulated by government legislation.

# **The Arguments Against Assisted Suicide & Euthanasia**

## **1. Alternative treatments are available**

Alternative treatments are available, such as palliative care and hospices. We do not have to kill the patient to kill the symptoms. Nearly all pain can be relieved.

## **2. There is no 'right' to be killed and the slippery slope of assisted suicide is real**

Opening the doors to voluntary euthanasia and assisted suicide could lead to non-voluntary and involuntary euthanasia, by giving doctors the power to decide when a patient's life is not worth living. In the Netherlands in 1990 around 1,000 patients were killed without their request.

## **3. We could never truly control it**

Reports from the Netherlands, where euthanasia and physician-assisted suicide are legal, reveal that doctors do not always report it.

#### 4. The assumption that patients should have a right to die would impose on doctors a duty to kill

The assumption that patients should have a right to die would impose on doctors a duty to kill, thus restricting the autonomy of the doctor. Also, a 'right to die' for some people might well become a 'duty to die' by others, particularly those who are vulnerable or dependent upon others.

#### What about personal choice?

The pro-euthanasia and assisted suicide lobby emphasise the importance of personal choice and autonomy. Shouldn't patients have the right to end their lives? Dignity in Dying patron, Sir Patrick Stewart has argued *"We have no control over how we arrive in the world but at the end of life we should have control over how we leave it."*

Surely however the debate is not about the right to die; it is about the right to help patients kill themselves. Instead of giving freedom to patients, euthanasia and assisted suicide is about giving other people the legal power to end another person's life.

Assisted suicide is not a private act. Nobody chooses assisted suicide in isolation. Euthanasia and assisted suicide are matters of public concern because they involve one person facilitating the death of another. Friends, relatives, healthcare staff and society are hugely affected by the wider ramifications of the process.



Journalist and author George Pitcher has said that any change in the law would have *“profound adverse affects on the social fabric of our society, on our attitudes towards each other’s deaths and illnesses, on our attitudes towards those who are ill and have disabilities.”*

Increased autonomy would apply only if you met all the criteria to be eligible. If you had a disease where the prognosis is not straightforward, dementia or a chronic but not terminal disease, then you would not meet the criteria; attempts to extend the law further would be almost inevitable.

Assisted suicide is not a private act and there is a real risk that a ‘right to die’ may soon become a ‘duty to die’.

### **What about compassion?**

The pro-euthanasia and assisted suicide lobby will often present the view that helping someone else to end their life is the most loving and compassionate thing to do. But surely the most compassionate thing to do is to care for a person at the end of their life and to show them that their life has tremendous value regardless of age or abilities.

Palliative care is an area of healthcare that focuses on relieving and preventing the suffering of patients. Britain is the only country in the world where palliative care is a recognised medical specialism. Further, in a recent survey by

The Economist Britain was ranked first in the world for quality end-of-life care. The survey took in 40 OECD and non-OECD countries, including the USA, the Netherlands, Germany and France.

### What about the most vulnerable?

Changing the law to allow euthanasia or assisted suicide will inevitably put pressure on vulnerable people to end their lives for fear of being a financial, emotional or care burden upon others. This would especially affect people who are disabled, elderly, sick or depressed. Some would face the added risk of coercion by others who might stand to gain from their deaths. Fear and anxiety would be promoted rather than Individual autonomy.

In its 1994 report The House of Lords Select Committee on Medical Ethics concluded:

*“It was virtually impossible to ensure that all acts of euthanasia were truly voluntary and that any liberalisation of the law in the United Kingdom could not be abused. We were also concerned that vulnerable people – the elderly, lonely, sick or distressed – would feel pressure, whether real or imagined, to request early death.”*

The law must protect the most vulnerable people in society. We must never let the depressed, the confused, those in terrible pain, the aged and the vulnerable feel that they should pursue the path of assisted suicide so as not to be a burden on others.

Dr Andrew Fergusson, of the Care Not Killing Alliance, has said *“the simple truth is that the current law exists to protect those without a voice: the disabled, terminally ill and elderly, who might otherwise feel pressured into ending their lives”*.

### What next?

Studies concerning the euthanasia and assisted suicide law in countries that have legalised such measures make for troubling reading.

A study conducted in 2012 shows that 32% of the assisted deaths in Belgium are carried out without request and 47% of assisted deaths go unreported in the Flanders region of Belgium. Another recent study found that nurses are regularly euthanasing their patients in Belgium even though the laws prohibits it.

Since euthanasia was legalised in 2002 there has not been one attempt to prosecute for abuses of the euthanasia law. In addition to this the study shows there was a 25% increase in the number of assisted deaths in Belgium in 2012.

In Oregon (where assisted suicide was legalised in 1997) the law has led to patients 'doctor shopping' for willing practitioners, using doctors who have minimal knowledge of their past. In 2008, 50 per cent of patients requesting suicide were assisted to die by a doctor who had been their physician for eight weeks or less.

### Not all people who are terminally ill wish to end their life.

There have been tragic cases of people suffering terminable illness who want other people to help them end their life. It is important however that we do not lose sight of the large number of people who are terminally ill and have found richness and purpose in life despite the pain and hardship.

A survey published by the British Medical Journal in 2011 found that the majority of patients who are almost completely paralysed but fully conscious have said they are happy and do not want to die. The survey questioned 168 members of the French Association for Locked-in Syndrome.

Matthew Hampson was a promising young rugby player until a collapsing scrum left him paralysed from the neck down and requiring a ventilator to breathe. Matt divides his time between raising money for spinal care for UK charity Spinal Research, coaching youngsters at local schools and writing columns for rugby magazines. He has also written an autobiography. The Matt Hampson Foundation provides help, advice and for young people seriously injured through sport.

