

Islam, Euthanasia and Western Christianity: Drawing on Western Christian thinking to develop an expanded Western Sunni Muslim perspective on euthanasia.

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Signature:.....

*All praises and glory be to God for giving me this opportunity,
and the strength and fortitude to complete this work.*

This thesis is respectfully dedicated to:

Syed Lateefullah Hussaini, my late grandfather

Munawar Sultana and Abdul Razzak, my parents

And

The rest of my family

*Without their continuous guidance, priceless wisdom and
invaluable support, I would not have reached this stage in life.*

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Thesis Abstract

In this thesis, I will examine various methods of argument used for and against euthanasia by Christian, Islamic and secular ethicists. Overall, this is intended to examine the role of faith-specific or tradition-specific assumptions and sources in shaping the stance on euthanasia that is taken by certain Western Christian thinkers and scholars in Islamic Medical Ethics. Following an initial overview of some of the central concerns of the thesis in the introduction (Chapter I), I will look at a range of select Western Christian perspectives (Chapter II) and certain Western and Eastern Islamic perspectives (Chapter III) on euthanasia. In these chapters, I will investigate how various sources are used by particular Western Christian and Islamic scholars to formulate their perspective for or against euthanasia. In Chapter IV, I will compare the approaches of these Western Christian and Islamic ethicists to determine points of overlap and distinction. Based on this comparison, it may be contended that the Western Christian literature on euthanasia is in some respects more developed than the Islamic literature. Chapter V will take account of some of the types of argument that are found in the Christian literature but for which there is at present no fully developed counterpart in Sunni Islamic literature. For example, the notion of respecting the elderly, as it specifically relates to opposing euthanasia, is discussed in the Western Christian ethics literature reviewed, but is not considered at least in Islamic Medical Ethics sources examined in this thesis. On this basis, Chapter V will offer an expanded Western Sunni Islamic perspective on euthanasia, which engages with strategies of argument drawn from the Western Christian literature, so providing a contribution to the literature in the developing discipline of Islamic medical ethics. The conclusion to the study will identify the possibilities and nature of dialogue on this issue between faiths, and between monotheistic and other ethical perspectives. So a secondary objective is to examine the possibility of convergence of thought among Christians and Muslims not just on medical ethical issues, but on a range of further issues from a Western point-of-view. In this way, the thesis also aims to make a broader contribution to interfaith dialogue as well as the study of method in ethics directed toward a Western audience.

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Chapter I: Terms, Issues and Positions in the Euthanasia Debate

The fundamental purpose of this thesis is to develop an expanded Western Sunni Islamic account of euthanasia by bringing the established Islamic literature on euthanasia into stronger dialogue with the Western moral philosophical literature on euthanasia and also the literature in Western Christian ethics on euthanasia. By adopting this comparative perspective, the thesis aims to bring some central themes in the Islamic literature on euthanasia into clearer focus by reading them through the lenses provided by the Western philosophical and Western Christian literature. The study also aims to extend the Islamic literature on euthanasia by, for example, considering whether strategies similar to those employed in the Western Christian and philosophical literature can also be developed in Islamic terms. For example, the ideal of respect of the body is used in the Western Christian ethics literature to make a case against euthanasia, and in this thesis we shall consider whether a similar case can be constructed in Islamic terms. Such an approach can help to strengthen the interfaith and intra-faith dialogue on medical ethical and other issues, as well as the dialogue between monotheistic and secular traditions at least from a Western perspective (or for Western audiences).

The purpose of Chapter I is to set the scene for the later chapters by presenting an initial overview of some of the central concerns of the thesis. This overview will cover: 1) terms and definitions of euthanasia, 2) focal issues in the debate and 3) the range of ethical positions in the debate.

Euthanasia derives from a Greek term meaning ‘easy or gentle death,’ and is generally defined by religious and secular scholars as the intentional hastening of an individual’s death mainly in terminal medical cases, or cases of serious, chronic pain which cannot be relieved by conventional means.¹ However, although John Finnis presents a similar account of the meaning of euthanasia, he also contends that ‘the term euthanasia has no generally accepted and philosophically warranted core of meaning.’² There are two major forms of euthanasia with related subtypes. The first major form is called active euthanasia, sometimes termed ‘mercy killing,’ which involves an agent like a health-care professional who provides *and* administers a lethal dose of some substance by means of pills, gas or injection to terminate the

¹ Albert Jonsen, Mark Siegler, William J. Winsdale, *Clinical Ethics: A Practical Approach to Ethical Decisions in Clinical Medicine, fifth edition*, (New York: McGraw Hill, 2002), p. 137; Thomas Wood, *A Dictionary of Christian Ethics*, edited by John Macquarrie, *Euthanasia* (SCM Press, 1967), p. 119; Helga Kuhse, *A Companion to Ethics* (Blackwell Reference, 1993), p. 294; Jonathan Glover, *Causing Death and Saving Lives* (London: Penguin Books, 1977), p. 182.

² John Finnis, ‘A Philosophical Case Against Euthanasia,’ in *Euthanasia Examined: Ethical, Clinical and Legal Perspectives*, Edited by John Keown (Cambridge: Cambridge University Press, 1995), p. 23.

patient's life.³ Physician-assisted suicide (PAS) may be considered a form of active euthanasia which similarly involves an agent providing lethal means, but here the patient administers it themselves by ingestion, inhalation or injection.⁴ Currently, the Netherlands permits both active euthanasia and PAS whereas Switzerland (e.g. *Dignitas* clinic) and the American state of Oregon, for example, only allow PAS.⁵

Some relevant subtypes of active euthanasia may also be considered by reference to different accounts of the patient's 'will' in such cases. For example, voluntary active euthanasia (VAE) also known as 'aid-in-dying' generally must involve a competent patient's consent to euthanasia, in most cases both verbal and written.⁶ However, for Mary Warnock and Elisabeth Macdonald, the standard conception of 'voluntary' does not adequately underscore what they more forcefully describe as the 'passionate wish to die.'⁷ They claim that this passion which is present in those who want to die indicates not only consent, but also an emphatic 'begging to die.'⁸ Therefore, they recommend that 'voluntary' should be substituted with 'asked for,' 'requested' or 'chosen.'⁹ Like other proponents of euthanasia, Warnock and Macdonald emphasize upholding patient autonomy and independence.

A second subtype involves a non-voluntary form of euthanasia (NVE) in which the patient is unable to give consent or communicate their request due to incompetence or mental incapacitation (e.g. a severely deformed newborn, or one suffering from dementia, a persistent vegetative state (PVS) or brain death).¹⁰ In these cases, some scholars argue NVE may be justified on the basis of a professional paternalistic judgment that the patient would not want to continue (suffering) in their present condition.¹¹ However, other scholars believe euthanasia is permissible only when the (adult) patient clearly communicates their will at some earlier time (e.g. in the form of a living will or advanced directive) when they were alert and competent.¹² While mental illness like depression may impair judgment, some argue it need not imply incompetence or require paternalism in all cases.¹³ For example, Warnock argues that the request(s) of a depressed patient to end suffering in incurable mental illnesses

³ Kuhse, *A Companion to Ethics*, p. 296; Bernard Lo, *Resolving Ethical Dilemmas, A Guide for Clinicians* (Lippincott Williams and Wilkins, 2000), page 156.

⁴ Lo, *Resolving Ethical Dilemmas, A Guide for Clinicians*, p. 156; Peter Singer, *Practical Ethics* (Cambridge University Press, 2011), p. 157.

⁵ Mary Warnock and Elisabeth Macdonald, *Easeful Death: Is there a case for assisted dying?* (Oxford: Oxford University Press, 2008), p. 16.

⁶ Jonsen et al., *Clinical Ethics*, p. 138.

⁷ Warnock and Macdonald, *Easeful Death*, p. 18.

⁸ Warnock and Macdonald, *Easeful Death*, p. 18.

⁹ Warnock and Macdonald, *Easeful Death*, p. 18.

¹⁰ Kuhse, *A Companion to Ethics*, p. 295; Neil Messer, *SCM Study Guide to Christian Ethics, "Duty, Consequences and Christian Ethics"* (Hymns Ancient & Modern Ltd, 2006), p. 83.

¹¹ Glover, *Causing Death and Saving Lives*, p. 192.

¹² Warnock and Macdonald, *Easeful Death*, p. 51.

¹³ Warnock and Macdonald, *Easeful Death*, p. 22.

may be considered in order to avoid desperate attempts at suicide.¹⁴ On the other hand, in some cases of mental incapacitation, NVE may be unnecessary since the patient may be considered 'clinically dead.' Some consider the 1989 UK case of PVS patient Anthony Bland an example of this scenario. Anthony Bland, 17, suffered severe brain damage after the Hillsborough Football Stadium disaster in April 1989. He was in a PVS, a condition in which the higher centres of the brain are destroyed. In 1993, his parents requested a High Court to withdraw his 'futile' artificial nutrition and hydration and the High Court agreed. Still, there are important questions: How and when, if ever, does one assess that a patient's life is not 'worth' living to defend killing them without their consent? Who should make this assessment or decision? How should 'worth' or 'value' be defined? The last subtype is involuntary euthanasia (IE) which entails deliberate termination of life against the patient's wishes.¹⁵ Almost all scholars reject IE, though Jonathan Glover has suggested that IE may be *remotely* conceivable *if* one can accurately predict that the patient would experience a horrible future.¹⁶

Based on these definitions, euthanasia may be distinguished from suicide since in the latter case a person need not require support or knowledge of another to terminate their own life. This difference is relevant in the UK paralysis case of Daniel James who attempted suicide three times before going to *Dignitas* for PAS in 2007.¹⁷ Similarly, Warnock argues that since Diane Pretty had difficulty terminating her life independently due to motor neuron disease, either VAE or PAS may have been appropriate.¹⁸ On the grounds that either option involves honouring a patient's autonomy and preserving their dignity, Warnock opposes a moral distinction between VAE and PAS.¹⁹ These cases also encourage organizations like *Dignity in Dying* to push for changes in UK euthanasia laws to prevent individuals from committing suicide 'underground' out of desperation or travelling abroad, which Pretty considered and James did.²⁰ And according to the 2006 *Dignity in Dying Report*, close to eighty per cent of the general population also supports legislative changes.²¹ Although it was rejected, these concerns were reflected in the 2006 UK Bill titled 'Assisted Dying for the Terminally Ill' tabled by Lord Joel Joffe, which aimed at legalizing at least PAS for competent patients with terminal

¹⁴ Warnock and Macdonald, *Easeful Death*, p. 22.

