

Assisted dying, assisted suicide, euthanasia, and the supernatural

Assisted dying, as it is called by those who promote it, is a good starting point for my argument which aims at representing the inescapable truth that, whether consciously or unconsciously, all of us live by faith.

Centuries of accumulated knowledge and research, years of technical developments in the 'fight against disease' have brought the world to the point where life can be prolonged – some would say: 'extended' – by the ingenuity and dedication of humankind.

Having got ourselves – at least in what we call the 'developed' part of the world – into a situation where we can in a fairly systematic way fend off the initial, intermediate, and even the advanced stages of illnesses and afflictions that were usually fatal only a few decades or years ago; having reached the stage in which the medical profession successfully treats and provides care for many among us, and this in an extremely fast and efficient way; having succeeded in protecting and prolonging the life of many around the world for reasons which seem natural and intrinsically good to all, we are once again faced with the dilemma of confronting our patent inability to cure it all.

Faced with this recurring predicament, we somehow backtrack in our steps and decide the next best thing to assuage suffering is assisted dying and euthanasia.

No matter how many reasons we conjure up in their favour, both assisted dying and euthanasia remain a stab into the unknown, into the supernatural, by patients, by its proponents, and by its practitioners both lay and medical.

Here is why:

Both assisted dying and euthanasia are clean. In most cases, they are reinforced by the express 'wish to die' from the infirm; they are supported by strong and well-entrenched popular notions of 'good', 'compassion' and the avoidance of undue suffering.

Nowadays, they can be administered swiftly, painlessly, hygienically, and with due regard to the wishes of both the patient and his/her social circle.

Most importantly, they can be managed at the desired pace dictated by those involved.

As far as human power goes, these two 'determinations', euthanasia and assisted dying, appear to be the perfect 'solutions' for what are known as 'terminal' cases.

Or ... are they?

No one can really extend his/her own or anyone's life. Doctors can usually prolong patients' lives through prevention, medication, intervention and palliative care.

I can procure myself with hair or dental implants, but I cannot grow new hair or teeth where my own have disappeared. I may be able to feel better, chew better because of the implants, but I certainly cannot claim that I have given life to my hair or teeth when all I'm doing is swapping 'spare parts'. I may be able to bamboozle others (with great difficulty) but I certainly cannot cheat myself.

It is much the same with the supposed 'extension' of life through medical interventions. I will, by undergoing a kidney or a heart transplant operation, 'prolong my existence' based on a 'beyond personal and natural' dependence on the medical profession, the willingness of others to donate organs, my financial position, the prior and post operational compatibility of the organ itself with my body, the ongoing ingestion or injection of drugs meant to keep the new physical reality viable, and the care and support of those around me (colleagues, friends, and family). But I certainly cannot claim that my life has been extended, since independent life as I knew it, without all of the above, no longer exists; in fact, it ceased to exist when the transplant took place. The expression 'a new lease of life', beyond its metaphorical meaning, perhaps describes best what such medical interventions achieve.

In reaching beyond the natural lifetime, beyond the decay and extinction of any one person through medical intervention, we are, by definition, delving into the unknown and/or the supernatural. The steps taken by doctors can be understood as movements away from the natural in as much as the results that they expect to achieve through their knowledge, the application of their treatments, and the technologies used, represent an aim or expectation (never 100% complete, accurate or successful) to slow down the most often unpredictable and uncontrollable process of a disease.

But this is all good. Why? Because it does not willingly trespass the boundary of the unknown or supernatural by releasing life into realms beyond which we know little or nothing. Medical science, palliative interventions, and social cohesion expressed in the form of patient care are all meant to preserve or, at the very least, to reinstate life to the standard/natural levels of performance we are used to as sentient beings. Assisted dying and euthanasia are not.

The Hippocratic Oath doctors need to pledge allegiance to before starting their practice says:

"I swear to fulfil, to the best of my ability and judgment, this covenant:

I will respect the hard-won scientific gains of those physicians in whose steps I walk, and gladly share such knowledge as is mine with those who are to follow.

I will apply, for the benefit of the sick, all measures [that] are required, avoiding those twin traps of overtreatment and therapeutic nihilism.

