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Euthanasia - the Right to a Dignified Death

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Introduction.

Defining euthanasia.

Suffering in the eyes of those who are terminally ill can only be experienced by those who undergo the pain, not by the loved ones or the medical staff. Yet, the question of who has the right to determine how much suffering an individual should endure and for how long is still considered controversial in our society. Although euthanasia is the Greek term for "good death," it has never been viewed or practiced as such in Western society. The term euthanasia itself is very conflicted and holds two meanings according to Keown: "to end the suffering and prolonged treatment of a terminally ill patient" or "to euthanize a patient by using a lethal injection" (2002). Furthermore, euthanasia can be categorized in three ways. There is "voluntary euthanasia," where the patient requests out of their own free will the process of euthanasia in order to help end their suffering. Then there is "non-voluntary euthanasia," where the act of euthanasia is performed on patients who are not competent to make an informed decision. Finally, there is "involuntary euthanasia," where euthanasia is performed against the demands of a fully competent patient (Keown, 2002).

Societal responses to euthanasia are varied. In the U.S. euthanasia tends to coincide with the idea that it is killing the weak, and that an option to euthanize will lead to doctors not treating patients when the option of death is readily available. In terms of medical ethics, the question that arises is whether or not keeping a patient who will not recover is worth the cost of using expensive testing and interventions. Keeping a long-term patient in hospital care for a considerable amount of time goes against the healthcare model in the United States, where 2 discharging patients out of hospital care as soon as possible is admired (Keown, 2002). The cost benefit ratio pertaining to medical treatment is using every medical intervention possible in order to receive the greatest return: a self-sustainable life to be present in the patient (Keown, 2002). However, this cost-benefit ratio of using such measures to save a life is not returned when it comes to a patient who is terminally ill. The permeating idea that euthanasia is murder makes this option increasingly problematic and scrutinized via moral debates. Amongst the various views on euthanasia and its legality are religion and theology which are paramount in influencing the individual perspective and response to euthanasia.

Defining death.

Religion and theology bring about a peace of mind when it comes to certain life decisions as they bring straightforward answers to those who seek comfort. The issue that arises with the topic of euthanasia is the definition of death; it is here where the answer is found when it comes to the action needed to take when assessing the right-to-die. Before 1968, cardiopulmonary function was used to define the death of a patient (Glannon, 2005). The advancement in medical practices has helped prolong life; however this has resulted in many consequences. The loss of cardiac and pulmonary function relayed the belief that there is loss of central nervous function, hence the death of the patient. Then the respiratory ventilator was introduced into the medical society where now patients will appear to be alive even though mental functions appear to be absent; this launched the debate of the true definition of death. The next criterion of death that was formulated is called the "whole-brain" criterion, where the permanent loss of all brain functions should be the standard of determining death (Glannon, 2005). This diagnostic tool was also criticized as there are many bodily functions that function without the use of brain such as the pulmonary mechanisms in the human body (Glannon, 2005). The last two methods of defining death only looked at the patient as a bodily organism rather than a human being. Therefore, the next topic of determining death introduced a "higher-brain" definition of death which placed human consciousness at the peak discussion. Persons are defined by their consciousness and the brain and body are seen as two separate entities. The activity of the cerebral cortex is what separates humans from animals as this part of the brain dictates the capacity of consciousness and also thought processing. This criterion states that death is defined as the termination of cortical functioning of the brain (Glannon, 2005). This idea refutes the previous criteria of death where cardiopulmonary cessation and cessation of the whole-brain function are key. Instead, this process defines a patient as being dead even if the brain stem and the cardiopulmonary system continues to be active. Given these three views of defining death by ethical and scientific standards, the religious views of the patient and family remain a pivotal decisive factor

Physician-assisted suicide definition.

Physician-assisted suicide is another controversial topic that also falls under the right-to die. However, physician-assisted suicide greatly differs from euthanasia. The large distinction between physician assisted suicide and euthanasia is the will power and ability to live, which is evident in the patient. In the case of euthanasia, it is common to see an end-stage, terminally ill patient who might or might not have lost proper self-sustaining bodily functions. This is when the patient or advocate of the patient who is unable to make a decision for themselves requests to terminate life and the physician will begin and end the procedure needed to complete the task. Whereas in cases of physician-assisted suicide, it is common to see patients who have lost the will to live due to a medical condition which will eventually render them unable to properly manage their life and therefore, patients request to terminate their life. Then the physician will prepare the necessary tools needed in order to fulfill the request, subsequently the physician will provide the patient with said tools and the patient will complete the termination of life themselves with or without the supervision of the physician.

Christianity, Judaism and Islam.

The three major monotheistic religions each have their own holy books that give their own unique moral guidelines. In Christianity there is the Bible, in Judaism there is the Torah, and in Islam there is the Quran. In each of these holy books adherents believe there lays the answer to the major ethical issues that are present in this lifetime. However, individuals interpret these texts in their own way, giving rise to a variety of opinions on any given subject. In each of these holy books, there are generic instructions where followers must believe through faith. Through these teachings is where we find the roots of bioethics, which is the foundation of ethical issues behind the world of medicine and medical procedures. The main preface behind these particular religions in regards to life itself is that we were created by God and we all have a duty to protect the creations of God; through all the advances that might come in the future, faith and the religious traditions should never be forgotten.

Beliefs in Jewish faith. In Judaism, preserving the creations of God is a vital obligation that is given to humans. However, the prolonging of a life which is destined to end is a crime in the Jewish law because it is an act of playing God as death is an inevitable feature of life. In the Talmud it states, "My creatures need it [death]." According to Rabbi Shulman, the Jewish tradition views death as a part of life that cannot be stopped and it is against the Jewish law to prolong the act of dying (Shulman, 1998). The Jewish attitude of the process of death is represented in the Mishnah, which is used in Jewish teachings secondary to the Torah, is used to explain the teachings of the Torah. In the Mishnah, it states, "He who touches a dying person or moves him is shedding blood." With the given quote from the Mishnah arises the Jewish principle of the process of death, that if a person is evidently on the path of death, one should not intervene or else the death of the person is on the hands of who obstructed the process of death. Given that the physician is given the job of a skilled healer, it is up to the physician to know when the time has come to stop treatment. Suicide is forbidden in Jewish law and to prolong life is a must, it is a right that every human has. However, if a patient is terminally ill or in a vegetative state, withholding treatment is required, but it is up to the physician to decide whether or not he or she would give pain killing medication to ease the process. Placing a patient on life support however is against Jewish law (Schulman, 1998). Through this fact, the first hypothesis of those surveyed who are Jewish will believe that euthanasia is just.

Life in Judaism is revered and one should everything possible to keep that life healthy and pure. As Shulman states in his own words, which he has deciphered from the Jewish holy book, "the body is given to us in trust... we cannot harm it, since it belongs to Almighty God" (1998). With this mindset in place in Judaism, suicide is a great sin as suicide is harming the physical body, which has been given to individuals, thus life is viewed as a divine entity. Physician-assisted suicide is still clearly suicide, whether or not a physician approves of it or not, as Shulman deciphers from the holy book, "I may not commit suicide...I must not even cut myself, except for therapeutic purposes" (1998). Physician-assisted suicide is defined as the physician providing the tools necessary to complete suicide, and then the patient performs the following action himself or herself. With the given credentials as to what physician-assisted suicide is, the next hypothesis of those surveyed who are Jewish will believe that physician assisted suicide is unjust.

***Beliefs in the Christian faith**.* In Christianity, life created by God must be preserved and saved and is sacred under Christian Law. The doctor must give and show hope that a patient will become better, and try everything possible in order to sustain their life. The concept of hope is a very vital force in the Christian faith where if it is lost, then one is seen as having "bad faith" (Gill, 2006). The commitment of faith must not be broken at the risk of losing a peaceful afterlife. In the Bible it is stated, "Or do you not know that your body is a temple of the Holy Spirit within you...therefore glorify God in your body." With this given quote from the Bible in the book of Corinthians, is where a human's life is defined and also human life is seen as divine worth. The act of euthanasia is seen as horrible as suicide, regardless of the possible causes or reasons for the need of ending life so abruptly. Ending one's own life is to play the act of God, where death is depended upon God and should not be controlled by any human (Committee on Medical Ethics, 1997). Suffering is an inevitable force which is brought upon in the process of death or being terminally ill, it is then when the Christian community must come together in the aid of the sick to bring forth compassion and a sense of well-being as stated by the Committee on Medical Ethics of the Episcopal Diocese of Washington D.C. (1997); it is in this process where healing is present and must be completed so that the patient shall not feel alone and therefore should not feel the urge to end their life.

Through the belief in Christianity that faith is a strong constituent in the healing process and that if one were to give up to ill health, then all faith and hope in God is lost and is seen as a taboo in the religion (Gill, 2006). Since these are the beliefs in Christianity, the second hypothesis of those surveyed Christians will believe that euthanasia is immoral.

Intention is a decisive factor seen behind the decisions made by all the followers in all three of the monotheistic religions. According to the Committee on Medical Ethics of the Episcopal Diocese of Washington D.C "Jesus stressed intent for distinguishing between right and wrong" (1997). To commit suicide is to do harm to the body, it is seen as murdering oneself and as stated in the Commandments, "Thou shalt not kill." In Christianity, according to the Committee on Medical Ethics/ Diocese of Washington D.C., desire to end the suffering of a loved one clouds the judgment of a morally correct intention, which is to relieve the pain and preserve the life that is given by God (1997). To end a life that is given by God as a gift is murder and murder is never justifiable, therefore the termination of life by oneself is also a great sin. With the given rules set in the Holy Bible, the next hypothesis of those surveyed who are Christian will believe that physician-assisted suicide is unjust.

***Beliefs of the Islamic faith*.** In Islam, one of the duties of humans is to serve a social responsibility that would help others. By fulfilling this goal of helping others in the community, there shall be no harm inflicted to others in society. Muslims are required to stay in good health and to make sure that healthy steps are taken daily to ensure a prosperous life. With this given obligation, Muslims are required to know their bodies in case there is a time needed where extra steps might be taken to ensure proper health. In the Quran it states that a Muslim must know that any pain that becomes apparent in their life is a test of God in order to confirm the believers' faith and spiritual state of mind. Quoted by Prophet Muhammad, "No fatigue, nor disease, nor sorrow, nor sadness, nor hurt, nor distress befalls a Muslim," it is through this saying where Muslims must see the truth behind pain and suffering (Sachedina, 2009). Suffering should not lead a Muslim into despair and feelings of hopelessness where life must be ended. Given that a Muslim must know his or her own body, it shall be known by a Muslim when their life is near the inevitable end; where death is evident and it is here when a Muslim should not interfere with the process of death. In Islam, humans are seen as two separate entities, which are the soul and the physical body. Once the soul leaves the physical form of the body, then the person is considered to be dead at that point (Sachedina, 2009). Trying to keep that person alive artificially is illegal in Islamic law. The spirit that is within the body is a part of God, it is a source of life that is linked with God as Sachedina states (2009) and if the vital functions of the cardiac and respiratory systems are to the point where they are not functioning, it is told in the Quran that humans must obey their limitations and understand them in order to not play God (Sachedina, 2009). Through the given 10 facts that are stated in the Islamic law, those surveyed who are Muslims will believe that euthanasia is just.

In the Quran it states, "it is not given to any soul to die, save by the leave of God, at an appointed time." From this quote from the

Quran, Sachedina has deciphered this is as God having the divine power and right when and how to terminate one’s life, which is written in one’s destiny. In Islam, suicide is seen as a sin, which can never be forgiven, as is murder. The right-to-die is not debated in Islam, purely because life is a divine gift given by God, where the physical body will return back to God as He pleases. God appoints death to each individual and this appointment must and cannot be broken by the individual who is temporarily in that body. Even though the patient might be in pain or suffering, in Islam, is it seen as a test by God to view the level of faith the patient has for God. Therefore, with the given criteria of Islam forbidding suicide and forbidden the negative intentions of death due to illness, those surveyed who are Muslim will see physician-assisted suicide as unjust.

The success of religion.

Throughout the discussions of euthanasia in the media and in politics, it has been shown to be an issue of moral ethics, rather than science-based complications. Religion has been seen as a way to ease the frustration in life (Argyle & Beit-Hallahmi, 1975) and religion introduces inner conflict where moral demands are felt through pleasing a higher power such as God (Argyle & Beit-Hallahmi, 1975). Religion is a great force in the influence of mankind's daily lives. According to Hood et al, humans tend to have religious influences intimately play a major part of our daily activities (2009). Throughout the course of history, religion has been used as an excuse to perform many unspeakable actions, from the Crusades to more recent events such as the September 11th attacks which have been acted upon in the name of religion. Understanding the role of religion can be hard to assess given that religiosity is hard to operationalize because there is great subjectivity in how individuals view their faith. Thus, there are three fundamental thought processes which can provide insight behind the theory of understanding the role of religion psychologically through the given framework: cognitive, motivational, and social aspects of life (Hood et al.). The given framework provides the reasons why we all search for meaning, especially in religion. Mankind has been in search for meaning since the beginning of history and the search for meaning is what causes humans to fill the void in their lives.

The concept of the afterlife, what the future may entail, and various other questions that are impossible to answer scientifically is where religion introduces itself as the savior. The fundamental process of cognition in understanding the role of religion comes from the fact that we as humans try to mold our personalities, morals, and views daily (Hood et al., 2009). This process according to psychologists is known as the personal schema. In the process of creating this schema, we use information we have learned socially, through nurturing and nature, and things we have learned through experience. In the development of creating this schema, the theory of attribution is a key factor in finding meaning in our lives and therefore a key mediator of the creation of individual schemas. The attribution theory is used to explain the role of religion in psychology due to the fact that it gives an explanation to an event that has occurred. Psychologists have tested the theory of attribution by seeing whether or not events occurred due to economical, social, or medical reasons then assessing how many participants as attribute the events to "God's work" (Spilka & Schmidt, 1983). In the study, participants were given different scenarios with either a positive or negative outcome and were then asked to assess whether the event occurred from an economical, social, or medical cause. Then the participants were asked if the event was an act of chance or an act of God. The results of the study revealed that the scenarios that were given a positive response, were considered an act of God, whereas the scenarios that were given a negative response were seen as due to chance. Also the attributions to God were made to the scenarios that were of medical reasons, whereas the economical and social causes were seen as an act of chance (Spilka & Schmidt, 1983). Hood et al. (2009) suggested that when it comes to understanding ourselves, our relationships, and also the events that occur around us, we all discover religion to be in the midst of our developing schema. Religion provides teachings which have shown to provide a cognitive stepping stone to thought processes regarding decisions people make.

In the process of developing an individual schema and completing the search for meaning in this life, the motivational cue to continue this process is the need for control. The attribution theory not only aids in figuring out what causes an event to occur, but also goes deeper into helping individuals control their surroundings. This motivation to control one's surroundings is rooted in the individual's fear of either the life on earth or the life thereafter. Consequently, according to Hood et al., individuals seek to control life's threats in order to control the outcome (2009). By controlling the outcome of certain events, individuals are able to ease the stressors which befall us in our daily lives and also future events to come. The ability to handle certain such negative events is completed differently by every individual and these different methods of controlling one's events are crucial in determining the schema of the individual. The governing schema is fundamental to understand the behavioral process of an individual and this motivation to control one's life is aided by religion and its teachings. Religion is introduced into the world with set guidelines and also meaning to every situation in life. Life and death are clearly represented in the three monotheistic religions discussed; the meaning of death, what is meant to follow after death and how to handle such difficult situations are clearly illustrated in each holy book. The ability of religion to offer meaning to life and also to provide control is what makes religion successful but also creates the individual as a whole (Hood et al., 2009).

Individuals have found religion to provide a cognitive backbone, where our very thought processes are governed through the eyes of a religion. The motivation of finding meaning to one's existence, life's decisions, and outcomes provides individuals the tools needed to master control over themselves and their surroundings. Given that religion is able to provide such a stepping stone into developing the individual schema, religion is also able to connect individuals together — the ability to socialize with others in terms of beliefs and thoughts with others is what makes religion such a strong and influential force in developing the human psyche. Religion is able to connect individuals with each other where it brings about social support, compliance to religious standards, and many other actions which help influence the actions of each individual. Religion provides a very strong factor in developing minds, which is the need of social interaction. According to Hood et al., we are born into this world with human interactions and relationships (2009); religion is able to follow up on this humanistic urge to socially gather by forcing each other to congregate. Through these methods of congregating is what provides individuals with the final tool to determine what kind of person they are and also how they will control their environment. The congregation of individuals of the same cognitive and motivational backbones provides a perfect sense of integration into a social group with similar beliefs and practices. The ability of religion to successfully achieve such interconnectedness within each group is what strengthens the bond between religion and self.

"*There is a Time to be Born and a Time to Die*" (Ecclesiastes 3:2a): Jewish Perspectives on Euthanasia.

Reviewing the publications of prominent American rabbis who have (extensively) published on Jewish biomedical ethics, this article highlights Orthodox, Conservative and Reform opinions on a most pressing contemporary bioethical issue: euthanasia. Reviewing their opinions against the background of the halachic character of Jewish (biomedical) ethics, this article shows how from one traditional Jewish textual source diverse, even contradictory, opinions emerge through different interpretations. In this way, in the Jewish debate on euthanasia the specific methodology of Jewish (bio)ethical reasoning comes forward as well as a diversity of opinion within Judaism and its branches.

Despite the advent of rapid advances in technology, the concept of euthanasia is not a new one to Judaism. Judaism recognises the pain suffered by the dying individual and its effects on the family. However, the Jewish faith has always strongly reacted against the compromising of a person's right to live, even in the face of extreme desperation when it may appear to them that life holds no meaning. Judaism firmly believes that only G-d has the right to extinguish life. In religious morality, the body is essentially the property of G-d, and one has no right to decide the fate of one's own body. Judaism has always taught that life, no less than death, is involuntary. Only the Creator, who bestows the gift of life, may take away that life, even when it has become a burden rather than a blessing.

No distinction can be made between one person and another when the issue is right to life. Age, colour, sex, and physical disability are not of any consideration in this matter, as human life cannot be relativised.

However, impediments to a natural death can be removed, firstly ascertaining that the conditions for doing so are properly considered. Rabbi Apple of the Great Synagogue in Sydney writes that, "Among rabbinic ethicists, Rav Moshe Feinstein holds that when a patient is gripped by unbearable pain and suffering, nature should be allowed to take its course. Thus when a patient is on a respirator and the machine is temporarily removed for servicing, if the patient shows no sign of life the machine need not be restored."

But the concept of euthanasia in Judaism is still more problematic. Is a physician required to prolong the dying process through every available means possible for as long as possible? In Halachic literature it is written that a *gosses*, a 'dying patient', according to many rabbinic authorities, does not require the use of all available means to prolong life, or for that matter, prolong the process of dying. A *gosses* has been defined as a person who will die within seventy-two hours. Yet modern technology has allowed the person to be kept alive for far longer than seventy-two hours. Thus the development of technology has complicated the issue, for how do we know when to remove the treatment that may artificially be withholding the individual from death?

Rabbi Apple cites Moses Isserles on the topic, "If there is something which inhibits the soul's departure, such as a nearby noise of knocking like wood-chopping, or if there is salt on the patient's tongue and these hinder the soul's departure, then it is permitted to remove them from there because this does not entail a (positive) act but only the removal of an impediment to death."

In the contemporary society, ethical issues raise more and more controversial debates. This has also emerged regarding the concept of euthanasia, given that it involves the decision of the patient who is facing the last phase of his life. Since this issue raises more and more debates, we consider it appropriate to bring into discussion the ethical aspects involved by the decision of dying a dignified death. In this article, we consider it would be appropriate to bring into discussion the ethical aspects involved by the decision of dying a dignified death. The aim of this article is to analyze the concept of euthanasia starting from the idea that a person in the terminal phase of an illness should have the right to decide about his own death. Researchers' opinions are divided, the euthanasia being interpreted as involving different areas such as medicine, philosophy, Law and theology. In the context where the question of the individual quality of life is raised, is there the right to choose a dignified death? The Romanian legal framework has not regularized this practice yet, but countries such as Switzerland have reached the conclusion that the dignity of the individual and his right to die a dignified death should be among the privileges granted within the individual freedoms. Because it is a rather old practice, in the contemporary society euthanasia has drawn the attention of all the fields, and various researchers have expressed their views regarding the end of life; hence the problematic relation between euthanasia and the freedoms and rights provided by democracy. What delimitates the particularity of this practice is exactly the trans-disciplinary dimension, the analytical coordinates that we intend to picture in this approach which we consider it to be closely related to the social reality.

Euthanasia – the Right to a Dignified Death.

Preliminary aspects. Defined as the action of ending a person's life in a painless way, euthanasia is better known under the term of beautiful death. Being called the right to a dignified death, euthanasia is mainly a problem of the contemporary society, which has drawn the attention of the entire world; the vast majority have a favourable opinion regarding this concept. The current controversy over the issue arises because, on the one hand, the Church categorically opposes such practices and medicine, on the other hand, seeks to provide an alternative to the suffering of terminally ill patients. In today's society the term euthanasia is rather identified with suicide or murder, while in countries such as Belgium or Holland this aspect has been legalized; it is believed that in the case of a person whose death is inevitable, the alleviation of suffering is a human action. The term euthanasia has been given multiple definitions; Daniel Behar believes that it means an action by which painless death is provided to a person suffering from an incurable and painful disease; this is actually mercy killing, or mercy death (Behar, D., 2007). Specific literature provides a classification of euthanasia: active or positive, passive or negative, direct and indirect euthanasia, voluntary and involuntary euthanasia (Behar, D., 2007). In the current context, the term euthanasia takes different forms, such as: *dysthanasia*, a word derived from *discare*, which means barrier, and *thanatos*, which means death (Behar, D., 2007), *anti-dysthanasia* or let him die in peace (Behar, D., 2007), *orthothanasia*, a term which was firstly used by doctor Boskan in Belgium (Higuera, 1977).

Euthanasia or the right to life and death. The law generally aims at regularizing the individual's life. Whether we speak about political freedoms or economic freedoms, the freedom to choose between life and death (Damian, et al., 2013) is given by the legal framework in force in a specific country. In this context, developed countries have adopted a pro euthanasia stance as a result of the decision of the individual suffering from a terminal illness. However, controversy arises in third world countries and in countries where the religious aspect has an impact on the consciousness of the individual; in this context, as medical practice, euthanasia contradicts the Christian values, often being considered suicide or murder. In medical practice, however, euthanasia is viewed in a totally different manner:

they raise the question of the patient's suffering, especially in the case of terminally ill patients. Nevertheless, anthropological studies have highlighted euthanasia practices, especially in the primitive communities; given that they were unable to continue their life normally, euthanasia was considered a humanitarian act (Pascucci del Ponte, E., 2003). In the Middle Ages, under the influence of Christianity, such practices were forbidden, but not completely suppressed, due to the fact that, in certain circumstances, euthanasia was considered an act of mercy towards the incurably ill (Pascucci del Ponte, E., 2003). The Renaissance era brought with it a change of mentality and the modern era had to face this aspect under different forms and with different results (Pascucci del Ponte, E., 2003). In this context, the Euthanasia Society was founded during the early twentieth century, specifically in 1925; it helped with the creation of a favourable public opinion regarding the concept of euthanasia. The concept of euthanasia involves fields such as medicine, law (Ignătescu, 2013), philosophy or religion, etc., fields that support a particular point of view in relation to the rights and freedoms of the individual. In this context, Tomas Requena Lopez believes that man does not come into the world of his own will and in most cases does not leave the world of his own desire (Requena Lopez, T., 2009); Death is not opposite to life; death is identified as the act of dying and not a state or a sequence of acts (Requena Lopez, T., 2009).

For the medical field, euthanasia is a sequence of acts; Enrique Bonete Perales has identified the Decalogue of the ten ethical issues at the end of the existence:

1. Deadly phase or anthropologically a priori;
2. Healing the sick or the doctor's main mission;
3. Nursing the sick or a new palliative mission of medicine;
4. Communication or the right to know the truth;
5. Therapeutic obstinacy or the limits to medicine;

6. Sedation in the event of agony or the consciousness of the dying;
7. Assisted suicide and euthanasia or the limits of autonomy;
8. Objection or the doctor's right;
9. Organ transplantation or the noble act of donating;
10. Anticipated will or the issues regarding death (Bonete Perales, E., 2008).

The Declaration of Venice, adopted in October 1983, includes the moral criteria: "The health care professional may alleviate the suffering of a terminally ill patient by withholding the treatment with the patient's consent or the family's consent if the patient cannot express his desire. The doctor should avoid any extraordinary measure that does not benefit the patient". Controversy regarding euthanasia is quite broad involving, on the one hand, issues such as the end of life, the dignity of the person and the role of medicine, and on the other hand the self-determination of the persons (Royes A., 2008). Albert Royes believes that in the societies where pluralism is an important value, people's opinion and attitude towards the command of their own lives is more and more frequently understood as an exercise of freedom and personal dignity (Royes A., 2008).

Among the senses of euthanasia, social and neonatal euthanasia came to prominence. Neonatal euthanasia regards children who suffer from mental illness or physical deficiencies and involve considerable physical pain or the decline in the mental abilities (Pascucci Ponte, Enrico, 2003). Due to the fact that in the case of children no distinction is made between euthanasia and eugenics, Manuel Cuyas believes that in order to give a specific meaning to the term euthanasia this issue should not involve suicide or mercy killing. In such cases, one appeals to death in order to end a life which is not appreciated (Cuyas, M., 1991).

Practicing euthanasia entails different views, depending on the field. In this paper, the authors will refer strictly to the values promoted in the democratic societies. From the moral point of view, opinions are divided: it is raised the question that life is sacred and no one besides God has the right to decide on this.

On the other hand, the proponents of euthanasia argue that the human life is not absolute and there are circumstances where we must give way to other values; and for this reason, we must take into account the quality of life (Pascucci Ponte, E., 2003). In relation to the quality of life, it is understood that it is not life that is sacred, but what the subject is satisfied with from the qualitative perspective. Because the quality of life is more subjective, welfare and happiness are the criteria for assessing and justifying the human acts in different contexts. As a result, happiness is the justification of the human acts (Pascucci Ponte, E., 2003). Regarding human dignity - a ground rule - Jorge Mechan Price believes that since life existed before the individual, then the individual cannot have power over the biological fact of his life (Mechan Price, J., 2008). The author argues that euthanasia contradicts ethics; however, this does not prevent the doctor from respecting the patient's desire to let the natural process of death continue its course in the terminal phase of the disease (Mechan Price, J., 2008). Regarding the controversial discussions on this subject, philosopher Julian Săvulescu, together with Dominic Wilkinson, believes that euthanasia accompanied by organ donation is a rational practice, because the individual has the ability to do well post mortem by saving a life (Sandu, A., 2012).

Conclusions.

Regardless of the legal meaning of this practice, the individual is the master of his own acts. The situation in which the quality of life is deteriorating because of illness must draw the attention of the authorities to form a legal framework for such practices. Although in relation with the legislation such actions are condemned, the physical suffering of the terminally ill individual should be alleviated if drugs are no longer effective. It's not about suicide or eugenics, but the right to die a dignified death, to have the opportunity of choosing between death in agonies and painless death. In this article we have brought into consideration the euthanasia, highlighting that persons with incurable diseases in terminally phase of illness may have the right to decide of his own death. Defined to be a beautiful death, euthanasia involves different sectors applauded with the question of whether it is an act of killing or an exercise of freedom and personal dignity.

CHAPTER TWO:
Jewish view on euthanasia

Introduction.

The Hebrew Bible frequently confronts us with the finiteness of man's existence. Not only Genesis 3:19b provides this irrefutable wisdom, when uttering the verse "For dust you are and to dust you will return", a few books further also Ecclesiastes 3:1–2a reminds us of being mortal beings, stating: "There is a time for everything and a season for every activity under heaven: there is a time to be born and a time to die". Death is an inescapable fact. It is an absolute truth. The certainty of death, however, is covered up with mysteries. Much as our death is certain, the circumstances in which we will die are not predictable. Death's time, place and circumstances - as a result of old age, accident or illness - are beyond reach of human knowledge. "It is in God's hands", so would many religious people - whether Christian, Muslim or Jewish - say. As finite beings, we all are susceptible to death and illness.

Today, the realm of death and illness has changed. During the past decades, biomedical technology has developed significantly. As a result of this medical revolution, the power of humankind within the domain of life and death has increased. Making use of available biomedical technology human beings are not only able to control and cure diseases, but also to regulate their own life project, even their own death. Consequently, during recent years we are all the more confronted with ethical challenges and questions. Human beings, adhering to a specific worldview or religious tradition, deal with these ethical issues in various ways. One's worldview, one's conception of transcendence and immanence - in other words, the way everything is according to a situated human being - influence one's opinion on what ought to be (Newman 2005, pp. 18-19; Gielen et al. 2009), for example what ought to be done when confronted with terminal illness and unbearable pain.

The aim of the present work is to explore Jewish perspectives on a most pressing contemporary bioethical issue: euthanasia. This quest is considered within the broader framework of the specificities of Jewish (biomedical) ethics and its methodology. Therefore, this article will first shed a brief light on the Jewish religious tradition as such and attention will be paid to religious convictions and ethical reasoning of the three largest branches of Judaism: Orthodox, Reform and Conservative. After this short introductory note, the central topic of this article is addressed: how does the Jewish tradition cope with euthanasia? First, Jewish textual sources are quoted, which are usually referred to and interpreted when the ethical question of euthanasia is addressed. Next, we show how different rabbis - we made a selection of prominent *rabbis* and *poskim* (specialists of Jewish law) from the three largest Jewish branches - reach diverse, even opposite, conclusions with regard to euthanasia, based on their interpretation of these sources. In this way, the threefold aim of this work is met: (1) presenting a non-exhaustive overview of Jewish perspectives on euthanasia, which reflects (2) the characteristic text-centeredness of Jewish (bio-)ethical reasoning and (3) Judaism's essential diversity and the specific features of its largest branches.

Although Reconstructionism is a full-fledged Jewish movement in the United States, within the scope of this article, we decided not to include Reconstructionist reflections on the matter at hand, as the Reconstructionist movement is substantially smaller than the

Orthodox, Reform and Conservative branch of Judaism, considered on a worldwide as well as American scale. The 2000–2001 National Jewish Population Survey (NJPS) indicates that only 2% of American Jews considers themselves to be Reconstructionist, in contrast to 13% Orthodox, 26% Conservative and 34% Reform (Ament 2005). Yet, for Reconstructionist reflections on end-of-life practices and ethics, consult Teutsch (2005) and 'Behoref Hayamim' (Reconstructionist Rabbinical College 2002).

Definition of Jewish Identity.

Since the purpose of this article is to present Jewish religious opinions on euthanasia, this article covers only a small part of the Jewish world, for only a minority of the approximately 14 million Jews worldwide can be characterized as religious. Often, it is assumed that because a person is a Jew, he/she adheres to the Jewish religion. S. Brachfeld (2000, p. 9), however, indicates that only 15–20% of all Jews is religious. Yet, exact figures on this do not exist and only estimations can be indicated. Still, it can be argued that the Jewish religion in fact "divides the Jewish people today, perhaps almost as much as it divides Jews from non-Jews" (de Lange 2000, p. 2). The majority of contemporary Jews are only Jewish in an ethnical sense: their Jewishness has nothing to do with religion or with God. These non-religious Jews are secular Jews, whose daily life choices are not guided by the world of Jewish sacred texts. "Some of these Jews may be atheists; many may be simply indifferent to Judaism, about which they know very little. Many nonetheless continue to regard themselves as 'good Jews'" (Neusner 1975, p. 6). Non-religious Jews perceive the Jewish faith as a "traditional, folkloristic, mystical or historical part of the ancient culture" (Brachfeld 2000, p. 9). Religious

Jews, on the other hand, adhere to a specific world view and way of life and are embedded in a religious community (Neusner 2006, pp. 2–3). For them God is central, and their daily life choices are guided by the path God stipulated for them in prescriptions and commandments (mitzvoth). Nevertheless, as will appear in this article, representing religious Judaism one-sided would do harm to its essential variety.

The (Heterogeneous) Specificity of Jewish Ethics.

Indeed, characterizing religious Judaism is utmost delicate. Schulweis (1995, p. 25) expresses this inner-Jewish heterogeneity through the symbol of "a broad river with multiple branches running into the sea". The largest Jewish branches are Orthodox, Conservative and Reform Judaism. Before turning to this in detail, the characteristic properties of Jewish ethics are highlighted.

Jewish (biomedical) ethics - like all ethics - starts from an issue which is experienced as problematic. The specificity of Jewish ethics consists in providing an answer to this question by addressing religious authorities, whose writings are preserved in traditional Jewish literature. In other words, confronted with a (contemporary) ethical question, rabbis address the rich Jewish tradition (of textual sources) in order to provide an answer. Jewish ethical reflection arises out of specific cases: individual Jews - confronted with an ethical dilemma - can ask a rabbi for guidance. In this sense, Jewish ethics is case-based and concentrated on concrete human behavior rather than on general claims of faith and theology (Kellner 1978, p. 5): "It's a tradition of ongoing questioning rather than one of absolute theological law passed down from above" (Goldsand et al. 2001, p. 221). Noticing this, Jewish ethics makes use of a bottom-up approach.