### **All life has profound human value.**

We have to make clear that the value of life should not be determined by its benefit to others, or what it can contribute to society. The French biologist and philosopher Jean Rostand once said: *“For my part I believe that there is no life so degraded, debased, deteriorated, or impoverished that it does not deserve respect and is not worth defending with zeal and conviction.”*

care.org.uk

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## **By Richard Windsor, The Week UK**

A new assisted dying bill for England and Wales returns to the House of Commons on Friday, when MPs will vote on changes put forward by a parliamentary committee following months of public hearings and evidence from experts.

The Terminally Ill Adults (End of Life) Bill, which would make it legal for terminally ill adults to receive assistance to end their life, passed a second reading in November after MPs were given a free vote. But it has "proven deeply contentious in the Commons and beyond", said The Guardian.

Since then changes, including crucially who must legally approve each end-of-life request, have left the passage of the bill in doubt. "Months of activity still lie ahead in the Commons and the Lords" and it is "still possible that the bill could fall and not become law at all", said the BBC.

Pro-life campaigners dressed as masked doctors protest outside Parliament against assisted dying

Could medics' misgivings spell the end of the assisted dying bill?

### **Abortion protests**

Is the UK set to decriminalise abortion?

Are free votes the best way to change British society?

### **Pro: an end to suffering**

Allowing patients to end their suffering is not only morally justified but also essential to upholding the right to personal and bodily autonomy, advocates argue.

A major parliamentary inquiry set up in 2023 to explore whether assisted dying should be legalised in the UK received tens of thousands of submissions from people facing "uncontrollable" pain and "unbearable suffering", which palliative care alone cannot fix, The Guardian reported.

No matter how good end-of-life care might be, the "tragic truth" is that it "cannot prevent some kinds of suffering", said TV presenter Esther Rantzen, who has stage-four lung cancer and has long campaigned for assisted dying, in an open letter last year. In March, her daughter revealed that Rantzen's health had deteriorated to such an extent that she was no longer well enough to travel to a Swiss euthanasia clinic, meaning that "Dignitas is out of the window" for the 84-year-old, said The Telegraph.

### **Con: losing legal protection**

It is currently a criminal offence under the 1961 Suicide Act to help someone take their own life, punishable by up to 14 years in prison. Assisted dying is a general term that includes euthanasia and assisted suicide.

Euthanasia is when a doctor ends a patient's life, while assisted suicide is when a patient ends their own life with a doctor's help.

Some people believe that legalising euthanasia would put too much power in the hands of doctors, who could abuse their position, or relatives.

How would assisted dying work in the UK?

### **Assisted dying: will the law actually change?**

Assisted dying: what can we learn from other countries?

The debate comes amid a "sharp rise in cases of euthanasia to end psychological suffering" in the Netherlands, which introduced the legislation in 2001, said The Times. The number of deaths under the legislation reached nearly 10,000 last year, which marks 5.8% of all deaths and includes a 60% increase in cases involving psychological suffering.

However, the UK bill excludes disability and mental illness as eligibility criteria.

It sets out specific requirements for who is eligible to receive assistance, including the need to have the "mental capacity to make a choice" and that they are "expected to die within six months".

Under the original proposals, a High Court judge would have had to approve each request to end a life.

However, amid concerns this would place a huge burden on the courts, MPs reviewing the bill agreed that a three-person panel comprising a senior legal figure, a psychiatrist and a social worker should oversee applications instead.

### **Pro: ending 'mercy killings'**

According to Dignity in Dying, 44% of people would break the law and help a loved one to die, risking 14 years in prison.

In 2023 the Crown Prosecution Service updated its guidance on so-called mercy killings and suicide pacts to reflect that there is no public interest in prosecuting individuals who end the life of someone who has made "a voluntary, clear, settled and informed decision that they wished for their life to end".

Encouraging or assisting suicide is a crime that currently carries a maximum penalty of 14 years but prosecutions are "rare", said Humanists UK.

Campaigners claim that UK police are also increasingly turning a blind eye to people travelling to other countries to assist loved ones to end their life.

### **Con: 'slippery slope'**

Opponents argue that normalising euthanasia would be a move towards legalised murder.

They say that even with "watertight qualifying criteria and safeguards" the law will be "expanded in time and the restrictions loosened", said The Guardian. A "pressing concern for lawyers" is "successful human rights challenges" by people who were not granted assisted dying, inevitably softening the law in a way which wasn't initially intended by MPs.

Justin Welby, the then archbishop of Canterbury, warned last year that the bill would set the country in a "dangerous" direction, leading to a "slippery slope".

But Kim Leadbeater, the Labour MP who introduced the proposed legislation as a private member's bill, has rejected this argument, saying "we have to get it right from the start with very clear criteria, safeguards and protections".

### **Pro: shifting opinion**

There has been a significant shift in recent years among both the public and professional medical opinion regarding assisted dying for people with a terminal illness.

According to a November YouGov poll, 73% of Britons believe "in principle" that assisted dying should be permitted in the UK, while 13% do not. Only a minority are opposed to it "in principle and in practice", while 19% say they support the principle but do not believe it is "possible to create adequate laws to regulate it".



A 2020 survey by Dignity in Dying revealed opinion was also shifting among doctors, with 50% "in favour of law change on assisted dying" and 39% opposed.

### **Con: religious concerns**

Many religions and religious people, especially Catholics, believe that life is the ultimate gift and that taking that away is usurping power that belongs to God only.

At his final New Year's Day Mass in the Vatican this year, the late Pope Francis called on his followers to "respect the dignity of human life from conception to natural death", and a "firm commitment" to defend "the precious gift of life, life in the womb, the lives of children, the lives of the suffering, the poor, the elderly, the lonely and the dying".