I will remember that there is art to medicine as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon's knife or the chemist's drug.

I will not be ashamed to say "I know not," nor will I fail to call in my colleagues when the skills of another are needed for a patient's recovery.

I will respect the privacy of my patients, for their problems are not disclosed to me that the world may know.

Most especially must I tread with care in matters of life and death. If it is given me to save a life, all thanks. But it may also be within my power to take a life; this awesome responsibility must be faced with great humbleness and awareness of my own frailty.

Above all, I must not play at God.

I will remember that I do not treat a fever chart, a cancerous growth, but a sick human being, whose illness may affect the person's family and economic stability. My responsibility includes these related problems, if I am to care adequately for the sick.

I will prevent disease whenever I can, for prevention is preferable to cure.

I will remember that I remain a member of society, with special obligations to all my fellow human beings, those sound of mind and body as well as the infirm.

If I do not violate this oath, may I enjoy life and art, respected while I live and remembered with affection thereafter.

May I always act so as to preserve the finest traditions of my calling and may I long experience the joy of healing those who seek my help." ¹

It is interesting that the very next comment in this medical practice's website, written as a summary of the changes that took place between Hippocrates' original testament and the current Hippocratic Oath doctors live and practice by states:

Thus, the classical Oath of Hippocratic involves the triad of the physician the patient and God, while the revised version involves only the physician and the patient, relieving the Gods of a few responsibilities. ²

And it is very much the case that through the ages and along with societal changes and an increasingly deterministic and materialistic (some would say 'scientific') understanding of the reality of disease and human limitations in this area, the responsibility given to physicians has been stripped of the 'God' or 'gods' concept.

However, what we now witness goes well beyond that. By promoting, condoning, or assisting in the wilful termination of life – whether we realise it or not, whether we accept it or remove it from our conscious commitment to the sick as expressed in the above Oath – we are delving in the supernatural. We do not really know what we are doing in those circumstances; we assume that by doing what we consider to be 'right/compassionate/loving/caring', the result will also be righteous.

¹ <https://doctors.practo.com/the-hippocratic-oath-the-original-and-revised-version/> or https://www.pbs.org/wgbh/nova/doctors/oath_modern.html

² The University of Bristol has come up with its own, more generalist, pledge: <https://www.bristol.ac.uk/media-library/sites/medical-school/migrated/documents/promise.pdf>

Today, in passing laws that advocate for the practice of assisted dying – a term which in reality means ‘assisted suicide’³ – not only are we taking away the responsibility from God, but we are also taking it away from the medical profession.

This raises several issues to do with the specific context within which the proposed legislation has been drawn in England and Wales.⁴ BBC news has summarised the Assisted Dying Bill accurately, and I quote their summary here for expediency:

A proposed law to legalise assisted dying, external for terminally ill adults in England and Wales has been formally introduced in the House of Commons.

MPs are due to debate and vote on the bill on 29 November - further debates and votes would be needed before the bill becomes law.

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

But there are requirements:

They must be resident of England and Wales and be registered with a GP for at least 12 months

They must have the mental capacity to make the choice and be deemed to have expressed a clear, settled and informed wish, free from coercion or pressure

They must be expected to die within six months

They must make two separate declarations, witnessed and signed, about their wish to die

Two independent doctors must be satisfied the person is eligible - and there must be at least seven days between the doctors’ assessments

A High Court judge must hear from at least one of the doctors and can also question the dying person, or anyone else they consider appropriate. There must be a further 14 days after the judge has made the ruling

Under the bill, a doctor could prepare the substance, but the person themselves must take it.

No doctor or anyone else would be allowed to administer the medication to the terminally ill person. Doctors would also not be under any obligation to take part in the assisted dying process.

This is called physician-assisted suicide. Voluntary euthanasia is different and is where a health professional administers the drugs to the patient.⁵

As we often see, regulation and legislation are proposed, passed, and implemented to resolve clear issues in the management of social activities that presently take place

³ The act of assisting someone to terminate their own lives as understood in the terms ‘assisted dying’ is a punishable offence in England and Wales’s Criminal Law and termed ‘assisted suicide’. See section 2.1 of the ‘The Terminally Ill Adults (End of Life) Bill 2024-25’: <https://researchbriefings.files.parliament.uk/documents/CBP-10123/CBP-10123.pdf>

⁴ The second reading of the Bill in the UK Parliament (Westminster) will take place on November 29, 2024.