¹⁵ Glover, *Causing Death and Saving Lives*, p. 191.

¹⁶ Tom Beauchamp and LeRoy Walters, *Contemporary Issues in Bioethics, Fifth Edition* (Wadsworth Publishing Company, 1999), page 274; Glover, *Causing Death and Saving Lives*, p. 191

¹⁷ BBC News, "Paralyzed player killed himself," *BBC News*, 10th December 2008, <http://news.bbc.co.uk/2/hi/uk_news/england/hereford/worcs/7774802.stm> (accessed 13 January 2009).

¹⁸ Mary Warnock and Elisabeth Macdonald, *Easeful Death*, page 16; BBC News "Britons who choose assisted suicide," *BBC News*, 24th January 2006, <<http://news.bbc.co.uk/2/hi/health/4643802.stm>> (accessed 16 May 2010)

¹⁹ Warnock and Macdonald, *Easeful Death*, p. xiii

²⁰ CNN News, "British couple die at assisted suicide clinic," *CNN News/Europe on the Web*, 6th March 2009, <<http://edition.cnn.com/2009/WORLD/europe/03/06/uk.assisted.suicide/index.html>> (accessed 17th February 2010); BBC News, "Family 'respect' woman's decision," in *BBC News*, 24th January 2006, <<http://news.bbc.co.uk/2/hi/health/4643738.stm>> (accessed 26 June 2009); BBC News, "No charges over assisted suicide," *BBC News*, 9th December 2008, <http://news.bbc.co.uk/2/hi/uk_news/england/hereford/worcs/7773540.stm> (accessed 26 January 2009); Dignity in Dying Report, *Dignity in Dying Online*, February 2006, <www.dignityindying.org> (accessed 14 February 2011).

²¹ Dignity in Dying Report, February 2006, <www.dignityindying.org> (accessed 14th February 2011)

illnesses like Pretty.²² However, the UK 1961 Suicide Act currently prohibits all forms of assisted suicide with a penalty of up to 14 years' imprisonment if found guilty.²³

Another, more widely debated, form of euthanasia is 'passive' euthanasia (PE). According to most religious and secular interpretations, PE may also involve paternalism or a best interest-type decision to withdraw or withhold treatment that no longer provides benefit to 'let die' or 'allow death' to occur.²⁴ On one interpretation of PE, it involves 'not doing anything' to cause a patient's death and leaving the underlying disease to cause death. This view is supported by Perrin et al.²⁵ However, this view is rejected by James Rachels on the grounds that if one is 'allowing death to occur,' then one is 'doing something.'²⁶ So the first part of the debate on this question concerns the extent or nature of an agent's contribution to a patient's death. If the patient is conscious, PE may also involve patient autonomy to refuse treatment verbally.²⁷ With an unconscious patient, a similar decision or wish may be made through an advanced directive (AD) or by a surrogate decision-maker often in collaboration with physician recommendation.²⁸ But in cases of no AD like in the case of Anthony Bland, who was deemed 'clinically dead,' PE is arguably justified as a best-interest action based on the 2007 UK Mental Capacity Act.²⁹

A second part of the debate surrounding PE concerns whether some forms of treatment are properly deemed 'extraordinary.' Rather than being 'ordinary' or 'beneficial,' treatment in cases where PE is advocated is commonly described as 'futile,' 'burdensome' or 'extraordinary.' For example, Warnock and Macdonald describe as futile treatment that has 'no prospect of benefit to the patient,' and they argue that such treatment should be more carefully evaluated to avoid needlessly prolonging life.³⁰ An example of 'futile' care was the treatment used to artificially sustain Anthony Bland in his PVS. Further, they associate burdensome or extraordinary approaches with 'heroic' forms of treatment or treatments that

²² Warnock and Macdonald, *Easeful Death*, p. 16; BBC News, "Bid to legalize assisted suicide," *BBC News*, 20 February 2003, <http://news.bbc.co.uk/2/hi/uk_news/politics/2782887.stm> (accessed 17 January 2009); Neil Messer, *SCM Study Guide to Christian Ethics*, 'Duty, Consequences and Christian Ethics,' (Hymns Ancient & Modern Ltd, 2006), p. 167; Dignity in Dying Report, February 2006, <www.dignityindying.org> (accessed 14 February 2011).

²³ BBC News, "Brown against assisted dying law," *BBC News*, 30 December 2008, <http://news.bbc.co.uk/2/hi/uk_news/politics/7804044.stm> (accessed 15 January 2009); BBC News "Euthanasia and the Law," *BBC News*, 28th November 2000, <http://news.bbc.co.uk/2/hi/health/background_briefings/euthanasia/1044740.stm> (accessed 15 January 2009)

²⁴ Thomas Mappes and David Grazia, *Biomedical Ethics, Fifth Edition* (McGraw Hill, 2001), p. 383; Kuhse, *A Companion to Ethics*, p. 296; John Bryant, Linda Baggott la Velle and John Searle, *Introduction to Bioethics* (West Sussex: John Wiley and Sons, 2005), p. 209.

²⁵ Kathleen Perrin, Ouimet Perrin, Caryn A. Sheehan, Mertie L. Potter, Mary K. Kazanowski, *Palliative Care Nursing: Caring for Suffering Patients* (Jones and Bartlett Publishers, 2011), p. 102.

²⁶ James Rachels, 'Active and Passive Euthanasia,' in *Killing and Letting Die*, edited by Bonnie Steinbock and Alastair Norcross (New York: Fordham University Press, 1994), p. 117.

²⁷ Warnock and Macdonald, *Easeful Death*, p. 24.

²⁸ Warnock and Macdonald, *Easeful Death*, p. 24; John Bryant, Linda Baggott la Velle and John Searle, *Introduction to Bioethics*, p. 206.

²⁹ Warnock and Macdonald, *Easeful Death*, p. 63; Ronald Dworkin, *Life's Dominion* (London: Harper Collins, 1993), p. 188.

³⁰ Warnock and Macdonald, *Easeful Death*, p. 100.

are unnecessary or unwarranted.³¹ Similarly, Bonnie Steinbock describes 'extraordinary' treatment as having relatively 'little hope of benefiting the patient' in a brain damage case.³² Other glosses on the idea of 'extraordinary' treatment, such as that provided by Paul Ramsey, represent such treatment as entailing 'excessive expense, pain, or other inconvenience' and note that such treatments could be experimental or unconventional.³³ As we shall see in the next section, the important matter for Rachels, Glover and others mainly involves the role of consequences in determining whether treatment is 'extraordinary' or 'ordinary' in each specific case.³⁴

Due to these considerations, a third strand of the debate involves some scholars arguing that withdrawing or withholding treatment need not constitute a form of euthanasia. This practice, it is argued, can be different from VAE and PAS because so-called PE need not involve any aim to kill or a deliberate intent to terminate life. For example, Luke Bretherton asserts that a case of removing life-sustaining treatment that a patient has refused or the physician deems ineffective and need not be provided 'is not necessarily an instance of euthanasia.'³⁵ So while some scholars consider withdrawing extraordinary treatment as 'passive euthanasia,' other scholars consider it a standard or conventionally accepted practice from a medical, spiritual and economic viewpoint.³⁶ As in the Anthony Bland case, this view is also seen in the 1989 U.S. case of PVS patient Nancy Cruzan. After many legal battles, it was determined that life support should be removed due to her irreversible state. Other scholars, as we will see next, argue that there is no moral difference between 'active' and 'passive' euthanasia since the intention and outcome may be the same in both cases.Killing versus Letting Die: A Morally Significant Difference?

Most countries draw a legal distinction between 'active' euthanasia, which is often described as intentional killing, and 'passive' euthanasia or 'letting' or 'allowing' a patient to die. However, the debate continues over whether a moral difference exists. It seems this debate is based on questions of aim, consequence and different understandings of traditional euthanasia terms. Possible misinterpretation or ambiguity on these matters may cause doctors to be guarded about withdrawing treatment because of the risk that this will be

³¹ Warnock and Macdonald, *Easeful Death*, p. 100.

³² Bonnie Steinbock, 'The Intentional Termination of Life,' in *Killing and Letting Die*, edited by Bonnie Steinbock and Alastair Norcross, (New York: Fordham University Press, 1994), p. 124.

³³ Thomas Sullivan, 'Active Euthanasia: An Impertinent Distinction?,' in *Killing and Letting Die*, edited by Bonnie Steinbock and Alastair Norcross, (New York: Fordham University Press, 1994), p. 135.

³⁴ James Rachels, 'Impertinent Distinctions and Defence of Active Euthanasia,' in *Killing and Letting Die*, edited by Bonnie Steinbock and Alastair Norcross, (New York: Fordham University Press, 1994), p. 143; Jonathan Glover, *Causing Death and Saving Lives*, p. 196.

³⁵ Luke Bretherton, *Hospitality as Holiness: Christian Witness Amid Moral Diversity*, (Ashgate Publishing, 2010), p. 164.

³⁶ Messer, 'Duty, Consequences and Christian Ethics,' p. 83; Perrin et al., *Palliative Care Nursing*, p. 102.

construed from a legal point of view as intentional killing or murder.³⁷ Similarly, there may be further confusion and controversy when laws are applied in individual euthanasia cases. For instance, similar to the case of Diane Pretty, in 2008, UK multiple sclerosis patient Debbie Purdy requested clarification of the assisted-suicide laws to establish whether her husband would be prosecuted if he accompanied her to *Dignitas*.³⁸ The existence of multiple interpretations suggests the need for greater clarity of terms and intention, which may lead to less disagreement on the need for reform of euthanasia laws. We will now examine the debate over the distinction between 'killing' and 'letting die' as it relates to intention, consequences and interpretation of terms, definitions and descriptions.