As Jewish revelation theology indicates, traditionally Judaism has been a law-based religion, with virtually all aspects of life governed by a comprehensive system of laws, called halacha (Newman 1992). Literally, halacha means 'the way' and is referred to as the Jewish religious law which can be defined as follows: "normative rules for conduct, laws that instruct the faithful on the sanctification of everyday life" (Neusner 2002, p. vii). The Jewish law consists of a corpus of texts, ranging from the Torah, the Talmud, Codes of Jewish law, to modern responsa - written in question (*she'eilah*) and answer form (*teshuvah*) - which try to apply Talmudic discussions and regulations to contemporary circumstances and specific cases. Noticing this, Jewish legal and ethical reasoning consists of an interpretation of these sources. "The Jewish ethicist discovers within God's revelation norms that can guide us in the present. The traditional rabbi, much like judges in a common law system, finds the proper precedents within this biblical and rabbinic literature and then applies them to the case at hand" (Newman 1992, p. 311)..

Of course, in this process interpretation plays a crucial role, as well with regard to getting acquainted with the case at hand, as with regard to distilling relevant literature and principles. The complexity and the contextual nature of halachic questions implies that there is a variety of (halachically valid) answers to one question. The heterogenic characteristic of Jewish ethics is also influenced by the way in which the authority of halacha is perceived. There exists - within Judaism - a range of opinions on the normativity and authority of these traditional texts. As a result, Jewish ethical reasoning depends on rabbis' and ethicists' concrete interpretive process and on the perceived status of halacha, as either normative or advising (Ellenson 1995). Nevertheless, the ethical decision-making process is always - exclusively or not exclusively - halachic (Mackler 2003, p. 45; Jage-Bowler 1999, p. 219).

Jewish Branches.

The heterogenic characteristic of Jewish ethics has to be situated against the background of an inner-Jewish heterogeneity. In response to modernity and Enlightenment in nineteenth century Germany different movements have originated within the Jewish tradition, whose ascribing significance to the religious tradition when answering ethical questions is quite divergent. Yet, the three largest branches of the Jewish faith tradition - Orthodox, Conservative and Reform - even reflect an inner diversity. Nevertheless it is possible to describe some common tendencies, with regard to theological convictions and ethical reasoning, within each movement. Given that few contemporary Jews world wide and even in the United States consider themselves to be Reconstructionist (Ament 2005) we choose explicitly to stick to the three largest movements of Judaism and not to expand on Reconstructionist Judaism

The three branches can be situated on an axis, on which the Orthodox and Reform movement constitute the opposite extremes, while the Conservative branch occupies an intermediate position. The Orthodox branch, which originated in response to the Reform movement to protect the integrity of the Jewish faith, is situated on the right side of the axis, being the most traditional of the largest movements, as it considers the Torah as the direct and definite revelation of God's will (Kellner 1978, p. 16). Orthodox Jews believe that God has revealed the Torah to Moses literally, word by word, "in a form identical to our printed text" (Mackler 2000, p. 7). Consequently, in their opinion, Torah and Talmud are divinely inspired and revealed and are essentially unchanging and immutable. Concerning ethics, halacha is considered as being the will of God, normative for all Jews, living in all times and at all places (Kellner 1995, p. 17; Zemer 1999, p. 41).

Confronted with contemporary ethical issues, Orthodox rabbis or *poskim* - halachic specialists - address the halacha as an absolute divine norm, believing that Jewish law has to guide Jews through their lives and daily life choices. Their traditional ethical decision-making process is often described as a legal model or as "halakhic formalism" (Ellenson 1995, p. 130), consisting of halachic analysis resulting in interpretations that become normative and binding on Orthodox adherents. Yet, the Orthodox Jewish community is not monolithic, taking for instance the lack of a coordinating Orthodox Jewish body, and consequently, the lack of definitive, authoritative halachic rulings into account. All rabbis have the right to investigate an ethical dilemma and to give a (binding) answer through an interpretation of the sources. The weight ascribed to this decision depends on different factors, for instance the reputation of the rabbi as specialist or *posek* (in a certain halachic domain) (Flancbaum 2001, p. 31). Anyhow, rabbinic authority is most central (Mackler 2003, p. 52).

On the other side of the spectrum, on the left side of the axis, Reform Jews hold to a dynamic and progressive revelation. *Torah* is mainly seen as a human writing, based upon human beings' understanding of God's will. Similarly, the *Talmud* is considered not to be divine, but human in origin, as a human analysis of the laws of the Torah as they were understood in Talmudic times (Jacob 1987, p. xx). As the "God-given authority" (Freehof 1960, p. 21) of rabbinic literature is denied, Reform Jews reject halacha as eternal and universal norm which exceeds space and time (Freehof 1960, pp. 5, 20). Indeed, the early Reform movement was even "averse to the rabbinical literature, the Talmud and the codes, which were the source of the rabbinical authority" (Freehof 1960, p. 15), stressing its biblical and prophetic inspiration. The halachic tradition was viewed as "rigid and arcane, a relic of another time" (Newman 2005, p. 133). In the contemporary Reform branch, this antinomian tendency "remains part of the Reform perspective" (Jacob 2004, p. 72), but it is weakened to a large extent. Nowadays, looking for an answer to a contemporary ethical question, halacha is addressed. It can offer guidance to individuals but has no binding authority (Freehof 1960, pp. 21–22, 1969, p. 7; Cohen 2005; Newman 1995, p. xxi). Although a rabbi can give advice, "individual autonomy remains predominant" (Mackler 2003, p. 52; Plaut and Washofsky 1997, p. xv). At the same time, Reform thinkers warn for unbridled autonomy (Plaut and Washofsky, pp. xvii–xxi) and plead for a "harmony between discipline and freedom, between loyalty and individuality" (Freehof 1974, p. 6). Thus, the responsa of the Central Conference of American Rabbis (CCAR) try to guide and advise Reform Jews with regard to their daily (autonomous) life choices (Freehof 1960, p. 22; Plaut and Washofsky 1997, p. xxviii) .

The Conservative movement, which originated as a traditionalist response to Reform Judaism, occupies an intermediate position. It constitutes a compromise between the Orthodox and Reform branch. Torah and Talmud are regarded as both divine in origin, but significantly shaped "by human reception, transmission and interpretation" (Mackler 2000, p. 7; Mackler 2003, p. 48; Küng 1992, p. 429). In contrast to Orthodox Judaism, Conservative Jews do not consider Torah as a literal account of God's words. The Jewish people's divine experiences are the source and essence of halacha, which is liable to changes and historical developments. Yet, although being a historical developed entity, halacha plays a definite and normative role. Conservative Jews assume that qualified rabbis can reinterpret and change Jewish law, as the historical context of the Biblical times does not necessarily reflect our contemporary context. The rabbi is looked upon as a halachic guide, who interprets Jewish law from a contemporary perspective, taking into account its historical development. In this sense, the ethical model triumphing in this movement is "tradition and change" (Küng 1992, pp. 430–432; Mackler 2000, p. 7). Within the Jewish Conservative community the

Committee on Jewish Law and Standards (CJLS) of the Rabbinical Assembly, decides upon halachic questions. The CJLS can proclaim official halachic positions of the Conservative movement. Yet, also deviant opinions, without official recognition of the committee are tolerated. Moreover, as stated on the website of the Rabbinical Assembly, the advice of the local rabbi has to be taken into account. When deciding upon an ethical dilemma the individual's and rabbi's authority are usually balanced (Mackler 2003, p. 53).

Summarizing, within each movement halachic literature is addressed when rabbis are confronted with an ethical dilemma. Diversity between the Jewish branches does not consist in a consultation or rejection of halacha, but in the way halacha and its interpretation is perceived, as binding or advising. Simultaneously, we must beware of giving a biased and simplistic portrayal, as Reform, Conservative nor Orthodox Judaism are entirely monolithic. The Reform branch has a non-halachic side (Jacob 2004) and alternative approaches to Jewish ethics are found in all movements (Newman 1995, p. 138–147). Anyway, Jewish ethics is founded on the Torah as primary source—but not necessarily exhaustive or exclusive—and presupposes reference to the Jewish tradition (of interpretation) (Newman 2005, p. 117).

Jewish Religious Sources on Euthanasia.

In order to give an overview of Jewish opinions on euthanasia it is essential first to quote some Jewish religious texts which are widely adopted and interpreted when rabbis are discussing euthanasia as an ethical topic. In the next section of this article an overview of Orthodox, Conservative and Reform opinions based on these textual sources is presented. Working in this way we meet the characteristic property of Jewish ethics, namely searching an answer to a concrete ethical concern starting from the textual tradition. Often, from one textual source diverse, even contradictory, opinions emerge through different interpretations.

The first important source, Semahot 1:1–4, is described within the literature of Jewish medical ethics as the laws of *goses*. Within Jewish religious law a *goses* is defined as a person who is expected to die within 72 h or 3 days and is recognizable by the death rattle (Jakobovits 1959, p. 349). Because of the weakened condition of the *goses* and "in order to avoid any risk that an individual caring for a *goses* would inadvertently shorten his or her life and be liable to capital punishment" (Kinzbrunner 2004, p. 564) the care of the moribund person was enclosed with some strict rulings, such as the prohibition to touch a *goses*. The Jewish law considers a *goses* as a living person in every respect and, being even in his last moments of life, he has to be treated according to this living status (Jakobovits 1959, p. 121; Sinclair 1989, p. 9; Sinclair 2003, p. 181).

A dying man is considered the same as a living man in every respect. [...] His jaws may not be bound, nor his orifices stopped, and no metal vessel or any other cooling object may be placed upon his belly until the moment he dies, as it is written: *Before the silver cord is snapped asunder, and the golden bowl shattered, and the pitcher is broken at the fountain* (Eccl. 12:6). He may not be stirred, nor may he be washed, and he should not be laid upon sand or salt, until he dies. His eyes may not be closed. Whosever touches him or stirs him sheds blood. Rabbi Meir used to compare a dying man to a flickering lamp: the moment one touches it he puts it out. So, too, whosever closes the eyes of a dying man is accounted as though he has snuffed out his life. There may be no rending of clothes, no baring of shoulders, nor eulogizing, and no coffin may be brought into the house, until the moment he dies (Semahot 1:1–4).

The second important rabbinic source often cited and interpreted when rabbis and ethicists reflect on euthanasia is Bavli Avodah Zarah, telling about the *martyrdom* of Rabbi Hanina ben Teradion who was executed by the Romans because of ignoring a Roman prohibition to study and teach the Torah.

Straightaway they took hold of him, wrapt him in the Scroll of the Law, placed bundles of branches round him and set them on fire. Then they brought tufts of wool, which they had soaked in water, and placed them over his heart, so that he should not expire quickly… […] 'Open then thy mouth' [said they] 'so that the fire enter into thee.' He replied, 'Let Him who gave me [my soul] take it away, but no one should injure oneself.' The executioner said to him, 'Rabbi, if I raise the flame and take away the tufts of wool from over thy heart, will thou cause me to enter into the life to come?' 'Yes,' he replied. 'Then swear unto me' [he urged]. He swore unto him. He thereupon raised the flame and removed the tufts of wool from over his heart, and his soul departed speedily (Avodah Zarah 18a).

Bavli Ketubot 104a is another Talmudic source often cited regarding euthanasia, a story about the death of Rabbi Judah HaNasi, the compiler of the Mishnah.

On the day when Rabbi died, the rabbis decreed a public fast and offered prayers for heavenly mercy. […] Rabbi's handmaid ascended the roof and prayed: 'The immortals desire Rabbi [to join them] and the mortals desire him [to remain with them]; may it be the will [of God] that the mortals may overpower the immortals.' When, however she saw how often he resorted to the privy, painfully taking off his tefillin and putting them on again, she prayed: 'May it be the will [of the Almighty] that the immortals may overpower the mortals.' As the rabbis incessantly continued their prayers for [heavenly] mercy she took a jar and threw it down from the roof to the ground. [For a moment,] they ceased praying, and the soul of Rabbi departed to its eternal rest (Ketubot 104a)

"Two Jews, Three Opinions”.

Jewish Opinions on Euthanasia.

The Jewish folk saying “two Jews, three opinions” illustrates the wide diversity of opinions within Judaism on a range of topics. Also with regard to euthanasia there seems to be no definitive Jewish stance. Although rabbis belonging to different Jewish movements base their judgments on common Jewish sacred texts - such as those cited above - they often do not reach the same conclusion (Ellenson 1995). Reviewing opinions and interpretations with regard to euthanasia of prominent American Orthodox, Conservative and Reform rabbis, who have (extensively) published on the matter, a diversity between and within the largest Jewish branches appears. In contrast to the Conservative and Reform branch of Judaism, in the Orthodox movement, reviewing the literature, we did not find any advocate of euthanasia.

Given the central aim of this article - reflecting upon the specific, text-centered nature of Jewish (bio-)ethical reasoning, by describing diverse Jewish viewpoints on euthanasia - it would not be feasible nor useful to give an exhaustive overview of virtually all opinions of important *poskim*, *rabbis* and *non-rabbinic* academic scholars with regard to the issue at hand. Therefore, we made a selection of opinions of prominent rabbinic figures.

Orthodox Movement:

Rabbi David Bleich’s Arguments Against Euthanasia.

On the Orthodox side Rabbi David Bleich is a radical opponent of euthanasia and an advocate of an absolute sanctity-of-human-life approach. Consequently, some characterize him as a “*vitalist*”

(Thomasma 1999, pp. 59–60; Cohen-Almagor and Shmueli 2000, p. 125). According to Bleich (1981, p. 135, 2010, p. 25) not only human life in general is of infinite and inestimable value, but even every moment of life, since "the quality of life which is preserved is never a factor to be taken into consideration" (Bleich 1979a, p. 19). According to him this is illustrated by the Talmudic assertion that even on Sabbath efforts to free a victim buried under a collapsed building must be continued even if the victim is found in such circumstances that he cannot survive longer than a brief period of time. Additionally, he refers to a passage in tractate Sanhedrin (37a) of the Babylonian Talmud which provides most eloquently the view that the value of human life is extremely important and takes precedence over virtually all other considerations:

> *For this reason man was created alone, to teach that whosever destroys a single soul of Israel, scripture imputes [guilt] to him as though he had destroyed a complete world; and whosever preserves a single soul of Israel, scripture ascribes [merit] to him as though he had preserved a complete world*.

According to Bleich this source provides the basis of pikuah nefesh, the duty to save and preserve human life. This commandment is based on the Jewish religious conviction that human beings are only stewards of their body: "never is he [man] called upon to determine whether life is worth living—this is a question over which God remains the sole arbiter" (Bleich 1979a, p. 19). As God's creation, we do not own our human body. Instead, it is God's property. Consequently, in Bleich's opinion "man does not enjoy the right of self-determination with regard to questions of life and death" (1979b, p. 269). Human life has no instrumental, but an intrinsic value. It is a "*bonum per se*" (Bleich 1993). Man's task is to preserve, to dignify and to hallow this divine gift.

Bleich interprets the Jewish religious source Semahot 1:1–4 literally. His conclusion when reading it is: "Accordingly, any movement or manipulation of the dying person is forbidden" (Bleich 1981, p. 137) since the candle's flickering flame risks to become extinguished by the slightest touch. Briefly referring to a codification of Rabbi Moses Isserles in this regard, Bleich takes the view that the death of a *goses* may not be speeded, but there is also "no obligation to perform any action which will lengthen the life of a patient in this state" (Bleich 1979a, p. 33). When reading Bavli Ketubot 104a he recognizes the fact that the female servant prayed for the death of Rabbi Judah. Following some rabbinic authorities Bleich concludes that "although man must persist in his effort to prolong life, he may, nevertheless, express human needs and concerns through the medium of prayer" (Bleich 1978, p. 302, 1979b, p. 271, 1981, p. 143). Further on he states that there is "no contradiction whatsoever between acting upon an existing obligation and pleading to be relieved of further responsibility […] But ultimately the decision is God's, and God's alone." (Bleich 1978, p. 302, 1979b, p. 271, 1981, p. 143). Taking these textual interpretations into account Bleich is of the opinion that the practice of euthanasia is contrary to the teachings of Judaism. According to Bleich, in Jewish law every positive act which hastens death is equated with murder, "no matter how laudable the intentions of the person performing the act of mercy-killing may be" (Bleich 1981, p. 136). Despite the noble intent and "no matter how hopeless or meaningless continued existence may appear to be in the eyes of the mortal perceiver" (Bleich 1993, p. 139), the life of a human being may be reclaimed only by the Author of life and death

Conservative Movement:
Rabbi Elliot Dorff & Rabbi Avram Reisner: Fierce Opponents of Euthanasia.

Within the Conservative branch Rabbis Elliot Dorff and Avram Reisner are both opponents of euthanasia. How do they interpret the cited Jewish sacred sources? First of all, considering the laws of goses, they not only mention tractate Semahot 1:1–4, but they also take, more extensively than Bleich, the codification of this tractate by the sixteenth century Rabbi Moses Isserles into account:

> *It is forbidden to do anything to hasten the death of one who is in a dying condition.... If, however, there is something that causes a delay in the exit of the soul, as, for example, if near to this house there is a sound of pounding as one who is chopping wood, or there is salt on his tongue, and these delay the soul's leaving the body, it is permitted to remove these because there is no direct act involved here, only the removal of an obstacle (quoted in Dorff 1998, p. 199).*

Following this Dorff and Reisner make a distinction between euthanasia and the withholding and withdrawing of life-sustaining treatment. Latter is (more) acceptable, whereas the former is strictly forbidden. In other words, according to these rabbis, a distinction is to be made between the maintaining and prolongation of human life on the one hand and the prolongation of the death process on the other. Although the Jewish tradition asks for the pursuit and maximization of life, the irrefutable wisdom "there is a time to die" of Ecclesiastes 3:2a must be respected: "we are not to stand in the breach to ward off death in its time" (Reisner 2000, p. 252). In the opinion of Dorff (2000, p. 313) the objective of medical care is to act for the patient's benefit. Consequently the pain of the patient can prevent doctors to decide to continue aggressive treatment when there is no reasonable chance of recovery from a terminal illness.

Referring to Bavli Avodah Zarah 18a, the story about the martyrdom of Rabbi Hanina ben Teradion, Reisner (1991, p. 55, 2000, p. 243) urges us to keep in mind those words of Rabbi Hanina affirming the traditional Jewish prohibition to hasten death and the mitzvah of self-preservation: "Let Him who gave me [my soul] take it away, but no one should injure oneself." Although Dorff does not quote this source literally, he states that there is no inviolable and unexceptionable rule in Jewish law that all life is sacred. The Orthodox interpretation of Jewish sacred sources that even small moments of human life, whatever its quality, must be preserved is "a mistaken reading of tradition" (Dorff 2000, p. 312). Dorff stresses that there are cases in which Jewish law requires us to give up life or to take one, for instance when Jews are forced to one of the three cardinal sins - idolatry, murder and forbidden sexual relations, such as incest and adultery - Jewish religious law commands its adherents to choose death. In the case of Rabbi Hanina, a case of martyrdom, taking one's life is an act of Kiddush ha-Shem, the sanctification of God's name.

The message Reisner distills out of Bavli Ketubot 104a resembles Orthodox Rabbi Bleich's interpretation: as human beings we are called to follow the tracks not only of the pro-life praying rabbis surrounding Rabbi Judah, but also of Rabbi Judah's handmaid by responding mercifully in situations of suffering, for instance by requesting God that He would offer a quick and merciful death to the sufferer (1991, p. 56). Without denying the efficacy of the prayer, Reisner (2000, p. 245) does affirm clearly that not the female servant ended the life of Rabbi Judah, but God did. God was the final arbiter, who determined his death.

Taking these traditional Jewish sources into consideration, Conservative Rabbis Dorff and Reisner both conclude that euthanasia is forbidden, while—in certain circumstances and under certain considerations—it may be permitted to withhold and withdraw a life-sustaining treatment

Rabbi Byron Sherwin's Pro-arguments.

Within the Conservative movement, Rabbi Sherwin declares himself to be an advocate of euthanasia. Taking a look at the Talmudic story of the martyrdom of Rabbi Hanina he concludes that life is precious and of intrinsic value, but there are exceptions to the preservation of life, for example killing in self-defense. This "and other forms of 'justified homicide' have been sanctioned as 'necessary evils' by rabbinic tradition" (Sherwin 1995, p. 365).

Whereas in various situations killing another human person may be justifiable and permissible according to Jewish Law, in instances where martyrdom is indicated, killing oneself, allowing oneself to be killed, or killing another person, may be required by Jewish Law. Precisely because martyrdom represents the ultimate expression of the human sacrifice to God (Kiddush ha-Shem), it has been considered throughout most of Jewish history to be the most exalted virtue - transcending the obligation to preserve human life at any cost (Sherwin 2000, p. 41).

According to Sherwin *pikuah nefesh* - preservation of life - is not always an absolute moral imperative (1990, p. 93). To substantiate this thoroughly he makes use of another Talmudic source, which tells the story of 400 children drowning themselves in the sea to prevent being abused by their capturers.

On one occasion four hundred boys and girls were carried off for immoral purposes. They divined what they were wanted for and said to themselves, If we drown in the sea we shall attain the life of the future world. The eldest among them expounded the verse, The

Lord said, I will bring you again from Bashan, I will bring again from the depths of the sea. 'I will bring again from Bashan,' from between the lions' teeth. 'I will bring again from the depths of the sea,' those who drown in the sea. When the girls heard this they all leaped into the sea. The boys then drew the moral for themselves, saying, If these for whom this is natural act so, shall not we, for whom it is unnatural? They also leaped into the sea. Of them the text says, Yea, for thy sake we are killed all the day long, we are counted as sheep for the slaughter (Bavli Gittin 57b).

Taking these sources into account, Sherwin interprets them meaning: "to avoid sufferings certain to result in death, it is permitted to take one's own life, and in such instances it is required to violate the injunctions against injuring oneself" (2000, p. 50). Based on a few additional sources, such as Bavli Ketubot 104a - which, according to him, indicates the permissibility of actively praying for death (Sherwin 1998, p. 93) - and Bavli Pesahim 75a uttering the verse: "therefore, choose an easy death for him", Sherwin concludes that euthanasia may be a halachic option (Sherwin 2000, pp. 35, 61).

Apart from these, a very important source within his pro-euthanasia argumentation scheme is a passage in tractate Sanhedrin (78a) of the Babylonian Talmud, making a distinction between a *goses* and a *terefah*. According to Jewish law a *terefah* is a terminally ill person, not yet in the process of dying, whereas a *goses* is a dying person, who is expected to die within 72 h or 3 days, as a result of illness or of old age. Consequently, not every *goses* can be considered a *terefah*. This seemingly tiny distinction is crucial within Jewish law, which states that a person who kills a *terefah* is not liable to punishment - it is only in God's power to judge and to punish him - because a *terefah* is considered to be a *gavra katila*, a person who is already dead. His blood is considered to be less red in comparison with that of a *goses*, who is regarded as a living person, though in a moribund state in which death is imminent (Sinclair 1989, pp. 19–69).

Taking Jewish law into account on this remarkable point, Sherwin concludes that a physician may be legally blameless for practicing euthanasia.

Conscious of the fact that he is a stranger in his midst when defending this pro-euthanasia opinion, Sherwin (2000, pp. 60–61) concludes:

> *"In view of contemporary realities, I have felt it necessary to defend a position within the framework of classical Jewish sources that would justify active euthanasia in at least certain circumstances. I believe that patients whose last days are overwhelmed with unbearable agony, who have no hope of recovery, who have irreparable organ damage, and who have exhausted all medical remedies should be able to advocate and to practice active euthanasia without feeling they are criminals [...] To be sure, Judaism instructs us to 'choose life' (Deut. 30:19), but Judaism also recognizes that 'there is a time to die'" (Eccles. 3:2*

Reform Movement: Central Conference of American Rabbis (CCAR) Rejects Euthanasia.

On the basis of the *goses* laws, mentioned in Semahot, in its responsa, issued by several rabbis (Freehof, Jacob, Bettan, Plaut and Washofsky) the Reform Central Conference of American Rabbis (CCAR) asserts that man has no right of ownership over his/her body, and consequently has no authority to bring his/her life to a premature end (Freehof 1960, pp. 117–122, 1971, pp. 197–303, 1983, pp. 257–260; Bettan 1983, pp. 261–270; Jacob 1987, pp. 138–139, 1995a, pp. 127–130, 1995b, pp. 131–133, 1998, pp. 153–156; Plaut and Washofsky 1997, p. 337–363). Their holding to a prohibition of euthanasia is also based on the interpretation of the Talmudic sources mentioned earlier.

In the CCAR's responsum 'On the Treatment of the Terminally Ill' (Plaut and Washofsky 1997, pp. 337–363), Bavli Avodah Zarah 18a and Bavli Ketubot 104a are interpreted. With regard to the source narrating the martyrdom of Rabbi Hanina, responsa of the CCAR argue as follows. At first glance, the behavior of Rabbi Hanina in this story is contradictory. On the one hand, Rabbi Hanina refuses to open his mouth and let the fire enter there, in other words he refuses to hasten his death. On the other hand, Rabbi Hanina asks his executioner to remove the wet tufts of wool and to raise the flame and promises him life into the world to come. According to the CCAR (Plaut and Washofsky 1997, p. 357) this is but an apparent contradiction, since we have to keep in mind that this story is a case of martyrdom. Consequently, this story cannot be interpreted as if Rabbi Hanina can appoint the executioner to do anything, for the guard is not the rabbi's agent but his executioner—he is the agent of the Roman authorities. Considered in this way, Rabbi Hanina does not act to participate directly in the hastening of his death, either by his hand or through an agent.

Regarding Bavli Ketubot 104a the CCAR (Plaut and Washofsky 1997, p. 358) asserts that there is a moral difference between taking action to hasten a person's death and withdrawing treatment so as to allow death to occur. The death of Rabbi Judah was not a result of action, but of inaction. Not the servant's prayer for his death causes him to die, but the ceasing of praying by the surrounding rabbis. Moreover, this source does not provide guidance for euthanasia, but it does for the withholding and withdrawing of life-sustaining treatment, for one may not delay death unnecessarily. Importantly, Freehof (1960, p. 119, 1971, p. 200, 1983, p. 258) and Jacob (1987, p. 139) add that asking God to be relieved of suffering is permissible.

Reacting against the minority of Jewish advocates of euthanasia on the basis of Jewish law the CCAR declares: "As Reform

Jews we consider ourselves free to ascribe 'new' Jewish meanings to our texts... in this case, though, we fail to see why we should do so... The unequivocal voice of the halakhic literature renders it difficult to sustain an argument, based upon the citation of a few stories from the Bible and the Talmud, that the 'Jewish tradition' permits euthanasia" (Plaut and Washofsky 1997, p. 340). Similarly, in their responsa Rabbi Bettan (1983), Freehof (1983) and Jacob (1987, 1995a, b, 1998) affirm that (active) euthanasia is irreconcilable with the Jewish tradition.

Rabbi Leonard Kravitz and Rabbi Peter Knobel Accept Euthanasia.

In spite of the clear statement uttered by the CCAR, the Reform movement has its convinced supporters of euthanasia. We highlight the argumentation of two Reform rabbis, Leonard Kravitz and Peter Knobel. Citing the laws of *goses* and the additional rabbinic codification of Rabbi Moses Isserles, to which Bleich, Dorff and Reisner too refer, Kravitz concludes that stopping the woodchopper or removing the salt from the tongue of the dying person are actions being done: "one must go to the wood chopper to tell him to stop and one must reach into the patient's mouth to remove the salt. There is certainly an act involved!" (1995, p. 18). Stating this he rejects the distinction often made by rabbis - see also the argumentation scheme in the CCAR's responsa described above - between action - being done - and inaction - action refrained from being done (2006, p. 86). In the same manner Kravitz goes on interpreting the account of the execution of Rabbi Hanina (1995, pp. 14–15, 2006, pp. 80–82). He argues that this source is often incorrectly interpreted as opposing euthanasia and accepting withholding/withdrawing of life-sustaining treatment, on the basis of Rabbi Hanina's utterance "it's better that

He who gave me my soul should take it and let no one harm himself", while at the same time asking the executioner to remove the wet tufts of wool. Rejecting this wrong interpretation, Kravitz asserts that Rabbi Hanina, faced by death and experiencing terrible pain, changes his mind and facilitates his own death. For, in the opinion of Kravitz—the conversation between Rabbi Hanina and the executioner has the character of a contract.

The executioner said to him, "Rabbi, if I raise the flame and take away the tufts of wool from over thy heart, will thou cause me to enter into the life to come?" "Yes," he replied. "Then swear unto me" [he urged]. He swore unto him. He thereupon raised the flame and removed the tufts of wool from over his heart, and his soul departed speedily (Bavli Avodah Zarah 18a).

"That the executioner asked rabbi Haninah to swear to his answer indicates that both executioner and rabbi knew what was to be the outcome and what was to be the consideration, the quid pro quo" (2006, p. 81). Moreover, as Knobel indicates, the story tells that the executioner is granted immediate eternal life for his act of mercy: "In fact one can read this passage to suggest that relief of suffering which hastens death is not only permitted but meritorious, so meritorious that the executioner is immediately ushered into internal life" (1995, p. 43).

The rejection of the difference between euthanasia (considered as action) and withdrawing/withholding life-sustaining treatment (considered as inaction) is also applied to Bavli Ketubot 104a. According to both Reform Rabbis Kravitz (1995, pp. 15–16, 2006, pp. 82–83) and Knobel (1995, p. 44), the physical act of the maid - throwing down the pot from the roof and as a result startling the rabbis and disrupting their prayers - caused Rabbi Judah to die. Moreover, Knobel asserts that she killed him - out of compassion. Rabbi Judah did not die as a result of 'indirect action', but "the maid's act clearly terminated his life" (Knobel 1995, p. 44). Kravitz (1995, p.

14) holds the same view: "She interfered with Rabbi's life support system. She acted; he died. One may say that she enabled him to die or one may say that she caused him to die; in either case, her act precipitated his death."

Apart from these sources both rabbis refer to the fact that euthanasia, literally meaning 'good or easy death' has its parallel Hebrew term in the Talmud, namely '*mitah yafah*', meaning "a nice death" (Kravitz 1995, p. 21, 2006, pp. 78–79; Knobel 1995, pp. 45–46). This term is found in the Talmudic tractate Sanhedrin 52a in the context of a discussion of a judicial execution. The Talmud tells us that for the condemned criminal we should choose a nice death, i.e. a quick, non-humiliating death. "If we are to view condemned criminals as our neighbors and compassionately provide them with a rapid and non-humiliating death, what, then, is our obligation to innocent life which is suffering terrible pain and humiliating death?" (Knobel 1995, p. 46).

Based on these considerations of the mentioned sources, both Reform rabbis assert that the preservation of life is valued by the Jewish tradition as an important mitzvah, but biological life is not a supreme value which overrides all other considerations. According to Kravitz (1995, p. 21) euthanasia is only an option in case of someone who is in the process of dying and who suffers unbearably. Knobel asserts that in extreme situations the termination of human life is not a sin, but can in fact be praiseworthy. For him, "the determining factor is whether the termination of life is consistent with the preservation of the person as being created *b'tzelem elohim* (in God's image). In other words, does the continuation of biological life violate the sacred character of the individual's life? Therefore, the *aggadah*, the sacred narrative of a person's life, becomes part of the halakhic decision-making process" (Knobel 1995, p. 48).

We conclude this Reform pro-euthanasia view with the words of Kravitz: "Where pain trumps life, where suffering cannot be controlled and recovery cannot be achieved, then if the patient feels that life is no longer worth living, and 'the game not worth the candle', there is no need to extend life, and indeed, there may be a need to shorten it " . (Kravitz, 2006, p. 93)

Jewish medical ethics and end-of-life care.

While Judaism espouses the infinite value of human life, Judaism recognizes that all life is finite and, as such, its teachings are compatible with the principles of palliative medicine and end-of-life care as they are currently practiced. Jewish medical ethics as derived from Jewish law, has definitions for the four cardinal values of secular medical ethics: autonomy, beneficence, nonmaleficence, and justice, with the major difference between Jewish law and secular medical ethics being that orthodox or traditional Jews are perceived to limit their autonomy by choosing, with the assistance and advice of their rabbis, to follow God's law as defined by the Bible and post-Biblical sources. With an understanding of Jewish medical ethics as defined by Jewish law, various issues pertaining to the care of Jewish patients who are near the end-of-life can be better understood. Jewish tradition contains within its textual sources the concept of terminal illness. The shortening of life through suicide, assisted suicide, or euthanasia is categorically forbidden. For patients who are terminally ill, treatments that are not potentially curative may be refused, especially when harm may result. Under certain circumstances, treatments may be withheld, but active treatment already started may not usually be withdrawn. While patients should generally not be lied to regarding their conditions, withholding information or even providing false information may be appropriate when it is felt that the truth will cause significant harm. Pain and suffering must be treated aggressively, even if there is an indirect risk of unintentionally shortening life. Finally, patients may execute advance directives, providing that the patient's rabbi is involved in the process. To everything there is a season and time to every purpose under heaven, a time to be born and a time to die. . . . "[1] (Kinzbrunner' 2001).