⁵ <https://www.bbc.co.uk/news/articles/cx2l7m6r55do>

without government approval and which practices challenge the accepted social status quo. In this particular case, some research suggests that many people who suffer from terminal illnesses in the UK and the world at large end up taking their own lives.⁶

Now, people in government see it necessary to legislate on this issue to ensure that those affected have access to the right safeguarding mechanisms, to the medical profession, and to adequate substances that will facilitate an end to their lives, and with them, an end to their suffering.

In order for this to be achieved, three things need to take place:

1. the medical profession needs to be able to assist suicidal individuals without perpetrating a criminal offence according to current law
2. the government needs to create and authorise a process to justify suicide
3. terminally ill patients need to be reassured that they can commit suicide with the help of the authorities and medical practitioners

This is what is taking place currently in the UK and what has already taken place in many other countries around the world. Just reading through the above three statements of fact should make us realise how ‘off the mark’ we have come to function as a society.

These three tenets, as they are, remain necessary for the approval of the new legislation on assisted dying and represent a contradiction in terms to what individuals, medical practitioners and governments hold as their first and foremost responsibility or duty in life: the protection, betterment, and increase of human existence.

On the one hand, each individual so disposed (willing to end his/her existence) will forfeit the gift of a life that has been given him/her and which origin, apart from that unavoidable link to biological ancestry, they do not really know or understand. In fact, even in cases where such an individual professes to know something about their origins – the origin of life – such knowledge is based on belief and a corresponding faith acquired during the span of their existence. Such knowledge, in the large majority of those professing a faith in the supernatural (God, gods, the spiritual, etc.) will in effect be opposed to the act of assisted suicide.⁷

The medical practitioner, as seen in the Hippocratic Oath above, should not be ‘playing God’, and though the wording of this pledge does allow for the possibility of a doctor being faced with a choice to terminate life, the admonishment is clear and stern: “Most especially must I tread with care in matters of life and death. If it is given me to save a life, all thanks. But it may also be within my power to take a life; this awesome responsibility must be faced with great humbleness and awareness of my own frailty.” The emphasis of the Bill, were it to be passed by Parliament, will be on eliminating

⁶ <https://www.dignityindying.org.uk/news/hundreds-of-terminally-ill-brits-take-their-own-lives-in-uk-each-year-latest-estimates-suggest/>

⁷ There is the case of those who cannot, because of their condition administer to themselves the substance required to end their lives, although these may be very few in number.

criminality from an act that is in itself prohibited under the criminal law of the land. In other words, even in the case of medical practitioners, the new law will allow them to do what society at large and the law itself says they should not do.

For its part, the government wants to be seen as the acting mediator between the needs of the people it represents, the constituents, and the fact that what they will be approving is illegal, immoral, and unreasonable from the point of view of the question we should all be asking ourselves when considering assisted suicide or dying, namely, 'Have I got the right to assist someone to take their own life?' If the answer to this question is 'yes', then where does that right arise from since it definitely does not exist in law or in the mores of society? The obvious answer to this last question is that humans have given themselves such a right and called it a 'human right'.

Unfortunately, even here, the new proposed legislation goes against the European Convention on Human Rights which says in Article 2:

Everyone's right to life shall be protected by law. No one shall be deprived of his life intentionally save in the execution of a sentence of a court following his conviction of a crime for which the penalty is provided by law.

Deprivation of life shall not be regarded as inflicted in contravention of this Article when it results from the use of force which is no more than absolutely necessary:

- *in defence of any person from unlawful violence;*
- *in order to effect a lawful arrest or to prevent the escape of a person lawfully detained;*
- *in action lawfully taken for the purpose of quelling a riot or insurrection.*⁸

Once we accept the reality that all the individuals affected, society at large, and the government itself are trying to circumvent the law in making this Bill go through, we should reflect once more on what it means.

I have said at the top of this essay: "No matter how many reasons we conjure up in their favour, both assisted dying and euthanasia remain a stab into the unknown, into the supernatural, by patients, by its proponents, and by its practitioners both lay and medical."