On one side of the debate, Warnock, Macdonald and Rachels, among others, contend that in general there is no moral difference between 'killing' and 'letting die' because in both cases there can be intent to kill, terminate life, or bring about death. For example, Warnock and Macdonald believe that there need be no moral distinction between letting an individual die by a horrible death which one could easily prevent and deliberately poisoning him, because both options involve some form of agent participation with intent to cause death.³⁹ For Warnock and Macdonald, in such situations the intended outcome and consequence of terminating life can be the same in each case. Further, they dispute a common argument that letting someone die is 'less causal' or morally superior to killing them because there is no intent to kill. Instead, they believe intentional killing need not be viewed as negative in all cases, because in some cases it may be better or more merciful than standing by and thereby prolonging intolerable suffering.⁴⁰ Warnock and Macdonald take their position one step further to argue that there is no moral difference between VAE and PAS in principle. Although the methods are technically different, the intended outcome in VAE and PAS are the same once again, namely, to 'deliberately bring about the death of [the] patient.'⁴¹ Luke Bretherton holds a similar view, namely, that there is a 'practical distinction' between euthanasia and PAS, but no moral distinction.⁴² And on a similar note, though seemingly less contentiously, some scholars believe that there is no moral difference between turning off life-sustaining assistance and interrupting futile treatment since both acts will lead to death, but do not deliberately kill the patient.⁴³ However, Jonathan Glover favours PAS over VAE because VAE may introduce

³⁷ Warnock and Macdonald, *Easeful Death*, p. 94

³⁸ BBC News, "Woman loses assisted suicide case," *BBC News*, 29th October 2008, <<http://news.bbc.co.uk/2/hi/health/7697200.stm>> (accessed 6 December 2008).

³⁹ Warnock and Macdonald, *Easeful Death*, p. 92.

⁴⁰ Warnock and Macdonald, *Easeful Death*, p. 93.

⁴¹ Warnock and Macdonald, *Easeful Death*, p. xiii

⁴² Bretherton, *Hospitality as Holiness*, p. 165.

⁴³ John Mahoney, *Bioethics and Belief: Religion and Medicine in Dialogue* (Sheed & Ward, 1984), p. 48-49.

doubt as to whether the patient wanted to die as opposed to the patient killing themselves in PAS.⁴⁴

James Rachels expresses similar views to those of Warnock, Macdonald and Glover. Rachels considers two comparable hypothetical scenarios. In one case, an individual 'allows' or 'lets' another die and, in the other case, an individual kills another. He contends that in these cases, there is no intrinsic difference between 'killing' and 'letting die.'⁴⁵ Rather, killing and letting die can be 'morally equivalent' in both cases because the 'motive' and outcome may be the same.⁴⁶ As Rachels states, 'The bare difference between killing and letting die does not, in itself, make a moral difference. If a doctor let a patient die, for humane reasons, he is in the same moral position as if he had given the patient a lethal injection for humane reasons.'⁴⁷ However, like Warnock and Macdonald, Rachels believes that in some extreme cases, it is 'morally worse' to extend a person's suffering needlessly by letting die.⁴⁸ Rather, it can be morally 'preferable' and 'humane' to deliberately hasten death because the intent to kill need not involve harm, but rather alleviation of pain.⁴⁹ So killing is not in general any 'worse' than letting die.⁵⁰ As Rachels states, 'There may be important moral differences in some cases in their *consequences*, but...these differences may make active euthanasia, and not passive euthanasia, the morally preferable option.'⁵¹ Since both killing and letting die can involve intent to terminate life, for Rachels intended outcome and consequence are decisive, so there is no deep seated moral distinction between killing and letting die.⁵²

Others who argue against the distinction between killing and letting die seem to interpret the traditional terminology similarly. For example, Warnock and Macdonald argue that the difference between killing and letting die 'has become blurred' because turning off a respirator may be construed as actively killing.⁵³ Tom Beauchamp and James Childress similarly argue that some actions can be construed as killing *and* letting die.⁵⁴ As Beauchamp and Childress assert, 'The distinction between killing and letting die suffers from vagueness and moral confusion. The language of killing is so thoroughly confusing—causally, legally and morally—that it can provide little if any help in discussions of assistance in dying.'⁵⁵ On a similar note, Craig Patterson and Ruth Putilo believe lack of clear intention may also make it

⁴⁴ Glover, *Causing Death and Saving Lives*, p. 184.

⁴⁵ Rachels, 'Active and Passive Euthanasia,' in *Killing and Letting Die*, p. 116.

⁴⁶ Rachels, 'Active and Passive Euthanasia,' in *Killing and Letting Die*, p. 116.

⁴⁷ Rachels, 'Active and Passive Euthanasia,' in *Killing and Letting Die*, p. 116.

⁴⁸ Rachels, 'Active and Passive Euthanasia,' in *Killing and Letting Die*, p. 117.

⁴⁹ Rachels, 'Active and Passive Euthanasia,' in *Killing and Letting Die*, p. 113.

⁵⁰ Rachels, 'Active and Passive Euthanasia,' in *Killing and Letting Die*, p. 117.

⁵¹ Rachels, 'Active and Passive Euthanasia,' in *Killing and Letting Die*, p. 119.

⁵² Rachels, 'Active and Passive Euthanasia,' in *Killing and Letting Die*, p. 112 and p. 116.

⁵³ Warnock and Macdonald, *Easeful Death*, p. 92.

⁵⁴ Tom Beauchamp and James Childress, 'Nonmaleficence,' in *Principles of Biomedical Ethics, Fifth Edition* (Oxford University Press, 2001), p. 140.

⁵⁵ Beauchamp and Childress, 'Nonmaleficence,' in *Principles of Biomedical Ethics*, p. 143.

difficult to morally distinguish 'active' euthanasia from 'passive' euthanasia.⁵⁶ And based on his interpretation of the 1973 American Medical Association (AMA) statement on euthanasia,⁵⁷ Rachels contends that 'cessation of extraordinary treatment,' which may be construed as 'letting die' and is permitted by the AMA, may also be read as 'intentional termination' of human life.⁵⁸ However, as we will discuss, Bonnie Steinbock reads the AMA statement as prohibiting all forms of euthanasia and disputes Rachels' view that 'cessation of extraordinary treatment' implies 'intentional termination' or 'intentionally letting die.'⁵⁹ However these terms are interpreted, it seems the main concern in each interpretation lies with the nature of intentions and consequences.

While the scholars in the previous discussion argue there need be no intrinsic moral difference between 'killing' and 'letting die,' other scholars maintain some sort of distinction. This distinction, which is generally based on interpretations of intent to kill versus not intending to kill, is often reflected in traditional statements by medical organizations and is in line with the current UK legal stance. These statements prohibit all medical practices that aim at causing or bringing about death. In contrast, they allow practices that 'let the patient die' or 'allow death' by removing extraordinary or burdensome treatment, because such responses need not involve intent to kill, but rather aim at removing the burden associated with treatment.

For example, when developing her interpretation of the 1973 AMA statement, Steinbock argues that 'intentional termination of life' implies prohibition of active/passive euthanasia and that this is distinct from the 'cessation...of extraordinary means to prolong life,' which is the only case the AMA allows.⁶⁰ She asserts that 'cessation' of such treatment does not strictly mean intending the patient's death, but rather acknowledges the right to refuse or withhold 'extraordinary' treatment to avoid harm. In most cases, Steinbock believes this is morally not the same as, and is not a license for, aiming at death as in VAE or PAS.⁶¹ Furthermore, she disagrees with Warnock, Macdonald and Rachels that a quick and painless death may well be morally preferable to a protracted death, because the patient may sometimes want to experience suffering.⁶² Steinbock's view is interesting because she does

⁵⁶ Craig Patterson, *Assisted Suicide and Euthanasia: A Natural Law Ethics Approach* (England: Ashgate, 2008), p. 7; Ruth Putilo, *Ethical Dimensions in the Health Professions, Third Edition* (W.B. Saunders Company, 1999), p. 228.

⁵⁷ The AMA Statement reads: The intentional termination of the life of one human being by another—mercy killing—is contrary to that for which the medical profession stands and is contrary to the policy of the American Medical Association. The cessation of the employment of extraordinary means to prolong the life of the body when there is irrefutable evidence that biological death is imminent is the decision of the patient and/or his immediate family. The advice and judgment of the physician should be freely available to the patient and/or his immediate family.

⁵⁸ Rachels, 'Active and Passive Euthanasia,' in *Killing and Letting Die*, p. 116.

⁵⁹ Steinbock, 'The Intentional Termination of Life,' in *Killing and Letting Die*, p. 121.

⁶⁰ Steinbock, 'The Intentional Termination of Life,' in *Killing and Letting Die*, p. 129.

⁶¹ Steinbock, 'The Intentional Termination of Life,' in *Killing and Letting Die*, p. 123 and 126.

⁶² Steinbock, 'The Intentional Termination of Life,' in *Killing and Letting Die*, p. 129.

not seem to make a moral distinction between 'active' and 'passive' euthanasia. To her, both acts involve intent to cause, or hasten, death. And she does not regard 'cessation...of extraordinary means' or refusing burdensome treatment as 'passive' or any other form of euthanasia. Therefore, Steinbock does not make a moral distinction between VAE and PE. Rather, she broadly distinguishes acts that involve intent to cause or bring about death from acts that merely 'allow death to occur.'

Thomas Sullivan also supports the idea that 'killing' is not morally equivalent to 'letting die' and he also refers to the AMA statement to refute comments made by Rachels above. According to Sullivan, Rachels understands 'cessation of extraordinary treatment' as 'intentionally terminating life' by 'allowing death to occur.'⁶³ Sullivan acknowledges that there may be no moral distinction between acts and omissions if the intended outcome in each case is death.⁶⁴ However, he believes that the AMA statement clearly distinguishes acts that deliberately cause death by 'intentionally terminating life' (e.g. lethal injection or withholding 'ordinary' treatment) from cases of 'letting die' by withdrawing extraordinary or burdensome treatment, because in these further cases death is foreseen but not intended.⁶⁵ So, for Sullivan, removing 'extraordinary' treatment need not imply 'intentionally terminating life' or involve intent to kill, but rather an intention to remove a burden. In this way, Sullivan takes the statement as an overall ban on any acts or omissions that intend death.⁶⁶ As Sullivan states, the statement is a 'prohibition against intentional killing, which includes both direct actions and malevolent omissions.'⁶⁷ However, Rachels rejects Sullivan's idea, and in his response to Sullivan, he asserts that intention is ethically irrelevant in assessing whether an act is morally right or wrong.⁶⁸ Although intention may be used to appraise a person's character as good or bad, Rachels believes an act must be judged right or wrong according to reasons for or against treatment producing the best overall outcome.⁶⁹ On this view, there can be no fundamental moral distinction between 'killing' and 'letting die' because both have the same outcome.