These famous words, found in the Biblical book of Ecclesiastes (Kinzbrunner' 2001), generally attributed to the authorship of King Solomon, suggests that Judaism understands that for everyone, death is an inevitable outcome. Yet, based on the Biblical verse " . . . I have placed life and death before you, blessing and curse; and you shall choose life, so that you will live. . . ." (Deuteronomy 30:19), Judaism espouses the infinite value of life, and it is taught that preservation of life, even for a moment, is important enough to violate the Holy Sabbath (Babylonian Talmud Yoma 83a)[2]. From this, one might surmise that, despite recognizing the inevitability of death, Judaism would support using all means possible to maintain life as long as possible irrespective of the patient's prognosis and level of pain and suffering, which is incompatible with the modern definitions of palliative care at the end-of-life. However, as will be demonstrated throughout this paper, Jewish law is compatible with the principles of palliative medicine and end-of-life care as they are currently practiced. That this is so is, perhaps, best demonstrated, as most

[1] This and all subsequent Biblical translations are taken from The Tanach. Art Scroll Series, the Stone edition. Brooklyn, Mesorah Publications, 1996.

[2] The fourth of the Ten Commandments mandates that Jews "Remember the Sabbath day to keep it holy," which includes prohibiting Jews from many different types of work-related and weekday-related activities. Without getting into the technical nature of how these activities are identified and derived, among the activities that are prohibited include cooking, actively using electricity, driving an automobile, and writing. All this changes when someone's life is at stake, a situation known in Hebrew as *pikuach nefesh*. Under the laws of *pikuach nefesh*, one is permitted, and in fact mandated, to violate the Sabbath in order to save a life. This is true even in a case where it is possible but uncertain that a life is a risk, and even if the life will only be saved for a short period of time, which would apply to patients near the end of life, the subject of this paper (Babylonian Talmud Yoma 85a-b, Rabbi Joseph Karo, Shulchan Aruch Yoreh Deah 328:2 and commentaries)

issues in Judaism are, by looking at the Bible and its many commentaries. How did man die in Biblical times? From the time of creation until the death of Jacob at the end of the book of Genesis, the Bible is nondescript about death. From the death of Adam to the death of Abraham's father Terach, the Bible simply provides the person's age, states that he had offspring, and that he died. The deaths of Abraham and his sons Isaac and Ishamel are only covered in slightly more detail, with the Bible stating that each one "died and was gathered to his people."

According to an ancient commentary known as Pirkei DeRebbi Eliezar there was no illness before death. When one's time came to die, one sneezed, and the soul would exit through the nostrils[3]. The Biblical account of Jacob's death, unlike that of his forefathers, occupies more than four chapters at the end of the book of Genesis. Jacob becomes ill, Joseph is summoned and brings his two sons so they can receive blessings from their grandfather. As Jacob's illness worsens, all his son's are summoned to his bedside, where he blesses and instructs them, and then asks to be buried in the Cave of Machpelah in Hebron alongside his parents (Isaac and Rebecca), his grandparents (Abraham and Sarah), and his wife Leah. "When Jacob finished instructing his sons, he drew his feet onto the bed; he expired and was gathered to his people". According to several texts, Jacob had asked God to create illness before death so that one's children could be at the bedside prior to one's final moments, and so that one could bless and instruct one's children before passing on (Babylonian Talmud Bava Metzia 87a, Sanhedrin 107b, Midrash Rabbah Genesis 65:9, Pirkei D'Rebbi Eliezer 52).

[3] According to Pirkei DeRebbi Eliezar, when a person heard someone sneeze, he would responds "life." This is the origin of the custom to say "God bless you" or a similar phrase when someone sneezes.

In essence, what Jacob experienced was the first "hospice" death in recorded history. When he became terminally ill, there were no unnecessary medical interventions. Jacob was surrounded by his loved ones, had the opportunity for blessing and instructing his children, following which he died peacefully. There was one challenge regarding Jacob's request for illness prior to death: no one ever recovered from such an illness, at least not until the time of King Hezekiah of the Kingdom of Judah. King Hezekiah became "deathly ill" (Kings 2, 20:1) and the prophet Isaiah was sent by God to inform King Hezekiah that he would die. Hezekiah prayed to God, and God sent Isaiah back to Hezekiah to inform him that he was adding 15 years to his life (Kings 2 20:1–6). When Hezekiah prayed to God, he asked Him to change the nature of illness from always signifying that death was imminent, to allowing for the possibility of recovery. Hezekiah reasoned that if one had the hope of recovery, one would "fully repent" (Midrash Rabbah Genesis 65:9, Pirkei D'Rebbi Eliezer 52). What King Hezekiah had done was add to Jacob's earlier request by introducing hope into the equation of illness. Moreover, it is this combination, hope in the face of terminal illness, which is central to the Jewish concept of care near the end of life. Likewise, these same principles lie at the core of hospice and palliative medicine as it is practiced today in the United States and throughout the world.

Principles of Jewish medical ethics. Prior to delving into how Jewish medical ethics addresses various issues pertaining to end-of-life care, it is important to under how the basic principles of Jewish Medical Ethics are derived. Judaism is a religion based on God's law, referred to in Hebrew as halacha. The foundations of halacha are based on the 613 mitzvot, translated for this purpose as commandments or precepts, that are delineated in the Torah (which are also known as the five Books of Moses or Chumash in Hebrew, and constitute the first 5 books of the Jewish Bible and the Christian Old Testament). Further understanding of how the mitzvot, 248 of which are positive (things that a Jewish person should or must do) and 365 of which are negative (things that a Jewish person should or must not do), are to be practiced have been derived over time in small part from the remaining 24 books of the Jewish Bible and to a much larger degree from the "Oral Law," believed to have been given to Moses by God along with the written Torah and then passed down from generation to generation, until being recorded in the second century of the Common Era in the form of the Mishnah and, about two centuries later, in its major commentary, the Talmud. Over the centuries, rabbis have utilized these major texts as well as the myriad of commentaries written on them to address various questions and problems related to the practice of Judaism and the *halacha*[4].They have done so by the analytic method of casuistry, in which case examples from the biblical, Mishnaic, and/or Talmudic texts, as well as the commentaries to those texts, are compared to the circumstances surrounding the question or problem at hand.

It is through this method that one can derive *halachic* equivalents for the four cardinal values of secular medical ethics, to which the term Jewish medical ethics may be applied: autonomy, beneficence, nonmaleficence, and justice. (Kinzbrunner BM, 2001) The definitions of each of the values from a secular and Jewish viewpoint are contrasted in Table 1, and from the *halachic*, or Jewish legal, point of view, are discussed below. Autonomy Jewish law recognizes freedom of choice, as it says in the book Ethics of the Fathers: "Everything is foreseen, but the freedom of choice is given" (3:19). However, while God has granted Jewish people with freedom of choice, "(o)bservant Jews abdicate their personal and individual wishes and . . . conduct themselves according

[4] According to the accounts in the Babylonian Talmud Bava Metzia 87a and Sanhedrin 107b, the change in the nature of illness occurred during the time of the prophet Elisha

to what is right or wrong in Jewish legal-moral terms." In other words, while Jews recognize and espouse autonomy as an ethical principle, they voluntary limit their autonomy by using their freedom of choice to make decisions that are consistent with God's law.

Table 1. Jewish Medical Ethics: Definitions

Value	*Secular Medical Ethics*	*Jewish Medical Ethics*
Autonomy	The patient's right to choose among available alternatives.	Autonomy is voluntary limited to being consistent with Jewish law.
	Autonomy in health care today is determinative and the dominant ethical value.	Traditional Jews will look to their rabbi to ensure that their decision-making is consistent with Jewish law.
Beneficence	Physicians provide care that is of benefit to the patient.	Physicians are obligated to heal and benefit patients.
		Patients are obligated to seek beneficial treatment.
Nonmaleficence	Physicians avoid providing care that is harmful.	Physicians avoid providing care that is harmful.
	This principle is considered secondary to beneficence and not always adhered to since many beneficial treatments may also cause harm.	Individuals also have a specific obligation to care properly for their bodies and avoid exposing themselves to bodily harm.
Justice	Providing care that is good for the society as a whole, as opposed to focusing on a specific individual.	Societal good is defined by Jewish law.
		Patient priority is on a first-come, first-served basis.
	Fair allocation of limited health care resources.	In case of conflict, priority is based on defined hierarchy related to social worth.
		Limiting of health care based on available resources is permissible.

This clearly separates autonomy under the Jewish ethical system from that in secular ethics. For while secular Medical Ethics espouses the principle that each individual has the right to choose for him or herself, under Jewish law patients choose to make decisions not based solely on what they might want, think, or feel. Instead, they include God and His law as an active partner and make their decisions accordingly. Therefore, when faced with questions pertaining to end-of-life care, traditional Jewish patients and families will look to God's law and the rabbis who is the expert in God's law, for advice and counsel prior to making choices regarding appropriate end-of-life care.

Beneficence. "To benefit a fellow man is considered to be one of the most important positive precepts in Jewish law," derived from several biblical passages including, "Love they neighbour as thyself" (Leviticus 19:18) and "And thou shalt do that which is right and good in the sight of the Lord" (Deuteronomy 6:18). Regarding the specific obligation of physicians to benefit patients, the repetition of the word "*heal*" in the passage in the book of Exodus "and heal, he shall heal" (Exodus 21:19) is interpreted as an authorization granted by God to physicians to heal patients. Patients also have an obligation to seek beneficial treatment and to be healed. This can be derived from the biblical passage, "Take ye therefore good heed unto yourselves" (Deuteronomy 4:15), which is interpreted to mean that man is obligated to care for his health and life. This obligation is based upon the idea that "man's body and his life are not his to give away (and that) the proprietor of all human life is none other than God himself.[5]"

[5] "The need to consult a rabbi and follow his advice is fundamental to the principles of what is today termed "Orthodox Judaism." As there are areas within Jewish law in which even Orthodox rabbis will disagree, including issues related to end-of-life care, having a specific rabbi one can rely on to answer halachic questions provides an Orthodox Jew with a consistent viewpoint on Jewish legal issues. While an Orthodox Jew who is knowledgeable about specific issues may not feel compelled to consult his or her rabbi, if one does choose to ask the rabbi a specific question, one is then obligated to follow the rabbi's advice in that matter. In other branches of Judaism,

Nonmaleficence. Judaism, much like secular ethics, supports the avoidance of harm. Additionally, just as in secular ethics, the avoidance of harm must always be weighed against the potential benefits of the treatment or intervention being recommended. While there are specific rules as to how medical decisions related to issues of beneficence and nonmaleficence should be made, these rules may be overruled or waived under specific circumstances, some of which will become apparent later in this paper. In addition to the avoidance of harm in respect to treatment by a physician of a patient, Judaism also commands that one protects one's own body from harm and danger. Again, this command has its origin in the Bible. The rabbis have interpreted the verse, "Duly take heed to yourself and keep your soul diligently" (Deuteronomy 4:9) and other similar verses as conferring upon Jews the obligation to avoid bodily harm.[6] This was stated by Maimonides in his Mishnah Torah (Laws Concerning Murder and the Preservation of Life, 11:4,5) and by Joseph Karo in the Shulchan Aruch (the Table of Jewish Law): "The sages prohibited many things because they involve danger to life. Whoever disregards these things and their like and says: 'I will place myself in danger, what concern is this to others?' or 'I am not particular about such things - disciplinary flogging is inflicted upon him."

Justice. Justice is the lynchpin of the Jewish legal and ethical system, as it states in the Bible: "Justice, justice you shall pursue" (Deuteronomy 16:20). From the health care perspective, justice under

such as the Conservative and Reform movements, while the rabbi is available to give religious advice, congregants are not and do not feel compelled to necessarily follow that advice, as do Orthodox Jews."

[6] "This was stated by Maimonides in his Mishnah Torah (Laws Concerning Murder and the Preservation of Life, 11:4,5) and by Joseph Karo in the Shulchan Aruch (the Table of Jewish Law): "The sages prohibited many things because they involve danger to life. Whoever disregards these things and their like and says: 'I will place myself in danger, what concern is this to others?' or 'I am not particular about such things'-disciplinary flogging is inflicted upon him."

Jewish law primarily concerns itself with triage and resource issues. Patient priority is generally defined on a first come, first served basis (Rosner, 2001). In other words, one is obligated to focus one's attention on the patient currently under care. An issue with patient priority may arise when resources are scarce. For example, if there is only one critical care bed remaining in a hospital and there is a patient who needs the bed, one cannot be concerned that a patient may come later who might need the bed more, as according to Jewish law the patient currently under care has priority. When two patients present at the same time, the one with more serious medical problem is given precedence. However, if the medical needs of both patients are equal, priority is given based on a social hierarchy (i.e. rabbi, parent, teacher, priest, etc.) as defined by the *Talmud* and other texts. (Steinberg, 1994; Bleich, 1996).

With the understanding that Judaism's principles for care at the end-of-life share the same basic principles as does the modern hospice and palliative medicine movement, and with a basic understanding of how Jewish law provides definitions to the cardinal ethical principles, one is ready to examine the various issues related to end-of-life care from the perspective of Jewish medical ethics (Table 2).

As we examine the various issues, several caveats need to be remembered. First, the issues being discussed pertain only to patients who are terminally ill (which will be defined below from the Jewish point of view). The various laws regarding patients who are not terminally ill may substantially differ, and are beyond the subject matter of this paper.

This paper is being written from a traditional, or Orthodox, Jewish viewpoint. It is recognized that there may be significant differences of opinion on some of these issues among adherents of Conservative, Reform, and other non-orthodox denominations. (Table 3 highlights some of the basic principles of each of the major Jewish denominations practicing in the United States today. However, a more extensive review is beyond the scope of this article.) Generally speaking, where there are differences of opinion, the non-Orthodox branches tend to be more in keeping with the secular point of view.

The reader must also be cautioned that the information presented is primarily intended for guidance, as even among the Orthodox, differences in opinion regarding end-of-life issues may exist. Therefore, it is highly recommended that whenever end-of-life care decisions are required for care involving traditional Jewish patients and/or families, a rabbi who is knowledgeable in this area should be consulted as part of the decision making process.[7]

Jewish definition of terminal illness.

Jewish law does indeed recognize terminal illness. There are two recognized stages. The first is called *treifah* (defects), which is defined by a prognosis of about one year or less and the second is termed a *goses* (dying), which is what health care providers working in end-of-life care would describe as "actively dying."

Treifah. In the Babylonian Talmud Chullin 42a, the Mishnah defines 18 specific defects that would make an animal that was properly slaughtered and otherwise permitted to be eaten under Jewish dietary laws forbidden as food. The reason why the animal would be rejected is because the presence of any of these defects would indicate that the animal would have died naturally within a finite period of time, most often viewed as approximately 12 months. This is the definition of a *treifah* as it applies to animals. It is important to note that despite advances in modern science and veterinary medicine the defects that define a *treifah* remain in force, even

[7] "In the Babylonian Talmud, Tractate Gittin 45a, the Mishnah states: "One may not ransom captives for more than their value, for the benefit of society."

though the animal may now be cured of the defect. Conversely, a defect not described in the *Talmud* that is now believed to fatal to the animal would not disqualify that animal as a *treifah*.

As applied to man, a *treifah* is likewise defined by the presence of an illness or pathology that "the physicians say . . . does not have any remedy for humans, and it will surely cause his death" (Maimonides, Mishnah Torah, Laws Concerning Murder . . .2:8). Unlike an animal, however, where the specific fatal defects are defined and not subject to change based on advances in veterinary science, specific illnesses or pathologies that may have defined a human as a *treifah* may no longer do so, if advances to medical science have given physicians the ability to cure what previously was an incurable illness. Hence, many infectious and malignant diseases that in the past would have rendered one a *treifah* no longer do so today.

From the standpoint of Jewish law, a human who is considered a treifah is treated differently with respect to the capital crime of murder.

If a *treifah* is murdered, the killer may not be executed[8]. If a *treifah* commits murder, he can only be liable to execution if he commits the crime in front of a Jewish court. If not, even if there are the requisite witnesses, the *treifah* murderer is not liable to execution[9].

[8] The murderer, however, is liable to punishment by the "Heavenly Court" (Babylonian Talmud Sanhedrin 78a, Maimonides, Mishnah Torah, Laws Concerning Murder . . . 2:8), which generally indicates that the individual's punishment will be left in the hands of God

[9] The reason why the *treifah* murderer is not subject to execution in this situation is beyond the subject of this paper. The interested reader is referred to the Babylonian Talmud Sanhedrin 78a and Maimonides, Mishnah Torah, Laws Concerning Murder . . . 2:9 for further discussion."

TABLE 2. END-OF-LIFE CARE ISSUES AND JEWISH LAW

Issue	*Jewish law*
Terminal illness in jewish law	*Treifah*: Incurable illness resulting in a limited life expectancy, typically 1 year or less. *Goses*: actively dying, typically last 3 days of life
Suicide, assisted suicide and euthanasia	Forbidden
Refusal of medical treatment	Treatment may be refused if ineffective, futile, or may cause suffering or significant complications.
Withholding and withdrawing treatment	Withholding: Permitted if treatment will only delay dying process and/or will not provide relief of pain and suffering. Withdrawing: It is forbidden to withdraw life support and other direct life prolonging interventions. Removing "impediments to death" are permitted.
Informed consent and truth-telling	Informed consent must be provided in a sensitive and thoughtful manner. Truth may be withheld from patients if it is believed that the knowledge will be harmful to the patient.
Pain and suffering	It is an obligation to treat physical pain as well as emotional pain and suffering. In the face of intractable pain and suffering, other treatments may be withheld and impediments to death may be removed.
Cardiopulmonary resuscitation (CPR)	CPR may be withheld.
Artificial nutritional support and hydration	Generally must be provided as food and fluids are considered basic care. This should be done in a way that benefits the patient and avoids harm.
Antibiotics	Generally should be provided as infection is considered a separate illness. May be refused or withheld if they only delay the dying process and/or do not provide relief of pain and suffering.
Surgery, chemotherapy, radiation therapy	May be refused or withheld if they only delay the dying process and/or do not provide relief of pain and suffering.
Mechanical ventilator	May be withheld, but once initiated may not be actively discontinued.
Advance directives	Durable power of attorney and/or living will may be used. The patient's rabbi should be included as a decision maker to ensure that decisions are compatible with Jewish law.

Goses. As already stated, a *goses* is a patient who would be described by people working in end of-life care today as "actively dying." This state has been defined in Jewish texts as existing during the last 3 or so days of a person's life and is recognizable by the heavy, labored, erratic breathing that a patient experiences when deathis considered imminent and/or patient's inability to clear secretions from their upper airway, compatible with what is described as "death rattle." A *goses* differs from a *treifah* in that a *goses* is not considered to have a specific illness or pathology, but is considered "an individual whose time has come." In other words, while a *goses* may have been a *treifah*, and may now be actively dying of specific illness, such as cancer, a *goses* may not have been a *treifah*, but may be dying from "old age." (Adult failure to thrive or debility might be more familiar end-of-life descriptors for such patients.) As such, Jewish law does not consider a *goses* to be a treifah, and one is, therefore, liable to capital punishment for shortening the life of a *goses*. Because of the weakened state of the *goses* and in order to avoid any risk that an individual caring for a *goses* would inadvertently shorten his or her life and be liable to capital punishment, the Sages prohibited one from even touching a *goses*. This is best illustrated in the Babylonian Talmud Tractate Shabbos 151b where the Mishnah states, "Whoever closes the eyes (of a *goses*) at the moment of death is a murder," to which the eleventh century commentator Rabbi Solomon Isaac (Rashi) states, "in such a state, even the slightest movement can hasten his death." The twentieth century *posek*,[10] Rabbi Moshe Feinstein, better defined the rules of the *goses*, stating: "Touching does not refer to basic care needs such as cleansing and providing liquids by mouth to overcome dryness. . . . Routine hospital procedures, such as drawing blood or even taking temperature, have no place in the final hours of a patient's life."

As can be seen, the establishment of a Jewish patient as a *goses*, or "actively dying," has clear implications regarding the types of interventions, outside of comfort measures, that are deemed appropriate. However, as a final caveat on this subject, it must be

[10] A *posek* is a highly respected rabbi who makes Jewish legal rulings based on Jewish law.

pointed that "(t)he recognition of the "*goses*" in modern medicine is somewhat controversial, since medication and suctioning can effectively clear secretions, and other interventions, if applied, can prolong or delay the dying process to a point where the patient's status as a "*goses*" could be considered in doubt." Therefore, a competent and knowledgeable rabbi should be consulted when attempting to determine whether a Jewish patient has the status of a *goses*.

TABLE 3. COMPARISON OF VARIOUS JEWISH SECTS

Sect	*Characteristics*
Orthodox	Observant of Jewish law and tradition
	Accepts rabbi as religious authority and interpreter of Jewish law
	Men and women have different religious roles and obligations
Conservative	Wide variation in level of observance of Jewish law and tradition
	Jewish law is reinterpreted to fit modern society
	Rabbi is advisor but is not as authoritative
	Egalitarianism: ritual equality between men and women
Reform	Jewish law is only a guide and is nonbinding
	Different definition of Jewish identity
	Less observance of tradition
	Rabbi not authoritative
Reconstructionist	Liberal offshoot of Conservative movement
	Varying traditions
	Universalistic approach to God
Unaffiliated	Majority of American Jews
	Minimal observance of traditions
	No connection or identification with any Jewish "movement"
	May identify with Israel or community charitable organizations

Suicide assisted suicide and euthanasia international perspectives.

As already discussed, Judaism believes in the infinite value of human life and the idea that "man's body and his life are not his to give away (and that) the proprietor of all human life is none other than God himself" (Rosner'2001). These two ideas clearly indicate that Jewish law forbids one from intentionally shortening one's own life. In other words, suicide is categorically forbidden[11],[12].

Unlike suicide, which is the act of an individual, assisted suicide and euthanasia include the active participation of a physician. As such, the question must be raised as to whether the physician's involvement has any bearing on the prohibition against shortening a person's life, especially if the physician determines that this may be in that individual's best interests. Based on the passage "Heal, he shall heal" (Exodus 21:19) Jewish law gives the physician the responsibility of providing beneficial care to patients. However, this responsibility does not extend beyond healing, so that in a situation where "healing" of an illness is no longer possible, physicians must recognize the limits of their obligations and not provide any interventions that intentionally and actively determine the time of a patient's death (Schostak,2000; Feinstein,1996; Rosner et al, 2001). Therefore, under no circumstances[13] does Jewish law permit assisted suicide or euthanasia

[11] It should be noted that while suicide is forbidden, "martyrdom" which is defined as the taking of one's own life or allowing oneself to be killed in order to sanctify the name of God, is permitted, specifically when one is being compelled to commit idolatry, adultery, or murder. In all other circumstances, even martyrdom as a form of suicide is forbidden.

[12] The Babylonian Talmud, Tractate Avodah Zarah 18a, tells the story of the execution by the Romans of the sage Rabbi Chanina ben Tradyon. He was to be burned at the stake, and to prolong his agony, tufts of wet wool were placed around to retard the flames. Despite his agony and the admonitions of his students to open his mouth in order to hasten his death, he refused because the active commission of suicide under any circumstances is forbidden.

[13] Even if a dying patient is suffering from terrible pain and asks someone to kill him, the patient may not be touched (although his pain must be appropriately treated, as will be discussed

and deliberate hastening of death, even if the patient is terminally ill and/or a *goses*, and is considered an act of murder according to Jewish law (Herring, 1984; Rosner, 2001; Tendler, 1996; Feinstein, 1996).

Refusal of medical treatment.

Jewish patients have the obligation to take proper care of their health and lives, and are required to seek beneficial treatment and cure when possible. However, what about when cure is no longer possible? Must Jews still accept treatment, or do they have the option of refusing treatment? Jewish law allows patients who are near the end of life, comatose, and/or suffering from intractable pain to refuse treatment if the treatment is not proven to be effective, is clearly futile, or entails great suffering or significant complications (Lamm, 1990; Herring, 1984; Rosner, 2001; Hanks and Chernys, 2001). In the face of terminal illness, the option to refuse therapy under certain circumstances may even extend to what can be described as "high-benefit–low-risk" therapy that is not curative in nature, providing the patient is able to make his or her own decision and has been fully informed of the benefit-risk profile of the proposed treatment. (Specific treatments that are often issues at the end of life, including cardiopulmonary resuscitation and the provision of nutrition and hydration will be discussed below.)

It must be remembered that, while Jewish patients have the option to refuse certain interventions near the end of life, the conditions under which a patient may refuse such interventions can vary considerably from individual to individual. A treatment that is

below). Additionally, a patient who is dying and asks to be moved to another place so he can die there, may not be moved (Sefer Hasidim 723).

ineffective, futile, or causes suffering for one patient, may be effective and not cause suffering for another. Therefore, decisions to withhold various interventions must be individualized and made in consultation with the patient's physician(s) and a rabbi knowledgeable in this area (Weinreb and Kinzbrunner, 2001).

Withdrawing and withholding treatment.

While in secular medical ethics, withdrawal and withholding of treatment are considered basically the same, Jewish Medical Ethics clearly differentiates the two. Therapy may be withheld when, in the judgment of the patient's physician, the treatment will not result in a cure or remission of the illness but only delays the dying process[14], and/or does not provide relief of pain and suffering being experienced by the patient (Bruera et al 2001).

On the other hand, withdrawal of life support and other interventions is generally not permissible according to Jewish law. However, as will be discussed, there may be certain exceptions to this, specifically in circumstances where the life support or other interventions are only serving as impediments to the dying process,[15],[16] rather than serving to prolong the patient's life (Bruera, 2000)[17].

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[14] "One may not put salt on a dying person's tongue in order to keep them alive a little longer" (Rabbi Moses Isserles, Shulchan Aruch Yoreh Deah 339:1).

[15] Returning to the story of the death of the sage Rabbi Chanina ben Tradyon, while he refused to open his mouth to hasten his death (see footnote "l" above), he permitted the Roman executioner to remove the wet tufts of wool that were placed around him to prolong his dying. The removal of the wool was permitted since the wool represented an impediment to death. In fact, not only was removing the wool permissible, it was considered meritorious in its own right, as the Roman executioner, who jumped into the fire and died with Rabbi Chanina, was given a place of reward in the afterlife (Babylonian Talmud, Tractate Avodah Zarah 18a).

[16] Another important story that demonstrates the permissibility of removing impediments to death concerns the death Rabbi Judah the Prince, also known as "Rebbe," who was the redactor

Truth telling and informed consent.

Clearly, based on passages in the Pentateuch such as: "Keep thee far from a false matter" (Exodus 23:7) and "neither shall ye deal falsely or lie to one another" (Leviticus 19:11), not telling the truth is prohibited. However, in regards to telling people who are ill the truth regarding the expected outcome of their illness, the Bible is less clear, as we see in two stories from the second book of Kings.

During the time of Elisha, the prophet, we learn that when Hazael inquires of the prophet Elisha whether Ben-hadad, king of Aram, would recover from his illness, Elisha says: "Go say unto him: 'You should indeed recover; but in fact the Lord has shown me that he will indeed die'" (Kings 2, 8:7–10). Years later, Isaiah comes to King Hezekiah and tells him: "Thus said the Lord: Instruct your household, for you shall die and not live." Hezekiah prays to the Lord, and Isaiah is instructed to return to the king and inform him that God has granted him another 15 years of life (Kings 2, 20: 1–6).

These stories seem to be contradictory, for while Elisha tells Hazael to lie to Ben-hadad about the nature of his illness, Isaiah is instructed to tell Hezekiah the truth. Yet, in reality, it is the synthesis of these stories that best illustrates Jewish law regarding informing patients about the terminal nature of their illnesses.

As we learn from the story of Hezekiah, Jewish law certainly permits patients to be told the truth, providing that it is what they want to hear, and that they are told it in a way that is not harmful to them. It is well recognized that the better-informed patients are, the

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of the *Mishnah*. The Talmud tells us that as Rebbe was dying of a severe illness his students constantly prayed at his bedside in order to keep him alive. His pious maidservant, concerned about Rebbe's suffering and recognizing that the students' prayers were keeping Rebbe alive, went outside and dropped an urn from the roof of the house. The resultant noise caused the students to stop praying, allowing Rebbe to die (Babylonian Talmud, Tractate Kesubos, 104a)

[17] If a goses is being kept alive by the noise made a woodchopper chopping wood, one is permitted to ask the woodchopper to stop and allow the patient to die (Rabbi Moses Isserles, Shulchan Aruch Yoreh Deah 339:1).

easier it is for them to cope with reality. Patients who want information about their conditions will ask questions which should be answered honestly. Concerns about maintaining hope can be addressed by focusing patients on hope for improvement in symptoms when there is no cure for their illnesses, and, as learned from Hezekiah's story, even when no medical cure is available, patients can always maintain the hope that God will intervene.

From the story of Elisha and Hazael, it may be learned that Judaism also permits patients not to be told the truth about the nature of their illnesses or have the truth withheld. This is especially important when patients, the physicians who treat them, and/or loved ones who care for them believe that imparting such information will be harmful to the patients' conditions and, perhaps, shorten their lives. Jewish law also respects the concept of denial, recognizing that patients who do not want to know information will not ask questions, and therefore, just as patients who want to be told the truth should be, information should not force on patients who prefer not to be told about their illnesses (Thorns and Sykes,2000).

Finally, while informed consent must be provided to Jewish patients in the United States as it represents the law of the land[18], the degree to which information is provided to satisfy the legal requirements of informed consent may be guided by the dictates of Jewish law as described above. Patients who wish to be fully informed certainly must be, while those patients who choose to be less informed or have information withheld from them should not have the facts forced upon them, for they are being informed to the extent that they deem necessary to make appropriate health care decisions.

[18] Jewish law states "the law of the kingdom is the law." This principle applies as long the law does not contradict what is mandated by Torah. (Talmud Bavli, Bava Kamma 113a.) It is stated by R. Moses Isserles in his commentary on the Shulchan Aruch Yoreh Deah 339:1 that if someone is dying and there is something that is delaying his death, such as a woodchopper making noise while chopping wood, or salt on his tongue, "one can remove them, for this does not involve an action at all, but rather the removal of a preventive agent

In all situations, by deciding what to tell Jewish patients based on the guidance of Jewish law, by providing them with as much or as little information as they desire in a way that allows them to make reasonable choices without taking away their hope, both secular and Jewish law in this area may be satisfied.

Pain and suffering damages.

Judaism is extremely concerned about pain and suffering. Therefore, although one may not hasten a patient's death even if he or she is suffering from intractable pain, "one may withhold any additional pharmacologic or technological interventions so as to permit the natural ebbing of the life forces" (Diem,1996). Additionally, as noted above, one is permitted to remove impediments to death in the circumstance where the patient is suffering from intractable pain and there is no hope for recovery. (Von Gunten, 2002) This does not only apply to physical pain, but to intractable mental anguish as well, which is recognized as being of equal importance to physical suffering in Jewish legal thought.

While one is permitted to withhold interventions that will not benefit the patient, one has an obligation to utilize appropriate interventions, including opioid analgesics and other necessary medication in an attempt to relieve a patient's pain and suffering (Bedell et al,1983). As Jewish law forbids actively hastening the end of a terminally ill patient's life, many caregivers are concerned that using opioid analgesics may hasten death. It must be emphasized that the medical literature has demonstrated that patients receiving chronic opioid therapy for the relief of pain develop tolerance to the respiratory depressant effects of these medications within a few days of initiating therapy (Murphy, 1989). Furthermore, studies demonstrate that when patients are on chronic opioid analgesics for pain, dosage increases of 50% or more are needed to treat breathlessness, another common symptom near the end of life. Additionally, such patients, when given opioids to treat their breathlessness, have improvement in symptoms and do not experience respiratory compromise or arrest (Gomez, 2001). Finally, it has been shown that increasing the dose of morphine in the last week of life because of increased pain does not shorten patient survival (Schostak, 1991). Therefore, there is no evidence that treating patients with the necessary therapeutic doses of opioid analgesic to relieve pain results in the hastening of death, and Jewish law fully supports appropriate treatment for the relief of pain without concern for the unlikely possibility of respiratory compromise (Eisenberg).

In addition to intervening to manage a patient's physical distress, psychosocial interventions designed to reduce mental anguish and suffering, such as those provided by hospice programs, are part and parcel of what Judaism requires be provided to terminally ill patients to reduce their pain and suffering and enhance their quality of life (Berman, 1997).

Cardiopulmonary resuscitation.