We now see that such a statement is not only true in terms of our knowledge of life beyond death, but it is also true in the way in which we are pushing as a society, through our legislative mechanisms, to make death (with all its unknown and possibly supernatural consequences) stronger than life. We are in fact legislating for death and

⁸ https://www.echr.coe.int/documents/d/echr/Convention_ENG

against life and satisfying ourselves that this is the correct thing to do in terminal illness cases.

In order to debunk this fallacy, this error, and to perhaps alert the reader to the drastic consequences of legislating for something we do not know and that should be left to nature and our best medical efforts in preserving life, I would like us to consider the following illustration.

Cast your mind back to the last time you went to bed and readied yourself for sleep. Stop there for a second and think: you lie down on your bed, set to let yourself slip into the warm coverings of slumber.

I ask you: “How do you, at that time, know that you’ll be waking up in the morning, a few hours later?” More importantly: “Why do you allow yourself to surrender to sleep?” At that particular time, and every single night of your life, you trust yourself to the unproven and unprovable fact beyond probabilities that your eyes will re-open in the morning and that you’ll continue with your plans, your life, and all that you presently know or are conscious of.

Without such basic belief (faith being the prolonged and persevering movement of such belief through time and circumstances) entrenched in ‘the fibres’ of your body and mind, without the belief, the hope, the trust, and the self-assurance that you will *certainly* wake up in the morning to life, to the same life you left behind for a well-deserved rest, I propose that not one among us, no human being, would let themselves fall asleep for the fear that entering into slumber might be the last moment in one’s existence.

Assisting someone to enter into the slumber of death, a type of sleep from which we know there is no coming back, is to become the guiding hand of Thanatos⁹ who in tandem with his brother Hypnos provide the transition and the substance through which death is effected and assisted, and whereby ‘someone’ is handed over to the unknown, unwittingly and contradictorily back into the hands of God, the ‘gods’ we have so successfully cut off from consciousness, on a journey no one here has really experienced and many assume to not even exist.

Faith and the supernatural – or the unknown for those who have no declared faith – are potent actors within each one of our lives on earth. The question is, “how long will it be before we consider this seriously enough to make it a conscious part of our existence?” “How long before the real and present time comes, the one that takes each and every one of us into that final slumber?”

Conscious faith reveals the supernatural, resists the fear of death and suffering, and opens the door to a true extension of life beyond human means.

⁹ <https://olympioi.com/demigods/thanatos>

On the other hand, to consciously avoid acknowledging faith holds us down to earth, creates confusion and removes an essential element of our make-up, focusses humans on impossibility, constraint, and death itself as the final frontier, nurturing desperation before the well-proven reality of our physical limitations.

By pre-empting death and ‘beating it to the line’ through assisted dying and euthanasia¹⁰, we believe ourselves to be in control; by courting it in this way and making it our target, we put aside all hope and forget, in an all too human way, that the supernatural, through faith, has the greater power: that of victory over death.

50 Now this I say, brethren, that flesh and blood cannot inherit the kingdom of God; nor does corruption inherit incorruption. 51 Behold, I tell you a mystery: We shall not all sleep, but we shall all be changed— 52 in a moment, in the twinkling of an eye, at the last trumpet. For the trumpet will sound, and the dead will be raised incorruptible, and we shall be changed. 53 For this corruptible must put on incorruption, and this mortal must put on immortality. 54 So when this corruptible has put on incorruption, and this mortal has put on immortality, then shall be brought to pass the saying that is written: “Death is swallowed up in victory.”

55 “O Death, where is your sting?

O Hades, where is your victory?”

56 The sting of death is sin, and the strength of sin is the law. 57 But thanks be to God, who gives us the victory through our Lord Jesus Christ.

58 Therefore, my beloved brethren, be steadfast, immovable, always abounding in the work of the Lord, knowing that your labour is not in vain in the Lord. ¹¹

¹⁰ <https://pubmed.ncbi.nlm.nih.gov/14732610/>

¹¹ <https://www.biblegateway.com/passage/?search=1%20Corinthians%2015.50-58&version=NKJV>