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Well, there you have a foretaste of the issues.

What really matters is what you think.

Tread carefully as you may be at the receiving end of whatever decisions you make. But I hope that you make a considered and Godly response. I can ask no more of you.

And you need to have these discussions with your children, the very people who will be making that decision about your future on your behalf.

Do you trust them?

Can they make that decision on your behalf with your blessing?

What safeguards are in place for you and for them?

Do you trust society to make a well informed decision on your behalf?

Sadly, I fear not, not where medical costs and inheritances are concerned.

That is a step too far at the moment. Maybe things will change, but maybe they won't. Who knows?

All I feel at the moment is my wishes will be completely disregarded for the sake of convenience at the present time. And that doesn't look good for me. Those who benefit from my inheritance to them may not be deserving or worthy. And then why should they benefit from my demise if they don't have my best interests at heart?

Even, why should they care at all?

Perhaps I should make things as difficult as possible for those who survive me and benefit from my life.

Are you 'worthy?'

I wish I could say you were but I can't account for the feelings of others or their decisions faced with our imminent death.....

Do not expect kindness but rather practicality and convenience. There is only so much we can deal with but is that socially conditioned or a product of our environment?

Never mind ourselves, is it our concern of our how for example a complete stranger dies?

Is how they die a matter for our conscience? Their impending death is a certainty whatever we think. Our compassion changes nothing in that they will still die whatever we do whether now or later. Are we just prolonging the inevitable and adding to the cruelty of the situation?

The ultimate ending to that logic is 'let's cut out the middle man and put everyone down at birth'. That thought should not offend us as we have been doing it for years with abortion!

A 'good death' is no longer guaranteed. And there is something else to consider.....

Does Assisted Dying take that privilege away from me?

And what of human compassion?

Is that just another illusion or something that remains between God and ourselves?

We won't know until our time comes and then it will be beyond our control. Too late to make a difference!

In the end, does it really matter? We all have to face death however it presents itself.

I have few answers and instead have many questions.

Socially, Assisted Dying might be the (emotionally manipulated?) will of the majority but it isn't my will. I would rather focus on end of life care and compassion and pain management.

It's not going to find any favour when it comes to funding and political will because that will be expensive in time, funding, resources, staffing and basic human compassion.

At least that fulfils the second of the Two Great Commandments, 'to love one's neighbour as one's self', and actually, isn't that exemplified in the parable of the Good Samaritan in principle, care and compassion whatever the personal costs.

Assisted Dying is the cheapest and least effort option by comparison.

And finally, whatever protections and rules are put in place, they can quickly become eroded to the point where they cease to serve the purpose they were created for. The Abortion Bill is a case in point and a lesson from recent history we need to learn from.

And finally, there is an assumption made that there are drugs out there that will consistently bring certain and painless death. This is a complete myth on which the legislation for Assisted Death and euthanasia is built. The facts tell a very different story.

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**Further reading:** [Efficacy and safety of drugs used for 'assisted dying' - PMC](#)

(click link above for full article)

### **Background**

*'Assisted dying' is practiced in some European countries and US states.*

*Legislation suggests that there exists an easily prescribed drug which consistently brings about death quickly and painlessly.*

*Evidence from jurisdictions where 'assisted dying' is practiced, however, reveals that hastening patient death is not so simple.*

#### Sources of data

*This report is a collation of assisted suicide and euthanasia drug protocols published by the Canadian Association of MAiD Assessors and Providers and the Royal Dutch Medical Association, annual data reports from the USA and Canada and relevant academic publications pertaining to methods of 'assisted dying' in the USA, Belgium, Canada and Switzerland.*

#### Areas of agreement

*A wide variety of lethal drug combinations are used for people who want their life ended, and the prevalence of complications and failures in intentionally ending life suggest that 'assisted dying' applicants are at risk of distressing deaths.*

#### Areas of controversy

*The efficacy and safety of 'assisted dying' drugs are currently difficult to assess, as clinician reporting is often very low.*

#### **Abstract and full article citation:-**

**Worthington A, Finlay I, Regnard C. Efficacy and safety of drugs used for 'assisted dying'. Br Med Bull. 2022 Jul 9;142(1):15-22. doi: 10.1093/bmb/ldac009. PMID: 35512347; PMCID: PMC9270985.**

*See also [Euthanasia drugs: What is needed from medications for assisted deaths? - ABC News](#) Be aware that the pharmaceutical companies have the opportunity to make serious profit from the development of an approved euthanasia drug and therefore have a vested interest in promoting assisted dying, as do government bodies looking to save funding expenditure in healthcare. There is nothing simple about Assisted Dying and it is more complex than death itself. It will never just be about compassion.*

*See also [Drugs Used for Euthanasia: A Repeated Population-Based Mortality Follow-Back Study in Flanders, Belgium, 1998–2013 - Journal of Pain and Symptom Management](#)*

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## **What does the church say about euthanasia and assisted dying?**

This is one of the simplest and most informative articles I have read in a long time about this topic and is well worth considering in the arguments for and against. Editor.

What does the Catholic Church teach about euthanasia?

Euthanasia is a much-debated topic in Australia. Compassion for the sick and suffering is something which unites us all. Many of us have accompanied friends or family as they face the fear and uncertainty of a serious illness.

Euthanasia, or voluntary assisted suicide, is proposed by some people in our society as the compassionate choice for people who are facing such illness.

We hear people saying that euthanasia would allow people to “die with dignity” and that it is each individual’s “right” to choose the timing and manner of their death.

This view, although born of compassion, is misguided and even dangerous.

Killing people is wrong, and this principle is fundamental to our law.