A second related argument made by Sullivan claims that because the AMA statement allows for the discontinuation of 'extraordinary' treatment, it implicitly differentiates 'extraordinary' and 'ordinary' treatment.⁷⁰ As stated, Sullivan believes that removing 'extraordinary' treatment is permissible because this act involves removing a burden rather

⁶³ Sullivan, 'Active Euthanasia: An Impertinent Distinction?', in *Killing and Letting Die*, p. 132.

⁶⁴ Sullivan, 'Active Euthanasia: An Impertinent Distinction?', in *Killing and Letting Die*, p. 134.

⁶⁵ Sullivan, 'Active Euthanasia: An Impertinent Distinction?', in *Killing and Letting Die*, p. 134.

⁶⁶ Sullivan, 'Active Euthanasia: An Impertinent Distinction?', in *Killing and Letting Die*, p. 135.

⁶⁷ Sullivan, 'Active Euthanasia: An Impertinent Distinction?', in *Killing and Letting Die*, p. 137.

⁶⁸ Sullivan, 'Active Euthanasia: An Impertinent Distinction?', in *Killing and Letting Die*, p. 158; Rachels, 'Impertinent Distinctions and Defence of Active Euthanasia,' in *Killing and Letting Die*, p. 142-143.

⁶⁹ Rachels, 'Impertinent Distinctions and Defence of Active Euthanasia,' in *Killing and Letting Die*, p. 142-143.

⁷⁰ Sullivan, 'Active Euthanasia: An Impertinent Distinction?', in *Killing and Letting Die*, p. 137.

than an intention to kill. By contrast, removing 'ordinary' treatment may imply intent to kill, because here there is no burden to be removed. However, Rachels argues that in addition to removing 'extraordinary' treatment, it is also permissible to sometimes remove or refuse traditional 'ordinary' or conventional treatment (e.g. insulin, aspirin) when a patient has, for example, terminal cancer or is in PVS.⁷¹ Although refusing or removing 'ordinary' treatment may be construed as 'intentionally terminating life,' according to Rachels it is permissible in some cases to achieve the best overall outcome. In this way, Rachels believes that in order to call treatment 'ordinary' (beneficial) or 'extraordinary' (burdensome), one should assess 'whether using treatment would be a good thing for the life in question to be [reasonably] prolonged' rather than adhere to traditional definitions.⁷² So Rachels concludes that 'it appears that the distinction between ordinary and extraordinary means does not have the significance traditionally attributed to it.'⁷³

The previous discussion has also led other scholars such as Jonathan Glover, Bonnie Steinbock and Judith Jarvis Thomson to argue similarly that judgments about whether a treatment is 'ordinary' and 'extraordinary' ought to be context relative, or determined by the details or circumstances of each individual case, since each case is different.⁷⁴ As Steinbock asserts, this process involves providing 'the most appropriate treatment for that patient at that time,' while Thomson similarly states that 'cases have to be looked at individually.'⁷⁵

Another way of framing these issues is in terms of the Doctrine or Principle of Double Effect (DDE or PDE). According to Lawrence E. Johnson, PDE is originally a Christian concept, but has been widely accepted by other groups as an idea that can be used in scenarios within, and outside of, the context of medicine.⁷⁶ For example, a woman jumps out of the window of a burning high-rise building, with the intention of getting away from the fire, but also knowing that jumping may result in death, an unintended but foreseen consequence.⁷⁷ And in (end-of-life) medicine, the objective in providing pain relief may be to bring the patient comfort rather than to kill, even if death occurs as a second, unintended but foreseen effect. Similarly, withdrawing extraordinary treatment need not involve intention to kill, because death may be merely foreseen, and the intended outcome may be just the removal of the burden of treatment. This stance appeals to the DDE which is often referred to in discussions on abortion and applied to support the distinction between 'active' and 'passive' euthanasia. For

⁷¹ Rachels, 'Impertinent Distinctions and Defence of Active Euthanasia,' in *Killing and Letting Die*, p. 143-144.

⁷² Rachels, 'Impertinent Distinctions and Defence of Active Euthanasia,' in *Killing and Letting Die*, p. 144.

⁷³ Rachels, 'Impertinent Distinctions and Defence of Active Euthanasia,' in *Killing and Letting Die*, p. 144.

⁷⁴ Glover, *Causing Death and Saving Lives*, p. 196; Judith Jarvis Thomson, 'Killing, Letting Die, and the Trolley Problem,' in *Ethical Theory: Fourth Edition*, edited by Louis Pojman, (California: Wadsworth Publishers, 2002), p. 318.

⁷⁵ Steinbock, 'The Intentional Termination of Life', p. 124; Judith Jarvis Thomson, 'Killing, Letting Die, and the Trolley Problem,' in *Ethical Theory: Fourth Edition*, Edited by Louis Pojman, (California: Wadsworth Publishers, 2002), p. 318.

⁷⁶ Lawrence E. Johnson, *A Life-Centred Approach to Bioethics: Biocentric Ethics* (Cambridge University Press, 2010), p. 225.

⁷⁷ Johnson, *A Life-Centred Approach to Bioethics*, p. 224-225.

example, Neil Messer argues that when extraordinary treatment is withdrawn, the intention need not be to bring about death, and the good of relieving pain may outweigh the bad of the unintended effect, namely death. As Messer states: 'The doctrine of double effect is that it is morally justified for me to do something in order to achieve a good result, *even if I can foresee that my action will also have an evil consequence*, provided that I do not *intend* the evil and that the evil "side effect" will be outweighed by the good I am aiming for.'⁷⁸ Similarly, Philippa Foot concedes DDE may be helpful in some cases to emphasize the intended (positive) outcome of relieving pain rather than the (negative) unintended foreseeable consequence.⁷⁹ Glover agrees with this notion and asserts that if the intent to relieve pain is argued under the premise of DDE, this may make prosecution 'less likely.'⁸⁰ Based on these views, it seems that the act is assessed by the (positive) intention and not solely by the (negative) outcome or consequence that is merely foreseen. This viewpoint is exemplified in the 2007 case of a terminally ill Bristol woman named Kelly Taylor who acknowledged that medication intended to relieve her pain could also cause her death even though it was not the primary aim.⁸¹

However, other scholars question the distinction drawn in DDE between an intended and unintended outcome. For example, Warnock and Macdonald acknowledge DDE by citing the medication example described above. However, they argue that DDE 'carries somewhat less weight today' because it is rare that extremely high doses of life threatening medication are needed to maintain pain relief due to advances in palliative care.⁸² If such high doses were to be frequently required, this would suggest that palliative care needs further development. A physician who therefore administers this level of medication in these cases, as justification to relieve 'uncontrolled and unendurable' pain, may actually intend to kill the patient, making DDE 'less persuasive' in legal settings and morally irrelevant.⁸³ So for Warnock and Macdonald, DDE is essentially irrelevant in extreme suffering cases because the intention is in fact to cause death. In these types of case, they insist, physicians have a 'moral duty' to intentionally hasten the death of those who deem their life not 'worth' living, particularly when they are in extreme pain, since palliative care may be ineffective in these relatively rare cases.⁸⁴

The complex moral debate on 'killing' versus 'letting die' involves discussion of intent, outcome and the interpretation of euthanasia-related terms. For those who oppose euthanasia, the role of intention is typically crucial with the result that some cases of

⁷⁸ Messer, 'Duty, Consequences and Christian Ethics,' in *SCM Study Guide to Christian Ethics*, p. 91.

⁷⁹ Philippa Foot, 'Killing and Letting Die,' in *Killing and Letting Die*, edited by Bonnie Steinbock and Alastair Norcross, (New York: Fordham University Press, 1994), p. 287.

⁸⁰ Glover, *Causing Death and Saving Lives*, p. 199-200.

⁸¹ BBC News, 'Legal battle over right-to-die,' *BBC News*, 12th February 2007, <<http://news.bbc.co.uk/2/hi/health/6353339.stm>> (accessed 15 December 2008)

⁸² Warnock and Macdonald, *Easeful Death*, p. 97.

⁸³ Warnock and Macdonald, *Easeful Death*, p. 97.

⁸⁴ Warnock and Macdonald, *Easeful Death*, p. 98.

withdrawing treatment do not count as euthanasia. And for those who favour euthanasia, the consequence generally has greater significance, namely, it matters that both killing and letting die result in death. However, both sides of the debate arguably are affected by broad disagreement over construal of terms. These issues can arguably present legal confusion and difficulties for euthanasia patients as well as physicians whose actions may be interpreted as murder or accessory to murder.⁸⁵ Therefore, many scholars justifiably urge greater clarity of descriptions of terms to produce clearer laws, so physicians may not be held liable for such charges, without good reason, and so that patients can make informed decisions.⁸⁶

Euthanasia in Practice: Opponents versus Proponents

The previous section discussed the debate on whether there is a moral difference between 'killing' and 'letting die' by examining intention, outcome and interpretation of terms and definitions. From this examination, it may be broadly inferred that those who argue for no distinction seem to favour (the legalization of) VAE and PAS at least in principle. However, those who argue for a distinction will argue against legalization as a matter of principle, while thinking it is permissible to withdraw or withhold extraordinary treatment. In this section, we will explore some common concepts and arguments that are often presented to either oppose or support VAE and PAS in terminal or suffering cases. It is interesting to note how some common concepts and terms may be interpreted differently by each side. This section may also serve as a preview to the forthcoming discussion in Chapters II and III. Let us first present the view of those opposed to euthanasia.