As has been discussed, treatments that do not result in cure or remission of an illness, but only delay the dying process, and/or do not provide relief of pain and suffering being experienced by the patient, may be withheld from or refused by terminally ill patients. While many people have an inflated perception regarding the success of cardiopulmonary resuscitation (CPR) (Finucane, 1999) the medical literature suggests that, in general, CPR as a procedure is not very successful. It is reported that only about 15% of all patients who receive CPR survive to hospital discharge, with the rate of survival varying by location, from a high of 39% for a selected group of cardiac patients who have a witnessed arrest in a monitored setting, to a survival rate of less than 1% for patients who have an out-of-hospital and/or unwitnessed arrest (Gillick,2000). Because chronically ill elderly patients who require CPR have a less than 5% chance of surviving to hospital discharge, one can infer an even lower success in terminally ill patients, many of whom are in more advanced stages of the same chronic illnesses.

Not only is CPR not beneficial in the terminally ill, the procedure may be harmful, increasing pain and suffering in the few terminally ill patients who might survive the procedure. Autopsy studies have demonstrated significant traumatic injury following CPR, including rib and sternal fractures, mediastinal hematomas, aspiration pneumonia, epicardial hemorrhage, and other injuries to various cardiac and respiratory structures in the chest. Patients who survive CPR often are left with severe and irreversible neurologic deficits as well. Additionally, the mental anguish and suffering that the family (and the patient if s/he remain somewhat neurologically intact) experiences knowing that death has only been delayed a short time may be intolerable.

Putting all the evidence together, CPR is not beneficial for patients who are near the end-of life, it may be harmful, it only serves to delay death in this population, and may contribute to increased pain and suffering (Nelson, 1994). Given these facts, it is clear that CPR may be withheld from or refused by Jewish patients who are terminally ill (Klein, 1993).

Artificial nutrition and hydration definition.

Unlike other interventions at the end of life, that, as have already been discussed, may be withheld from or refused by patients when they only delay the dying process, and/or do not provide relief of pain and suffering being experienced by the patient, hydration and nutritional support are considered by most rabbis to be basic care rather than medical interventions[19]. As such, it is generally held that, even for patients who are terminally ill, food and fluid must be provided, although if " . . . a terminally ill patient with capacity refuses food, despite our best efforts to convince him to eat, we must respect his wishes." These considerations stem from the fact that food and fluids are considered to be beneficial and do not cause patients harm or discomfort (Ovesen et al, 1993). However, if one reviews the state of the art regarding hydration and nutritional support for patients near the end of life, significant medical questions are raised as to whether or not these forms of care are beneficial and whether or not there is risk of harm.

Regarding nutritional support at the end of life, review of the medical literature examining the benefits of artificial nutritional support by feeding tube (either via a nasogastric tube or a gastrostomy tube) in patients with advanced dementia (who may or may not be terminally ill) has shown:

1. No reduction in risk of aspiration pneumonia.
2. No improvement in clinical markers of nutrition.
3. No improvement in patient survival.

[19] This is the generally accepted opinion of the majority of rabbis who are expert in this area. However, a small number of rabbis have recently given the opinion that artificial nutritional support via an operative gastrostomy or percutaneous endoscopic gastrostomy (PEG) tube is a medical intervention. As such, they would generally rule that such forms of artificial nutritional support could be withheld from or refused by terminally patients as other medical procedures that only delay the dying process or do not provide relief of pain and suffering

4. No improvement in or prevention of decubitus ulcers.
5. No reduction in infection risk.
6. No improvement in functional status or slowing of decline.
7. No improvement in patient comfort. (Kinzbrunner, 2000).

Studies examining potential benefits of parenteral and oral nutritional support in patients with advanced cancer have demonstrated no improvement in patient survival, primarily because of metabolic abnormalities that prevent patients from properly processing nutrients (Feinstein, 1996).

What about the potential for harm? Although feeding tubes are often placed to reduce the risk of the patient developing aspiration pneumonia, the risk of aspiration with tube feeding may be as high as it is in patients before the tube is placed. If a gastrostomy tube is placed, about 15% of patients will develop a local infection in the site, and about 30% will have the tube occlude, sometimes requiring another procedure to replace the tube. When a nasogastric tube is placed, approximately two thirds of patients will need the tube replaced on one or more occasions. Perhaps most sobering, however, is information which shows that about 25%–30% of patients who have gastrostomy tubes placed will die within month of the procedure (some from complications of the tube placement procedure, others from the complications of their primary medical problems). Approximately 50% of patients who have tubes placed for feedings will die within 1 year of having the tube placed (Weinreb, 2001).

The track record of hydration is similar, with the literature suggesting that symptoms of dehydration are not usually uncomfortable for terminally patients and that dehydration may actually be beneficial by reducing the sensation of pain and discomfort. Furthermore, with physiologic changes near the end of life preventing the body from properly utilizing fluids, artificial hydration can cause the patient to retain fluid, resulting in, among other complications, swelling of the legs and abdomen and lung congestion (Feinstein, 1996).

Returning now to the consideration of the rabbis that food and fluid must be provided based on the fact that it is beneficial and is not harmful, one can see that questions can be raised regarding these assumptions as they pertain to terminally ill patients, based on the medical information available to us today. What this means on a practical level is that, while Jewish patients who are terminally ill should be provided food and fluid, the physician and other care givers have a responsibility to make sure that the food and fluid provided (or the method by which they are provided) do not cause the patient harm and/or discomfort. If a competent Jewish patient refuses nutrition or hydration after attempts have been made to convince him or her to accept the supportive care, the patient's wishes must be respected. In situations where the physician and/or other caregivers believe that the food or fluid is of no benefit and/or harmful to a patient near the end of life, the specific circumstances of the patient should be discussed with a rabbi knowledgeable in this subject, because there may be sit uations where even the provision of artificial nutritional support and hydration can be avoided. The initiation of artificial hydration and nutrition should also be avoided if it is determined (by a competent physician and a competent and knowledgeable rabbi) that the patient is a *goses* (Eisenberg).

Antibiotics.

The question of whether antibiotics should be provided to patients who are near the end of life is an interesting one, as it relates to how one views the nature of the infection. Is the infection an illness unto itself or is the infection a complication of the terminal illness as result of the debilitation and immunosuppression caused by the primary illness?

It would appear that Jewish law views an infection, such as pneumonia, as an illness unto itself, and as such, it generally would be required to treat terminally ill patients with antibiotics in the face of infection. However, as with other treatments, the decision to treat patients with antibiotics for infection near the end of life is under "the assumption . . . that treatment of the pneumonia will in no way exacerbate the principal disease (and that the patient is not experiencing intractable pain." (Feinstein,1996).

Chemotherapy radiation therapy and surgery.

Chemotherapy, radiation therapy, and surgery are playing an ever-increasing role in end-of-life care. Palliative surgical procedures, for example, may range from minor procedures such as abdominal paracenteses or biliary stent placement under radiologic guidance, to endoscopic procedures with laser photocoagulation or stent placement, to major surgical procedures such as pathologic fracture stabilization or diverting colostomy for bowel obstruction. Radiation therapy to bony lesions may provide symptomatic benefit, and in the case of spinal cord compression, contribute to keeping a patient ambulatory rather than bedbound in the last few weeks of life. More recently, selected chemotherapy agents have shown palliative benefit in selected patients with advanced cancer near the end of life.

When these interventions are indicated and may potentially benefit Jewish patients, they certainly may choose to take these treatments, although they are not compelled to in all circumstances. As already stated, because Jewish law allows patients to forego therapy that is not curative (which none of these interventions are when patients are near the end-of-life), especially if the treatments only serve to prolong the dying process or cause increased pain and suffering, these treatments may be refused or withheld in the appropriate circumstances as well. (As a reminder, these decisions should be made by the patient and/or family in consultation with the patient's physician and a competent rabbi who understands Jewish law in this area.)

The more interesting question is whether or not terminally ill patients may choose to receive chemotherapy, radiation therapy, or surgery when the chance of success is exceedingly small and the risk of side effects, including the possibility of suffering an earlier death is high. This question is based on the notion that such treatments have little benefit and may cause a great deal of harm, and as discussed above, Jewish patients have an obligation to avoid things that are harmful to their bodies, and to not intentionally shorten their lives.

Jewish law permits patients to request treatments that are of high risk and low benefit, providing that the treatment has as its potential positive outcome the opportunity for cure or long-term survival, enough to remove such patients from the category of a *treifah* as discussed above. "However, if the treatment will only prolong life for a few months, and not for a full year, while the patient may die immediately because of treatment toxicity . . . it is forbidden to undertake such a course of treatment."

Discontinuation of ventilator after brain stem death.

While one is not compelled to place terminally ill Jewish patients on mechanical ventilators when they are dying, active withdrawal of such therapy is clearly against Jewish law as it may be the act of discontinuing the ventilator that is the actual cause of the patient's death.[20] Therefore, it is forbidden to remove a patient from a mechanical ventilator under most circumstances.

There are many situations, however, where patients require mechanical ventilation and their prognosis is not clear. For example, a patient has just experienced a severe stroke, and it is not known whether the patient has a chance to recover. In order to give him the opportunity to recover, he must be placed on a ventilator, but medically, it is clear that if he does not improve within several days that he will not survive. If the ventilator cannot be removed under any circumstances, will the physician and family be less likely to use the intervention and allow the patient to die without giving him the opportunity to recover? Not providing mechanical ventilation would certainly not be compatible with Jewish law, as it could result in the premature death of a patient, who, if supported for several days, may yet recover.

While Jewish law does not permit the active removal of the ventilator, some rabbinic authorities permit the patient to be placed on a ventilator with an automatic time clock that will turn off the machine after a set time. When the machine shuts off, the physician would reassess the patient's condition. If the patient is showing signs of recovery, ventilation could be continued until the patient's condition is such that he can breathe independently. If it is determined that the patient is not going to improve, or if the patient's clinical condition has worsened, then, in conjunction with the family and proper rabbinical supervision and advice, a decision can be made as to whether or not the ventilator would be started (again) [21]. Of course, in order to be able to do this, one must have the forethought to initiate the time clock when the patient is first placed on the

[20] As the ventilator is directly assisting the body in breathing, and therefore, directly keeping the patient alive, it is considered an active intervention and not an impediment to death.

[21] An alternative method to this would be to use oxygen tanks instead of wall oxygen to support the ventilator. When the tank's oxygen runs out, the physician would reassess the patient and determine whether a new tank should replace the old one.

ventilator, and not add a timer after the fact. If no timer is placed, then Jewish law would not permit a patient to be removed from a ventilator, although a patient on a ventilator who was determined to be dying could be left on the ventilator and simply not provided any other interventions (such as vasopressors) then comfort, allowing the natural dying process to occur outside of the continued respiratory support[22].

Advance directives.

As has already been discussed, Jewish patients have the ability to express autonomy about the health care they receive, as long as it is in keeping with Jewish law. Therefore, advance directives would be acceptable for Jewish patients provided that the instructions that were left on these documents were consistent with Jewish law as well.

There are two basic types of advance directive documents that patients may execute in preparation for a time when they will be unable to make health care decisions:

1. Living will: "This is a legal document, written and signed by an individual in the presence of witnesses, that conveys the instructions of that individual regarding health care interventions, desired or not desired, in the event of a terminal or irreversible illness and when the person is incapable of verbally communicating wishes regarding health care" (Gomez, 2001). The living will delineate which treatments a patient desires or does not desire when s/he is in a terminal or irreversible state and can no longer express his/her wishes.

[22] As mentioned, not all Orthodox rabbinic authorities agree with the use of a timer to allow the ventilator to turn off automatically, allowing one to then withhold rather than withdraw care. The concept of utilizing a ventilator with a timer is currently being evaluated in Israel as well.

2. Durable medical power of attorney: This is "a legal document that allows an individual to appoint a responsible person or persons (usually called health care surrogates or proxies) who are empowered to make health care decisions in the event the individual becomes unable to make and communicate such decisions personally" (Gomez,2001).

The durable medical power attorney type of advance directive is very much in keeping with Jewish law and tradition. As has been discussed above, the rabbi is central to the process of decision making at the end of life. It is also clear that healthcare decision making for Jewish patients at the end of life is very individualized, and often depends on the circumstances of the specific situation. Therefore, using a durable medical power attorney type of advance directive, the patient would be able to designate a rabbi, knowledgeable in the area of medical decision making, as a health care proxy, along with whomever in his family she or he deems appropriate. Additionally, decision making, rather than being pre-determined (as would be the case in a living will), would be individualized, based on a discussion of the specific clinical circumstances by the patient's health care proxies (the rabbi and the designated family member) and the patient's physician.

The living will type of advance directive may also be acceptable according to Jewish law, although it is somewhat more controversial. Remembering that the living will delineates what treatments a patient may or may not desire when she or he is in a terminal or incapacitated state, although the rabbi could advise the patient on how to delineate which treatments would and would not be desired, there is no provision for rabbinic advice at the time the living will would actually be utilized. Therefore, treatment preferences indicated by the patient when the living will was executed may not be applicable to the patient's specific situation, and without the requirement for rabbinic input, there is a greater risk that the patient will be treated in a way that is not consistent with Jewish law.

Conclusions.

Judaism is a religion of law, a law that goes back 3500 years. The traditional, observant Jew incorporates that law into his or her everyday life, and all decisions that he or she makes are based on that law. Decisions regarding health care are no exception.

Just as importantly, Judaism is a religion of life. As has been discussed, even the laws of the Sabbath may be violated when a life is at stake, so that one may live by the law. However, Judaism also recognizes that life is finite, and just as one lives as a Jew, so does one die as a Jew, following the laws and precepts that have been passed down from generation to generation since the time of Moses.

Regarding end-of-life care, Jewish law is specific and often appears exacting and inflexible. Yet, at the same, through rabbinic interpretations of Jewish law coupled with an ever improving understanding of the both the advances and limitations of modern medicine, the Jewish legal precepts that define Jewish medical ethics, when closely examined, are actually quite flexible regarding end-of-life care decision-making. Much like the principles of end-of-life care espoused by practitioners in hospice and palliative medicine, Jewish principles of end-of-life care are primarily focused on the patient and family, and involve shared decision-making based on the specific circumstances that the patient is in at the time, rather than on any absolutes. Certainly, there are limits to this, most notably that under no circumstances may life be intentionally shortened. However, under appropriate circumstances, every Jewish person who is terminally ill, can, under Jewish law, have the opportunity to have his or her life end as the life of Jacob, father of the Jewish nation, did; with dignity, surrounded by family, with the opportunity to provide blessing and instructions for his or her children, and to leave this world and enter the next in peace.

Although human life is extremely precious for religious Jews, arguing that the Jewish tradition uniformly condemns euthanasia would do harm to one of the essential characteristics of Judaism: heterogeneity. After all, within Judaism and its diverse movements a central, coordinating Jewish authority that proclaims official Jewish statements is lacking. This Jewish plurality is reflected in the debate on ethical dilemmas, such as euthanasia.

Yet, in our review no advocates of euthanasia were found in the Orthodox movement. The overriding importance of preserving human life was illustrated by the sanctity of life approach of prominent American Rabbi Bleich. Similarly, other Orthodox rabbinic authorities, such as Jakobovits (1959, p. 123), Feinstein (Tendler 1996, p. 60) and Tendler (1996, pp. 138, 142), oppose (active) euthanasia. Indeed, Tendler and Rosner argue that "Jewish law opposes euthanasia without qualification and it condemns as sheer murder any active or deliberate hastening of death, whether the physician acts with or without the patient's consent" (1993, p. 20, 1996, p. 138). Reviewing liberal Jewish opinions, intra-branch diversity was found. In the Conservative movement, while Rabbis Dorff and Reisner are both fierce opponents of euthanasia, we noticed Rabbi Sherwin's acceptance of euthanasia. In the same manner we recorded diversity of opinion in the Reform movement: while the Central Conference of American Rabbis holds to a prohibition of euthanasia, we found Rabbis Kravitz and Knobel as convinced supporters of it, referring to the same Jewish textual tradition. Without neglecting this inner-Jewish heterogeneity, it must be stressed, however, that pro-euthanasia opinions are exceptional voices, even within the Conservative and Reform branch of Judaism.

The fact that no advocates of euthanasia were found on the Orthodox side, is not very surprising, considering the fact that liberal Jews - Conservatives in a lesser degree than Reform Jews - consider the halacha as mainly the work of human hands, having an advisory function, and being open to recontextualization in the light of contemporary realities. In contrast, according to Orthodox Judaism halacha reveals God's will, which is definitive and essentially normative. Thus, the fact that divergent interpretations of the same sources are found is not accidentally, but reflects the essential pluralistic character of Jewish ethical reasoning (Ellenson 1995). The way in which rabbis perceive the (status of the) Jewish textual tradition and the manner in which they reflect on it and distill essential principles from the texts - in confrontation with a contemporary case - influence their statement on an ethical dilemma. Perceiving halacha as normative and binding or as guiding and advising affects rabbis' coping with and opinion on a (contemporary) ethical question. The authority rabbis ascribe to the Jewish textual tradition, as well as the interpretive process itself gives evidence of pluralism, which even exceeds 'denominational' boundaries (Ellenson 1995, p. 135).

Apart from this Jewish inter- and intra-branch heterogeneity the debate on euthanasia discloses as well a continuous element: the text-centeredness of Jewish ethics. Indeed, ethical reasoning is based on the corpus of Jewish law, which consists of Torah and the tradition of rabbinic interpretation. Although rabbis and movements ascribe diverging degrees of authority to (interpretations of) halacha, our analysis shows that it is never completely excluded or dismissed. Though we made mention of an antinomist position in Reform Judaism (Jacob 2004), ethical reasoning in Judaism predominantly presupposes reference to the Jewish textual tradition (Zoloth-Dorfman 1995) thus is—exclusively or not exclusively—halachic.

When caring for Jewish patients for healthcare professionals it is essential to be aware of the influence of the Jewish (textual) heritage on concrete medical decisions. After all, religious Jews' daily life choices (must) fit in with God's path. As they wish to follow God's example (*imitatio Dei*) (Shapiro 1978, pp. 127–151; Mackler 2003, p. 6) rabbis and *poskim* (experts of Jewish law) are central authorities for them. Indeed, in virtually all aspects of life—for instance regarding medical decision making—the influential role of rabbis may not be underestimated. After all, rabbis' casuistic reasoning typifies Jewish ethics. In this way, a concrete rabbinic decision on a given case may differ from abstract, theoretical halachic considerations. Especially among Orthodox Jews, rabbinic involvement in and rabbis' (binding) advice on everyday life and moral conduct, might appear in healthcare settings (Coleman-Brueckheimer et al. 2009). Nurses and physicians might not be familiar with this. Showing understanding for this (possibly) influential role of rabbis, is part of showing respect for a patient's autonomy. Throughout the different branches of Judaism, the role of rabbis is variously perceived. While Orthodox rabbis' decisions are assumed to be binding, responsa of liberal rabbis are ascribed a rather guiding and advising character. Although Judaism's movements can be distinguished by characteristic tendencies, they are hardly monolithic. Therefore, when dealing with Jewish patients, it is not only essential to be acquainted with Judaism's diverse branches, exposing the essential Jewish heterogeneity, but as well with a patient's specific religious context.

As mentioned previously, Jewish voices in favor of (active) euthanasia are rather exceptional and uncommon (Gesundheit et al. 2006). Indeed, emphasis on the supreme value of human life and thus on its preservation is central in Judaism (Jakobovits 1959; Tendler and Rosner 1993; Glick 1999; Rosner 1986, 1999; Freedman 1999). Tendler and Rosner even mention a "unanimity of halakhic opinion that active euthanasia is never condoned" (1993, p. 23, 1996, p. 142). Likewise, the CCAR mentions the "unequivocal voice of the halachic literature" (Plaut and Washofsky 1997, p. 340) in this matter. For healthcare professionals it is important to take the delicacy of this issue for Jews and their hesitance toward quality of life judgments (Schostak 1991; Mackler 2003, p. 108; Zohar 2006, p. 2) into account. On the other hand, among contemporary (Jewish) academic scholars the prevailing Jewish emphasis on life-saving is challenged and debate on the significance of improving a patient's quality of life is stimulated (Brody 1999; Green 1999; Zohar 2006). Brody and Green for instance argue that the idea that Judaism is committed to the strict doctrine of sanctity of life is a thorough misrepresentation and does not do justice to the nuanced way of thinking of rabbinic casuistry. Orthodox authorities acknowledge that Judaism is concerned about a patient's pain and suffering, thus his/her quality of life (Tendler and Rosner 1993; Tendler 1996), yet determining "whether life is worth living" (Rosner 1991, p. 44) on the basis of quality of life considerations is for them a bridge too far.

Anyway, it is utmost important to provide care which is sensitive to a patient's religion, world view and culture. The huge importance of culture-sensitive care, which evidently entails respect for a patient's autonomy, is demonstrated by the reflections of Jotkowitz et al. (2010) and Gesundheit (2010) on the Canadian Golubchuk case. They point correctly to the importance of training of healthcare professionals "in communication skills and cross-cultural medicine" (Jotkowitz 2010b), a requirement which is indispensable given the multicultural and multireligious outlook of contemporary societies. Indeed, religion and world view have influence on the way people deal with illness and ethical dilemmas, for instance in health care (Gielen et al. 2009; Coleman et al. 2007; Wenger and Carmel 2004; DeKeyser Ganz and Musgrave 2006; Margalith et al. 2003; Musgrave et al. 2001; Ejaz 2000; Leichtentritt and Rettig 1999; Carmel and Mutran 1997). Consequently, hospitals' need felt to deal with a culturally diverse patient population is high, which is clear from the steady inquiries to our center to provide training and clear guidelines in this regard. Nowadays, a holistic approach of patients, paying attention to their (cultural) background and religious convictions, which may impact considerably on medical decision making, is utmost appropriate, as it undoubtedly contributes to providing optimal care.

CHAPTER THREE:
Religious Perspectives On Euthanasia – General Christian View

Introduction.

Debate over euthanasia is not a modern phenomenon. The Greeks carried on a robust debate on the subject. The Pythagoreans opposed euthanasia, while the Stoics favored it in the case of incurable disease. Plato approved of it in cases of terminal illness. But these influences lost out to Christian principles as well as the spread of acceptance of the Hippocratic Oath: "I will neither give a deadly drug to anybody if asked for it, nor will I make a suggestion to that effect."

In 1935 the Euthanasia Society of England was formed to promote the notion of a painless death for patients with incurable diseases. A few years later the Euthanasia Society of America was formed with essentially the same goals. In the last few years debate about euthanasia has been advanced by two individuals: Derek Humphry and Dr. Jack Kevorkian.

Derek Humphry has used his prominence as head of the Hemlock Society to promote euthanasia in this country. His book *Final Exit: The Practicalities of Self-Deliverance and Assisted Suicide for the Dying* became a bestseller and further influenced public opinion.

Another influential figure is Jack Kevorkian, who has been instrumental in helping people commit suicide. His book *Prescription Medicide: The Goodness of Planned Death* promotes his views of euthanasia and describes his patented suicide machine which he calls "the Mercitron." He first gained national attention by enabling Janet Adkins of Portland, Oregon, to kill herself in 1990. They met for dinner and then drove to a Volkswagen van where the machine waited. He placed an intravenous tube into her arm and dripped a saline solution until she pushed a button which delivered first a drug causing unconsciousness, and then a lethal drug that killed her. Since then he has helped dozens of other people do the same.

Over the years, public opinion has also been influenced by the tragic cases of a number of women described as being in a "persistent vegetative state." The first was Karen Ann Quinlan. Her parents, wanting to turn the respirator off, won approval in court. However, when it was turned off in 1976, Karen continued breathing and lived for another ten years. Another case was Nancy Cruzan, who was hurt in an automobile accident in 1983. Her parents went to court in 1987 to receive approval to remove her feeding tube. Various court cases ensued in Missouri, including her parents' appeal that was heard by the Supreme Court in 1990. Eventually they won the right to pull the feeding tube, and Nancy Cruzan died shortly thereafter.

Seven years after the Cruzan case, the Supreme Court had occasion to rule again on the issue of euthanasia. On June 26, 1997 the Supreme Court rejected euthanasia by stating that state laws banning physician-assisted suicide were constitutional. Some feared that these cases (*Glucksburg v. Washington* and *Vacco v. Quill*) would become for euthanasia what Roe v. Wade became for abortion. Instead, the justices rejected the concept of finding a constitutional "right to die" and chose not to interrupt the political debate (as *Roe v. Wade* did), and instead urged that the debate on euthanasia continue "as it should in a democratic society."

The rights and values pertaining to the human person occupy an important place among the questions discussed today. In this regard, the Second Vatican Ecumenical Council solemnly reaffirmed the lofty dignity of the human person, and in a special way his or her right to life. The Council therefore condemned crimes against life "such as any type of murder, genocide, abortion, euthanasia, or willful suicide" (Pastoral Constitution Gaudium et Spes, no. 27) (Rome, 1980).More recently, the Sacred Congregation for the Doctrine of the Faith has reminded all the faithful of Catholic teaching on procured abortion (Rome,1980).

The Congregation now considers it opportune to set forth the Church's teaching on euthanasia. It is indeed true that, in this sphere of teaching, the recent Popes have explained the principles, and these retain their full force (Rome,1980); but the progress of medical science in recent years has brought to the fore new aspects of the question of euthanasia, and these aspects call for further elucidation on the ethical level. In modern society, in which even the fundamental values of human life are often called into question, cultural change exercises an influence upon the way of looking at suffering and death; moreover, medicine has increased its capacity to cure and to prolong life in particular circumstances, which sometime give rise to moral problems. Thus, people living in this situation experience no little anxiety about the meaning of advanced old age and death. They also begin to wonder whether they have the right to obtain for themselves or their fellowmen an "easy death," which would shorten suffering and which seems to them more in harmony with human dignity. A number of Episcopal Conferences have raised questions on this subject with the Sacred Congregation for the Doctrine of the Faith. The Congregation, having sought the opinion of experts on the various aspects of euthanasia, now wishes to respond to the Bishops' questions with the present Declaration, in order to help them to give correct teaching to the faithful entrusted to their care, and to offer them elements for reflection that they can present to the civil authorities with regard to this very serious matter. The considerations set forth in the present document concern in the first place all those who place their faith and hope in Christ, who, through His life, death and resurrection, has given a new meaning to existence and especially to the death of the Christian, as St. Paul says: "If we live, we live to the Lord, and if we die, we die to the Lord" (Rom. 14:8; cf. Phil. 1:20). As for those who profess other religions, many will agree with us that faith in God the Creator, Provider and Lord of life - if they share this belief - confers a lofty dignity upon every human person and guarantees respect for him or her. It is hoped that this Declaration will meet with the approval of many people of good will, who, philosophical or ideological differences notwithstanding, have nevertheless a lively awareness of the rights of the human person. These rights have often, in fact, been proclaimed in recent years through declarations issued by International Congresses (Rome,1980); and since it is a question here of fundamental rights inherent in every human person, it is obviously wrong to have recourse to arguments from political pluralism or religious freedom in order to deny the universal value of those rights.

Euthanasia - A Christian View.

The authors of this paper, we, have called this talk 'Euthanasia: *a* Christian View'. We almost decided to be provocative and call it 'Euthanasia: *The* Christian View', because, so far as We can see, it is the direct application of the only injunctions of Christ that bear immediately on the subject of euthanasia. But We have refrained, because these injunctions, if so applied, lead to a view of the matter which is so contrary to what is generally thought to be the Christian view, that We should be taken to be merely perverse if We advocated it as the Christian view. We will -therefore call it a Christian view - thereby amicably leaving a place along Christian views, beside that which We say is immediately derivable from Christ's words, for the very different views which are commonly maintained by the representatives of the Christian Church. We shall, however, be bold enough to go on, in the latter part of our talk, to try to explain why the Church has, typically, advocated a view so much at variance with what We take to be the implication of Christ's own teaching. We all shall see that it is readily explained by the exigencies of the human situation, and in particular the situation of any human institution which, like the Church, assumes the task of teaching people how they ought to behave.

The sayings of Christ to which We refer are of course the saying 'As ye would that men should do to you, etc., and the command that we should love our neighbour as ourselves. These are the most general summaries of Christ's teaching that survive (of the first he says 'This is the Law and the Prophets'); and We can think of no moral question on which they have a director bearing than the question of euthanasia. But before We try to say what this bearing is, We want to make a few remarks about the sayings themselves. First We will take the Golden Rule. We must notice first of all that it is couched in the imperative, 'Do ye also to them'. We hope that you will allow us, therefore, to bypass the controversy that has occupied perhaps too much of the attention of moral philosophers in recent years, that between descriptivists and prescriptivists. Here, at any rate, we have a piece of moral teaching cast in the form of a prescription, and We are going to examine it as such.

The injunction is also prescriptive in a second, indirect way. The first clause says 'As ye *would* that men should do'. If, that is to say, we want to know what we are to do to men, we are to ask ourselves what we ourselves will. We think at once of Kant's formulation 'Act only on that maxim whereby thou canst at the same time will that it should become a universal law.' Kant, indeed, calls the Golden Rule itself 'trivial' (fn. to middle of sec. 2, Groundwork), and regarded it as a mere application of his more fundamental doctrine; but the two have in common their appeal to the will as the source of moral judgments; we are to ask ourselves what we can will or do will (i.e. what prescriptions we can or do accept to govern the actions of men), and found our morality upon a universalization of that. As Kant saw, once we are faced with the requirement that we universalize our prescriptions, the prescriptions themselves may change, because we shall not, and cannot, accept for universal application prescriptions which we should be very ready to act on ourselves, if nobody else did.

The Golden Rule is thus doubly prescriptive. It is a prescription of Christ's; and when we seek to know what in particular it prescribes that we do, we are referred to a prescription of our own, with the words ' As ye would'. These words themselves, however, in the Authorized Version, have been a source of confusion because of their apparently hypothetical form. The Greek bas *'kathos thelete'* (indicative); and the Vulgate has, correctly, '*prout uultis'*. The Authorized Version is not actually incorrect, but merely archaic; 'As you wish that men should do' in the Greek has been turned into 'As ye would that men should do', which is, We think, a mere attraction of the first auxiliary into a hypothetical form to match the second, "should". The New English Bible has by the way, fallen straight into the trap and translated not from the Greek but from a misunderstanding of the Authorized Version: 'Treat others as you *would like* them to treat you'.

We are not indulging in pedantry for its own sake, because the difference between the conditional form of the verb and the indicative form is of crucial importance. We are being told not, to do to other men what we *would* like them to do to us (i.e. what *would* be to our liking) if we were in their situation; but rather to do to other men what we *do* wish that they *should* do to us if we were in their situation. There are two mistakes to be avoided here. The first is that of taking the question as being a hypothetical one, 'What *would* you like?' instead of 'What *do* you wish (or prescribe)?' If this mistake is made, the rejoinder is open 'I know I would not like it; but nevertheless it is what I now prescribe (for universal application); it is what I think ought to be done'. The second mistake is that of failing to realize that the situations for which one is prescribing include the situation in which one is oneself in the victim's position with the victim's likes and dislikes.

The other saying of Christ to which We referred also needs a brief comment in order to forestall a possible misunderstanding. The command to love our neighbours as ourselves comes after another command to love God; and We suppose (though We hope that nobody would be so perverse) that some body might object to the conclusions that We are going to draw from the second command to love our neighbour, that they run counter to the first command to love God. To this the simple answer is provided by another of Christ's sayings: 'If ye love me, keep my commandments'. If, that is to say, we love God in the person of Christ, we shall try to do what he tells us to - that is what loving God in such contexts amounts to, though of course there is more to it than that. And he has told us in the plainest terms to do to others what we wish that they should do to us. So if this last commandment leads to a certain particular conclusion, it would be absurd to reject that conclusion because of a supposed conflict between it and the command to love God.

We will now leave these exegetical points and come to the question of euthanasia. We are not going to take the usual hospital examples (though We have such examples in mind). We are going to take what is perhaps an unusual case, but which did actually happen some time ago and was reported in the press. The driver of a petrol lorry was in an accident in which his tanker overturned and immediately caught fire. He himself was trapped in the cab and could not be freed. He therefore besought the bystanders to kill him by hitting him on the head, so that he would not roast to death. We think that somebody did this, but We do not know what happened in court afterwards.

Now will you please ask yourselves, as We have many times asked ourseves, what you wish that men should do to you if you were in the situation of that driver. We cannot believe that anybody who considered the matter seriously, as if he himself were going to be in that situation and had now to give directions as to what rule the bystanders should follow, would say that the rule should be one ruling out euthanasia absolutely.

Please note that We are not drawing anything but a very limited and negative conclusion from this example. It does not follow, because anybody accepts the rightness of euthanasia in this case, that he is committed to acknowledging its rightness in all cases. That is just the sort of mistake which We shall be trying to guard you against in the rest of this paper. All We are arguing for is the limited, negative point that, whatever principle we adopt about euthanasia, it is *not* going to be, if we consider this example seriously and apply Christ's words to it, the principle that euthanasia is a1ways and absolutely wrong.