The Catholic Church's position is that our society should be caring and compassionate, founded on the promotion of human dignity, human freedom and the common good whereas euthanasia undermines human dignity and the common good.

It should be noted that there is a clear distinction between intending to end someone's life, and discontinuing medical treatment that is burdensome or extraordinary.

Advocates of euthanasia are sometimes confused about its definition.

Euthanasia is not turning off a life support machine where there is no prospect of recovery.

It is not ending treatment that is burdensome. It is not giving someone pain relief that might unintentionally hasten their death - though pain relief will rarely, if ever, shorten life.

This information is adapted from the following publications which may be consulted for further reading on this topic:

[Real care, love and compassion – the alternative to euthanasia:](#)

Australian Catholic Bishops Conference.

Also, see their [media release, 23 October 2015](#) and [Archdiocese of Brisbane](#)

## **Other links:**

[Dying Peacefully – No Euthanasia Sunday \(2020\)](#)

[Catechism of the Catholic Church: Paragraphs 2276 – 2279](#)

[What about the right to die? Catholic Answers, US \(2005\)](#)

[Respect Life Office](#)

[Euthanasia: Do you know the facts? \(Catholic Diocese of Broken Bay\)](#)

[Health Professionals Say No](#)

[CareAlliance](#): Creating a society where assisted suicide and euthanasia are unthinkable.

[PM Glynn Institute](#): Academic articles:

1. A Snapshot of Palliative Care Services in Australia.
2. Speaking of suffering: towards a conversation about death and dying.

*Source: [What does the Catholic Church teach about euthanasia?](#)*

## **Church of England:**

[Assisted Dying: Bishop Christopher writes to the Diocese - The Diocese of Southwark](#)



## Assisted Dying – Theological Perspectives

The Rev'd Professor Kenneth Boyd

Kenneth Boyd is Professor Emeritus and Senior Honorary Professorial Fellow in the Edinburgh University College of Medicine and Veterinary Medicine where he teaches medical and biomedical ethics. An honorary Vice-President of the Institute of Medical Ethics and Associate Editor of the Journal of Medical Ethics, he has published on various aspects of medical, science, and animal ethics as well as on Scottish church history and on S.T. Coleridge. He is an ordained minister of the Church of Scotland and a nonstipendiary team priest of the Scottish Episcopal Church of St John the Evangelist, Princes Street, Edinburgh.

### ***ABSTRACT***

In the absence of unequivocal scriptural guidance, and with traditional arguments against suicide challenged both philosophically and in the context of modern medicine and society, theological perspectives on assisted dying are most appropriately expressed not 'in the language of decision-making and law', but in that of 'spiritual journey and psychological meaning'. Avoiding fantasy by attention to reality while attending on God, is a way of enabling more autonomous end-of-life attitudes and decisions, and of sustaining hope beyond the loss of autonomy of will and action.

### **ASSISTED DYING: THEOLOGICAL PERSPECTIVES**

"No one in the Bible died like this," an elderly hospital patient recently informed her doctor. 'Not long ago', the doctor thinks, 'people generally "got sick and died" – all in one sentence and all in a few days or weeks.'

But now, most people 'grow old and accumulate diseases for a long time before dying...the great success of modern medicine has been to transform acute causes of death into chronic illnesses... Many elderly people are inching toward oblivion with small losses every few weeks or months'.[1]

Now this, I suggest, is the new demographic and epidemiological context that theological perspectives on assisted dying now need to address. But that is not easy. It is not just that the Bible has little to say about how so many people die today, or more generally about many of the moral dilemmas of modern medical progress. It is also that the Bible, in common with other foundational religious texts, offers no unambiguous guidance on the ethics of suicide. It was only later, in the Jewish, Christian and Islamic traditions, that theological perspectives on the question developed, and suicide was condemned, for a variety of reasons and with a few, contested, exceptions. These perspectives were required partly to distinguish suicide from martyrdom; and they were arrived at by interpreting the limited references to suicide in sacred texts, in the light not only of each tradition's wider theological views, but also of the social and cultural assumptions of the time.

Other religious and philosophical traditions, of course, have been more ambivalent about suicide, or have even approved of it in certain circumstances. These traditions however, with the exception of some aspects of Stoicism, have had less direct influence on contemporary Western arguments for and against assisted dying, than have had the three Abrahamic religions, and in particular the Christian synthesis of Hebrew and Greek thought. For the present purpose then, I shall concentrate, if I may, on how Christian theological perspectives on suicide developed, how they were then challenged, and how they might address the contemporary context.

Before doing this however, let me make one more preliminary remark. The extent to which different Christian Churches authoritatively and unequivocally articulate their theological perspective on suicide and euthanasia varies; and even where it is articulated authoritatively and unequivocally, the extent to which individual members of the denomination agree with it also varies. One reason for this variety, I suggest, is that theology talks in the third person about what individual believers encounter in the first and second. As the 20th century Japanese philosopher Nishida observed: 'Religion is about God', but 'what can be conceived or not conceived is not God'; and if we insist on talking about religion as about what can or cannot be conceived in a 'belief system', we 'end up talking about something else'.<sup>[2]</sup>

Turning back to the theological tradition however, it is generally agreed that Christian objections to suicide were consolidated in the early 5th century by St Augustine. Augustine argued that suicide disobeyed the scriptural commandment not to kill, was cowardly, and deprived the sinner of a chance to repent.

Only a specific divine command – as in the case of Samson pulling the temple of the Philistines down on his own as well as their heads – could justify suicide; and Augustine did not support the exception made by some of his predecessors, that Christian women in times of persecution were justified in killing themselves to avoid being raped.