Among those who oppose legalizing VAE and PAS are scholars, health care professionals, religious leaders, politicians, representatives of palliative care associations and ordinary citizens. So it is evident that opposition to euthanasia reflects considerations drawn from a range of sources, including religion, medicine and society.

For example, some may oppose legalization based on religious principles, common among Christians, Muslims and Jews, involving the value of human life, the importance of its protection and God's ownership or control over life and death. Some opponents argue euthanasia can be interpreted as a form of, or is morally equivalent to, suicide, which is forbidden in many religious traditions.⁸⁷ Euthanasia is also deemed contrary to many religious traditions because it involves taking control of, or choosing, when one will die.⁸⁸ The idea of control and choice is related to autonomy, which some opponents argue ought to be limited

⁸⁵ Jonsen, et al., *Clinical Ethics*, p. 139; Patterson, *Assisted Suicide and Euthanasia: A Natural Law Ethics Approach*, p. 12; Beauchamp and Childress, *Principles of Biomedical Ethics*, p. 140.

⁸⁶ Jonsen et al., *Clinical Ethics*, p. 139.

⁸⁷ Messer, 'Duty, Consequences and Christian Ethics,' p. 84.

⁸⁸ Mappes and Grazia, *Biomedical Ethics*, p. 381-382.

when it comes to decisions or actions that aim to terminate or harm human life. Terminating or harming life may also be linked to the idea of sanctity or sacredness of human life, which is arguably degraded by these actions. The idea of life as sacred is based on the notion that since humans are created by God, their lives are sacred or sacrosanct regardless of condition.⁸⁹ A similar understanding maintains that human life is a 'gift' or a 'loan' from God, a view which may also be invoked to oppose euthanasia.⁹⁰

However, other scholars believe 'sacred' or 'sacrosanct' may not be appropriate terms to describe human life.⁹¹ Some believe that thinking of human life as sacred may imply that it has an 'absolute or infinite quality.'⁹² And for others, the terms may be applied only to those of sufficient mental capacity or who are fully conscious as opposed to leading a merely 'biological' life.⁹³ Therefore, some scholars propose that 'respect,' 'dignity,' and 'worthwhileness' may be more appropriate terms.⁹⁴ Regardless of how human life is described though, on standard monotheistic views humans are endowed by God with responsibility or stewardship to preserve and care for their life, the lives of others and their environment.⁹⁵ Further, some opponents believe the sufferer should also attempt to understand the purpose and 'value of suffering,' if any, and endure it with patience, perseverance and trust in God.⁹⁶

A second way of opposing legalization may come from a medical perspective and from pro-life organizations like 'Care Not Killing' and 'National Council for Palliative Care.'⁹⁷ Some contend that allowing VAE and PAS will corrode and negate or violate the fundamental values or standards of the medical profession based on Hippocratic principles of providing comfort, avoiding harm and reasonably prolonging life.⁹⁸ Moreover, killing would arguably not only degrade the image of the medical establishment of the Western tradition and portray physicians as executioners, but would also destabilize the medical profession's promotion of health, longevity and welfare for society.⁹⁹ In this way, the medical establishment's adoption of euthanasia may be linked to potential social consequences. This may include what is termed by many scholars as the 'slippery slope phenomenon,' which suggests that if VAE and

⁸⁹ Messer, 'Duty, Consequences and Christian Ethics,' p. 84; Stanley Hauerwas, 'Theological Issues in Bioethics,' in *Religious Concepts of Brain Death and Associated Problems*, edited by Neil Messer (Darton Longman and Todd Publishers, 2002), p. 128.

⁹⁰ Messer, 'Duty, Consequences and Christian Ethics,' p. 84; Mahoney, *Bioethics and Belief...*, p. 43; Richard M. Gula, 'Medical Ethics,' in *Christian Ethics, An Introduction*, Edited by Bernard Hoose (Continuum International Publishing Group, 2000), p. 279.

⁹¹ Warren Thomas Reich, 'A New Dictionary of Christian Ethics,' *Prolongation of Life* (SCM Press, 1967), p. 351.

⁹² Messer, 'Duty, Consequences and Christian Ethics,' p. 86; Reich, 'A New Dictionary of Christian Ethics,' p. 351.

⁹³ Lonnie Kliever, 'Religion and Medical Ethics, Looking Back, Looking Forward,' in *Some Issues and the Future of Theological Reflection: Reports of the Working Groups, Section 3, Assisted Suicide*, edited by Allen Verhey (William B. Eerdmans Publishing Company, 1996), p. 136; Reich, 'A New Dictionary of Christian Ethics,' p. 352.

⁹⁴ Messer, 'Duty, Consequences and Christian Ethics,' p. 86.

⁹⁵ Messer, 'Duty, Consequences and Christian Ethics,' p. 84; Mahoney, *Bioethics and Belief...* p. 42.

⁹⁶ Flynn, *Issues in Health Care Ethics* (Prentice Hall, 2000), p. 207; Wood, "A Dictionary of Christian Ethics," p. 119; John Mahoney, *Bioethics and Belief...*, p. 40.

⁹⁷ Jonsen et al., *Clinical Ethics*, p. 139.

⁹⁸ Flynn, 2000, p. 207; Wood, "A New Dictionary of Christian Ethics," p. 211; Messer, *Duty,.....*, p. 89; Jonsen et al., *Clinical Ethics*, p. 139-140; Bretherton, *Hospitality as Holiness*, p. 167.

⁹⁹ Beauchamp and Walters, 1999, p. 274; Jonsen et al., 2002, p. 140.

PAS are legalized, then physicians may also engage in IE and NVE. This slide may involve the killing of those who are deemed weak, vulnerable, mentally ill, a burden to society or the health system or those who may restrict the freedom of others, as suggested in two Netherland euthanasia studies.¹⁰⁰ Similarly, those who think they may be a burden upon society may be more likely to consider VAE and PAS if euthanasia is legalized. And Meilaender believes that if autonomy is a powerful argument for euthanasia, then killing need not be restricted to only those who are 'suffering greatly' thereby increasing the 'class of candidates' for euthanasia.¹⁰¹ Instead, opponents contend society has responsibility to care for the weak and vulnerable rather than favouring a culture of individualism.¹⁰²

For these reasons, among others, opponents resist changes to UK laws that currently prohibit VAE and PAS. As an alternative, they generally favour palliative options like hospice care which aim at comprehensive end of life support.¹⁰³ This support involves treating the 'whole person' implying the physical, emotional, psychological and spiritual needs of the patient as well as including the family and patient in medical decisions.¹⁰⁴ Opponents believe this type of alternative is the best way of respecting human life and expressing mercy and compassion for those who suffer. In fact, evidence suggests that hospice care can be effective in '99 per cent' of terminal and suffering cases and can provide a reasonable quality of life to the remaining one percent.¹⁰⁵ Still, even some proponents argue that if better palliative care is available to deal with the remaining one percent of rare cases of intolerable suffering, it may decrease or eliminate the need for VAE and PAS.¹⁰⁶

However, until that time, proponents of VAE and PAS will continue to argue for its legalization or changes in UK law. Some favour at least an interim change in the law to assist *only* competent patients like Diane Pretty who seriously wish to die in their terminal or suffering conditions and who cannot travel abroad or commit suicide.¹⁰⁷ This suggests euthanasia may be the last option following an unsuccessful suicide attempt(s) or ineffective palliative care. Proponents acknowledge one does not currently have a legal right to deliberately terminate another human life, but they strongly believe that the law should be changed as one has a moral right to termination in terminal or suffering cases.¹⁰⁸ Further, if one has the right to refuse non-beneficial treatment or the right to live, then one should also

¹⁰⁰ Dworkin, *Life's Dominion*, p. 190; Bryant et al., *Introduction to Bioethics*, p. 205.

¹⁰¹ Gilbert Meilaender, *Bioethics: A Primer for Christians* (Michigan: William B. Eerdmans, 1996), p. 63; Samuel Wells, *Christian Ethics: An Introductory Reader* (Wiley Publishers, 2010), p. 293.

¹⁰² Gula, 'Medical Ethics,' p. 281.

¹⁰³ Flynn, 2000, p. 207; Putilo, *Ethical Dimensions in the Health Professions*, p. 229

¹⁰⁴ Julia Lawton, *The Dying Process: Patients' experiences of palliative care* (New York: Taylor & Francis Routledge, 2000), p. 12-13.

¹⁰⁵ Bryant et al., *Introduction to Bioethics*, p. 204.

¹⁰⁶ Warnock and Macdonald, *Easeful Death*, p. 13-14; Glover, *Causing Death and Saving Lives*, p. 194; Dignity in Dying Report, February 2006, <www.dignityindying.org> (accessed 14th February 2011).

¹⁰⁷ Warnock and Macdonald, *Easeful Death*, p. 12; Glover, *Causing Death and Saving Lives*, p. 199-200.

¹⁰⁸ Warnock and Macdonald, *Easeful Death*, p. 5.

have the right to die.¹⁰⁹ Based on this idea, while opponents argue autonomy does not justify euthanasia, proponents favour less constrained autonomy, which may include the freely chosen decision for VAE or PAS (or whatever one desires).¹¹⁰ To stop a person from fulfilling this preference is construed by some as ‘overriding’ or a ‘denial’ of autonomy.¹¹¹ So for some proponents, autonomy may be defined as ‘making one’s laws [and] adopting one’s own principles.’¹¹² And it seems that, by contrast with the opponent’s view, these laws and principles are to be defined without reference to how they would affect the broader society.