The question must at once occur to you, why it should be that although, as We have said with some confidence, nobody who applied Christ's words to this example and considered it seriously would accept the principle that euthanasia is always wrong, the Christian Church has, typically, maintained that it is always wrong. We must be careful here, because We have not done any historical research on what the view of the Church has been. We know of one pronouncement in an allocution by Pope Pius XII in 1957, in which he was addressing himself primarily to the question of how long and under what conditions it was obligatory to keep patients alive artificially. He rightly distinguished this question from the question of euthanasia, which is rather the question of when and under what conditions it is legitimate to kill people in order to relieve their suffering. Killing is certainly to be distinguished from failing to keep alive, although We do not attach so much importance to the distinction, from the moral point of view, as some people have. However, the two questions are distinct. The Pope said that there were conditions under which it was, for example, legitimate to switch off an artificial lung with a living patient inside it. But in passing he made it clear that this did not imply any sanction for euthanasia, which was still always wrong. Beyond this pronouncement, We have not looked for further evidence of the views of the Church; there have certainly been prominent Christians in other denominations who have argued in favour of euthanasia, for example Canon Green. But We think We are right in saying that it is orthodox to regard euthanasia as always and absolutely wrong; and We want to ask why Christians have taken this view.

The answer, as We have already suggested, lies in the function of the Church as a teaching institution. From its very beginning, the Church has, among other roles, assumed that of *custos morum*. In this the Christian religion is not peculiar. Whatever are the conceptual relations between religious and moral beliefs (and We are not going to go into that question) it can hardly be doubted that, as a matter of empirical fact, priesthoods of all religions have frequently been regarded as the repositories of moral tradition, and have been expected to play the chief part in preserving it.

For an institution which is cast in this role, it is almost essential to have simple moral principles. Given the extreme difficulty of teaching rules that are at all complicated, an institution like the Church is bound to look for moral rules that are as simple as possible. As regards killing other people, the simplest rule is never to kill them - that is, unless we go to an even greater length in our search for simplicity and say that we should never kill any animal (We do not think that anybody has ever advocated that we should never kill plants, because it happens to be a fact of life, failing a method of synthesizing foodstuffs from inanimate materials, that we should all perish. unless we ate at least vegetables). The Jainis and certain other Indian sects have, in their pursuit of simplicity, extended the ban on killing to include not only humans but all animals; but this has proved too difficult a doctrine for most religions to adopt, and so it has been abandoned in favour of a rule which permits the killing of brute animals but forbids the killing of humans at least under certain conditions.

The simplest rule about killing human beings would be an absolute ban. But this, the pacifist rule, has, for reasons which We will not go into, proved too onerous for most religions, although it has the great virtue of simplicity. The majority of Christians have therefore retreated one step further, and said merely that killing is wrong if it is *murder* other sorts of killing are either permitted, or, if not permitted, at any rate a less serious offence than murder.

It might seem that simplicity is still preserved. But this is, unfortunately, an illusion. For with the introduction of the word 'murder', the problem becomes acute of deciding what is to count as 'murder'. We may note in passing that this sort of problem can arise even with the word 'killing', or with the word 'human'. We have only to think of the problem of abortion, which has been thought to tum on the question of whether the foetus is a human being; or of the problem about switching off the respirator to which We have already alluded, which some have thought to tum upon such questions as whether the patient in the respirator can be said to be still alive if his brain has deteriorated to such an extent that he will never recover consciousness. The trouble with these questions is that there are a whole lot of perfectly workable ways of defining 'human' and 'alive'; and there is no reason for choosing one of these ways rather than another (unless convenience is a reason), other than the fact that to adopt one of them will lead us to one moral conclusion about what we ought to do with the foetus or the patient in the respirator, whereas to adopt another of them will lead us to a quite different conclusion. So far, therefore, from an answer to the allegedly factual question of whether the foetus is a human being or whether the patient is alive helping us to solve the moral p1roblem, it is likely, rather, that the answer we give to the allegedly factual question will depend on what moral conclusion we want to reach.

That it is a source of unnecessary mystery to put the problems in these terms; and We hope to find time to say later, why this is so. But for the moment let us concentrate on the word 'murder'. If we were to define this as 'wrongful killing of a human being', we should have made it clear that murder was always wrong, but at the cost of making it impossible to tell whether a particular act of killing was a murder without making the prior moral judgment, whether it was wrong.

To adopt such a definition would obviously not serve the purposes of the Church as a teaching institution; for then, by teaching that murder was always wrong, it would have taught a concealed tautology with no content. The purpose of the teaching was to teach people what things are right and wrong; but with this definition all that has been taught is that if an act of killing is wrong, it is wrong. We do not say that the proposed definition is a bad one; it may even be a useful one for certain purposes. But if the Church wants to have a workable, simple rule governing homicide, and wants to use the word 'murder' to express this rule, it has to have a definition of 'murder' which gives more stuffing to the word. And, if the rule is to remain simple, the definition has to be a short one.

The most popular definition has been of the following kind: murder has been defined as the intentional killing of an innocent human being. So, cashing the definition, we have the rule that the intentional killing of an innocent human being is always wrong. But this is not so simple a rule as it looks. There are, first of all, the problems raised by the words 'human being' and 'killing' to which We have already referred, and additional problems of a similar sort about the word 'innocent'. There are problems about the word 'intentional' too; but We shall not go into them - We mean problem like that of the definition of *mens rea*, and problems about double effect. And if we are talking about euthanasia, which has obvious affinities with suicide, we shall have to make it clear whether our definition of murder is intended to include suicide or not; it is no doubt better to exclude it, by amending the definition of 'murder' to read 'the intentional killing of *another* innocent human being'. But even then the boundary between murder and assisted suicide is an obscure one.

We see, then, that the apparently simple rule about homicide which we have proposed (namely that murder is always wrong) in fact generates a very great number of problems - problems which have kept the casuists usefully employed for a long time. We are not going now to discuss these problems; for we are concerned with a further problem of the same sort - the problem of whether the definition of 'murder' should be restricted a little further, so as to read 'the intentional killing of another innocent human being, unless this is both in his interest and with his consent'. For the essence of the problem of euthanasia is whether the fact that it is in somebody's interest to die, and that he shows, by consenting, that he himself thinks this, makes a difference to the legitimacy of killing him. There are analogies which might lend support to such an extension of the definition. We think that interference with other people's bodies is in general wrong; but we make an exception of some kinds of interference on the ground that they are in the interest of, and with the consent of, the person interfered with - for example in surgery. So there certainly are cases in which an act which is generally agreed to be wrong when it is (as it normally is) against the interests and the will of the person to whom it is done, is thought not to be wrong when it is in accordance with his interests and his will. Euthanasia would fit this description.

We shall not however pursue this line of argument, because We want, instead, to make a much more general remark about the sort of approach to the question which We have been discussing. You will remember that We started off by drawing an extremely simple inference from some words of Christ. We then asked why the Church has not been content with this conclusion, but has insisted on a stricter rule which would forbid us to save the lorry driver from roasting, even at his own entreaty. We now want to try to sum up more clearly my answer to this question (our explanation, that is to say, of the Church's attitude). We shall then try to say what We think is sound and what is unsound in this attitude.

The Church has insisted on a strict and simple rule about homicide because it has felt that unless we have a strict and simple rule, it is going to be difficult to inculcate any rule at all. 'If the trumpet speaks with an uncertain voice, who shall prepare himself for the battle?' In pulpits and in confessionals priests need to be able to tell people clearly and definitely that it is sinful to do certain simply described things. The Church has therefore adopted as simple rules as it has found it possible to do, not only about homicide, but about sex and about all the other important moral questions. Whenever hard cases have occurred or have been thought up, the Church has tried to allow for them by relatively simple modifications of the strict rule; but always such modifications as at any rate seem to leave its essential simplicity unimpaired. But such extensions are often resisted with the 'thin end of the wedge' argument: if you admit this qualification to the simple principle, where are you going to stop? The frequency with which this argument is used shows the attraction of simplicity. If abortion is in some cases lowed to be legitimate, why not in all cases? If abortion, then why not infanticide? If infanticide, why not the killing of adults? This argument is appealing above all to those who do not want to have to think about complex particularities, but rather to have a good simple rule and stick to it.

We think that this is a sound attitude. Just now We quoted St. Paul's remark about battles. Soldiers (and officers are trained in the simple rule, not to run away in battle. There are no doubt cases in which it would be perfectly all right, and even tactically useful, if they ran away; but if soldiers in the middle of battles allowed themselves to ask whether their own might not be one of these cases, they would all persuade themselves that it was, and run away. And that is why good soldiers will not run away even when it is tactically harmless or even useful; they just do not think of it; they wait for the order to withdraw given by somebody who, they hope, is not subject to the same stress as they are, and who can therefore weigh up what is tactically useful with less temptation to special pleading. We have used this military example; We could have given you an equally good one from the field of sex, but We will forebear.

It is not just that these simple rules are useful to those in authority (though undoubtedly they are that). Even when a man has attained a high degree of moral autonomy, he had better have some fairly simple rules and stick to them if he does not want to be constantly at the mercy of the temptation to introduce exceptions to them when it suits his own interest. The upright man will quite often refrain from telling lies which it would be absolutely harmless or even beneficial to tell; because he is upright, it does not occur to him to tell them. And, because he is upright, he will in the course of his life, approximate incomparably more often, in the matter of truth-telling, to the notions which would be prescribed by the ideally impartial and universally benevolent spectator (by God, if you like) than does a man who is prepared to ask, on each occasion, whether it would be right to tell a lie; because the latter, being human and far from an ideally impartial prescriber, will as often as not convince himself that it would be right to tell a lie when that would be in his own interest. This is the truth in the remark of St. Ignatius (which Professor Anscombe is fond of quoting) that when the Devil wants to tempt us, the best means he has is to get us to consider peculiar cases in which it would be beneficial to depart from the simple general rules of morality.

So, We are on the side of the Church in liking to have these simple rules. But We think that the Church - or at any rate prominent members of it - have often gone wrong in two related ways. The first is that they give to these simple rules an epistemological status to which they have no claim; the second is that they cut morality off from its roots by producing these simple and admittedly useful rules without giving for them the only sort of reason which can really form the basis of an acceptable and stable morality, namely the words of Christ which have been quoted at the beginning.

Let's start with the first point. We have implied that there is a sense in which we ought not to question the simple moral rules of the upright man. But it is easy to confuse this sense with another sense in which we certainly ought to question them, if we are ever to satisfy ourselves of the reasons for them. In the heat of battle, perhaps, soldiers ought not to question the rule about running away, or they will all run away. But if we ask, as we ought to ask, *why* ought soldiers to have this rule, and is it the right rule, or should it be qualified in some particular respect to allow for an important class of cases in which it is not, as it stands, the best rule – if we ask this, as Bishop Butler put it, in a cool hour (but remembering always the battles of which we have had experience, or the wisdom of those who have had experience of battles), then we are not displaying a corrupt mind (as Professor Anscombe put it), but rather doing something which has to be done if morality is to survive. We have seen plenty of examples in recent times of the breakdown of morality in families and in whole societies. If our experience is anything to go by, the cause is nearly always the same: that those who believed in these good simple rules failed to question them in the second of my two senses. The result was that their beliefs lost their roots, withered into mere conformism or lip-service, and could not reproduce themselves - or even produce moral beliefs of any kind-in a new generation. They were sterile.

There is no better way of remedying this evil than by seeking again the roots of morality in the duty to love our neighbour as ourselves. We shall not have time to do this for all our moral principles; We shall in what time remains apply this Injunction of Christ's in what will have to be a very summary way to the problem of euthanasia. We have argued that a principle about euthanasia which was in accord with Christ's words could not possibly rule it out in all cases. We have also explained why the Church, on the other hand, has usually advocated just such a complete prohibition. Is any synthesis between these positions possible? We think that it is. You will remember that, though maintaining that Christ's words, for anybody who takes them and the facts seriously rule out a ban on euthanasia in the case of the lorry driver which We described, We said that our conclusions from this was limited and negative. It certainly does not follow from anything that We have said that euthanasia ought to be morally approved of, or legalized, indiscriminately. We would hope that the recognition by Christians of the inconsistency with Christ's words of a complete prohibition might lead them to address themselves to what is, We are convinced, the really important field of dispute - namely, the question of how to formulate a moral principle governing this matter which is neither too restrictive nor too permissive. We see no reason why Christians and non-Christians should not cooperate in such an enquiry, once they have understood the points which We have been trying to take in this paper.

In this discussion, the argument on one side will lay stress on the duty to relieve the suffering of the patient, and - far less importantly but not negligibly that of other people. On the other side emphasis will be laid on the immense practical dangers that would attend any relaxation of an absolute prohibition. There is the danger, for example, that moral pressure would be put on people to allow their death to be hastened, when the real purpose of those exercising the pressure was their own convenience. A colleague once said to a woman of the medical profession: 'We shall start by administering euthanasia to put patients out of intolerable suffering; we shall end up doing it because we want to get away for a week-end.'

It is worth noticing that both these arguments, and not only the first, can claim to be based on the duty to love our neighbour. For, once we have abandoned the reliance on unreasoned traditional rules, we shall, in arguing the case against euthanasia, just as much as in arguing for it, have to rely on the need to avoid harming the interests of people unnecessarily. We are much more moved by this sort of argument than We are by the more traditional sort. We could even say that We do not know of any principle simple enough to be incorporated in legislation that seems to me preferable to the present practice of many doctors. This is based on an application of the principle of double effect (a principle which We gravely distrust, but which in this case seems to give the right answer); they give the patient enough drugs to relieve his pain, even when they know that this will also be enough to kill him, arguing that their intention is to relieve and not to kill.

However, it is one thing to ask what prohibitions and permissions ought to be written into the law, and another to ask what the moral duties of individuals are when faced with given situations. Suppose that an Euthanasia Bill similar to those which have recently been put before parliament were actually passed. What then would be the duties of doctors if patients requested euthanasia under the act? There would then be no arguing that euthanasia was morally wrong just because it was illegal (though We do think that if acts are illegal, that creates some presumption that they are immoral too; there is a general duty to obey the law, which, however, can have exceptions). But equally well the fact that euthanasia was legally permitted would not entail that it was morally permissible. Doctors would therefore have a moral problem on their hands. And We think that the only way that they could solve it would be by considering carefully the individual case and applying Christ's words to it. That is to say, they must think themselves into the position of the individual patient whom they are treating, and do to him what they wish to be done to them if they were in a like position. No doubt, because of the difficulty of doing this in every individual case, and because of the dangers We have mentioned, wise doctors will make for themselves rules, in the light of their experience, which they do not easily depart from. But We do not think that these rules will amount to an absolute ban on complying with the wishes of patients for euthanasia as provided by the supposed Act.

Do you think that such an Act should be passed? We are ready to grant the absolute sincerity of people like Dr. Saunders, who have made it their business to find out ways of making terminal patients happy and thus avoiding the necessity for euthanasia. We are prepared to believe that, if these methods are as devotedly used as they are by her, it really is unnecessary in most cases. But We also know, from our own personal experience and from that of close acquaintances, that the reality often does not correspond to her ideal. We know that aged people whose minds have gone present a particularly difficult problem. But we are inclined to think of Dr. Saunders as one who has failed to question in the way We said we should question the very simple traditional rule about killing the innocent and has made all her other thoughts and actions conform to this rule, even at the cost of a certain blindness to unpleasant facts.

However, this said, We might well be on the same side as her in opposing the sort of Bill that is likely to be put forward, because of the immense practical difficulties and dangers. But We hope that those who feel as We do about this will not nail their flag to the very simple rule but will make a serious attempt to discuss and deal with this difficult and distressing problem, taking into account the economic impossibility of providing for all the sort of care for the dying that we should perhaps wish for ourselves, or indeed of providing all the medical help that could and ideally should be given even to those who are not dying and could be restored to health. As a last suggestion, We are inclined to think that, if any legislation is desirable, it would better take the form, not of a euthanasia bill, but of a fairly small and fairly simple amendment to the law about suicide. For since the consent of the patient ought, in the view of most supporters of euthanasia, to be a necessary condition for it, it seems not unreasonable to suggest that the act should, in some sense, be that of the patient.

The Orthodox Christian view on Euthanasia.

The sixth Commandment is "Thou shalt not kill"

In all societies throughout the history of mankind an extraordinarily important significance has been attached to dying and death. For our ancestors, who lived under the conditions of agricultural societies, death was in the nature of things and was accepted fatalistically. But with the development of contemporary societies the problem of dying acquired a new meaning: the achievements of medical science and technology now permit life to be prolonged. We do not simply live longer; we live much longer than our ancestors. However, in the opinion of many, the additional years often turn out to be not at all the best time of life, that "slow and steady advance into enemy country." For some this experience turns out to be unbearable.

In 1990, Americans were shaken by the following event: Dr. Jack Kevorkian, a retired pathologist, constructed and offered to interested persons a device which journalists christened "the suicide machine." At the request of a 54-year-old woman who was suffering from Alzheimer's disease, he inserted into one of her veins a syringe connected to this machine. The patient pressed a button, a solution of potassium chlorate began to enter the vein, and within a few minutes her heart stopped.

In the Netherlands, the sick who experience unbearable sufferings can now ask a physician to help them die. If several physicians testify to the incurability of the illness, the sick person can receive a deadly injection. Opponents of such a kind of medical assistance point out that when such injections are used to execute the death sentence for criminals in American prisons they are frequently called "cruel and inhuman punishment."

Does a person have the right to end his life with dignity? Is it necessary to prolong a person's life when it is obvious that he has no chance to lead a "normal life"? Is it ethical to cut short the life of a hopelessly ill person in order to free him from unbearable torment and suffering? These and similar questions are very timely in our days, as life expectancy keeps increasing and mankind strives to better the quality of its earthly existence. Every physician and priest and each person, who to some extent or other has anything to do with the sick and dying, unavoidably will come up against these questions.

What is the teaching of the Church concerning "euthanasia" (a Greek word meaning "a good death")?

The Orthodox Church teaches that euthanasia is the deliberate cessation of human life, and, as such, *must* be condemned as murder. However, the headlong progress of contemporary medical technology and the various means of artificially sustaining life require that theologians make more precise the Church's approach to the problem of euthanasia and "the right of a person to put an end to his life."

Euthanasia is the act of painlessly killing hopelessly ill people. Proponents of euthanasia point out that the use of contemporary medicine and the means of treating the hopelessly ill does not lead to their recovery, but only agonisingly prolongs their dying. This in turn raises another moral question: Is it murder not to use the good things of contemporary medicine for prolonging the life of the hopelessly ill?

The Fathers of the Church teach that death is unnatural for man, because man was created not for death, but for life. Death, along with suffering and illness, which we talked about in our earlier catechetical discussions, occurs not according to God's will. Concerning this it says in the Book of Wisdom: For God made not death: neither hath he pleasure in the destruction of the living. For he created all things, that they might have their being. (Wisdom 1:13-14). And in the Book of the Prophet Ezekiel we read: For I desire not the death of him that dieth, saith the Lord God; wherefore, be converted and live (Ezekiel 13:32).

According to the teaching of the Holy Fathers, the meaning of Adam's sin is that man, who was created in the image and likeness of God and infused with breath by His Spirit, when he had appeared on the face of the earth, chose death instead life, evil instead of righteousness. "And so death passed upon all men, for that in him (Adam) all have sinned" (Romans 5:12), says the Apostle Paul. And having sinned, man brought death also to his children, who shared his nature and life.

Spiritual life for the Christian consists of dying with Christ to sin and the world and of passing with Him through the experience of bodily death in order to be resurrected in the Kingdom of God. Christians must transfigure their own death in the affirmation of life, meeting the tragedy of death with faith in the Lord and conquering, according to the words of the Apostle Paul, "the last enemy-death" (I Corinthians 15:26) by the power of one's faith.

> *I am the resurrection, and the life: he that believeth in me, though he were dead, yet shall he live: and whosoever liveth and believeth in me shall never die (John 11:25-26).*

The deeply believing Christian must be ready to accept any death, for his faith in the Resurrection and in the infinite goodness of God are measured by his acceptance of death. A Christian is called to have "the remembrance of death," that is, not to forget his mortality, and that the final triumph of light will appear only after the resurrection of the dead. But preparedness for death does not mean that earthly life loses its value. On the contrary, it remains the greatest good, and the Christian is called unto the fullness of the present life, in so far as he is able to fill up each moment of this life with the light of Christ's love.

It follows from this patristic presentation about life and death that a Christian is forbidden to participate in the deliberate cessation of the life of others, including also the hopelessly ill.

At the same time that the Church suffers together with people in extreme misfortune, She cannot at all change her mission to preserve the sacred gift of life. The Church approves the use of various medicines and even narcotics to decrease the physical pain of the sufferer. In instances where it is completely evident that death is inescapable, and the person is spiritually prepared for death by means of confession and communion, the Church blesses that person to die, without the interference of various life-prolonging medical devices and drugs.

The Church tries to instill in the sufferer that his illness is caused by sin - not only his own, but also that of the whole world. If he bears his infirmity righteously, manfully and patiently, that is, with faith, hope and even joy, then he will become the greatest witness to God's salvation in this world. Nothing can compare with such patience, for the glorification of God in the midst of suffering and infirmity is the greatest of all offerings which a man can ever make from his life on earth.

All the saints suffered from some kind of bodily infirmity. And they all - even those who healed others by their prayers - never asked healing for themselves. And the most obvious example is the example of Jesus Himself. Forasmuch then as Christ hath suffered for us in the flesh, teaches the Apostle Peter in his First Epistle, arm yourselves likewise with the same mind: for he that hath suffered in the flesh hath ceased from sin; that he no longer should live the rest of his time in the flesh to the lusts of men, but to the will of God (I Peter 4:1-2). The Christian, according to the grace given him by the Lord, must spiritually accept participation in the sufferings of Christ.

At the same time that the Church blesses the hopelessly ill person to consciously prepare for death, not resorting to artificial means of supporting life, She decisively parts from those who consider that in all instances it is necessary, no matter what, to prolong the life of the dying by whatever means are available. In Her prayers "at the parting of the soul from the body," the Church prays God to send to the hopelessly ill "a speedy and painless end," believing that the prolonging of the life of the hopelessly ill enters into conflict with God's plan for that person.

One ought not to generalise about the Church's approach to this question. The problem of maintaining the life of the gravely ill needs an individualised approach - a careful and round discussion in each instance with the relatives of the ill person, his physician and spiritual director. Moreover, this discussion must be accompanied by prayer with the request for God's guidance.

The Church makes a precise differentiation between euthanasia and the decision not to use extraordinary means to maintain life in those instances when a person is hopelessly ill. The Church affirms the holiness of life, and it is the duty of each Christian in every way possible to protect life as a sacred gift of God. The sole form of "a good death," from the Church's point of view, is the peaceful acceptance of the end of earthly life, enriched by faith and trust in God and in the hope of resurrection in Christ.

Voluntary, Active Euthanasia.

It is helpful to distinguish between mercy-killing and what could be called mercy-dying. Taking a human life is not the same as allowing nature to take its course by allowing a terminal patient to die. The former is immoral (and perhaps even criminal), while the latter is not.

However, drawing a sharp line between these two categories is not as easy as it used to be. Modern medical technology has significantly blurred the line between hastening death and allowing nature to take its course.

Certain analgesics, for example, ease pain, but they can also shorten a patient's life by affecting respiration. An artificial heart will continue to beat even after the patient has died and therefore must be turned off by the doctor. So the distinction between actively promoting death and passively allowing nature to take its course is sometimes difficult to determine in practice. But this fundamental distinction between life-taking and death - permitting is still an important philosophical distinction.

Another concern with active euthanasia is that it eliminates the possibility for recovery. While this should be obvious, somehow this problem is frequently ignored in the euthanasia debate. Terminating a human life eliminates all possibility of recovery, while passively ceasing extraordinary means may not. Miraculous recovery from a bleak prognosis sometimes occurs. A doctor who prescribes active euthanasia for a patient may unwittingly prevent a possible recovery he did not anticipate.

A further concern with this so-called voluntary, active euthanasia is that these decisions might not always be freely made. The possibility for coercion is always present. Richard D. Lamm, former governor of Colorado, said that elderly, terminally ill patients have "a duty to die and get out of the way." Though those words were reported somewhat out of context, they nonetheless illustrate the pressure many elderly feel from hospital personnel.

The Dutch experience is instructive. A survey of Dutch physicians was done in 1990 by the Remmelink Committee. They found that 1,030 patients were killed without their consent. Of these, 140 were fully mentally competent and 110 were only slightly mentally impaired. The report also found that another 14,175 patients (1,701 of whom were mentally competent) were denied medical treatment without their consent and died. (Finigsen,1991)

A more recent survey of the Dutch experience is even less encouraging. Doctors in the United States and the Netherlands have found that though euthanasia was originally intended for exceptional cases, it has become an accepted way of dealing with serious or terminal illness. The original guidelines (that patients with a terminal illness make a voluntary, persistent request that their lives be ended) have been expanded to include chronic ailments and psychological distress. They also found that 60 percent of Dutch physicians do not report their cases of assisted suicide (even though reporting is required by law) and about 25 percent of the physicians admit to ending patients' lives without their consent. (Finigsen,1991).

Involuntary, Active Euthanasia.

Involuntary euthanasia requires a second party who makes decisions about whether active measures should be taken to end a life. Foundational to this discussion is an erosion of the doctrine of the sanctity of life. But ever since the Supreme Court ruled in *Roe v. Wade* that the life of unborn babies could be terminated for reasons of convenience, the slide down society's slippery slope has continued even though the Supreme Court has been reluctant to legalize euthanasia.

The progression was inevitable. Once society begins to devalue the life of an unborn child, it is but a small step to begin to do the same with a child who has been born. Abortion slides naturally into infanticide and eventually into euthanasia. In the past few years doctors have allowed a number of so-called "Baby Does" to die–either by failing to perform lifesaving operations or else by not feeding the infants.

The progression toward euthanasia is inevitable. Once society becomes conformed to a "quality of life" standard for infants, it will more willingly accept the same standard for the elderly. As former Surgeon General C. Everett Koop has said, "Nothing surprises me anymore. My great concern is that there will be 10,000 Grandma Does for every Baby Doe" (Finigsen,1991).

Again the Dutch experience is instructive. In the Netherlands, physicians have performed involuntary euthanasia because they thought the family had suffered too much or were tired of taking care of patients. American surgeon Robin Bernhoft relates an incident in which a Dutch doctor euthanized a twenty-six-year-old ballerina with arthritis in her toes. Since she could no longer pursue her career as a dancer, she was depressed and requested to be put to death. The doctor complied with her request and merely noted that "one doesn't enjoy such things, but it was her choice." (Finigsen, 1991).

Physician-Assisted Suicide.

In recent years media and political attention has been given to the idea of physician-assisted suicide. Some states have even attempted to pass legislation that would allow physicians in this country the legal right to put terminally ill patients to death. While the Dutch experience should be enough to demonstrate the danger of granting such rights, there are other good reasons to reject this idea.

First, physician-assisted suicide would change the nature of the medical profession itself. Physicians would be cast in the role of killers rather than healers. The Hippocratic Oath was written to place the medical profession on the foundation of healing, not killing. For 2,400 years patients have had the assurance that doctors follow an oath to heal them, not kill them. This would change with legalized euthanasia.

Second, medical care would be affected. Physicians would begin to ration health care so that elderly and severely disabled patients would not be receiving the same quality of care as everyone else. Legalizing euthanasia would result in less care, rather than better care, for the dying.

Third, legalizing euthanasia through physician-assisted suicide would effectively establish a right to die. The Constitution affirms that fundamental rights cannot be limited to one group (e.g., the terminally ill). They must apply to all. Legalizing physician-assisted suicide would open the door to anyone wanting the "right" to kill themselves. Soon this would apply not only to voluntary euthanasia but also to involuntary euthanasia as various court precedents begin to broaden the application of the right to die to other groups in society like the disabled or the clinically depressed.

Biblical Analysis.

Foundational to a biblical perspective on euthanasia is a proper understanding of the sanctity of human life. For centuries Western culture in general and Christians in particular have believed in the sanctity of human life. Unfortunately, this view is beginning to erode into a “quality of life” standard. The disabled, retarded, and infirm were seen as having a special place in God’s world, but today medical personnel judge a person’s fitness for life on the basis of a perceived quality of life or lack of such quality (Finigsen,1991).

No longer is life seen as sacred and worthy of being saved. Now patients are evaluated and life-saving treatment is frequently denied, based on a subjective and arbitrary standard for the supposed quality of life. If a life is judged not worthy to be lived any longer, people feel obliged to end that life.

The Bible teaches that human beings are created in the image of God (Gen. 1:26) and therefore have dignity and value. Human life is sacred and should not be terminated merely because life is difficult or inconvenient. Psalm 139 teaches that humans are fearfully and wonderfully made. Society must not place an arbitrary standard of quality above God’s absolute standard of human value and worth. This does not mean that people will no longer need to make difficult decisions about treatment and care, but it does mean that these decisions will be guided by an objective, absolute standard of human worth (Finigsen,1991).

The Bible also teaches that God is sovereign over life and death. Christians can agree with Job when he said, “The Lord gave and the Lord has taken away. Blessed be the name of the Lord” (Job 1:21). The Lord said, “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” (Deut. 32:39). God has ordained our days (Ps. 139:16) and is in control of our lives (Finigsen,1991).

Another foundational principle involves a biblical view of life-taking. The Bible specifically condemns murder (Exod. 20:13), and this would include active forms of euthanasia in which another person (doctor, nurse, or friend) hastens death in a patient. While there are situations described in Scripture in which life-taking may be permitted (e.g., self-defense or a just war), euthanasia should not be included with any of these established biblical categories. Active euthanasia, like murder, involves premeditated intent and therefore should be condemned as immoral and even criminal.

Although the Bible does not specifically speak to the issue of euthanasia, the story of the death of King Saul (2 Sam. 1:9-16) is instructive. Saul asked that a soldier put him to death as he lay dying on the battlefield. When David heard of this act, he ordered the soldier put to death for "destroying the Lord's anointed." Though the context is not euthanasia per se, it does show the respect we must show for a human life even in such tragic circumstances (Finigsen, 1991).

Christians should also reject the attempt by the modern euthanasia movement to promote a so-called "right to die." Secular society's attempt to establish this "right" is wrong for two reasons. First, giving a person a right to die is tantamount to promoting suicide, and suicide is condemned in the Bible. Man is forbidden to murder and that includes murder of oneself. Moreover, Christians are commanded to love others as they love themselves (Matt. 22:39; Eph. 5:29). Implicit in the command is an assumption of self-love as well as love for others (Finigsen, 1991).

Suicide, however, is hardly an example of self-love. It is perhaps the clearest example of self-hate. Suicide is also usually a selfish act. People kill themselves to get away from pain and problems, often leaving those problems to friends and family members who must pick up the pieces when the one who committed suicide is gone.

Second, this so-called "right to die" denies God the opportunity to work sovereignly within a shattered life and bring glory to Himself. When Joni Eareckson Tada realized that she would be spending the rest of her life as a quadriplegic, she asked in despair, "Why can't they just let me die?" When her friend Diana, trying to provide comfort, said to her, "The past is dead, Joni; you're alive," Joni responded, "Am I? This isn't living." (Finigsen, 1991). But through God's grace Joni's despair gave way to her firm conviction that even her accident was within God's plan for her life. Now she shares with the world her firm conviction that "suffering gets us ready for heaven." (Finigsen, 1991).

The Bible teaches that God's purposes are beyond our understanding. Job's reply to the Lord shows his acknowledgment of God's purposes: "I know that you can do all things; no plan of yours can be thwarted. You asked, 'Who is this that obscures my counsel without knowledge?' Surely I spoke of things I did not understand, things too wonderful for me to know" (Job 42:2-3). Isaiah 55:8-9 teaches, "For my thoughts are not your thoughts, neither are your ways my ways, declares the Lord. As the heavens are higher than the earth, so are my ways higher than your ways and my thoughts than your thoughts."

Another foundational principle is a biblical view of death. Death is both unnatural and inevitable. It is an unnatural intrusion into our lives as a consequence of the fall (Gen. 2:17). It is the last enemy to be destroyed (1 Cor. 15:26, 56). Therefore, Christians can reject humanistic ideas that assume death as nothing more than a natural transition. But the Bible also teaches that death (under the present conditions) is inevitable. There is "a time to be born and a time to die" (Eccles. 3:2). Death is a part of life and the doorway to another, better life (Finigsen,1991).

When does death occur? Modern medicine defines death primarily as a biological event; yet Scripture defines death as a spiritual event that has biological consequences. Death, according to the Bible, occurs when the spirit leaves the body (Eccles. 12:7; James 2:26).

Unfortunately, this does not offer much by way of clinical diagnosis for medical personnel. But it does suggest that a rigorous medical definition for death be used. A comatose patient may not be conscious, but from both a medical and biblical perspective he is very much alive, and treatment should be continued unless crucial vital signs and brain activity have ceased.

On the other hand, Christians must also reject the notion that everything must be done to save life at all costs. Believers, knowing that to be at home in the body is to be away from the Lord (2 Cor. 5:6), long for the time when they will be absent from the body and at home with the Lord (5:8). Death is gain for Christians (Phil. 1:21). Therefore, they need not be so tied to this earth that they perform futile operations just to extend life a few more hours or days (Finigsen, 1991).