Augustine's theological perspective on suicide was generally accepted in the Western Church for the rest of the first millennium and after. Eight centuries after Augustine however, St Thomas Aquinas refined the Church's position with some more philosophical arguments.

Aquinas taught that it was unlawful to kill oneself for three reasons: first, suicide was contrary to natural law and charity to oneself; second, it injured the community to which the suicide belonged; and third, because life was a gift from God, it deprived God of his property and power to decide about life and death.

In their time, these were powerful arguments against suicide. Natural law, based on philosophical rather than scientific theories of what was essential to human nature, held that everything loved and sought to perpetuate itself. Aquinas' argument about suicide harming the community was (and for many still is) readily understandable. "Shouldn't he have thought of the effect on his family?" And in the hierarchical mind-set of the middle ages, the argument about usurping the function of our ultimate superior was highly persuasive.

Aquinas' views however eventually were challenged, in the seventeenth century most notably by John Donne in his *Biathanatos*, which for prudential reasons he did not publish in his lifetime. Going back beyond the received wisdom of Augustine to the other fathers of the Church and especially to scripture, Donne discovered much more heterogeneous and equivocal views on the subject. Philosophically moreover, he found Aquinas lacking. Aquinas' first argument, that it was natural to keep ourselves alive, Donne said, was too sweeping: there was also a 'natural desire of dying', often expressed in scripture and by saints and martyrs. The second and third arguments also were too sweeping: the preacher who was to claim 'Any man's death diminishes me' could not deny that some suicides harmed their community, and that God's gifts could be misused. But, whether or not there was harm or misuse in a particular case was a matter for conscience to determine in the light of intentions, motives and circumstances.

It was for conscience to decide whether suicide was committed for self-interested motives or, as in Christ's own case, who died by 'His own act, and before his natural time' [III.iv.5], as an act of self-sacrifice.

A more pugilistic challenge to the idea that suicide was morally impermissible came a century later in David Hume's essay on the subject. Whether a suicide harms the community, Hume argues in a utilitarian vein, depends on what the person still has to offer the community: after retirement, this may be very little, and may eventually be outweighed by his continued life becoming a burden not only to the community but also to himself. As for Aquinas' theological arguments based on natural law, Hume interprets these as if they referred to causal laws of nature, which humans break all the time by protecting themselves from harmful natural events: if we are allowed to turn our head aside to avoid a falling stone, or to divert a river to avoid a flood, "Where is then the crime of turning a few ounces of blood from their natural channel?" Or again, on the other hand, if Providence really is sovereign, nothing can happen without its consent, and so "neither does my death, however voluntary, happen without its consent". Hume even goes so far as to claim that if a man takes his own life because of his misery, but at the same time sincerely thanks God "both for the good which I have enjoyed, and for the power which I am endowed of escaping the ills that threaten me", how can this be evil?

While the arguments of Donne and Hume were challenged on various grounds by subsequent theologians and philosophers, they eventually helped to make the unequivocal Augustinian and Thomistic condemnation of suicide seem increasingly untenable, and this in time contributed to the decriminalisation and eventual medicalisation of suicide.

Today, even the Thomist tradition's staunchest defender, the Roman Catholic Church, while 'it condemns the act of euthanasia as a "violation of the divine law, an offense against the dignity of the human person, a crime against life, and an attack on humanity"', speaks of the agent in a vein reminiscent of medicalisation, when it states that in 'cases of "prolonged and barely tolerable pain... the guilt of the [suffering] individual may be reduced or completely absent'.[3]

Not even Hume, however, argued that every suicide could be morally justified. The view that anyone has the moral right to end their own life at any time and for whatever reason is difficult to defend, for reasons which are similar to Aquinas' argument about harm to the community. The moral community needs, at the very least, to be satisfied that the agent is autonomous, in the principled Kantian sense of acting only after having duly considered the reasonableness of his intentions and motives in the light of the circumstances and the likely consequences.

The moral community, clearly, cannot always prevent the Werthers of this world, or those overcome by social shame others consider trivial, from ending their own lives prematurely. But it normally feels entitled to withhold moral approval, if only to discourage imitation by others.

But what of circumstances such as those envisaged by Hume, where an autonomous individual has duly considered the reasonableness of his intentions and motives in the light of the circumstances and likely consequences, and concludes that he has little or nothing left to give to the community, and what little he has is outweighed by his continued life becoming a burden not only to the community but also to himself?

This, perhaps, is how some of those I mentioned at the outset, 'inching toward oblivion with small losses every few weeks or months' may see themselves, and decide, autonomously, that in their case, suicide or euthanasia is morally justified. Would seeing their situation in a theological perspective make any difference to this decision?

To try to answer that question, let me quote another remark by the doctor I mentioned. Our current 'conceptual apparatus' for thinking about the ethics of end of life care, she argues, betrays a 'lack of social understanding' that is illustrated by our using 'the language of decision-making and law more often than that of spiritual journey and psychological meaning'.

Now in 'the language of decision-making and law', a theological perspective probably can make little difference if and when, in a pluralistic society, a person decides, autonomously, that in their case, suicide or euthanasia is morally justified. We do not live in a theocracy – a society ruled not by God, but by some powerful people's ideas about God – but in an elective democracy where the views which persuade the largest public prevail; and that public may well be duly persuaded that the potential risks of legalising euthanasia – as previously of decriminalising suicide – are outweighed by the justice of respecting individual autonomy. It is rather in what happens next, whether or not society decides to legalise euthanasia, that a theological perspective may make a difference, and do so in terms of what the doctor calls the language 'of spiritual journey and psychological meaning'.

The difference that a theological perspective may make, in other words, is not so much in how the autonomous individual sees their decision, as in how they see the world and themselves.