The loss of independence may be another motive for VAE and PAS. Some proponents argue one may wish to hasten death because one’s condition has required one to be dependent on others and this may also include loss of control to make decisions, plans, etc.¹¹³ These changes are interpreted by some as involving a ‘loss of dignity and control.’¹¹⁴ This may be because life has been reduced to mere ‘biological’ life by suffering or disease.¹¹⁵ For proponents, rather than merely ‘being alive,’ it is physical and mental capabilities, freedom, control, desires, goals, etc. that give human life its ‘inviolability,’ ‘worthwhileness’ or ‘sacred’ or ‘intrinsic’ value.¹¹⁶ Another interpretation suggests human life has ‘sacred’ or ‘personal value’ because it is a ‘special’ product of natural creation, rather than because it is ‘made in the image of God.’¹¹⁷ But a life that has lost its ‘sacredness’ implies a life not worth living or not worth preserving.¹¹⁸ Therefore, instead of palliative care, VAE or PAS by a ‘decent and generous person’ are appropriate responses in these cases and compassionate expressions of a respect for life, so relief of pain should be an appropriate medical duty.¹¹⁹ Would a merciful God or a merciful person want an individual or even an animal to endure prolonged suffering?¹²⁰ Some proponents use a form of Kant’s Categorical Imperative to argue for a painless death over a prolonged painful death because we or God would presumably not choose the latter for us.¹²¹ Due to these reasons in part, recent evidence suggests that ‘about half’ of UK physicians favour a change in current euthanasia laws while sixty two per cent of

¹⁰⁹ Warnock and Macdonald, *Easeful Death*, p. 5; Gula, ‘Medical Ethics,’ p. 279; Dignity in Dying Report, February 2006, <www.dignityindying.org> (accessed 14th February 2011).

¹¹⁰ Glover, *Causing Death and Saving Lives*, p. 80; Putilo, *Ethical Dimensions in the Health Professions*, p. 228; Dworkin, *Life’s Dominion*, p. 190; Bryant et al., *Introduction to Bioethics*, p. 203; Jonsen et al., *Clinical Ethics*, p. 140.

¹¹¹ Glover, *Causing Death and Saving Lives*, p. 177 and 184.

¹¹² Warnock and Macdonald, *Easeful Death*, p. 14.

¹¹³ Warnock and Macdonald, *Easeful Death*, p. 8.

¹¹⁴ Warnock and Macdonald, *Easeful Death*, p. 9; Dworkin, *Life’s Dominion*, p. 210.

¹¹⁵ Dworkin, *Life’s Dominion*, p. 201; Nigel Biggar, *Aiming to Kill: The Ethics of Suicide and Euthanasia* (London: Darton, Longman & Todd, 2004), p. 56.

¹¹⁶ Warnock and Macdonald, *Easeful Death*, p. 9, 70 and 88; Rachels, ‘Impertinent Distinctions and Defence of Active Euthanasia,’ in *Killing and Letting Die*, p. 146; Dworkin, *Life’s Dominion*, p.82, 195 and 235.

¹¹⁷ Dworkin, *Life’s Dominion*, p. 82 and 195.

¹¹⁸ Glover, *Causing Death and Saving Lives*, p. 197.

¹¹⁹ Glover, *Causing Death and Saving Lives*, p. 200; Warnock and Macdonald, *Easeful Death*, p. 10; Kuhse, *A Companion to Ethics*, p. 294; Rachels, ‘Impertinent Distinctions and Defence of Active Euthanasia,’ in *Killing and Letting Die*, p. 146; Jonsen et al., *Clinical Ethics*, p. 138.

¹²⁰ Flynn, *Issues in Health Care Ethics*, p. 207; Neil Messer, ‘Duty,....,’ page 88; Bryant et al., p. 203.

¹²¹ Rachels, ‘Impertinent Distinctions and Defence of Active Euthanasia,’ in *Killing and Letting Die*, p. 152.

physicians may have administered pain relieving drugs with an intent to hasten death, according to a recent poll.¹²²

Secular interpretations of 'sacred' by proponents of euthanasia clearly indicate it is not exclusively a religious term. Alternatively, some proponents interpret 'sacred' as a vague notion that may be abandoned especially if it is taken to apply even to mere 'biological' life.¹²³ On the other hand, a few advocates of euthanasia also seem to have a misunderstanding of what the notion means from a religious viewpoint. Some proponents interpret the idea that life is 'sacred' as meaning that life has an 'absolute and overriding value' and should be preserved 'at all costs.'¹²⁴ While this attitude may be found in some conservative religious sects, it may not be the most commonly accepted interpretation, as explained previously. For example, as we will see in Chapter II, Pope John Paul II (d. 2005) believes that although human life has unconditional value, this value is not absolute and life should not be preserved in all conditions.¹²⁵ Proponents also seem to interpret other religious-based terms differently. For example, opponents may construe human life as a 'gift' or a 'loan' from God, the owner of human life. However, proponents argue that if human life is a 'gift,' then as the recipient or the new owner of the gift, I can choose to do whatever I want with it and God forfeits any rights He had over that gift.¹²⁶ R.M. Hayden Lemmons believes that those who support suicide and PAS view the body as an instrument or a disposable appendage, especially in cases of intense and continuous physical suffering, so ownership of one's body means that one can choose at any time to detach oneself or one's body.¹²⁷ More about the body and euthanasia will be discussed in Michael Banner's perspective forthcoming.

Warnock and Macdonald make an interesting claim that opponents who use the sanctity of life principle also seem to endorse pragmatic arguments involving the potential effect(s) legalization will have on society.¹²⁸ For example, it is said that legalization may pressure the weak or those who are deemed a burden on society to consider euthanasia thereby diminishing the respect which is accorded to human life. And even if euthanasia is at first strictly voluntary, it may potentially slide into IE or NVE, practices which are reminiscent of the Nazi era. Moreover, legalization may erode the relationship between society and the medical establishment. However, some proponents dispute these effects. First, some believe

¹²² Bryant et al., *Introduction to Bioethics*, p. 203; Dignity in Dying Report, February 2006, <www.dignityindying.org> (accessed 14th February 2011).

¹²³ Warnock and Macdonald, *Easeful Death*, p. 72; Glover, *Causing Death and Saving Lives*, p. 138.

¹²⁴ Warnock and Macdonald, *Easeful Death*, p. 67, 70 and 74.

¹²⁵ Pope John Paul II, *Evangelium Vitae*, 25 March 1995, Section 47 and 65, <http://www.vatican.va/holy_father/john_paul_ii/encyclicals/documents/hf_jp-ii_enc_25031995_evangelium-vitae_en.html> (accessed 23 February 2009)

¹²⁶ Warnock and Macdonald, *Easeful Death*, page 69 Neil Messer, 'Duty, Consequences and Christian Ethics,' p. 87.

¹²⁷ R.M. Hayden Lemmons, 'Compassion and Personalism of American Jurisprudence: Bioethical Entailments,' in *Bioethics with Liberty and Justice: Themes in the Work of Joseph M. Boyle*, edited by Christopher Tollefsen (Springer, 2010): p. 64.

¹²⁸ Warnock and Macdonald, *Easeful Death*, p. 75.

if euthanasia is kept strictly voluntary and by consent for competent patients only, then it is unlikely a slide will occur because euthanasia could not be justified in other cases.¹²⁹ Second, since Nazi practices did not involve consent but rather mass extermination, this case is entirely different from voluntary euthanasia.¹³⁰ Third, while in most cases persons are not considered a burden to society, some proponents concede that in some rare cases voluntary euthanasia may be justified to relieve the 'great' burden patients may place on others.¹³¹ Such a death may even be seen as an 'admirable' or 'altruistic' act.¹³² Fourth, if palliative care became more advanced to relieve intolerable suffering, then it is possible euthanasia may be eliminated.¹³³ But since palliative care cannot completely relieve all forms of extreme suffering, proponents support at least an interim change in the law to allow at least PAS.¹³⁴ This change may also allow society to better gauge the social consequences.¹³⁵

In this chapter, we have broadly discussed the terms and definitions of euthanasia along with the ethical positions in the debate. The objective of this chapter was to present an overview of some of the central concerns of this thesis, to provide the reader with an initial orientation for the discussion which follows. In the next chapter, we will examine different Western Christian perspectives on euthanasia and focus on the methods these Christian ethicists use to formulate their standpoint.

¹²⁹ Glover, *Causing Death and Saving Lives*, p. 186; Warnock and Macdonald, *Easeful Death*, p. 77, 81 and 84; Dignity in Dying Report, Dignity in Dying Report, February 2006, <www.dignityindying.org> (accessed 14th February 2011).

¹³⁰ Glover, *Causing Death and Saving Lives*, p. 186; Singer, *Practical Ethics* (Cambridge University Press, 2011), p. 186.

¹³¹ Glover, *Causing Death and Saving Lives*, p. 187; Dignity in Dying Report, February 2006, <www.dignityindying.org> (accessed 14th February 2011)

¹³² Warnock and Macdonald, *Easeful Death*, p. 83.

¹³³ Glover, *Causing Death and Saving Lives*, p. 187.

¹³⁴ Glover, *Causing Death and Saving Lives*, p. 188.

¹³⁵ Glover, *Causing Death and Saving Lives*, p. 188.

Chapter II: Selected Western Christian Perspectives on Euthanasia

In Chapter I, we considered terms and definitions, the killing versus letting die debate and the main elements in the discussion on euthanasia to provide an overview of the central issues covered in this thesis. Chapter II will present four specific examples of Western Christian approaches to euthanasia and examine the methods of argument used in each case. These methods may include deontology grounded in Western Christian anthropology on the one side and secular Western consequentialism on the other. We will look at these perspectives to examine how sources such as scripture, traditional assumptions, reason and experience are used within a very specific Western context to reach conclusions on euthanasia. Scripture refers to the canonical manuscripts that are recognized as authoritative divine revelation of God's purpose for humanity. For Christians, these texts include the Old and New Testaments, and for Muslims, the Qur'an.¹ Reason involves human capacity to formulate ideas, reflect and freely pursue understandable human goods.² This source plays a significant role in an approach in Roman Catholic bioethics called 'natural law.' Tradition refers both to official church teachings and statements as well as practices, rituals and customs.³ Lastly, experience generally refers to the tangible knowledge that is accumulated through the lived reality of the world understood as individuals in community.⁴

In particular, this chapter will describe and analyze the Western perspectives of Michael Banner, the late Pope John Paul II, Nigel Biggar, and Joseph Fletcher. These Christian scholars have been chosen because their approaches provide a spectrum of opinions on this topic in contemporary Western Christian thought. As we shall see, each scholar applies his Christian belief within his own very specific respective Western tradition and the sources discussed above in varying ways to argue for or against euthanasia.