In a patient's last days, everything possible should be done to alleviate physical and emotional pain. Giving drugs to a patient to relieve pain is morally justifiable. Proverbs 31:6 says, "Give strong drink to him who is perishing, and wine to him whose life is bitter." As previously mentioned, some analgesics have the secondary effect of shortening life. But these should be permitted since the primary purpose is to relieve pain, even though they may secondarily shorten life.

Moreover, believers should provide counsel and spiritual care to dying patients (Gal. 6:2). Frequently emotional needs can be met both in the patient and in the family. Such times of grief also provide opportunities for witnessing. Those suffering losses are often more open to the gospel than at any other time (Finigsen, 1991)

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

1. No one can make an attempt on the life of an innocent person without opposing God's love for that person, without

violating a fundamental right, and therefore without committing a crime of the utmost gravity. (Rome,1980).

2. Everyone has the duty to lead his or her life in accordance with God's plan. That life is entrusted to the individual as a good that must bear fruit already here on earth, but that finds its full perfection only in eternal life (Rome,1980).
3. Intentionally causing one's own death, or suicide, is therefore equally as wrong as murder; such an action on the part of a person is to be considered as a rejection of God's sovereignty and loving plan. Furthermore, suicide is also often a refusal of love for self, the denial of a natural instinct to live, a flight from the duties of justice and charity owed to one's neighbor, to various communities or to the whole of society - although, as is generally recognized, at times there are psychological factors present that can diminish responsibility or even completely remove it. However, one must clearly distinguish suicide from that sacrifice of one's life whereby for a higher cause, such as God's glory, the salvation of souls or the service of one's brethren, a person offers his or her own life or puts it in danger (cf. Jn. 15:14). (Rome,1980).

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

The Meaning of Suffering for Christians and the Use of Painkillers.

Death does not always come in dramatic circumstances after barely tolerable sufferings. Nor do we have to think only of extreme cases. Numerous testimonies which confirm one another lead one to the conclusion that nature itself has made provision to render more bearable at the moment of death separations that would be terribly painful to a person in full health. Hence it is that a prolonged illness, advanced old age, or a state of loneliness or neglect can bring about psychological conditions that facilitate the acceptance of death. Nevertheless, the fact remains that death, often preceded or accompanied by severe and prolonged suffering, is something which naturally causes people anguish. Physical suffering is certainly an unavoidable element of the human condition; on the biological level, it constitutes a warning of which no one denies the usefulness; but, since it affects the human psychological makeup, it often exceeds its own biological usefulness and so can become so severe as to cause the desire to remove it at any cost. According to Christian teaching, however, suffering, especially suffering during the last moments of life, has a special place in God's saving plan; it is in fact a sharing in Christ's passion and a union with the redeeming sacrifice which He offered in obedience to the Father's will. Therefore, one must not be surprised if some Christians prefer to moderate their use of painkillers, in order to accept voluntarily at least a part of their sufferings and thus associate themselves in a conscious way with the sufferings of Christ crucified (cf. Mt. 27:34). Nevertheless, it would be imprudent to impose a heroic way of acting as a general rule. On the contrary, human and Christian prudence suggest for the majority of sick people the use of medicines capable of alleviating or suppressing pain, even though these may cause as a secondary effect semi-consciousness and reduced lucidity. As for those who are not in a state to express themselves, one can reasonably presume that they wish to take these painkillers, and have them administered according to the doctor's advice. But the intensive use of painkillers is not without difficulties, because the phenomenon of habituation generally makes it necessary to increase their dosage in order to maintain their efficacy. At this point it is fitting to recall a declaration by Pius XII, which retains its full force; in answer to a group of doctors who had put the question: "Is the suppression of pain and consciousness by the use of narcotics ... permitted by religion and morality to the doctor and the patient (even at the approach of death and if one foresees that the use of narcotics will shorten life)?" the Pope said: "If no other means exist, and if, in the given circumstances, this does not prevent the carrying out of other religious and moral duties: Yes." (Rome,1980). In this case, of course, death is in no way intended or sought, even if the risk of it is reasonably taken; the intention is simply to relieve pain effectively, using for this purpose painkillers available to medicine. However, painkillers that cause unconsciousness need special consideration. For a person not only has to be able to satisfy his or her moral duties and family obligations; he or she also has to prepare himself or herself with full consciousness for meeting Christ. Thus Pius XII warns: "It is not right to deprive the dying person of consciousness without a serious reason." (Rome, 1980).

Due proportion in the use of remedies. Today it is very important to protect, at the moment of death, both the dignity of the human person and the Christian concept of life, against a technological attitude that threatens to become an abuse. Thus some people speak of a "right to die," which is an expression that does not mean the right to procure death either by one's own hand or by means of someone else, as one pleases, but rather the right to die peacefully with human and Christian dignity. From this point of view, the use of therapeutic means can sometimes pose problems. In numerous cases, the complexity of the situation can be such as to cause doubts about the way ethical principles should be applied. In the final analysis, it pertains to the conscience either of the sick person, or of those qualified to speak in the sick person's name, or of the doctors, to decide, in the light of moral obligations and of the various aspects of the case. Everyone has the duty to care for his or he own health or to seek such care from others. Those whose task it is to care for the sick must do so conscientiously and administer the remedies that seem necessary or useful. However, is it necessary in all circumstances to have recourse to all possible remedies? In the past, moralists replied that one is never obliged to use "extraordinary" means. This reply, which as a principle still holds good, is perhaps less clear today, by reason of the imprecision of the term and the rapid progress made in the treatment of sickness. Thus some people prefer to speak of "proportionate" and "disproportionate" means. In any case, it will be possible to make a correct judgment as to the means by studying the type of treatment to be used, its degree of complexity or risk, its cost and the possibilities of using it, and comparing these elements with the result that can be expected, taking into account the state of the sick person and his or her physical and moral resources. In order to facilitate the application of these general principles, the following clarifications can be added: - If there are no other sufficient remedies, it is permitted, with the patient's consent, to have recourse to the means provided by the most advanced medical techniques, even if these means are still at the experimental stage and are not without a certain risk. By accepting them, the patient can even show generosity in the service of humanity. - It is also permitted, with the patient's consent, to interrupt these means, where the results fall short of expectations. But for such a decision to be made, account will have to be taken of the reasonable wishes of the patient and the patient's family, as also of the advice of the doctors who are specially competent in the matter. The latter may in particular judge that the investment in instruments and personnel is disproportionate to the results foreseen; they may also judge that the techniques applied impose on the patient strain or suffering out of proportion with the benefits which he or she may gain from such techniques. - It is also permissible to make do with the normal means that medicine can offer. Therefore, one cannot impose on anyone the obligation to have recourse to a technique which is already in use but which carries a risk or is burdensome. Such a refusal is not the equivalent of suicide; on the contrary, it should be considered as an acceptance of the human condition, or a wish to avoid the application of a medical procedure disproportionate to the results that can be expected, or a desire not to impose excessive expense on the family or the community. - When inevitable death is imminent in spite of the means used, it is permitted in conscience to take the decision to refuse forms of treatment that would only secure a precarious and burdensome prolongation of life, so long as the normal care due to the sick person in similar cases is not interrupted. In such circumstances the doctor has no reason to reproach himself with failing to help the person in danger (Rome, 1980).

What does the Bible say about euthanasia?

The Bible does not specifically mention euthanasia, but it does address issues closely related to it. Euthanasia is known by different terms such as mercy killing, assisted suicide, etc. It is the act of assisting someone in his or her own death who is terminally ill, suffering, and in great pain. The goal of the assisted suicide is to prevent the continuation of pain.

The Bible tells us that we are not to murder (Exodus 20:13). Murder is the unlawful taking of life, and killing is the lawful taking of life. Technically speaking, if a nation said that euthanasia was legal, then on a human level it would not be murder. But as societies often legislate moral issues in contradiction to the Bible, just because a society might say that euthanasia is good does not mean that it is. We are to obey God rather than men (Acts 5:29).

We are made in the image of God (Gen. 1:26), and it is the Lord God who gives us life (Job 33:4) and who has numbered our days (Job 14:5). This means that God is the sovereign Lord who determines the day that we die. Therefore, we are not to usurp God's authority.

In the Bible... In the book of Job, when Job is under great distress and in great pain, his wife says to him "'Do you still hold fast your integrity? Curse God and die!' 10 But he said to her, 'You speak as one of the foolish women speaks. Shall we indeed accept good from God and not accept adversity?' In all this Job did not sin with his lips," (Job 2:9-10). Basically, Job's wife wanted him to euthanize himself to avoid the pain of his life, but Job refused to do so and in this, he did not sin.

> *Heb. 9:27, "And inasmuch as it is appointed for men to die once and after this comes judgment."*

The Bible tells us that it is God who appoints people to die. Essentially, assisted suicide is an attempt to deny God his sovereign right to appoint who dies when. We must be careful not to take into our own hands the right that belongs to God.

There is nothing in the Bible that tells us we must do everything we can to keep someone alive for as long as possible. So, we are not under obligation to prolong the life of someone who is suffering. If someone is terminally ill and in great pain, we should make the person as comfortable as possible during this process of dying. We should not hasten his death. Instead, we should let death take its natural course, but make every effort to comfort those who are suffering.

Finally, like so many things in the world, when a small compromise is made many injustices are eventually allowed. If euthanasia is permitted under the emotional and moral claim that it is best for the individual, what is to prevent the government from eventually stepping in and determining who else needs to be terminated? Might the definition of euthanasia be expanded to include those who are suffering from chronic depression, or just don't like living -- or are not productive in society? We must ask that if the door to killing people in their old age is opened, can it ever be closed again?

Think about it. The beginning of life is now open to destruction in abortion, and the end of life is now being considered for destruction as well. Like a vise that closes from either end, how many of those in the middle will fall prey to the depravity of man's moral relativism and love affair with sin that always brings death?

General Christian view. Christians are mostly against euthanasia. The arguments are usually based on the beliefs that life is given by God and that human beings are made in the image of God.

Life is a gift from God.

- All life is God-given.
- Birth and death are part of the life processes which God has created, so we should respect them.
- Therefore, no human being has the authority to take the life of any innocent person, even if that person wants to die.

Human beings are valuable because they are made in God's image.

- Human life possesses an intrinsic dignity and value because it is created by God in his own image for the distinctive destiny of sharing in God's own life.
- Saying that God created humankind in his own image doesn't mean that people actually look like God, but that people have

a unique capacity for rational existence that enables them to see what is good and to want what is good.

- As people develop these abilities they live a life that is as close as possible to God's life of love.
- This is a good thing, and life should be preserved so that people can go on doing this.
- To propose euthanasia for an individual is to judge that the current life of that individual is not worthwhile.
- Such a judgement is incompatible with recognising the worth and dignity of the person to be killed.
- Therefore, arguments based on the quality of life are completely irrelevant.
- Nor should anyone ask for euthanasia for themselves because no-one has the right to value anyone, even themselves, as worthless.

Position of Catholic Church.

Nothing and no one can in any way permit the killing of an innocent human being, whether a fetus or an embryo, an infant or an adult, an old person, or one suffering from an incurable disease, or a person who is dying. Furthermore, no one is permitted to ask for this act of killing, either for himself or herself or for another person entrusted to his or her care, nor can he or she consent to it, either explicitly or implicitly, nor can any authority legitimately recommend or permit such an action. For it is a question of the violation of the divine law, an offense against the dignity of the human person, a crime against life, and an attack on humanity.

It may happen that, by reason of prolonged and barely tolerable pain, for deeply personal or other reasons, people may be led to believe that they can legitimately ask for death or obtain it for others. Although in these cases the guilt of the individual may be reduced or completely absent, nevertheless the error of judgment into which the conscience falls, perhaps in good faith, does not change the nature of this act of killing, which will always be in itself something to be rejected. The pleas of gravely ill people who sometimes ask for death are not to be understood as implying a true desire for euthanasia; in fact, it is almost always a case of an anguished plea for help and love. What a sick person needs, besides medical care, is love, the human and supernatural warmth with which the sick person can and ought to be surrounded by all those close to him or her, parents and children, doctors and nurses.

Position of Protestant Denominations.

A number of Protestant denominations have issued statements on euthanasia and physician assisted suicide. Conservative faith groups tend to be most vocal in their opposition. Liberal denominations tend to be more in favor of individual choice.

Anglican: Rowan Williams, the Anglican Archbishop of Canterbury, has stated that although 'There is a very strong compassionate case' for physician-assisted dying, the Anglican Church remains opposed to the practice. Some Episcopalians believe it is morally wrong to take human life with medication to relieve suffering caused by incurable illness. Others approve of assisted dying in rare cases.

Episcopal: Baptist: Assisted dying violates the sanctity of human life.

Lutheran: As a church we affirm that deliberately destroying life created in the image of God is contrary to our Christian conscience. While this affirmation is clear, we also recognize that responsible health care professionals struggle to choose the lesser evil in ambiguous borderline situations — for example, when pain becomes so unmanageable that life is indistinguishable from torture.

Methodist: Methodists generally accept the individual's freedom of conscience to determine the means and timing of death. Some regional conferences have endorsed the legalization of physician assisted dying. 'Euthanasia' or 'mercy-killing' of a patient by a physician or by anyone else, including the patient himself (suicide) is murder.

Presbyterian Church in America.

United Church of Christ: The Church affirms individual freedom and responsibility. It has not asserted that hastened dying is the Christian position, but the right to choose is a legitimate Christian decision. Pro-choice statements have been made by the United Church of Christ, and the Methodist Church on the US West coast. The Episcopalian, Methodist, and Presbyterian are amongst the most liberal, allowing at least individual decision making in cases of active euthanasia.

Mainline and Liberal Christian denominations.

Position of Judaism.

Euthanasia, physician-assisted suicide, and all other types of suicide are almost unanimously condemned in Jewish thought, primarily because it is viewed as taking something (a human life) that belongs to God for "only He who gives life may take it away." For Judaism, human life is, "created in the image of God." Although life is considered to be God's creation and good, human life is related to God in a special way: it is sacred. The sanctity of human life prescribes that, in any situation short of self-defense or martyrdom, human life must be treated as an end in itself. It may thus not be terminated or shortened because of considerations of the patient's convenience or usefulness, or even sympathy with the suffering of the patient. Thus euthanasia may not be performed either in the interest of the patient or of anyone else.

Jewish law strongly condemns any act that shortens life and treats the killing of a person whom the doctors say will die in any event to be an act of murder. Positive euthanasia is thus ruled out. Even individual autonomy is secondary to the sanctity of human.

Position of Islam.

Human life per se is a value to be respected unconditionally. The concept of a life not worth living does not exist in Islam. Justification of taking life to escape suffering is not acceptable in Islam. The Prophet Mohammad said: "Among the nations before you there was a man who got a wound and growing impatient with its pain, he took a knife and cut his hand with it and the blood did not stop until he died. Allah said, 'My slave hurried to bring death upon himself so I have forbidden him to enter Paradise'" (Qur'an 4:29)

During one of the military campaigns one of the Muslims was killed and the companions of the prophet kept praising his gallantry and efficiency in fighting, but, to their surprise, the Prophet commented, “His lot is hell.” Upon inquiry, the companions found out that the man had been seriously injured so he supported the handle of his sword on the ground and plunged his chest onto its tip, committing suicide.

Patience and endurance are highly regarded and highly rewarded values in Islam. “Those who patiently persevere will truly receive a reward without measure” (Qur’an 39:10). “And bear in patience whatever ill maybe fall you: this, behold, is something to set one’s heart upon” (Qur’an 31:17). When means of preventing or alleviating pain fall short, this spiritual dimension can be very effectively called upon to support the patient who believes that accepting and standing unavoidable pain will be to his/her credit in the hereafter, the real and enduring life.

Conclusions.

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

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

CHAPTER FOUR:
Euthanasia: A Muslim's perspective

Introduction.

The popular Egyptian scholar Sheikh Yusuf al-Qaradawi, recently issued a fatwa, or religious ruling, equating euthanasia with murder, but allowing the withholding of treatment that is deemed useless. Egypt Sharia courts and qadis are run and licensed by the Ministry of Justice. The personal status law that regulates matters such as marriage, divorce and child custody is governed by Sharia. In a family court, a woman’s testimony is worth half of a man’s testimony. One of the most important factors which determines society's attitude towards euthanasia is religion. As there are various sects and tariqas (manner, creeds) in Islam that cause significant differences, it is important to begin with an overall review of Islamic approach to euthanasia. But there are important differences between Islamic countries. The first group contains the countries which are governed by Islamic rules. These countries accept sheria (the code of law derived from the Quran and from the teachings and example of Prophet Mohammed) as their legal and administrative code, like Iran and Saudi Arabia. In Iran Shia Muslims and in Saudi Arabia Sunni Muslims as sects of Islam, rule the State. The second group consists of countries which have secularly governed states, but their laws are based on sheria, like Egypt. Today, many social institutions especially the mass media severely criticize physicians' attitudes in Turkey. Sometimes these criticisms turn out to be unfair attacks on medicine.

Availability of advanced medical technology has generated various new moral issues such as abortion, cloning and euthanasia. The use of medical technology, therefore, raises questions about the moral appropriateness of sustaining life versus taking life or allowing someone to die. Moreover, the world-wide discussion on euthanasia has assumed different dimensions of acceptance and rejection. The modern advanced medical technology has brought this issue under extensive focus of philosophers and religious authorities. The objective of this article is to consider the Islamic ethical position on euthanasia with a view to appreciating its comprehensiveness and investigating how an Islamic approach to medical treatment addresses the issue. The study observes that Allah gives life and has the absolute authority of taking it. In other words, the Qur'an prohibits consenting to one's own destruction which could be related to terminally ill patients who give consent to mercy killing. The study equally revealed that death is not the final destination of human beings but the hereafter; therefore, a believer should not lose hope when facing difficulties, suffering and hardship but should instead keep hope alive. The study calls on Muslims to ensure that Islamic teachings on medical ethics are entrenched in all fabrics of human endeavor.

Euthanasia is a contemporary issue in the jurisprudence of right. Many people such as Fletcher and Brockopp (Motlani, 2011) are in support of it, while some people like Banner and al Qaradawi have argued against it. (Motlani, 2011). The argument of the supporters of euthanasia, as we are going to see as we progress, is that to leave somebody in the state of pain could be tantamount to allowing him/her to suffer the more. They argue that the best thing to do is to help him/her terminate his/her life. Religiously and more importantly, Islamic law and some moralists are vehemently opposed to this position. To them, God is the Creator of lives and reserves the right to take them at the right time. They argued that, no matter the precarious condition of a creature of God, there is still hope for survival. An investigation into euthanasia reveals that the practice involves three parties, namely the dying patient, the family of the dying patient and the doctor who is to perform the action. The dying patient may use his/her initiative to request a doctor to terminate her/his life voluntarily out of distress. This type of euthanasia is known as 'voluntary euthanasia' (Malik, 2012). It is involuntary when it is performed without the consent of the patient but with the knowledge of the relatives of the patient who are worried by his pain and distress (Malik, 2012). The doctor, on the other hand, has the option of either terminating the life of a dying patient by recommending an overdose of painkillers, or withdrawal of certain treatment, or by switching off the life support machine with the aim of terminating the patient's life. Technically, the former is called 'active euthanasia' while the latter is known as 'passive euthanasia' (Malik, 2012). Moreover, the debate on end-of-life issues became pertinent in the late 20th. Although there is unavoidable overlap between suicide and euthanasia, the debate on them became separated along with their subject matter and arguments. As a result, the nature of euthanasia is more pertinent to the medical profession and the debate over rights of patients and duties of clinicians. Thus broadly, euthanasia becomes interdisciplinary as the issue is being discussed by philosophers, physicians, religious bodies, academics and human rights activists, among others. For instance, it was legalised under certain circumstances in the Netherlands in 2002, while it is considered illegal in the United Kingdom. The Northern Territory of Australia's law which permitted euthanasia came into effect in June of 1996, only to be overturned in March of 1997 (Malik, 2012). Switzerland and the American State of Oregon allow only physician assisted suicide (Malik, 2012). Many countries are also trying to strike a balance between ethical and practical laws governing it (Ebrahim, 2007). This is an indication that divergence of opinions characterize the legality, or otherwise, of the practice of euthanasia. In addressing the issue of euthanasia from a Muslim point of view, responses have come from various sections such as organisations of Muslim doctors, independent writers, and above all from the Islamic jurisprudential bodies and Islamic medical code (Malik, 2012). The aim of this article, therefore, is to examine the position of Islam regarding euthanasia with a view to appreciating its rules on the sacredness of life, among other things. In the course of doing justice to the topic, the article aims to examine the meaning of euthanasia and its types – active and passive – before moving to the relationship between homicide, suicide and euthanasia. A Muslim approach to life, death and dying will also be analysed under active euthanasia. The article then examines medical treatment from an Islamic perspective before finally looking at some issues under passive euthanasia. Let us now examine the meaning of euthanasia (Adebayo,2008).

Euthanasia: What is it? Etymologically, euthanasia comes from two Greek words, *eu*, meaning 'well', and *thanatos*, meaning 'death', so it means a good or easy death. In the course of time, the meaning of the term gained the connotation of 'mercy killing' (Adebayo, 2008). The common synonym for euthanasia, therefore, in the lay and professional vocabularies has been mercy killing. In Arabic works on euthanasia, the term has been rendered as *qatalur-rahmah*, meaning (literally) 'mercy killing'. Merriam-Webster's dictionary defines euthanasia as 'an easy and painless death, or, an act or method of causing death painlessly so as to end suffering: advocated by some as a way to deal with victims of incurable disease' (Ogunsola, 2000).

The Oxford Advanced Learner's Dictionary also defines euthanasia as 'the practice of killing without pain of a person who is suffering from an incurable and painful disease' (Robert and Stuart ,2000). The Euthanasia Society of America that was founded in 1938 defines euthanasia as the 'termination of human life by painless means for the purpose of ending severe physical suffering' (Ogunsola, 2000). And the American Medical Association's Council on Ethical and Judicial Affairs defines it as 'the act of bringing about the death of a hopelessly ill and suffering person in a relatively quick and painless way for reasons of mercy' (Ogunsola, 2000). Motlani, however, argues that the term 'euthanasia' has no generally accepted and philosophically warranted core of meaning (Ogunsola, 2000).

Moreover, there are two different uses of the term 'euthanasia'. The first is sometimes called the narrow construal of euthanasia, by which euthanasia is equivalent to mercy killing. Hence, when a physician injects a patient with a drug with the intent to kill him, it would be an act of euthanasia; but if a physician withholds some extraordinary and excessively burdensome treatment from a patient and allows him to die in a natural way, it does not come under euthanasia. The second one is called the broad construal of euthanasia. This comes under the definition of euthanasia as mercy killing and cessation of extraordinary medical treatment; that is, active and passive euthanasia (Robert and Stuart, 2000).

Active euthanasia or euthanasia by action, which is also called positive euthanasia, means 'intentionally causing a person's death by performing an action such as giving a lethal injection'. Passive euthanasia or euthanasia by omission, which is also called negative euthanasia is 'withholding or withdrawing the necessary and extraordinary medical treatment' (Robert and Stuart,2000). The Arabic term for active euthanasia is *qatalur-rahmah al-ijābī*, while passive one is called *qatalur-rahmah al-salibī*.

The clash of views at the conceptual level of defining the terms from the Western bioethical perspective has made much of the debate, as a result frustrating clarity on the use of the term 'euthanasia' in a diverse sense. However, Muslim scholars in the field have responded to these modern bioethical issues in a systematic way through fatwa literature (jurisprudential decrees) like that of Shaykh

Muzammil, medical codes and jurisprudential conferences. 18 In a nutshell, Islamic writings carried out an in-depth research into euthanasia by using the same categories as set by the Western bioethics when bioethics started long ago as a discipline in the Western countries, especially in the United States (Robert and Stuart ,2000).

The Relationship between Homicide, Suicide and Euthanasia.

The historical account of the debate regarding end-of-life issues has remained focused on the subject of suicide; and euthanasia has been considered part of it. Indeed, seeking a clear separation between them which was necessitated by legal and ethical implications is a recent development. The ethical and legal implications of euthanasia are more far-reaching than those surrounding suicide. The difference between suicide and euthanasia are present in Islamic jurisprudential works of Imams Abu Hanīfah, Shāfi'ī and Hanbali, where essential distinctions are drawn between suicide (*intihār*), assisted suicide and homicide (*qatl*) (Robert and Stuart, 2000).

The delineations between them are made mainly to recommend different penalties for different cases. From the Islamic perspective, the difference between euthanasia and suicide could be seen from legal and ethical grounds. The reason is that it is prohibited for a person to commit self-killing (suicide), whereas in euthanasia, it would be prohibited for both the one who seeks self-killing as well as the one who assists such a person in committing suicide (Robert and Stuart, 2000). On the other hand, there are factors which made suicide and euthanasia similar, such as wishing for death and ending a life. Euthanasia, according to Motlani may be distinguished from suicide as a person wishing to commit suicide may not need any support or knowledge of another to terminate his life (Robert and Stuart, 2000). The sanctity of life remains central in the arguments and debates on suicide and euthanasia.

Moreover, Jurists like Imam Abu Hanīfah, Shāfi'ī and Hanbali classify homicide into intentional, quasi-intentional and inadvertent homicide (Malik, 2012). Intentional homicide occurs when a person intentionally uses an object that could kill against another person whose blood is sacred and which consequently leads to the death of that person (Malik, 2012). Quasi-intentional homicide occurs when a person injures another man without having the intention of taking his life but due to the injury sustained, the victim eventually dies (Malik, 2012). A homicide becomes inadvertent when an offender intends a target other than a human being but he mistakenly hits a human being, causing his death (Malik, 2012).

The classification above reveals that intentional homicide has a close connection with euthanasia, as it is intentionally carried out by the doctor on a person whose life is protected by law for a reason known to him. Quasi-intentional and inadvertent homicide could be classified under professional negligence on the part of the medical doctor.

Some leading Muslim Jurists have likened euthanasia to murder and therefore concluded that the practice is *haram* (forbidden). For instance, Al-Qaradawi (Margaret, 1997) issued a *fatwa* (jurisprudential decree or legal opinion) equating euthanasia to murder. The Late Grand Mufti of Saudi Arabia, Abdul-Aziz bin Abdullah bin Baz equally declared it un-Islamic for anybody to decide the death of a person before he is dead (Margaret, 1997). Equating euthanasia to suicide, *the Islamic Code of Medical Ethics* issued by the First International Conference on Islamic Medicine states:

> *Mercy killing like suicide finds no support except in the atheistic way of thinking that believes that our life on this earth is followed by void. The claim of killing for painful hopeless illness is also refuted, for there is no*

> *human pain that cannot be largely conquered by medication or by suitable neurosurgery…* (Margaret, 1997).

The next segment discusses two types of euthanasia; the active and passive types for the purpose of clarity.

Active Euthanasia Active euthanasia is a 'narrow construal' of euthanasia (Margaret, 1997). This is real euthanasia because it refers to intentional death of a terminally ill patient by action. Technically, active euthanasia excludes suicide, assisted suicide and physician assisted suicide. Suicide is self-killing while assisted suicide occurs when someone provides an individual with information, guidance and means to take his or her own life with the intention that it will be used for this purpose. Likewise, when it is a doctor who helps another person to kill the patient it is called physician-assisted suicide. Therefore, the definition of active euthanasia is: A physician's act that causes a terminally ill person's death intentionally for the reason of mercy.

To be precise, active euthanasia is voluntary as per its use in the current debate on the issue. However, there are three types of active euthanasia and the difference between them is mainly based on the nature of the patient's consent. According to al-Qaradawi, the three types of euthanasia are voluntary, involuntary and non-voluntary euthanasia:

> *Voluntary euthanasia occurs whenever a competent, informed patient autonomously requests it. Non-voluntary euthanasia occurs whenever a person is incapable of forming a judgment or expressing a wish in the matter (e.g. a defective newborn or a comatose adult). Involuntary euthanasia occurs when the person expresses a wish to live but is nevertheless killed or allowed to die* (Margaret, 1997).

In Islamic literature and works on bioethics, definitions which clearly try to make definitional content clearer are those given in the International Islamic Code for Medical and Health Ethics. The code defines mercy killing and what it includes in article (Margaret, 1997). as follows:

A physician should not take part in terminating the life of a patient... This particularly applies to the following cases of what is known as mercy killing:

(a) the deliberate killing of a person who voluntarily asks for his life to be ended,
(b) physician-assisted suicide, and
(c) the deliberate killing of newly born infants with deformities that may or may not threaten their lives (Margaret, 1997).

From the study of the above code, it appears that a physician would be said to have committed an immoral and illegal act if he involves himself in killing a patient whether directly or indirectly. The aforementioned definition in the code – also a physician-oriented definition – gives an ethical guideline to a physician. However, it does not locate the position of the patient and his ethical position on the issue. This presents a broader definition of mercy killing, which includes voluntary euthanasia, non-voluntary euthanasia, involuntary euthanasia and physician-assisted suicide. The definition is based on the prohibition of killing and the cases are not just a matter of ethical discussion, but they also have legal implications. According to Motlani, some scholars such as Warnock and Macdonald (Margaret, 1997). observe that voluntary active euthanasia also known as 'aid-in-dying' must, in most cases, involve the patient's consent to euthanasia: this may appear in a verbal expressed statement or writing. However, they argue that the word 'voluntary' should be substituted with 'begging to die', 'asked for', 'requested' or 'chosen' (Margaret ,1997).

Summarily, mercy killing is ethically wrong and it comes under the broader guidelines of the Qurán and Sunnah which are against killing innocent beings and against participating or collaborating in committing sin (*ithm*). The Qurán, chapter 5 verse 2 states: "…And do not help each other in sin (*ithm*) and aggression…" (Ebrahim, 2007). Therefore, the debate on what constitutes active euthanasia remains irrelevant to seeking Islamic ethical guideline on how a physician should perform his responsibilities while dealing with terminally ill patients. That includes every act on the part of the physician which involves any assistance or guidance in killing terminally ill patients and is ethically prohibited in Islam.

According to Muslim scholarship, the following forms of euthanasia are prohibited: voluntary euthanasia, involuntary euthanasia, non-voluntary euthanasia and physician assisted suicide. That being the case, it must be stated that the position of Islam as regards the conception of life and its sanctity makes killing or mercy killing prohibited. In the next section, we will talk briefly on the Islamic approach to life and its sanctity.

Islam's Approach to Life, Dying and Death.

A Muslim scholar, Ebrahim, (Margaret, 1997) posits that like other religions, Islam upholds the sanctity of life and quotes the Qur'an, chapter 5:28 to support his position as follows:

> *If you do stretch your hand to slay me, it is not for me to stretch my hand to slay you for I do fear God the Cherisher of the worlds.*

Islam, however, teaches that human beings are God's vicegerent (*Al-khalīfah*) in this world (Qur'an 2:30-31) and God (*Allah* – hereafter this term will be used throughout the text instead of the term 'God') has given human beings respect by giving them control and power over many things (Qur'an 22:65). Muslims are expected to have faith (*imān*) and with their faith, they are advised to have virtues of patience and endurance (*sabr*) to be able to face the challenges of life. Qur'an 2:155-157 confirms thus:

> *But give glad tidings to those who patiently persevere. Those who say when affected with calamity, 'To Allah we belong and to Him is our return'. They are those on whom descend blessings from their Lord and mercy. They are the ones who receive guidance.*

In addition, Islam according to Malik, (Margaret, 1997) provides a cohesive social system and set of rules which keeps a community of believers in warm relationship with each other. In other words, it provides an atmosphere in which individuals are morally, emotionally and physically supported. In taking care of ill people, Islam provides a support system in the form of family in which duties of maintenance, compassion and kindness are to be maintained. If these notions were properly understood, a Muslim would never contemplate committing suicide (Margaret, 1997). Even, for, according to the Qur'an, a Muslim's life constitutes a trial and a test for the human, by means of which his final destiny is determined (by God). For him, death is the return of the soul to its Creator, God. In another words, death marks the transition from one state of existence to the next. The Qur'an says:

> *Be sure that We shall test you with something of fear and hunger, some loss in goods or lives or the fruits of your toil, but give glad tidings to those who patiently persevere (AlQur'an 2:155).*

You shall certainly be tried and tested in your wealth and properties and in your personal selves… (Al-Qur'an 3:186).

Islam teaches that Allah gives life and has the absolute authority of taking it. Allah has apportioned a terminal period to each soul to which upon its expiration, a second cannot be added by anybody. In short, Allah alone has control over death (Qur'an 16:61). The maintenance of the sanctity of life is further enhanced when Allah instructs: "Do not take life which Allah made sacred, other than in the cause of justice" (Qur'an 17:33). "The enormity of the sin on a person who deliberately terminates a life other than in the course of justice such as murder or spreading mischief in the land, is as if the whole people have been killed by him" (Qur'an 5:32) (Margaret,1997). This means that Islamic law prescribes the death penalty for those who commit grave crimes in order to ensure peace, security and tranquility in the society. Based on the following Qur'anic chapter: "O you who believe! Al-Qisas (just retribution) is ordained for you in respect of the murdered (Qur'an 2:178)"; Ebrahim observes that God uses the word al-qisas (just retribution) to ensure that only the guilty of the crime will lose his life when the death sentence is to be carried out.