Iris Murdoch once observed, that how we see, or 'attend to' reality and ourselves 'in between... explicit moral choices... is crucial': 'if', she writes, 'we consider what the work of attention is like, how continuously it goes on, and how imperceptibly it builds up structures of value round about us, we shall not be surprised that at crucial moments of choice most of the business of choosing is already over.'

Attention to reality and to ourselves, Murdoch argues, is necessary especially to liberate us from 'fantasy... the tissue of self-aggrandizing and consoling wishes and dreams which prevents one from seeing what is there outside one'.

But fantasy, 'the fat relentless ego' she warns, 'is itself a powerful system of energy' which we need to counteract by 'attention to reality'. In this respect, she suggests, the 'religious believer, especially if his God is conceived of as a person, is in the fortunate position of being able to focus his thought upon something which is a source of energy'. 'That God, attended to, is a powerful source of (often good) energy' she writes, 'is a psychological fact.'[4]

Now attending to God, as Murdoch goes on to argue, is not the only way of being delivered from fantasy, and clearly fantasy can entrap people into making God in their own or another dubious image.

Murdoch's definition of God is 'a single perfect transcendent non-representable and necessarily real object of attention', and 'nonrepresentable' is as crucial for theology as 'real'.

Again, as Nishida argues: 'what can be conceived or not conceived is not God'.

With that proviso however, the following I think may reasonably be argued.



If attending on God enables one to avoid fantasies about God as well as about oneself, a theological perspective on suicide and, importantly, on what leads up to considering suicide, may help individuals make decisions that are more, and not less, autonomous. In a theological perspective, that is, the successes and failures of life that fantasy magnifies, may be seen in a more sober, but also a more self-forgiving light, relativising the excesses of pride and despair, and investing autonomy with the courage to trust that no frailty, fault or failure is ultimately irredeemable. In a theological perspective too, the belief that human dignity is inalienable and not diminished or destroyed by dependency on others, may augment the autonomy of those who find little encouragement in Humean utilitarian calculations about their contribution to society. And finally, the theological sense that, even when it is no longer possible to exercise autonomy of will and action, there is hope beyond autonomy, may encourage a more objective assessment of one's present and future circumstances.

Not all theological perspectives however are benign. Telling others that suffering can be good for them betrays the truth of what it argues, and while religion can be life enhancing, it can also be the opposite.

Having a theological perspective on life and death moreover does not mean that at the end of a long life, as of a long day, it is wrong to decide that one has had enough – at least for now.

And with reference to that 'for now', it would be wrong of me to omit, just because it is culturally unfashionable, that a theological perspective also speaks of the incalculable dimension of eternity.

Deciding to help oneself to a whisky to bring on sleep at the end of a long day however is a rather simpler matter than securing the means to ensure that one will not wake up in this world.

Today's 'perfect philosophical situation' where 'the means to commit suicide will implicate no one other than the person who desires to end his/her life' seems to me not just practically, but logically impossible.

In theological perspective it also, I think, avoids the spiritual challenge of assisted dying for the doctors whom almost everyone who advocates assisted dying wishes to provide that assistance.

For doctors, weighing up their duties to preserve life, to relieve suffering and to be honest with the patient, the time may come when they need to discern whether the patient's case is sufficiently extreme to justify moving out of their own comfort zone, albeit of course in consultation with colleagues, the patient, and their family.

How doctors negotiate that passage in good conscience, I suspect, is one of the most significant formative struggles in the making of a good doctor. But that perhaps is subject for another day.

### *References*

1 Lynn J. Living Long in Fragile Health *Hastings Center Report* 35, 6 supplement Nov-Dec 2005, p. s14 (article)

2 Nishida K. *Last Writings: Nothingness and the Religious Worldview* Univ Hawaii Press 1987:48

3 Campbell C.S. Religious Ethics and Active Euthanasia in a Pluralistic Society *Kennedy Institute of Ethics Journal* 2,3: 253-277

4 Murdoch I. *The Sovereignty of Good* Routledge 1970, ch 2

This paper was posted on [www.anglicanism.org](http://www.anglicanism.org) August 2013

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### Why the Church of England Supports the Current Law on Assisted Suicide.

The Church of England believes that the current law on assisted suicide and the Director of Public Prosecutions guidelines for its administration provide a fair, balanced and compassionate approach to a difficult issue which has defied consensus.

The General Synod underscored this approach as recently as February 2012. As a nationwide, community organisation, the Church has the same rights, duties and obligations as other socially aware organisations to participate in the on-going debate on assisted suicide.

Its approach is based on the following considerations: Affirming Life For the good of society and individuals, it is essential that both the law and medical practice embrace a presumption in favour of life. While this does not mean that life must be maintained at all costs, it does mean that no one ought to be permitted actively to end another person's life.

The current debate is not only about an individual's wish to die, but it is also about the limits that ought to be placed on one person participating in bringing about another person's death.

To allow such participation is to introduce a novel and dangerous concept into British law; one that would have far-reaching and, potentially, unforeseen consequences.

The right to life is universally recognised as a fundamental, basic human right in domestic and international Human Rights legislation, placing an acknowledged obligation on governments and their agents to respect, protect and promote it.

This human right is based on the essential belief that every human being is of intrinsic value. This belief is central not only to human rights, but also to the criminal law as well as to medical, nursing and social care.

Anything that might undermine this, in principle or in practice ought to be resisted. Arguments in favour of assisted suicide often favour an evaluation of human life that is based either on the faculties and abilities that an individual enjoys or on an individual's sense of personal worth.

While these are important considerations, they cannot take the place of the intrinsic value of every person's life. Removing or eroding this principle would have a marked, detrimental effect on many aspects of the law, health and social care and on community cohesion.