Michael Banner appeals to a Western Christian anthropological foundation to argue that euthanasia is unconditionally wrong. He draws on a combination of dogmatic and practice-based arguments. Christian medical ethics is distinctive, he maintains, because it is grounded in Christian dogma, whereas secular medical ethics is based on science, philosophy and non-religious assumptions. The importance of respecting the body is a presiding theme in his thought on these issues. A similar but not identical perspective is presented in *Evangelium Vitae* by the late John Paul II. This text presents an authoritative Western Roman Catholic perspective against euthanasia, and uses scriptural verses to defend the unconditional value of each human life, a value which starts at conception, and endures through life regardless of

¹ Eric Gregory, 'Religion and Bioethics,' in *A Companion to Bioethics*, edited by Helga Kuhse and Peter Singer (England: Blackwell Publishing, 2009), p. 47.

² Gregory, 'Religion and Bioethics,' p. 47.

³ Gregory, 'Religion and Bioethics,' p. 48.

⁴ Gregory, 'Religion and Bioethics,' p. 48.

human condition. In contrast to these approaches, Joseph Fletcher follows a Western consequentialist approach to reach a liberal Christian 'personalistic' perspective in support of euthanasia. He is distinctive because he is one of a few Christian scholars to apply Biblical scripture and reason to argue for euthanasia. When quality of life or 'personhood' diminishes and/or one is no longer able to help others, an individual should have the freedom to hasten death, he claims. The last account takes a more 'middle of the road' approach. Nigel Biggar uses a combination of Western Christian anthropological and Western secular consequentialist styles of argument to make the case that although VAE and PAS may be permissible in principle in terminal or extreme cases, they are ultimately not permissible in practice.

The role of this chapter is to expound the views of selected Christian scholars on euthanasia specifically from a Western point of view. So, in doing so, this chapter bears, or is defined by, three limitations: (1) we will study Western Christian perspectives formulated specifically in the English vernacular, as opposed to (Middle) Eastern Christian perspectives (that may have been written in foreign languages), (2) we will study contemporary Western views or commentators and will not delve into historical ways of dealing with the topic under study and (3) we will not attempt to compare Western Christian perspectives with Eastern Christian perspectives on euthanasia, but rather, we will compare intra-Western Christian perspectives in this chapter. These views will, first, provide an effective point of comparison in Chapter IV with the Islamic perspectives on euthanasia, which are intended for Western readers that will be discussed in Chapter III. As with other issues of interfaith dialogue, we will expect to find similarities and differences in what methods and/or sources are used to generate a perspective on euthanasia. Second, these views will help to inform the formulation of a Western Sunni Islamic viewpoint on euthanasia to be developed in Chapter V. We will now examine these Western Christian perspectives starting with the English ethicist Michael Banner.

Introduction to Michael Banner's Anthropological Approach

Michael Banner uses a dogmatic mode of reasoning grounded in authoritative scriptural sources to argue in his book, *Christian Ethics and Contemporary Moral Problems*, that euthanasia is unconditionally wrong. As defined by Banner, the dogmatic core for these purposes consists of the doctrines of creation, reconciliation and redemption. As we shall see, these dogmas generate a correlative anthropology, which then grounds certain ethical arguments. For example, Banner argues that sexual relations need not be seen as intrinsically bad because sexual differentiation is part of the pre-Fall dispensation. Banner applies this model of Christian ethics to euthanasia and other medical practices.

Drawing on this model, Banner presents two dogmatic arguments and two practice-based arguments against euthanasia. Dogmatic arguments start from the record of God's activities provided in scripture to establish ethical conclusions. An example may be using the doctrine of the resurrection to establish the intrinsic goodness of the body and applying that insight in turn to the question of euthanasia. Practice-based arguments appeal to Christian traditions and ideals of behaviour. For example, Banner cites the practice of asceticism, which he says trains and disciplines the body as a way of integrating it into the spiritual life. The attitude to the body implied in euthanasia, he argues, is incompatible with the attitude implied in asceticism.

Banner's model of moral reasoning suggests that the consequences of an action do not necessarily determine its moral status. In his view, actions such as euthanasia are unconditionally wrong, that is, they are wrong regardless of their consequences. As we shall see, Banner employs a duty-based approach grounded in religious tradition and scripture rather than 'pure reason,' intuition or emotion.⁵ We will now examine how Banner builds on scriptural texts to make a case against euthanasia.

(A): 'Fear Not'

'Fear not, I am the first and the last, and the living one' (Revelation 1:17).⁶

Banner asserts that fear of death is implied in the medical practices of patient neglect and prolonging life indefinitely. And intentionally hastening death can involve fear of: pain, losing control, dying without dignity and dependence on others.

Based on the verse above, Banner argues that we should not fear death. Banner's view seems to suggest that an individual should trust or depend on God before and at death rather than experiencing death 'alone.' For him, this is an implication of the 'fear not' principle. In turn, he grounds this principle in the saying '*I am the first and the last.*' For Banner, this saying signifies that Christ is an all embracing presence not limited by time or space, so he is always and everywhere present, even at death. Knowing Christ is always present should provide assurance. Banner thinks the believer therefore need not fear death. Here Banner treats scripture as a primary normative source to provide guidance for the moral life.⁷ Although Stivers et al. also argue that fear of death is inappropriate from a Christian point-of-view, they too concede that in the Western culture, 'most people' are 'horrified' by

⁵ This view is similarly expressed by Brian Stiltner. In Stiltner's review of Banner's book, Stiltner states that Banner's approach to addressing medical ethics issues is a good example of dogmatic ethics in practice that convincingly supports the position of a distinctive Christian ethic (Brian Stiltner, *Modern Theology*, Volume 17, Number 1 (January 2001): p. 102-4).

⁶ Michael Banner, *Christian Ethics and Contemporary Moral Problems* (Cambridge: Cambridge University Press, 1999), p. 48.

⁷ Robert Stivers, Christine Gudorf, Alice Frazer Evans and Robert Evan, *Christian Ethics: A Case Based Approach* (New York: Orbis Books, 2005), p. 6.

the idea of facing their own death, perhaps because it may involve prolonged pain and suffering, dependence on others, as well as decline in dignity.⁸

However, it might be argued that fear of death can be an appropriate or beneficial response in some cases, since it can help a person stay focused, careful and aware. For example, fear of death can lead a person to take appropriate self-protective measures in some contexts. This is not to suggest one should fear everything or have irrational fears. For instance, a person may have an irrational fear of lightning, and always stays indoors to avoid being electrocuted. From these considerations, we might conclude that fear has a proper role to play in human life, and that some forms of fear can be compatible with trust in God. According to one source, recent studies in evolutionary biology suggest that we are genetically predisposed to fear death, so some fears may be a fitting response to some kinds of danger which are observed in human nature.⁹ Moreover, a person may not have fear of death itself, but rather for what they are leaving behind. Fear can also be involved in other aspects of death, such as the desire to make a deathbed confession, concern over the welfare of one's family, the handling of one's financial affairs or the completion of unfinished tasks.¹⁰ And Fukuyama adds that fear can involve losing 'active commitments and obligation to others that make life worthwhile.'¹¹ So fear may be an essential or necessary part of the dying process. Banner might be using 'fear' in a somewhat technical sense, to signify loss of trust in God. However, some kinds of fear need not reduce one's trust in God, but may give a person reason to turn to God. We will now examine how, in Banner's view, fear underlies the medical practices of neglect, indefinite prolongation of life and euthanasia.

Banner argues that patient neglect implies a fear of death. He defines neglect in this context as failure to provide the patient with ongoing care by leaving them in isolation until death occurs. Neglect can help to worsen suffering by removing further treatment so that the patient is left to experience an agonizing and undignified death, because medicine can no longer provide a suitable cure.¹² This, he thinks, implies a failure to attend to the process of dying, which may be motivated by a fear of, or unwillingness to confront, death. Instead of denying death in this way, Banner believes one should acknowledge the patient's condition, even if this means that it is necessary to accept the inevitability of death. Mary Warnock and Elisabeth Macdonald also oppose neglect or self-denial of treatment due to prolonged suffering, and advocate palliative care as the best way of ending one's life legally when it is not

⁸ Stivers, et al., *Christian Ethics*, p. 295.

⁹ Guy Brown, *The Living End: the future of death, ageing and mortality* (New York: Palgrave Macmillan, 2008), p. 135.

¹⁰ Stivers, et al., *Christian Ethics*, p. 295.

¹¹ Douglas James Davies, *A Brief History of Death* (Oxford: Blackwell, 2005), p. 205.

¹² Bretherton, *Hospitality as Holiness*, p. 171.

worthwhile.¹³ And while neglect may be favoured when death is imminent, Glover similarly opposes it in cases of prolonged suffering or lingering death and supports a quick death in these cases.¹⁴ So perhaps neglect is not due to a fear of death, but rather because nothing more can be done for the patient from a curative perspective in which case palliative care may be the most suitable (and humane) option to avoid suffering.

Similarly, Banner argues that overtreatment or the attempt to prolong life indefinitely can imply a failure to acknowledge that the patient is dying. Overtreatment involves the continuation of suffering through medical treatment that is considered excessive in the face of death that is inevitable.¹⁵ And this failure too may derive from a fear of confronting death or an unwillingness to come to terms with it. This point is acknowledged by some scholars who argue that perhaps because death may be seen as the great unknown, there is an urge to resist death as well as avoid thinking about death.¹⁶ Abigail Rian Evans puts the point well: ‘Our fear of death causes us to deny its reality. We mask real death because we are afraid that we are not immortal—that this could be the end—and we do not want to admit it.’¹⁷ Once again, Banner believes the proper Christian response is not to fear death, but to recognize it in a spirit of trust in God. A supporter of Banner could provide examples of cases when fear of death in such cases is indeed inappropriate. For example, the family may express a reluctance to ‘let go’ because of unrealistic hopes of a miraculous recovery. Alternatively, the patient’s fear of death may signify an inappropriately strong attachment to material possessions. The plea to live ‘a bit longer’ is common and understandable, especially when one’s life is connected to a network of positive relationships, and one desires the fulfilment of one’s self-assertive life goals and aspirations. But fear of death can be natural and appropriate when there is uncertainty about the dying process and what will happen after death, even for committed Christians. Some scholars argue that Christians are ‘not immune’ from the fear of death.¹⁸ Recent studies have challenged the notion that those with (Christian) faith are better prepared to face death.¹⁹ Rather, these studies have suggested that fear can be present regardless of the level of faith.²⁰ Furthermore, the dying process may allow the family as well as the individual to come to terms with death by experiencing different stages in dying, which include denial, anger, acceptance and peace, so preventing the need to resist death.²¹ To this extent, Banner’s argument may be psychologically unrealistic. Rather than eliminating the fear of

¹³ Warnock and Macdonald, *Easeful Death*, p. 111-112.