With the above Qur'anic verses, it is clear that someone who terminates the life of another person is only unfortunate, as the person killed has been predestined to die at that particular time because no person can die except by Allah's leave at an appointed time. The Qur'an says: "And no human being can die save by Allah's leave, at a term preordained (Qur'an 3:145)". The verses explicitly prohibit suicide, euthanasia (killing by clinicians) and other types of homicide. Moreover, the Qur'an also prohibits someone causing own destruction which is an indication that active euthanasia is, indeed, wrong and prohibited. In other words, it gives a clear position regarding the main facts related to euthanasia: all of, which includes prohibition of killing, prohibition of helping on prohibited acts, consenting to self-destruction and suicide. The Qur'anic chapter 2:195 attests to this: "And spend in the cause of Allah and do not throw yourselves into destruction and do good (Ebrahim, 2007). Truly, Allah loves the good-doers".

The tradition of Prophet Muhammad also prohibits killing of innocent soul. He was reported to have said: "The biggest of the great sins (*al-kabā'ir*) are to join others as partners in worship with Allah, to murder a human being, to be undutiful to one's parents and to make a false statement or give a false witness" (Margaret, 1997). A companion of the Prophet, Abdrahman Bin Sahr (popularly known as Abu Hurayrah) also narrated that the Prophet said: He who commits suicide by throttling shall keep on throttling himself in the Hell Fire (forever) and he who commits suicide by stabbing himself shall keep on stabbing himself in the Hell Fire (Margaret, 1997).

In a similar way, Muslim scholars have unanimously prohibited active euthanasia and physician-assisted suicide because both are prohibited by the injunctions of the Qur'an and Sunnah. According to Yusuf Al-Qaradawi, "this is an act of killing and killing is a major sin and thus forbidden in Islam, the religion of pure mercy" (Ebrahim, 2007). We now discuss passive euthanasia.

Passive Euthanasia. Passive euthanasia is also known as euthanasia by omission or as negative euthanasia; this happens when one withholds or withdraws the necessary and extraordinary medical treatment from a terminally ill patient, thus allowing the patient to die (Ebrahim, 2007). There are some scholars who do not treat passive euthanasia as euthanasia. Outright rejection or permission of passive euthanasia would not be appropriate without making it clear what it is and how different cases under it could be categorised.

Some forms of passive euthanasia are: (Malik, 2012).

- Withdrawing medical treatment from terminally ill patients.
- Withholding medical treatment from terminally ill patients.
- Pain medication that may hasten death of a terminally ill patient as a side effect.
- Discontinuing life support systems such as ventilators.
- Refusing medical treatment to terminally ill patients.

Passive euthanasia, as explained above, does not mean one single method but a variety of options a physician and patient face. Since it is unanimously held that passive euthanasia is not about failing to implement medical treatment for patients to recover, but for those patients who die due to underlying diseases, the question arises: when and in what circumstances is it permissible to withhold, withdraw, refuse and induce pain medication that will suppress the pain and hasten the death?

Moreover, is it permissible to let a patient starve to death by discontinuing the feeding tube and hydration? When is it permissible for a patient to refuse medical treatment? Is DNR permissible? Solutions to these issues are possible only when a well-conceived understanding of the Islamic approach to medication is understood. (Ebrahim, 2007). The next segment concentrates on the Islamic stance on medical treatment (Motlani, 2011)

Medical Treatment: A Muslim's Viewpoint.

Islamic guidance on medical treatment is based on the basic sources of Islam; that is the Qur'an and *Sunnah*. Moreover, maxims of Islamic jurisprudence (*al-qawā'id al-fiqhiyyah*) which are drawn on these sources have wider applicability on the issues which come under passive euthanasia.

The Qur'an clearly provides injunctions and commandments which prohibit killing; whereas *Sunnah* – as a collection of traditions of Prophet Muhammad – is fairly comprehensive in providing an Islamic approach to medication. The *Sunnah* includes various traditions which are helpful in formulating an Islamic approach to medication in general and to discourage medicinal treatment in a particular way. Among these traditions are those which encourage medical treatment such as Imam Ahmad who, in his book of Hahith, *Musnad*, narrated that Usāmah bin Shurayk (a companion of the Prophet) said:

> *I was with Prophet Muhammad when the Bedouins came to him and said, 'O' Messenger of Allah, should we seek medicine? He said, 'Yes O' servants of Allah seek medicine, for Allah has not created a disease*

> *except that He has created its cure, except for one illness' (Adebayo,2000). They said, 'And what is that?' He said, 'Old age.' (Ebrahim, 2007).*

It is also narrated that a companion, (Malik, 2012) Abu Khuzāmah said: I said, 'O Messenger of Allah, the Ruqyah (divine remedies – Islamic supplication formula) that we use, the medicine we take and the prevention we seek, does all this change Allah's appointed destiny? He said, "They are in fact a part of Allah's appointed destiny" (Malik, 2012). Abu Hurayrah also narrates: The Prophet said: "There is no disease that Allah has created, except that He has also created its treatment" (Ebrahim, 2007). However, notes that Muslims generally view affliction with a disease as a test of their faith and that such tribulation contributes to expiation of their sins (Malik, 2012). He then quotes a prophetic tradition which stated that: When a Muslim is tried with a disease in his body, it is said to the angel: "Write for him the good actions which he used to do. If He (Allah) cures him, He (Allah) absolves him (of all sins); and if He (Allah) takes his life (as a result of this disease), He (Allah) forgives him and shows mercy upon him" (Malik, 2012).

On the other hand, there are traditions which allow refusal of medication; this according to narration of Prophet Muhammad's wife, 'Aishah (Malik, 2012). (an indication that Islam encourages medication). She relates an incident that took place before Prophet Muhammad's demise. She states: "We put medicine in one side of his mouth, but he started waving to us not to insert the medicine into his mouth. We said: He dislikes the medicine as a patient usually does (Ogunsola, 2000). But when he came to his senses, he said: Did I not forbid you to put medicine (by force) in the side of my mouth..."

Moreover, some scholars argue over which is better for the patient: treatment or showing endurance (*sabr*). Those who maintain that showing endurance is far better, base their judgment on the narration of Ibn 'Abbās, Ata' ibn Abī Rabīh (a companion of the Prophet), said Ibn 'Abbās to me:

> *May I show you a woman of Paradise? I said: Yes. He said: Here is this dark-complexioned woman. She came to Allah's Apostle and said: I am suffering from falling sickness and I become naked; supplicate Allah for me. Whereupon he (the Prophet) said: Show endurance (sabr) as you can do and there would be Paradise for you and if you desire, I supplicate Allah that He may cure you (Ebrahim, 2007). She said: I am prepared to show endurance (but the unbearable trouble is) that I become naked, so supplicate Allah that He should not let me become naked, so he supplicated for her (Malik, 2012).*

On the basis of above traditions, the discourse on Islamic position on medication has been the subject of debate among Muslim jurists since very early times. The majority of scholars (such as Hanafi and Māliki) stated that medical treatment is *mubāh* (permitted) (Malik, 2012). The Muslim jurists, namely Shāfi'I jurists such as al-Qadi, and Ibn 'Aqil and Ibn al-Jawzi among the Hanbalis, said that it is *mustahāb* (recommended) (Malik, 2012). For the Shafi's, treatment is *mustahāb* when there is no certainty that it will be beneficial (Malik, 2012). But when treatment is certain to be beneficial (such as putting a dressing on a wound) then it is *wājib* (obligatory) (Malik, 2012).

In summary, seeking a treatment or cure is not obligatory unless it will definitely be of benefit. After studying the opinions of *fuqahā'* (jurists) on the status and scope of medication in Islam, Ali Baar (Malik, 2012) concludes that there is no doubt that a patient has a choice in having medication or not in some situations. Even withholding medication is better for the patient and his guardians when usefulness of medicine is doubtful, and its harm becomes clear (Margaret, 1997). For instance, when cancer has taken hold of all the body, in such a case medication by surgery or drugs will not be helpful. It will, instead, increase pain and expenses will become burdensome.

In addition, there are also some maxims of Islamic jurisprudence which are applicable to the cases which come under passive euthanasia. Among these principles is al-Umur bimaqāsidiha, which means "Actions shall be judged according to intentions behind them" (Malik, 2012). In a nutshell, intention has a major role in judging action in terms of sin in Islam. For instance, if pain medication is applied to a terminally ill patient to control the pain and coincidentally hastens his death. The judgment, therefore, will be based on the intention of the doctor (Robert and Stuart, 1999).

Some Important Issues under Passive Euthanasia.

Taking a comprehensive view of the traditions of Prophet Muhammad and the opinions of jurists based on such traditions, it seems that Islam encourages medication. However, when medication is seemingly useless, refusing, withholding, withdrawing and discontinuing such medication is allowed. Moreover, according to Motlani, (Malik, 2012) some scholars argue that withdrawing or withholding treatment need not constitute a form of euthanasia. While some scholars consider withdrawing extraordinary treatment as 'passive euthanasia', others consider it a standard or conventionally accepted practice from a medical, spiritual and economic viewpoint. However, scholars such as Warnock, Macdonald and Rachels believe that there is no moral difference between 'active' and 'passive' euthanasia since the intention and outcome may be the same in both cases, while scholars like Craig and Putilo believe that lack of clear intention may also make it difficult to morally distinguish 'active' euthanasia from 'passive' euthanasia.

On the other hand, Muslim scholars such as Tantawi, Uthaymin and Al-Qaradawi share the view that there is a difference between the two ('active' and 'passive' euthanasia) (Malik, 2012). For instance, Yusuf al-Qaradawi, while analyzing opinions of Islamic scholars on medication formulates the following position regarding the issue of euthanasia: "This act (active euthanasia) is Islamically forbidden for it encompasses a positive role on the part of the physician to end the life of the patient and hasten his death through lethal injection, electric shock, a sharp weapon or any other way. This is an act of killing and killing is a major sin and thus forbidden in Islam". He, however, differentiates it from mercy killing as follows: "...But it is different from the controversial 'Mercy Killing' as it does not imply a positive action on the part of the physician..." (Malik, 2012).

On permissibility of suspension of treatment, al-Qaradawi says: "As for the suspension of medical treatment via preventing the patient from his due medication which is, from a medical perspective, thought to be useless, this is permissible and sometimes it is even recommended. Thus, the physician can do this for the sake of the patient's comfort and the relief of his family. Nothing is wrong in this" (Malik, 2012).

While commenting on the importance of medication and its suspension in Islam, Muhammad Salih Al-Munajjid says:

> *If there is no certainty that treatment will be of benefit and indeed, it is likely to cause suffering to the patient, there is nothing at all wrong with not giving the treatment. The patient should not forget to put his trust in Allah and seek refuge in Him, for the gates of heaven are open to those who call on Allah. He may also seek ruqya treatment by reciting Qur'an such as reading al-Fātihah, al-Falaq and an-Nās over himself. This will benefit him psychologically and physically as well as bringing him reward. Allah is the Healer and there is no healer but He.* (Malik, 2012).

Regarding withholding medical treatment from terminally ill patients, Abdul-Aziz bin Abdullah bin Baz and Abdur-Razzaq 'Afif allowed DNR in the following cases: (Malik, 2012).

- If the sick person has been taken to hospital and is dead.
- If the patient's condition is not fit for resuscitation according to the opinion of three trustworthy specialist doctors.
- If the patient's sickness is chronic and untreatable and death is inevitable according to three trustworthy specialist doctors.
- If the patient is incapacitated or is in a persistent vegetative state and chronically ill or in the case of cancer in its advanced stages, or chronic heart and lung disease with repeated stoppages of the heart and lungs and three trustworthy doctors have determined that.
- If there is any indication that the patient has brain injury that cannot be treated, according to reports of three trustworthy specialist doctors.
- If reviving the heart and lungs is of no benefit according to opinions of three trustworthy specialist doctors.

In a consistent manner with the above submission, Ali Goma (Malik, 2012) allows the removal of life support machines if the patient's recovery is not possible. He, however, does not allow the removal of such support system in ordinary use to enhance respiration. The position of the Council of Islamic Jurisprudence and Organization of the Islamic Conference (Ebrahim, 2007) – also on the issue of discontinuing life support system from those patients – is: "In the case of a patient whose body has been hooked up to life support, it is permissible to remove it if all his brain function has ceased completely, and a committee of three specialist, experienced doctors have determined that this cessation of function is irreversible, even if the heart and breathing are still working mechanically with the help of a machine" (Ebrahim, 2007).

Moreover, our discussion which is basically founded on the Qur'an and traditions of the Prophet and the Muslim jurists has helped in giving a fair insight on major issues under euthanasia. Although advocates of euthanasia, according to Ebrahim based their arguments on economic factors, consideration of hospital materials and equipment such as space, bed and therapeutic devices that could be used for other patients; and death with dignity, (Ebrahim, 2007) however, is of the opinion that economic factors are of no consideration in Islam about euthanasia as it is the responsibility of the head of the Muslim community to make funds available from the Public Treasury (*Baytul-Māl*) in meeting the medical expenses of the needy. (Malik, 2012)

Ebrahim (Malik, 2012) continues by saying that as a Muslim no one can say that a patient who is not suffering from a fatal disease will outlive one who is terminally ill. Therefore, the logic of preference being given to one individual over another on the basis of the quality of life has no place in Islam. More funds should be allocated to increase the hospital equipment and human resources. (Ebrahim, 2007) On death with dignity, Ebrahim with reference to the prophetic tradition posits that the suffering that one undergoes as a result of any disease actually benefits one spiritually and has nothing to do with one's dignity. (Malik, 2012) At the same time, a Muslim should not wish for death because of any calamity befalling him but be advised to use pain control and put his trust (*tawakkul*) in Allah. The Hadith goes thus: ʿAbdullah ibn Masʿūd reported: I visited the Prophet while he was having high fever. I said, 'You have a high fever. Is it because you will have a double reward?' He said, 'Yes. No Muslim is afflicted with any harm but that Allah will remove his sins for him as the leaves of a tree fall down.' (Malik, 2012).

Euthanasia and Islamic Law.

The problems of euthanasia, clinically assisted death (CAD), and withdrawal of treatment from terminally ill patients (WOT) are common to all the legal systems of the world. The recent case of Re S shows that many issues have not been resolved, and there is a likelihood that more difficult cases will come before the English courts in the future. We offer this comparison with Islamic law as an introductory guide to how a very different system treats a shared problem.

Islamic law is known as the "*shari'a*" in Arabic, which translates into English as the "path". The primary source ofthe shari'a is the Koran. Other sources include the Hadith (traditions concerning the life and sayings of Mohammed), relevant previous decisions, and local customs. Opinions on the law are declared in decisions (fatwa's) by judges or other learned persons (mufti's). All Islamic states claim to enforce the shari'a as part of their domestic legal systems. However, the apparent universality of the shari' a is tempered by the fact that its observation and enforcement varies in the Islamic world. There are four schools of Islamic law (Hanafi, Maliki, Shafi'i and Hanbali), and the various political and cultural values within states sometimes leads to disagreements over the content of Islamic law.

The Islamic penal code treats all offences against the person as "Qisas" crimes. The term Qisas translates as "equivalence", and the usual sentence is for the offender to receive the same punishment that he inflicted on the victim. Hence there is the death penalty for murder or manslaughter, or the infliction of injuries of a similar seriousness in the case of wounding. However, this principle can be commuted to compensation (diyah) if the victim pardons the offender. If the victim dies, then the right of pardon vests in the next of kin. The amount of compensation payable to the next of kin varies, although the 100 camels described in Sudan's Criminal Act 1991 is typical. The importance of this provision cannot be overstated because it is highly unlikely that a patient's life would be ended without the next of kin's prior consent. It is worth noting that the death penalty is not inevitable if the next of kin refuses a pardon, because the judge may commute the death penalty if there is any doubt in the case which would make execution unfair.

The substantive law which determines the offences of murder and manslaughter is similar in Islamic law to English law. Both systems regard motive as irrelevant to a person's intention. It cannot be pleaded in one's defense in England or in an Islamic country that one was compelled by honourable motives to end another's suffering. The consent of the deceased is also considered irrelevant by both systems, although while English law does so on policy grounds, Islamic law derives this principle from the fact that only Allah can consent to the ending of one's life.

Islamic law explicitly prohibits active euthanasia and CAD in all circumstances. For example, Libya's Act of Medical Responsibility (1986) article 12 states: "Termination of a patient's life is not to be considered even for severe malformation, incurable disease, terminal fatal illness, or for severe pains even if the patient demands so. The fact that a patient's life is dependent on artificial means is irrelevant to this prohibition".

This position is based upon two principles in Muslim culture. Firstly, as a religious law the shari'a places more emphasis on the sanctity of human life than a secular system. Suicide is prohibited in the Koran itself, and so there is no right to die.

Secondly, illness is regarded as a test which must be borne with fortitude. In the Koran it states that Allah tests his believers," and it is incumbent upon relatives to care for ill people." There is apparently no decision on the legality of withdrawing treatment from a terminally ill patient, but it is unlikely to be accepted as consistent with Muslim attitudes to the sanctity of life and the nature of suffering.

The position which Islamic law takes is therefore quite clear. All forms of participation in ending another's life expose a person to criminal liability. However, the offender may escape serious punishment because the Islamic penal system preserves the ancient right of pardon for the next of kin. Islamic law thus differs from English law in two respects. Firstly, English law is unclear whether it condemns euthanasia or CAD as immoral. Secondly, the sentencing structure in English law is uncertain. English law is unclear whether it regards euthanasia or CAD as immoral because there is an ill-defined relationship in English law between law and ethics. Legal positivists like Austin and Bentham have done much to separate law from morality in the English mind, but have not wholly succeeded. Morality can be seen as one of the sources of English law, and it is evident that the law itself influences what people consider to be right or wrong. It is equally clear that morals affect the content of the law, in that crimes which are regarded as inherently wrong (*mala in se*) are punished more severely than crimes which are only wrong because they are crimes (*mala prohibita*). English law is not divorced from ethics, but it is not fused in the way Islamic law is. English law aspires to have a flexible sentencing procedure which is capable of reflecting the gravity of a person's criminal behaviour. If a person is convicted of attempted murder or manslaughter the judge has a discretion to give any sentence up to life imprisonment. The recent case of Dr. Cox is an example. Dr. Cox was convicted of attempted murder (the body had been cremated and so it was impossible to prove what had caused the death), but was only given a 12 month suspended prison sentence. Apart from this there are hardly any cases to guide the courts. The flexibility of this approach is severely hampered by the mandatory "life" sentence for murder. Precisely how long an offender will spend in prison is determined by judicial recommendations and executive discretion. Although there is some flexibility in this procedure it is unpredictable and secretive.

The point at which different schools of thought meet can be fertile ground for new ideas, and it helps to put our own views into perspective. We have seen that the substantive English law and Islamic law treat euthanasia and CAD similarly: both regard such acts as criminal offences. The ambiguity of the offender's moral culpability means that both systems also try to mitigate the sentence. However, the two systems differ in their approach to sentencing. Islamic law overtly involves morality in its process, and so the offender is partially exonerated by the explicit facility for the next of kin to pardon the offender. English law treats morality more ambivalently, and exonerating the offender is achieved within an uncertain and unsatisfactory sentencing framework. In cases of attempted murder or manslaughter this is done by the judge; or in murder cases (should one occur) it would probably be treated similarly by the judge and the Home Secretary. One option is for Parliament to legislate on the matter. This is unlikely given the lack of consensus and the inherent difficulties in legislating on such a delicate area. The best option is for Parliament to simply abolish the mandatory life sentence for murder. Only then can judges articulate the extent and nature of one's criminal culpability in a sophisticated and explicit way.

End of Life-Decisions: An Islamic Perspective.

Because of recent advancements in medical technology and in the pharmaceutical industry, some people who in an earlier era would be dead are alive and doing well today. Others are alive now but in a coma or a chronic vegetative state. By prolonging lives of some patients, medical technology has created as many problems in bioethics as it has solved many physical issues and prolonged the lives of many people.

Advanced medical technology and new drugs have greatly contributed to the treatment of seriously ill patients by prolonging their lives (van der Heide, et al., 2003), and therefore; increasing the number of individuals who suffer from several chronic health conditions. At the end of life, priorities of health care may shift and prolonging life may not become the ultimate goal of care and the goal may shift to caring rather than curing (van der Heide, et al., 2003). In recent years, extension of life is not an appropriate goal of medical practitioners and it should be replaced with other goals that aim to prevent and alleviate suffering and to improve quality of life of patients and their family members. These new goals should guide the decision making process at the end of life care (Sepúlveda, et al., 2002; van der Heide, et al., 2003).

On the other hand, the growing number of older people and others who suffer from serious medical conditions that cause pain and suffering have become concerned with the right to exert some control over the way their lives end; should they suffer from a terminal illness or nonterminal chronic conditions that result in a very low quality of life, a life that is characterized by pain and suffering, immobility, extreme dependency, and the like? At the very least, they wish to avoid prolonging their lives through onerous and ultimately futile medical treatment. At the other extreme, some wish to use active means to bring life to an end. This concern is becoming translated into actions through various ways such as active euthanasia, passive euthanasia, and physician assisted suicide (Romero, et al., 1997). As a result, "end-of-life decision making became recognised as a part of modern health care for many patients who are approaching death" (Onwuteaka-Philipsen, et al., 2003, p. 395) and in some cases, taking some means to hasten death can be accepted or it can be appreciated by other people (van der Heide, et al., 2003).

Indeed, at present time, withholding and withdrawing treatment are generally acceptable and under certain restraints, it is thought to be ethically acceptable and they don't contradict with the principles of bioethics including autonomy, non-maleficence and the sanctity of life. Therefore, the practice of withholding and withdrawing treatment become a common practice in many Western hospitals (Onwuteaka-Philipsen, et al., 2003; Stewart, 2007). Furthermore, some countries took some legal steps to legalize some of these actions. For example, euthanasia is now legal in Netherlands, Belgium, Luxemburg, and some states in Australia; while physician assisted suicide is legal in the states of Washington and Oregon in the United States of America (Best, 2010). In many countries, such acts are not allowed.

In Islamic countries, where the Islamic Regulations are the main source for legislations, most of these acts are not allowed. In this paper, the authors aim to provide a reference for Muslim and non-Muslim health care providers and Muslim family members about the perception of Islam at some of end of life decisions especially those related to euthanasia and physician-assisted suicide. This is really important for Muslim health care providers and family members as there is inadequate and scarce information regarding withdrawing and withholding life support of some patients at the end of life that could help them in the process of decision making (Bülow, 2008).

Sanctity of life in Islam. Human Life is sacred and very valuable in Islam; as sanctity of human life is a basic concept in Islam. One of the basic beliefs in Islam is that GOD (ALLAH) is the Creator of all of mankind and the Real Owner of all lives. He created Adam from mud and He gave him life and He is the One who started our lives from conception. Therefore, He is the only One who will end it through natural death at a predetermined time. The moment of death of every creature on this earth is predetermined only by the Creator and only He knows when this time will come. There are many verses in the holy Quran and Sunnah [words and actions of Prophet Mohammad (PBUH)] that emphasize these core believes of Islam (Katme, 2013). For example, the following versus from Quran reflect the sanctity of human life in Islam:

> *"We ordained for the Children of Israel that if any one slew a person - unless it be for murder or for spreading mischief in the land - it would be as if he slew the whole people: and if any one saved a life, it would be as if he saved the life of the whole people" (Chapter 5, verse 32).*

> *"Do not kill yourselves, for verily Allah has been to you most merciful" (Chapter 4, verse 29).* "
> *....take not life which Allah has made sacred" (Chapter 6, verse 151).*

Furthermore, sanctity and value of Muslims' lives were reflected in Prophet Mohammad's (BPUH) words as he mentioned that "Demolishing the Kaaba (the holiest place to Muslims at Mecca where they do pilgrimage) completely is much more preferred to Allah Almighty than shedding the blood of a Believing Muslim" (Words of Prophet Mohammad, 2013)

On the other hand, there are many verses in the holy Quran that emphasize that our lives will end at a fixed, predetermined time that that only God know and we don't know.

> *"It is not given to any soul to die, but with the permission of Allah at an appointed time". (Chapter 3, verse 145).*
> *"And no person can ever die except by Allah's leave and at an appointed term" (Chapter 3, verse 145).*

These two notions (sanctity of life and that life will end at a time that is predetermined by God) are two basic believes in Islam that we will make the base to judge end of life decisions.

Islam deals with active euthanasia as if it is murder since there is a belief that the spirit in each one's body does not belong to that person, we are only trusted to take care of it for our time on Earth. So he/she has a duty to preserve and to keep that trust and that spirit. God (Allah) mentioned in the Holy Quran (Chapter 5, verse 32) that if any one slew a person - unless it would be for murder or for spreading mischief in the land - it would be as if he slew the whole people. And if he saved a life, it would be as if he saved the life of the whole people (Ali, 1992).

Muslim religious scholars believe that active euthanasia is unacceptable in Islam, and considered as a sin, even though it has a merciful intent by hastening the death of the ill person by giving him/her a lethal injection or by any other means that hastens death. In all ways it is considered a murder, which is forbidden in Islam and considered one of the greatest sins. Even though the drive behind such an action is mercy and alleviating the suffering of the patient, it does not remove this action from being considered murder since the physician is not more merciful for that patient than Allah who created him/her (Al-Kardawi, 1992; Zaloum, 1997).

In fact, it is not acceptable in Islam for someone to wish death for him/herself, so actually killing him/herself is even more offensive. It was mentioned that Prophet Mohammad (PBUH) said: "None of you should wish for death because of a calamity befalling him; but if he has to wish for death, he should say: "O Allah! Keep me alive as long as life is better for me, and let me die if death is better for me." (Words of Prophet Mohammad, 2013-a).

Physician assisted suicide is also forbidden in Islam. There are some evidences in the Holy Quran and from the words of Prophet Mohammad (PBUH) that provide support for that. Allah forbids us to kill ourselves "Do not kill yourselves, for verily Allah has been to you most merciful" (Chapter 4, verse 29). Prophet Mohammad (PBUH) said that he who kills himself with a thing will be punished on the Resurrection Day therewith (Karim, 1979). In another occasion, other words of Prophet Mohammad (PBUH) mentioned that there was a man among those who were before you received a wound. It became unbearable. Then he took a knife and cut off his hand therewith. Whereupon blood began to ooze out, so much that he died. The Almighty Allah said: My servant hastened himself to me and so I made Paradise unlawful for him (Karim, 1979). From these two sayings of Prophet Mohammad (PBUH), it appears that the sin of suicide is not less than that of murder. The one who commits suicide will permanently reside in Hell, as though he/she killed a soul, whatever the reason or intent for his/her action was.

The last thing to be discussed in this paper is withdrawing and withholding treatments. This topic used to cause religious and ethical dilemmas for Muslim health care providers, patients, and patients' families. They did not know if withdrawing or withholding treatment is a sin or not, or if it is considered a direct or an indirect act of murder or not.

Well, if we can answer the question "is seeking treatment a must or an obligation in Islam or not" this could help. In fact, Muslim religious scholars have argued about answering this question and some of them believe that seeking treatment is a 'Must' while others think that seeking treatment is not a 'Must.'

Those who believe that seeking treatment is a must are basing their argument on the words of Prophet Mohammad (BPUH). A group of people came to Prophet Mohammad and asked him: Shall we seek treatment? He replied: Yes, you slaves of Allah seek treatment. Allah did not create any disease without creating a treatment for it." Furthermore, one of the basic believes in Islam is that healing and cure from illness come from God so that they need to search out for medical treatment (Mavani, 1998). Based on this, some Muslim religious scholars concluded that seeking treatment is a MUST or an obligation and they consider Prophet Mohammad's words as an order for Muslims to seek treatment. Therefore; they consider that withdrawing and withholding treatment is not allowed (Al-Kardawi, 1992; Katme, 2013).

Others believe that seeking treatment is not a must or an obligation and that Muslims can choose between seeking treatment and not seeking treatment. They base their arguments on several quotes from Prophet Mohammad (PBUH) also. It was mentioned that a woman who had seizure came to Prophet Mohammad (PBUH) and asked him to pray to Allah to cure her. Prophet Mohammad (PBUH) told her if she wants to be patient and therefore go to Paradise or if she wants him to pray to Allah to cure her and Allah will cure her. The woman chose to be patient (Al-Kardawi, 1992).

Also it was reported that Prophet Mohammad (PBUH) went to visit a woman and he inquired: “Why you are trembling?” “Fever,” she replied, “May Allah not bless it.” He said: Do not abuse fever, because it takes away the sins of the children of Adam just as the bellow removes the dross of iron” (Karim, 1979). In another place, Prophet Mohammad (PBUH) mentioned that, "Seventy thousand people of my followers will enter Paradise without accounts, and they are those who do not practice Ar-Ruqya (physical healing with Quran) and do not see an evil omen in things, and put their trust in their Lord” (Words of Prophet Mohammad, 2012-b).

The previously mentioned stories reveal that seeking medical treatment is not something that a Muslim ‘Must Do’. A Muslim can choose patience, which will take away his/her sins, therefore; he/she will go to Paradise, or he/she can choose seeking treatment. Many Muslim religious scholars think that seeking treatment and cure is not a “Must,” but it is something that the individual may choose to do or may not do. Actually, some religious scholars were challenging each other about this matter. Some prefer treatment because it alleviates pain and leads to cure from illnesses. Others prefer patience, because it takes away sins and because Allah promised people who are patient will reside in Paradise (Zaloum, 1997). In fact, there are many verses in the holy Quran and words of Prophet Mohammad (PBUH) that encourage patience and promise good rewards for those who choose it:

> *“Those who patiently persevere will truly receive a reward without measure” (Chapter 39, verse 10).*
>
> *“And bear in patience whatever (ill) maybe fall you: this, behold, is something to set one’s heart upon” (Chapter 31, verse 17).*
>
> *Prophet Mohammad (PBUH) mentioned “When the believer is afflicted with pain, even that of a prick of a thorn or more, God forgives his sins, and his wrongdoings are discarded as a tree sheds off its leaves*.”

Therefore; if seeking treatment is not considered a must, then it will be inferred that withholding and withdrawing treatment is allowed in Islam. Muslim religious scholars think that withholding or withdrawing treatment is not considered a sin, even though it may lead to the death of the ill person. Others believe that death is the final destination of the journey of life and it is the gate or a transitional period from this life to an everlasting life. Since death is considered as the final destination of this life and it signifies its completeness, they believe that no attempts should be made to prolong it by stretching the process of death (Khan, 1986; Hedayat & Pirzadeh, 2001).

In cases that are considered hopeless (such as in brain death or persistent vegetative state), the treatment, whether it was in the shape of hydration and glucose, mechanical ventilation, or by any of the new technological means that we have today or that we will have in the future, will prolong the period of illness, stretch the dying process, and keep the patients in pain for a longer period of time. It is better and preferred not to seek medical treatment in such cases (Al-Kardawi, 1992; Zaloum, 1997; Sachedina, 2007; Sachedina, 2009). It will be better for those patients who are in critical conditions and with no hope to be cured and attached to mechanical ventilation to remove them from mechanical ventilation and to withdraw these futile means of treatment. Keeping them on mechanical ventilation will increase their pain and slow their death rather than letting them die in peace and dignity (Khan, 1986; Khater, 2011).

Religious scholars also consider that withdrawing mechanical ventilation off patients is permissible, especially for patients diagnosed with brain death or being in a persistent vegetative state, since these patients have no hope to be cured and to be brought back to life. Although there are some systems (e.g. heart) still working, there is still no hope in such cases. The physician who stops mechanical ventilation and/or the family member who decides to stop it are not considered sinners.

Actually, some think that it is a must not to seek or to continue medical treatment in such cases (Al-Kardawi, 1992). According to Islam, death is an inevitable phase of human life and medical treatment should not be given for the sole purpose of prolonging final stages of terminal diseases or prolonging the period of suffering during the dying process (Khan, 1986; Hedayat & Pirzadeh, 2001). Therefore, the principles of allowing death to take place and discontinuing futile treatment is allowed in Islam while the use of overzealous treatment is reprehensible when physicians are certain about the futility of treatment and inevitability of death (Sachedina, 2005; Bülow, 2008).

In cases of brain death and persistent vegetative states, it might become a must to stop treatment as it will waste scarce resources, especially in developing countries. Some may argue that the purpose of preserving life may contradict with the purpose of preserving resources. In ordinary cases, preserving life comes on top of resources in our priority list. However, this applies to expenditure on ordinary procedures that may lead to good and reliable results that will improve that patient's condition and not heroic procedures of doubtful values in terminal illness. Such expenditure is considered a form of waste of wealth and resources especially if there are other competing demands for these scarce resources (Kasule, 2006). Therefore, it may become unacceptable to continue such treatment which will seriously disadvantage other patients who may have better chances to be cured and survive (Khan, 1986). Athar (1996) argued that Muslim physicians have the duty to alleviate pain and suffering of their patients and they are not encouraged to prolong the misery of those who are in vegetative sates.