The Church remains unconvinced that these implications have been sufficiently recognised by those advocating a change in the law or that their negative effects could be avoided. Caring for the Vulnerable The principle of affirming life informs all other considerations including the requirement to care for vulnerable people.

The Church recognises that individuals seeking assistance in ending their lives are often vulnerable, but their vulnerability must be placed alongside the vulnerability of very many others.

It is understandable that some people might wish to bring their lives to an end for a variety of reasons and the Church would wish to extend empathy and compassion to them, but this does not mean that the law ought to be changed to facilitate their wishes.

Many people, especially elderly people, are already vulnerable to malicious actions by others. Each year in England and Wales in excess of 300,000 people suffer elder abuse with at least another 100,000 suffering neglect.

The majority of this abuse is perpetrated by carers or by family members, often with financial gain as a motive. It would be negligent to believe that such people would not seek to exploit a change in the law in order to pursue their goals.

Similarly, many elderly, infirm or even disabled people would feel under pressure to 'do the decent thing' and remove themselves 'from being a burden' to others. We know that this is the case because many individuals have said so.

The Church believes that it is not possible to put into place effective safeguards against such abuse or pressure if the law were to be changed.

The Francis Report, for example, demonstrates that even the NHS's high motives and rigorous monitoring policies did not prevent individuals from acting inappropriately. As Francis indicates, it is too late to try to remedy matters after the event.

Sadly, this is not an isolated case.

Other recent instances of safeguards being ignored or circumvented have been uncovered, for example in a number of nursing and residential homes and in some abortion clinics.

A change in the law on assisted suicide would provide additional scope for further individual and systemic failures and abuses.

The key consideration is whether a change in the law would put increased numbers of vulnerable people at increased risk of harm; it is untenable to think that it would not. Building a Caring and Cohesive Society The wishes and aspirations of individuals are important, but it is not possible to view these in isolation from the effects that they might have on other individuals and on society in general.

When viewing legislative change an important consideration is whether any changes made are likely to result in a more or less caring and cohesive society: in other words, what sort of community are we building?

In addition to placing increased numbers of vulnerable people in danger of harm, a change in the law on assisted suicide gives, at the very least, mixed health and care signals.

We, rightly, expend resources on suicide prevention initiatives and we encourage individuals who are ill, depressed or who are struggling with relationships or other aspects of their lives, to believe that life is worth living.

Even when people feel that they are of little or no worth, we treat them as individuals of value whose lives are important.

Permitting assisted suicide, even in a limited number of cases, clouds this basis message.

Permitting assisted suicide would introduce a number of problems for healthcare professionals.

There are real difficulties in obtaining an accurate prognosis of how long any given terminally ill individual might live. Beyond making an estimation of 'hours or days' towards the very end of life, it is simply not possible for doctors to state how long anyone will live; it would be wrong to place doctors in the position of having to estimate a person's life expectancy for the purposes of them accessing any proposed assisted suicide services.

It takes considerable time to ensure that an individual is not suffering from depression or other mental illness; certainly much more time than even a tentative prognosis of 'days or weeks' would allow.

Any involvement, however 'indirect', in assisted suicide by healthcare professional would irrevocably change the understanding of health care in the United Kingdom.

The entire professional-patient/client relationship would be detrimentally altered as it would not be possible to isolate assisted suicide from other aspects of healthcare.

Respecting Individuals The Church believes that every person is inherently valuable and deserves to be treated with respect.

While assisted suicide is contrary to the principles outlined above, other end of life decisions ought to be respected.

This means respecting the decisions of patients who choose not to receive treatment as well as respecting the wishes of those who do, when such treatment is attainable and in their best interests.

It is also essential that high-quality end of life care is available throughout the country with hospices and palliative care units being adequately resourced and funded. In particular, the excellent care pioneered by the hospice movement has demonstrated that holistic, palliative care which treats every individual with respect and dignity and is a viable, life-affirming alternative to assisted suicide.

End of life issues are complex and can be distressing. It is not appropriate to address these issues through opinion polls and online surveys.

It is almost impossible to ask 'objective' questions throughout a questionnaire so that results are not skewed; it is also impossible to ensure that terminology used in framing questions is understood in the same way by all respondents.

More importantly, complex personal issues cannot be reduced to simple 'yes/no' or multiple choice answers; respecting individuals, means allowing everyone to engage fully with the issues involved. This involves careful consideration; the process cannot be telescoped into a few short questions and answers.

The Church of England accepts that a range of opinion is held both by its members and by others in society.

It is not simply the case that 'religious' people hold uniform opinions opposing assisted suicide while others are in favour of it.



Nonetheless, because of the considerations outlined above, the Church, through its bishops and through its democratically elected representatives in General Synod, continues to support the current law on assisted suicide.

Brendan McCarthy 3rd November 2017

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## Assisted Dying Debate CofE latest comment.

### A threat to the dignity of life

Cottrell's remarks come after MPs in the House of Commons voted last month to pass a Bill that would grant some terminally ill adults in England and Wales the right to seek help to end their lives.

The Bill now moves to the House of Lords, where 26 Anglican bishops have seats by right and will continue to scrutinise the legislation.

Thanking the bishop of London, Sarah Mullally, and other Lords Spiritual for their "principled and persistent opposition" to the Bill, Cottrell said, "When we lose something as foundational as decisions over life and death, we are in danger of losing other safeguards and provisions as well."

He warned that while the UK's shared values and laws have long been shaped by Christianity, "other philosophies and worldviews teach different things and may not uphold the dignity and value of life in the same way."