Islam does not encourage wasting of resources "... and do not spend wastefully. Indeed, the wasteful are brothers of the devils, and ever has Satan been to his Lord ungrateful." (Chapter 17, verses 26-27). Furthermore, the Islamic Medical Association (IMA) believes "that when the treatment becomes futile, it ceases to be mandatory. This would reflect on the administration or continuation of medical treatment (including the respirator)" (Athar, 1996, par. 7). Indeed, at present time, withholding and withdrawing treatment –passive euthanasia- is generally acceptable and under certain restraints, it is thought to be ethically acceptable and it does not contradict with the principles of bioethics including autonomy, non- malfeasance and the sanctity of life. Therefore, the practice of withholding and withdrawing of treatment becomes a common practice in North American hospitals (Stewart, 2007).

Relevance to nursing. The issue of end-of-life decisions based upon religious beliefs of the patients and families is of vital importance to the profession of nursing and other health care professions. In Muslim countries, religion plays a major role in people's lives. Islam is the base for the legislation, what goes with the religion's rules and regulations, people do, and what does not go with the rules and regulations, people don't do. Therefore, it is imperative that nurses and other health care providers to be familiar with religious beliefs, rules, and regulations as well as the ethical principles and resources available to help them in evaluating and making some decisions and determinations in the domain of nursing practice.

Knowing what is allowed and what is not allowed in Islam help Muslim societies and Muslim nurses in solving some ethical dilemmas when some decisions should be made toward the end-of-life. When the religion tells that active euthanasia and physician assisted suicide are forbidden, it is no longer a dilemma, because neither the patient nor the nurse would be involved in something against the religion. While withdrawing and withholding treatment still be considered as a dilemma because according to the religion regulations both seeking or continuing treatment is allowed and not seeking or withholding treatment is allowed. Here the dilemma is left for the patient or his/her family to make the decision, which absolutely is not an easy one to be made.

End of life decisions are causing many ethical dilemmas for health care providers, patients, and their families. According to Islam, a doctor or a health care provider should not take away life or help in assisting anyone to end his/her life even when he/she is motivated by mercy. This is prohibited because this is not one of the legitimate indications for killing. Therefore, active euthanasia and physician-assisted suicide are forbidden in Islam.

On the other hand, seeking treatment is not a must that every Muslim should do. Therefore, withholding and withdrawing treatment are not considered sins, even though it may lead to the death of the ill person. In some cases, such as in brain death and persistent vegetative state, withdrawing mechanical ventilation from patients is permissible. Others think that withdrawing mechanical ventilation is a must in these cases, since these patients have no hope to be cured and to be brought back to life. Continuing treatment in these cases is considered a waste of scarce resources that might be needed by others who could benefit from it.

In our position paper, EUTHANASIA from an Islamic perspective, we are very clear that Active Euthanasia (giving lethal injection to end life, as an example) is not just absolutely prohibited; rather it is condemned in Islam. However, declining treatment is allowed in Islam. Withdrawal of treatment is considered as passive euthanasia by some Muslim scholars, no matter how futile the treatment.

In order to understand this contemporary issue of Bioethics, we need to trace the entire problem, bringing to light various issues which have stirred the entire medical community, religious and moral institutions, to deliberate on this matter.

Modern medicine has been enormously successful in saving and extending lives. No one can disagree with it, but it has raised certain issues, namely, how to treat those who are alive, but not living lives they think worthwhile, and have no prospects for anything better. It has been argued that there is a strong prima facie case for allowing persons who are facing intractable pain or indignities in the final stages of their lives to determine for themselves when life is no longer worth living, and, where necessary, receive assistance in ending their lives. This prima facie case is constructed from the principles of liberty, autonomy and equality; from the value of preventing unnecessary suffering and preserving the dignity of the individual (Essays, 2013). Active euthanasia is not legal. PAS is legal in the Netherlands, Belgium, and Switzerland. In the United States, Oregon legalized PAS in 1997, and the practice was legalized in Washington State in March of 2009 (Esays, 2013).

The arguments against the ending of life include:

- the sanctity of life and the moral wrongness of killing;
- the possibility of an incorrect diagnosis or a miracle cure;
- the alleged inability to know that voluntary informed consent has been obtained;
- the "slippery slope" argument; and the ability of modern medicine to control pain (Essays,2013).

Islamic view against Euthanasia in the light of Shariah.

Quran. Life is an Amanah of God as in Quran it is said "To Allah (Almighty God) we belong, and to Him is our return." (Qur'an 2:156). One thing that we must remember is that death is inevitable 9, and everything except the Almighty God of course, will perish. Signs of death can be seen all around us. At funerals we see people who were once walking among us being buried in their graves. In the fall we see the leaves turn from green to yellow and fall one at a time, and in the winter we see trees, lifeless. In this way, all things in this world will wither away and die. However, we as humans have no right to take another human's life as it is God who decides for the life and death; and a human being 10 is a very respectable creature of God. Allah (S.W.T.) says in Surat Al-Isra', (Verse 70), what can be translated as, "We have honored the children of Adam and carried them on earth and in the sea and provided to them the good sustenance. And We made them better than many of what we created." Then Allah (S.W.T) clarified that He (S.W.T.) made the whole universe in the service of man. He says in Surat Lu-Qman, (Verse 20), what can be translated as, "Do you not see that Allah made available for you what is in the skies and on earth and flooded you with many blessings known and unknown." So it is evident that Human being is the best creature of God so how come one take his/ her life as in Quran it is said "...and (Allah) is the one who gave you life, then shall He ordain you to die, then shall He give you your life again, truly mankind is ungrateful" (Chapter 22, verse 66) (Essays,2013). The sanctity of human life is a basic concept in Islam"] moreover, it is said "....take not life which Allah has made sacred" (Chapter 6, verse 151) (Essays, 2013). Furthermore, it is also mentioned "Do not kill yourselves, for verily Allah has been to you most merciful" (Chapter 4, verse 29) (Essays,2013). Now the point comes, if God has made the life of Human, sacred how Islam can permit mercy killing (Essays, 2013). In addition to that Islam has always emphasized on natural death (according to God's plan and not according to a doctor's, judge's or the family's plan or decision) in the patient's best interests and is the most dignified death for a Muslim believer. Now if we look into the issue of mercy killing in Islamic perspective, it is quite evident that God has not permitted us to take any body's life. In fact, Allah has guided us on treatment. Illnesses and infirmities in life are facts of life that must be met with patience. Such adversities ought to be regarded as challenges to be faced with fortitude (Essays, 2013). And afflicted person should regard his suffering as a test from Allah and should exercise patience (Al - Saber) Allah states "He test the believers with calamities" Al-Quran 2.153.

Sunnah. Prophet Mohammad (PBUH) said: "Whoever kills himself with an iron instrument will be carrying it forever in hell. Whoever takes poison and kills himself will forever keep sipping that poison in hell. Whoever jumps off a mountain and kills himself will forever keep falling down in the depths of hell." (Sahih Bukhari)

The Prophet (PBUH) said:"I find it strange on the part of a man of faith that he should grieve at his ailment; if he knew what goodness is in his illness, he would love to be ill until he meets his Lord." (Sahih Bukhari)

The Prophet (PBUH) said: "Amongst the nations before you there was a man who got a wound and growing impatient (with its pain), he took a knife and cut his hand with it and the blood did not stop till he died. Allah said, 'My Slave hurried to bring death upon himself so I have forbidden him (to enter) Paradise.' "Sahih Bukhari 4.56.669 (Essays, 2013).

The Prophet (PBUH) is reported to have said: Allah (S.W.T) descends diseases and for each ailment He facilitates cures, therefore you should seek treatment 13, but never seek cure from a malignant and harmful substance like poison (Essays, 2013).

Qiyas 15. The extension of Hukm or legal ruling of an established case to a new case by analogy, when the effective cause is the same in both is Qiyas. We opt for it in biomedical issues. In case of unintentional killing, the relatives of deceased can opt for Qisas, diyah or can forego their right. The consent given by relatives to stop a drug or life support in case of brain dead person. Qiyas is invalid, since the right to pardon presupposes the death of the deceased. Juristic preference Istihsan, according to Hanafi School. Such consent is valid because the effective cause of death was present at that time. There is rejection of this view by Hanbalis and Shafie.

Handling Requests for Euthanasia. Doctors must listen to the person's request and affirm that they understand that a great deal of suffering underlies the request. Being heard and affirmed can remedy some of the major sources of psychosocial suffering that tend to accompany such requests. In addition, doctors need to conduct a comprehensive assessment to understand the nature and sources of the entire patient's physical, psychological, spiritual and social suffering. Physicians should determine what social relationships and supports the patient has, and encourage interactions with family and others. Most pain and other physical causes of suffering can be reduced to acceptable levels. Much of the depression, anxiety and other psychological suffering can be minimized. Spiritual suffering can be addressed, as can social issues. With skilled use of palliative care, most experts find that a great majority of cases are resolved and the request goes away. Decisions about life and death matters should never be made in isolation.

Determining death. Given the need to recite a confession before death, Islam stresses the importance of retaining consciousness until this has been accomplished. The Qur'an is unclear about whether the body "dies" when the soul is removed by the Angel of Death, since it does not favor the Greek-inspired mind-body dualism of the person's makeup. Rather, death is most analogous to sleep; indeed, Rahman contends that "sleep is a sort of lesser death." The Muslim view is, that the life principle resides in God's hands and the absence of it cannot be established just through a lack of brain-wave activity.

From a religious point of view, mechanical intervention at the time of death is of limited value, since death is considered a moment of destiny involving supernatural forces. However, in 1986, the

International Collective of Islamic Jurists of the Organization of Islamic Conference rendered an opinion in Amman, Jordan, saying that an individual would be considered dead in either of the following situations: 1. If the heart and breath stop completely, and the physicians are convinced that this condition is irreversible: 2. If all the mental functions of the mind have ceased, and the physicians decide such a condition is irreversible. In either of these scenarios, it is legitimate to disengage all machines, even if some parts of the body are still functioning with their assistance. It is also legitimate to stop all medical intervention. While these guidelines carefully define death, they have also validated decisions to maintain people who are brain dead on life support systems, since such sustenance allows the physician to keep the person alive until body parts can be harvested. The justification for this modification of the body's integrity is the "greater good" of the community. Saudi Arabia has become a leader in this field in the Muslim world.

The general thrust of Muslim belief is that the community must sustain an individual until it is obvious that the believer must face God. Prolonging that moment will serve no religious purpose. Intravenous feeding for the sole purpose of sustaining the mechanical functions of the body runs counter to Islamic notions of death.

Ultimately Muslims believe medicine cannot change the destiny of the human, and attempts to bypass the inevitable may be interpreted as an obvious lack of trust in God.

Killing and its Liability.

> *In Quran it's been said: "On that account We ordained for the children of Israel that if anyone slay a person -unless it be for murder or spreading mischief in the land- it would be as if he slew the whole people. And if anyone saved a life, it would be as if he saved the life of the whole people*" (Qur'an 5:32).

Saving of one person life is next to saving a whole human race in terms of greatness of its reward. (Al Quran)

To violate it is a serious crime therefore, to kill someone deliberately because he is suffering from an unbearable painful illness or injury or because he is too old and has lost all usefulness and praise for living or his illness is incurable comes under culpable homicide and punishable by Qisas (Quran Ayah 2.178) (Essays, 2013).

Intentional Killing of someone with incurable disease & unbearable pain: Not Allowed in Islam.

Un-intentional Killing: In case of a Murdered victim:

Heirs of a murdered victim can forgive a victim after the victim has died. Heirs cannot allow killing or remove life saving support before victim's death.

In Islam anything done by doctor to cause heart, lung or brain death is considered to be Euthanasia which is not permissible in Islam.

If a doctor or a surrogate decision maker does euthanasia, then he has to pay compensation (Al-DIYAH) to the relatives. He would be deprived of any benefit from inheritance or any reward from the victim in his favor. He has to pay AL-Kaffarah as well. This depends on type of euthanasia and intention behind it.

Euthanasia: an Islamic ethical perspective.

The popular Egyptian scholar Sheikh Yusuf al-Qaradawi, recently issued a fatwa, or religious ruling, equating euthanasia with murder, but allowing the withholding of treatment that is deemed useless. Egypt Sharia courts and qadis are run and licensed by the Ministry of Justice. The personal status law that regulates matters such as marriage, divorce and child custody is governed by Sharia. In a family court, a woman's testimony is worth half of a man's testimony. One of the most important factors which determines society's attitude towards euthanasia is religion. As there are various sects and tariqas (manner, creeds) in Islam that cause significant differences, it is important to begin with an overall review of Islamic approach to euthanasia. But there are important differences between Islamic countries. The first group contains the countries which are governed by Islamic rules. These countries accept sheria (the code of law derived from the Quran and from the teachings and example of Prophet Mohammed) as their legal and administrative code, like Iran and Saudi Arabia. In Iran Shia Muslims and in Saudi Arabia Sunni Muslims as sects of Islam, rule the State. The second group consists of countries which have secularly governed states, but their laws are based on sheria, like Egypt. Today, many social institutions especially the mass media severely criticize physicians' attitudes in Turkey. Sometimes these criticisms turn out to be unfair attacks on medicine (The Holy Quran) (Ganzini ,2009).

This is the result of corruption in the myth of "little god" physician, and social disappointment about that. The associations of medical professionals try very hard to avoid any harm to medicine as a social institution while passing through this chaotic period. They try to re-establish confidentiality in physician-patient relationships on a stronger basis like the "informed consent doctrine". The foundation of the associations for specialized doctors of medicine is one of the main positive steps in realizing this purpose. One of the most important factors which determines society's attitude towards euthanasia is religion. 90% of the Turkish population are Muslims. As there are various sects and tariqas that cause significant differences, it is important to begin with an overall review of Islamic approach to euthanasia. There are important differences between Islamic countries. The first group contains the countries which are governed by Islamic rules. These countries accept sheria as their legal and administrative code, like Iran and Saudi Arabia. In Iran Shia Muslims and in Saudi Arabia Sunni Muslims as sects of Islam, rule the State. The second group consists of countries which have secularly governed states, but their laws are based on sheria, like Egypt and Algeria. Actually this is the largest Turkish Health Professional's Attitudes Towards Euthanasia group. Ayatollah Khamanei leader of Islamic Republic of Iran, as a Shiite Muslim scholar, also has issued a fatwa considering euthanasia "in all forms" forbidden(haram) Ayatollah Nuri Hamadani another ShiiteAyatollah also regards all forms of euthanasia as haram (The Holy Quran) (Ganzini ,2009).

Islamic Code of Medical Ethic.

If it is scientifically certain that life cannot be restored, then it is futile to diligently keep the patient in a vegetative state by heroic means or to preserve the patient by deep freezing or other artificial methods. It is the process of life that the doctor aims to maintain and not the process of dying. In any case, the doctor shall not take a positive measure to terminate the patient's life.

"Human life is sacred, and it should never be wasted except in the cases specified by shari'a and the law. This is a question that lies completely outside the scope of the medical profession. A physician should not take an active part in terminating the life of a patient, even if it is at his or her guardian's request, and even if the reason is severe deformity; a hopeless, incurable disease; or severe, unbearable pain that cannot be alleviated by the usual pain killers. The physician should urge his patient to endure and remind him of the reward of those who tolerate their suffering. This particularly applies to the following cases of what is known as mercy killing:

A. the deliberate killing of a person who voluntarily asks for his life to be ended;
B. physician-assisted suicide; and
C. the deliberate killing of newly born infants with deformities that mayor may not threaten their lives. "The following cases are examples of what is not covered by the term "mercy killing:" The termination of a treatment when its continuation is confirmed, by the medical committee concerned, to be useless, and this includes artificial respirators, in as much as allowed by existing laws and regulations; declining to begin a treatment that is confirmed to be useless; and The intensified administration of a strong medication to stop a severe pain, although it is known that this medication might ultimately end the patient's life" (The Holy Quran) (Ganzini ,2009).

Materials. In the past few years, different European countries have drafted laws to govern euthanasia and these laws have been subject to many controversies and pro and con arguments. Islamic views, however, on this subject are clear and based on Quran verses. Ethical issues are among Islam's foremost concerns, and the essential core of Islamic teachings is the perfection of ethical conduct of a person. Prophet Mohammad (PBUH) has said "I have been appointed as prophet of God to complete and perfect moral ethics." Since almost all the medical ethical issues that become the subjects of controversies and arguments in some way or another deal with the human life, it is necessary to seek the religious and philosophical views regarding these issues. In Islam the preservation of life and the welfare of a human being are in second place after the preservation of religion. In Quran there are many verses regarding the issue of life and death. These verses teach the believers that life is a gift from God and therefore sacred. As was pointed out in Iran, Sheria, or Islamic codes, is the legal and administrative code. Islam's approach to subject of death and dying are quite clear. As God is the giver of life, he alone can take the life away. Euthanasia and assisted suicide are therefore illegal and subject to criminal investigation. At the present neither the lay community nor the medical profession has been exposed to the international debate on these issues, but Shiite Moslem scholars have had rulings about these matters. In this article, the viewpoints of Shiite sect of Islam are discussed and compared with the modern medical ethics views regarding euthanasia.

Shia (Shiite) is a branch of Islam with the vast majority of its followers living in the Middle Eastern countries of Iran, Iraq, and Lebanon. The distinctive institution of Shia Islam is the Imamate - a much more exalted position than the Sunni Imam, who is primarily a prayer leader. In contrast to Sunni Muslims, who view the caliph only as a temporal leader and who lack a hereditary view of Muslim leadership, Shia Muslims believe the Prophet Muhammad designated Ali to be his successor as Imam, exercising both spiritual and temporal leadership. Shia as the official religion of Islamic Republic of Iran has had many Fatwas (religious opinions about whether an action is permissible or not) from its scholars regarding bioethical issues such as organ transplantation, abortion and genetic research, some of which have been implemented into law by the parliament of Iran in recent years. But the subject of Euthanasia is a clear matter that all the branches of Islam have had a unified opinion on. In an Islamic setting the issue of euthanasia is dismissed as religiously unlawful, therefore the specifications for taking a life are clear. From Islamic perspective sanctity of life is of supreme value, so killing a person out of mercy and in order to relieve him of pain and suffering is not only sinful, but a threat to the moral fabric of society. Islam states that to kill one's self or to get someone else to do it, is actually denying God, and of course to deny God's rights over our lives is to deny him altogether and this is the clear example of blasphemy. Islam teaches its followers that a person in any profession needs to be honest, show sound performance and be God conscious. This rule for the physicians is of course of more value because they touch on the human soul as well as his body. A physician is expected to maintain a typical, ethical performance at all costs. In this sense, controversial issues such as euthanasia have drawn the medical profession into the fields of ethics, philosophy, and religion (The Holy Quran) (Ganzini ,2009).

Life and death from Islamic Perspective.

Jurisprudence has four main sources, and all the Muslims rely on these sources to get answers for their questions. The primary source of Islamic law is the holy Quran. The second source is the Sunnah which is the teachings, sayings and the life style of the Prophet of Islam. The third source is Ijma', (meaning consensus or acceptance of a matter by a specified group of people), and the last one is Aghl or reason. Based on these sources Islamic laws and regulations are established and governed. To answer the question of Euthanasia, we will only rely on the primary source which is the holy Quran.

After creating Adam, the Almighty congratulates himself for creating the best of the creations: “so blessed be Allah, the best of the creators ". Allah gave this creation the best position: “certainly we created man in the best make ". But this great creation is also doomed, and in the end death awaits him: "then after that you will most surely die" and " every soul shall taste of death, and you shall only be paid fully your reward on the resurrection day; then whoever is removed far away from the fire and is made to enter the garden he indeed has attained the object; and the life of this world is nothing but a provision of vanities ". Islam emphasizes that man has not created himself; therefore, he has no right over his body. Our lives are not our lives for us to do with as we see fit, this life was entrusted to us for care, nurture and safe keep: "surely Allah's is the kingdom of the heavens and the earth; he brings to life and causes to die; and there is not for you besides allah any guardian or helper” Imam Ali, the first Imam of the shia muslims, says that God is the owner and giver of life and his rights in giving and in taking are not to be violated: " He who gives life is he who is the owner of life and he who is taker of live".

In Islam the sanctuary of human life is a basic value as decreed by God. The gift of life is so valuable that the holy Quran states that saving of one life is the same as saving all the lives: " for this reason did we prescribe to the children of Israel that whoever slays a soul, unless it be for manslaughter or for mischief in the land, it is as though he slew all men; and whoever keeps it alive, it is as though he kept alive all men; and certainly our messengers came to them with clear arguments, but even after that many of them certainly act extravagantly in the land " Killing a person is a great sin. The holy Quran clearly points out this issue in the following verses: " and do not kill any one whom Allah has forbidden, except for a just cause, and whoever is slain unjustly, we have indeed given to his heir authority, so let him not exceed the just limits in slaying; surely he is aided ".

In these and other verses related to the unforgivable act of killing, Allah states a social and educational fact. If a person kills one person, he would be able to kill others too without having any remorse. Therefore, it can clearly be concluded that based on the Shiite doctrine, as well as other sects of Islam, suicide or euthanasia have no place. Attempting to kill oneself or others is a crime in Islam as well as a grave sin. The prophet of Islam (PBUH) has repeatedly warned those who attempt to kill themselves that they will be doomed in the eternity. This religion has listed and specified the indications for taking life (i.e., the exceptions to the general rule of sanctity of human life) and none of these include mercy killing or making allowance for it. Human life is to be respected unconditionally, irrespective of other circumstances. To kill a patient in order to relieve him of pain and suffering has no justification or provision in Islam. Furthermore, Islam has also put value on the suffering itself. In Quran, the Almighty states that Human beings were created to experience difficulties and hardship: "certainly we have created man to be in distress”.

Another dimension to the question of pain and suffering is the issue of patience and endurance, which are highly valued in Islam: "And bear in patience whatever (ill) may befall you: this, behold, is something to set one's heart upon." Suffering and pain are seen as forgiveness for the past sins. A person who is patient and endures the hardships will be rewarded, and his reward will be the easier life in the other world: "with difficulty is surely ease “A believer knows that when he is afflicted with pain, if the means of alleviating this pain has fallen short, he could turn to spiritual dimension of his life and stand the pain patiently to be rewarded hereafter. A believer also knows that life does not end in this world and in fact after this life, eternity is awaiting him, which has eternal pain and suffering for the non-believers and happiness and joy for those who have endured the hardships, and safe guarded their belief in God: " But they who disbelieve, and deny Our revelations, such are rightful Peoples of the Fire. They will abide therein". “And those who believe and do good works: such are

Right owners of the Garden. They will abide therein.” A believer knows that the hardships and joys of this world are incomparable to the hardships and joys of the other world. Although seeking medical treatments for an ill person is mandatory in Islam, illness and diseases in fact are viewed as tests for both patients and their families. Illness and specifically pain are not only a warning for the body that something is not right, but also a lesson in endurance for the people and that is to be thankful in times of health and patient in times of sickness. Islam does not look at the disease as just some physical ailments, but as tools for reaching spiritual values. In this regard both sickness and health can be tools for the faithful to get closer to the God. In an Islamic setting a patient must receive every possible psychological support and compassion from family and friends, including the patient's spiritual resources. So, futile or artificial means of keeping a dying patient alive is not also favored in Islam. The Islamic code of ethics states: "In his defense of Life, however, the Doctor is well advised to realize his limit and not transgress it. If it is scientifically certain that life cannot be restored, then it is futile to diligently keep on the vegetative state of the patient by heroic means of animation or preserve him by deep-freezing or other artificial methods. It is the process of life that the Doctor aims to maintain and not the process of dying. ". Islam emphasizes that the process of life must be maintained and not the process of dying. To make these points clearer, the following passages are questions that a student news agency has put forward to different Shiite Islamic scholars regarding Euthanasia. The question put forward is this: "euthanasia has been interpreted in Persian as mercy killing or killing a patient out of mercy in order to shorten his pain and suffering knowing that based on the current medical science there is no cure or treatment available for him. What is your ruling regarding this type of killing? Can a parent or relative ask the doctor to commit this kind of act? If a physician, based on the patient's request, commits euthanasia, is he reliable?

In regard to this question, Ayatollah Khamanei the supreme leader of Islamic Republic of Iran, a distinguished Shiite Muslim scholar, as well as other well-known and respected Shiite scholars including Ayatollah Safi Golpaigani, Noori Hamedani, Makarem Shirazi, Fazel Lankarani, and Bahjat have considered all types of euthanasia including fatal drug injection and physician assisted suicide as haram (forbidden) and a type of murder (The Holy Quran) (Ganzini, 2009).

Ayatollah Makarem Shirazi rules out that killing a human being is in no way acceptable even out of mercy or with the patient' consent or fear of treatment. The reason for this is first the holy verses of Quran and narratives of Imams, secondly the necessity of saving life. The philosophy behind this could be that granting this license could lead to abuses and killing people with the excuse of mercy and help. The people who want to commit suicide would also use this method. Also medical matters are not always certain and we've seen dying people that medicine was discouraged about their healing but miraculously have survived. These scholars have also ruled that the physicians who act in these cases are in the end culpable.

Ayatollah Safi Golpaigani, another shiite Moslem scholar, states that act of killing the person in this case, is the same as murder. Giving drugs, with the patients request, in order to accelerate his death is no license for killing, and the physician is responsible.

Ayatollah Sanei has ruled that euthanasia is strictly forbidden and the same as killing all the society and subject to retribution. He states that adherence to emotions in a case of murder and killing has dangerous consequences for the society, besides having a severe punishment in the hereafter world. Patient's consent, he states, is no license for killing, as this is in fact consent for committing sin and murder (The Holy Quran) (Ganzini, 2009).

Euthanasia, a Challenge in Western World.

Euthanasia has found many supporters as well as opponents in the western countries. Even though the Catholic Church as well as WMA have adamantly rejected it as unethical and immoral, the supporters were able to persuade the Holland government to legalize euthanasia under certain circumstances. The state of Organ in the United States also announced physician assisted suicide as a legal practice in 1997. In 1996 northern state of Australia also legalized voluntary euthanasia while a year later the federal government overturned this law. Also the legalization of euthanasia was put to action in 2002 in Belgium. It has been reported that in 1990, 9% of all deaths in the (The Holy Quran). Netherlands were a result of physician assisted suicide or euthanasia. In these societies, physicians are considered as the most appropriate instruments of death since they have the medical knowledge and access to the appropriate drugs for ensuring a quick and painless death. Supporters of euthanasia believe that autonomy, individuality, and self-determination are the highest values, and that every person has the right to value the quality of his life and therefore choose when and how to die (The Holy Quran) (Ganzini, 2009). A person may choose when his life is not worth living anymore and end it in any way he wishes. Human dignity, they contend, is a fundamental right of any human being, which means a dignified, planned and peaceful death far out weights a long life with a debilitating disease and pain and suffering. These supporters also contend that doctors assist in suicides or attempt euthanasia out of mercy for their patients, and these are compassionate acts not actual killing in a sense that we know it. These arguments could have been drawn from one of the four principles of the modern medical ethics which says that we must respect the patient's autonomy. In this principle, as World Medical Association (WMA), states, a patient has the right to decide on her own medical treatment. Some conclude that a person can decide on the manner and time of his death too.

While euthanasia has many supporters in the western countries, the number of opponents is also on the rise. Opponents besides, the religious arguments which clearly reject euthanasia, have many reasons for considering euthanasia as an evil act which will be destructive to the values of any society (The Holy Quran) (Ganzini, 2009). They say that euthanasia will desensitize people towards death and in the end result in devaluation of human life. Another argument against euthanasia is the belief that the duty of a doctor is to keep his patient alive at all costs. Physicians are generally introduced to people as angels of life, but by attempting euthanasia they become angels of death, and this in itself dishonors the profession which draws its dignity by being a profession which is committed to the task of preserving human life. Besides the religious views, some non-religious opponents consider euthanasia (The Holy Quran). unethical because of the sanctity of human life. They believe that all human beings are to be valued and respected. The inherent value of life does not depend on anything else, and deliberate taking of human life to relieve it of pain and suffering is to disrespect the inherent worth of human beings. The most important reason against euthanasia is the fact that opponents believe drafting laws will not solve the ethical issues regarding euthanasia. They also contend that for many reasons it is impossible to draft laws and guidelines that will prevent the abuse of euthanasia. The possible abuses besides the possibility of wrong diagnosis include the fact that the prognosis could also be wrong and the patient may live longer than the doctors have anticipated or patients are forced to opt for euthanasia because of the high costs of medical treatments and the possible pressure from their families. Other reasons cited for opting for euthanasia have been depression, loneliness or confusion. Recent studies have reported that about 70% of actual decisions to end a life by euthanasia have been hasty and irrational, and contrary to general perceptions, depression and loneliness rather than pain and suffering seem to be the primary factors motivating patients' interest in euthanasia. Also patients can be strongly influenced by doctors as the sole source of their information about illness, prognosis and possible interventions, so despair can easily be communicated to both the patient and family by a doctor expressing pessimism about a prognosis (The Holy Quran) (Ganzini, 2009).

The Slippery slope. Many people are also afraid that voluntary euthanasia might lead to involuntary euthanasia and in effect "the slippery slope" argument states that if we change the law and accept voluntary euthanasia, we will not be able to keep it under control, and a seemingly harmless decision may start a trend that might result in something unthinkable to become acceptable in the future. This argument also states that high costs of medical treatments for the elderly or the terminally ill patients might drive doctors and care givers to start practicing euthanasia just to save money or free up hospital beds. In Iran there is a great difference between the level of medical technology and the physician-patient relationship regarding the contemporary norms. Paternalistic attitudes are common and this also suits the expectations of society. Physicians rarely inform their patients about their diagnosis and treatment, even when it is not a fatal or hopeless situation. Therefore, patients put their faith in the hands of the doctors and trust them to make the best decisions for them. So if for any reason or under any circumstances euthanasia gains support, this could bring about major mistrust and misuse of medical treatment (Ganzini, 2009).

Conclusions.

Euthanasia is an irreversible act, therefore it is necessary for the medical caregivers to attend to the possibility of depression and other psychological stressors before they act on the requests of the terminally ill patients to end their lives. A recent study in the USA indicated that although a significant majority of terminally ill patients supported euthanasia, only a small minority of them actually considered it for themselves and a very small minority of them actually took concrete action to request euthanasia and discussed it with their physicians. Another study indicated that the higher the costs of medical treatments get, the more patients become desperate and ask for euthanasia. Based on the divine teachings of Islam, Christianity and Judaism, euthanasia is condemned. In all these religions there is a value seen in suffering. Pope John Paul II states that: "it is suffering more than anything else, which clears the way for the grace which transforms human souls". Christianity and Islam also believe that relieving someone's suffering is good, as long as it does not intentionally cause death. Eastern religions look at the issue of life and death differently. They believe that a person lives many lives, and the quality of each life is set by the way he/she has lived his previous life. Generally, doctors within the Shiite societies are very conservative and strictly opposed to euthanasia and assisted suicide. This being the case, there is a strong need to identify and treat depression in terminally ill patients and to provide social support to patients and their families through comprehensive programs run by multidisciplinary teams.

We have tried to explain euthanasia from a Muslim perspective. Its two types; active and passive were analysed. The prohibition of active euthanasia and physician-assisted suicide is based on the prohibition of killing an innocent person on which the two primary sources are explicitly clear. Regarding the second type – passive euthanasia, because of its complexity and lack of preciseness, the issues which could be grouped under it are withholding, withdrawing and refusing medical treatment, DNR and discontinuing life support machines, among others. The Muslim position was once again based on the Muslim primary sources and the resolutions of Muslim jurists.

The Quran is forthright about death as a major passage to another life. In Islam, it is not quite true to say that death is the cessation of life, but rather, that the life one receives at birth is preparatory for the life after death.

Islam is against euthanasia. Human life is sacred because it is given by Allah, and that Allah chooses how long each person will live. Human beings should not interfere in this. Euthanasia and suicide are not included among the reasons allowed for killing in Islam.

Islam strongly condemns ending of human life on grounds of mercy and human sympathy. Life is a great gift from Allah and is to be cherished and protected at all times. Muslim doctors, nurses and patients should have this basic positive attitude towards human life. They are considered to be life savers and not killers. Islam strongly urges the afflicted person to exercise patience, and strongly exhorts his relatives and community to help relieve his sufferings.

Active euthanasia is islamically forbidden for it encompasses a positive role on the part of the physician to end the life of the patient and hasten his death. This is an act of killing, and, killing is a major sin and thus forbidden in Islam, the religion of pure mercy. As for the declining of medical treatment which is, from a medical perspective, thought to be useless, this is permissible and sometimes it is even recommended. Passive euthanasia, which is withdrawal of treatment, remains controversial, requires expiation, even though pardoned by the relatives.

Only ALLAH has the attributes of AR-REHMAN and AR RAHIM. He is the most Gracious and the most Merciful more than any human being can ever be so we all should pray to ALLAH in difficult situations instead of thinking ourselves to be more merciful by allowing euthanasia for ourselves or for others.

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