### Rooted in a Christian foundation

The archbishop underlined that his view of "the dignity and value of every life and every moment of life" was firmly rooted in his Christian faith. He argued that changing the law on assisted dying could erode essential moral and legal protections, saying it risks giving human beings a role that belongs to God alone.

Cottrell urged Anglicans to continue their witness against assisted dying, both in Parliament and across society. "Despite our failings," he added, "the people of this land have not given up on the gospel of Jesus Christ."

The debate is expected to intensify as the Bill progresses through the Lords, where bishops are likely to play a significant role in questioning whether the legislation truly safeguards the vulnerable and honours the sanctity of life.

Source: [Church of England urged to resist assisted suicide law | CARE](#)

Posted 15<sup>th</sup> July, 2025

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**The Archbishop of York, Stephen Cottrell, has publicly opposed the assisted dying Bill, emphasizing that authority over death belongs to God alone and warning of the potential risks to vulnerable individuals.**

#### **Key Points from the Archbishop's Statement**

1. **Opposition to the Bill:** During a recent address to the Church of England's General Synod, Archbishop Cottrell expressed his strong opposition to the proposed Terminally Ill Adults (End of Life) Bill, which aims to legalize assisted dying for terminally ill patients in England and Wales. He argued that such legislation could fundamentally alter the relationship between doctors and patients, pressuring vulnerable individuals and undermining the sanctity of life.

2

2. **Moral and Ethical Concerns:** Cottrell warned that allowing assisted dying would assume an authority over life and death that rightfully belongs to God. He emphasized the importance of maintaining the dignity and value of every life, which he believes is rooted in Christian faith. He cautioned that changing the law could erode essential moral and legal protections.

2

3. **Call to Action:** The Archbishop urged members of the Church of England to actively resist public support for assisted dying, stating that they should work

to "withstand and even turn back" the forces of public opinion that favor such legislation. He thanked fellow bishops for their principled opposition and encouraged continued advocacy against the Bill.

2

4. **Context of the Debate:** The assisted dying Bill has recently passed the House of Commons and is now under consideration in the House of Lords, where it will face further scrutiny. The Archbishop's remarks come at a time when the debate over assisted dying is intensifying, with various stakeholders weighing in on the implications of the proposed law.

2

In summary, Archbishop Stephen Cottrell's statements reflect a deep concern for the moral implications of assisted dying legislation, advocating for the protection of vulnerable individuals and the sanctity of life as understood within the Christian faith. His call to action emphasizes the Church's role in shaping public discourse on this critical issue.

Sources listed in hyperlinks.

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### **Abortion.**

*That is not to say it is a women's issue. Abortion is a societal problem that affects us all, men and women alike. And both men and women need to be more responsible in terms of sexual relationships.*

*Men need to take responsibility for their actions and understand that one of the natural consequences of the marital act is that a couple may be blessed by God with children.*

*Men need to be there for the women they have engaged in conjugal acts with.*

*Sex is not just for pleasure - that would be the sin of fornication. God, in His great wisdom, tried to guide us in this matter. If only we would listen to Him.*

*It should also be pointed out that men sometimes apply pressure and/or coerce women to get abortions. This is an evil act.*

*But the statistical truth is that ultimately, in the vast majority of cases, abortion is predominantly used as a contraceptive by women. Research in this area shows that 74% of women who seek abortion say, "having a baby would dramatically change my life," and 73% of them say they "can't afford a baby now." The fact of the matter is, women need to stop killing their babies.*

*Again, I am not pitting men against women in this, just trying to acknowledge an uncomfortable fact. So, yes, men need to step up more. But often men do not get a say, and it is women who have the power to end this great genocide of our age.*

*Men, accept your responsibility, be fathers to the babies you create. Women, accept your responsibility, be mothers to the babies you create.*

*This is undoubtedly the worst genocide in human history, and it is still very much ongoing. There are roughly 73 million abortions every year. There is no word to describe this evil. We are living through an infanticide the likes of which mankind has never seen before. The ancient Aztecs had nothing on liberal women of the 20th and 21st centuries.*

*And before someone pipes up in the comments to try and make the exception the rule: Less than 1% of abortions are due to rape, and less than 0.5% of abortions are due to incest - both evil crimes that must also be put to an end.*

*Regardless, the baby should never be punished for the sins of the father. But even taking those extreme circumstances into consideration and removing them from the data, that still leaves another 72 million abortions per year.*

*Over 72,000,000 babies are killed before they get a chance to live. Every Christian, and indeed every decent person, should be fighting for the abolition of abortion outright, everywhere. Thank God for His promise to Noah, because Lord knows we deserve a flood. It is our responsibility to be fruitful, to go forth and multiply, for the greater glory of God. What we are doing is the exact opposite.*

*In the last twenty years, the global birth rates have dropped from 2.7 to 2.4. In the West, they fell below the replacement rate of 2. The population is still increasing at the moment, but only due to past births and increased life expectancy - a matter of momentum.*

*If current trends continue, we will see the start of a decline from 2050-60, the likes of which we have not seen since the Black Death in 1350.*

*Feminism is demonstrably the most evil ideology in human history. It is going to take us a lot of prayer and good works to reverse this trend. Let us start by ending abortion.*

*There is never a good reason to end a baby's life. Let us better support women so they no longer feel this is a viable option, and let us encourage men and women to get married before engaging in the marital act.*

*A return to Christian values, away from worldly promiscuity, would go a long way toward repairing this grave error.*

*Dear Jesus, bless our social and cultural climate. Grant that our society may be purified of everything contrary to chastity, and that we may have the strength to resist the pressures of prevailing ideologies.*

*“In the world you have tribulation; but be of good cheer, I have conquered the world” (Jn. 16:33) “In all these things we are more than conquerors through him who loved us” (Rom. 8:37) Amen.*

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