¹⁴ Glover, *Causing Death and Saving Lives*, p. 198-199.

¹⁵ Bretherton, *Hospitality as Holiness*, p. 171.

¹⁶ Robert Stivers, et al., *Christian Ethics*, p. 296.

¹⁷ Abigail Ryan Evans, *Is God Still at the Bedside?: The Medical, Ethical, and Pastoral Issues of Death and Dying* (Cambridge: Wm. B. Eerdmans Publishing Company, 2011), p. 32.

¹⁸ Jeff Stephenson, “Being a Christian in Palliative Care,” *Nucleus* (2004): p. 11-17.

¹⁹ Stephenson, “Being a Christian in Palliative Care,” *Nucleus* (2004): p. 11-17.

²⁰ Stephenson, “Being a Christian in Palliative Care,” *Nucleus* (2004): p. 11-17.

²¹ Stivers, et al., *Christian Ethics*, p. 296.

death entirely, the real challenge, arguably, is to constructively come to terms with this fear and assess how it may be a positive factor in the dying process. Perhaps one way coming to terms with the fear of death is openly discussing what the dying person fears about death, or what their feelings are about death. Evans believes that people at the end of their life want 'very much' to talk about death, but 'rarely' get the chance to do it, which may call attention to the way health care professionals interact and communicate with patients.²²

In contrast to the cases of neglect and prolonging life indefinitely, Banner believes that euthanasia does not involve fear of death but, rather, other types of fear. For example, it may involve fear of extreme pain and suffering, fear of losing self respect, fear of low quality of life, fear of losing autonomy, and fear of dependence on others. Banner blames the fear of dependence on a growing tendency in contemporary western culture to prize independence. As he notes, fear of dependency is 'more likely to arise in a society which is in the grip of an ideology of self-reliance, than in a society where the giving and receiving of care is reckoned to be constitutive of genuinely social life.'²³ Euthanasia may resolve these various fears by relieving pain, respecting autonomy and preserving dignity. Banner acknowledges the force of these reasons: given these concerns, he says, 'euthanasia steps forward as the "reasonable" and "caring" answer.'²⁴ He also acknowledges euthanasia is perceived by some as an answer to these fears because it is 'painless, planned and dignified.'²⁵

So although euthanasia need not imply a fear of death, in Banner's view it implies various other kinds of fear, such as fear of pain, and loss of respect and autonomy. Banner believes these forms of fear are also inappropriate and contrary to the fear-not principle. However, Warnock, Macdonald, Dworkin, Glover and Rachels among others contend that at least some of these fears can be appropriate. The process of dying can involve loss of dignity and control, pain and suffering and some forms of dependence may be degrading and shameful, they all similarly argue. And Badham adds that incontinence, the loss of something to look forward to and 'constantly fighting for breath' may be other factors.²⁶ So from this point of view, euthanasia can (also) be a "'reasonable" and "caring" answer.'

In response to these objections, Banner could argue that the hospice movement demonstrates effective management of pain and suffering, preservation of dignity and respect of autonomy in the process of dying. Like John Paul II, Banner believes that hospice care expresses unconditional respect for life because at no point is there a direct intention to kill,

²² Evans, *Is God Still at the Bedside?*, p. 33.

²³ Banner, *Christian Ethics and Contemporary Moral Problems*, p. 79.

²⁴ Banner, *Christian Ethics and Contemporary Moral Problems*, p. 77.

²⁵ Banner, *Christian Ethics and Contemporary Moral Problems*, p. 78.

²⁶ Paul Badham, *Is there a Christian Case for Assisted Dying?* (London: Society for Promoting Christian Knowledge, 2009), p. 12.

even if it is foreseen that some forms of pain relief will hasten death. Proponents of euthanasia like those named above seem to support palliative care in most cases, as we discussed in Chapter I. However, when hospice care cannot manage extreme pain and suffering, preserve dignity and quality of life or when the patient wants to die, proponents maintain that euthanasia can express a proper respect for life.

Moreover, a critic might argue that Banner's own argument *may* arise from his fears of an individual overstepping the boundaries of what is humanly permitted. Based on his writings, Banner could suggest that in euthanasia human beings can violate God's power by assuming the role of God or 'playing God.'

(B): Bodily Resurrection

[Resurrection] applies not only to the spirit but also to the body.²⁷
In either [abortion or euthanasia], whether in repudiation of human life, or in its thoroughgoing manipulation, medicine would come to express a hatred of the body....²⁸

So far, we have examined various ways fear may be presupposed in medical practices. In addition, Banner argues, these practices can imply harm and disregard of the body. In this further strand of argument, Banner contends that the body should be respected because it will be resurrected and because the body (like the soul) is integral to human identity. Therefore, medicine should 'serve the good of the body' and this requires taking a stance against euthanasia.²⁹ Let us examine these arguments next.

Banner argues that the body is good because it will be resurrected and plays an enduring role in the person's relationship with God. Since other monotheistic faith traditions also believe in bodily resurrection, these traditions could in principle develop a similar argument for the goodness of bodily life. And since the body is important in this way, Banner believes it should be respected and protected from harm.

Banner develops his argument by considering the implication of contrary views of the fate of the body. These views, Banner argues, imply a less elevated view of the importance of the body. For example, he notes that Platonic and Neo-platonic philosophies emphasize immortality of the soul and irreversible decomposition of the body. So their attitude to the body is different from that of the Christian traditions. For example, according to A.H. Armstrong, Plotinus believes our attitude to the body should be 'one of austere detached tolerance.'³⁰ On this sort of view, the body is seen fundamentally as a dispensable appendage and not integral to the 'real self.' Since the body is of lesser value than the soul, death may

²⁷ Banner, *Christian Ethics and Contemporary Moral Problems*, p. 57.

²⁸ Banner, *Christian Ethics and Contemporary Moral Problems*, p. 52.

²⁹ Banner, *Christian Ethics and Contemporary Moral Problems*, p. 60.

³⁰ Banner, *Christian Ethics and Contemporary Moral Problems*, p. 54.

even be welcomed as a release of the soul from the body, as Plato famously suggested in the *Phaedo*.³¹

Banner argues that through euthanasia and other practices such as abortion or genetic engineering, contemporary medicine rejects the body as good and does not show it adequate respect. As he states: 'In either case, whether in repudiation of human life or in its thorough-going manipulation, medicine would come to express a hatred of the body.'³² In this way, secular medicine fails to adhere to the insights of a Christian anthropology of the body.

Although euthanasia may imply destruction of the body, it might be argued, contrary to Banner, that this need not mean 'hatred' of the body, but rather love for the person, since the aim of the practice is to alleviate extreme pain or preserve the dignity of the person. Similarly, if a pregnant woman's life is in danger, an abortion to save her life would not express a 'repudiation of human life,' but rather a determination to save life because without abortion, both mother and child will die. Moreover, Banner acknowledges that his dogmatic ethic presupposes certain Christian doctrines, so he would expect secularist commentators to reach different conclusions. For example, the British Humanist Association argued against the opposition to euthanasia by Christian organizations based on the premise that some people 'do not believe in God or afterlife [and] must suffer intolerable pain or indignity in deference to a God or afterlife he does not accept.'³³ According to Dowbiggin, Humanists believe that rather than conforming to religious laws and guidelines, giving individuals maximum freedom to make decisions about life and death issues through reason and logic is the best method to reduce suffering and agony. And like the British Humanist Association, the American chapter has also been a staunch proponent for the legalization of euthanasia.³⁴ This stance is just one example of the great divide between religious and secular perspectives.

And besides euthanasia, Banner's approach may apply to other practices implying harm of the body. For example, practices such as inappropriate diet or lack of fitness, excessive alcohol consumption, chronic smoking, or illicit drug use. So hastening death may not be the only way of damaging or disrespecting the body. If medicine can rectify these negative practices, this would be another way in which it can 'serve the good of the body.'³⁵

³¹ *Phaedo*, by Plato, (Bibliobazaar, 2007), 128 pages

³² Banner, *Christian Ethics and Contemporary Moral Problems*, p. 52.

³³ Badham, *Is there a Christian Case for Assisted Dying?*, p. 2.

³⁴ Ian Dowbiggin, *A Merciful End: The Euthanasia Movement in Modern America* (Oxford University Press, 2003), p. 12.

³⁵ Banner, *Christian Ethics and Contemporary Moral Problems*, p. 60.

(C): Practices of the Body

As we have seen, Banner argues that the body should be respected because it will be resurrected. He also cites certain Christian practices as further grounds for respecting the body.

Asceticism, in the sense Banner intends, is a religiously motivated practice involving bodily discipline which may include fasting, regular prayer and renunciation of material goods and intimate relationships. Banner believes this discipline is 'for the sake of the body, not to spite it.'³⁶ Its aim is to empower and benefit the body. Asceticism could be seen as an opportunity to 'enrich the soul' or an opportunity for the body to 'share in the life of the soul' through this discipline. In support of Banner, it may be argued fasting may indeed benefit the body by, for example, helping to control carnal appetites which may harm the body if left unchecked. Similarly, the discipline of prayer can result in mental tranquillity and peace of mind and this may benefit the body.

However, although asceticism may be seen as beneficial, various non-ascetic practices also appear to be beneficial to the body. For example, delicious foods may enhance the person's bodily experience and improve the physical condition of the body, if enjoyed in moderation. In fact, Banner would not deny this. His main concern is to oppose a view of asceticism that involves a rejection or disgust of the body, as seen in the next section.

Contrary to Banner, some commentators would argue asceticism, in some forms, involves a hatred of bodily life. For example, Peter Brown argues that certain forms of asceticism which have been shaped by Greek philosophical assumptions view the body with distaste. However, Brown argues that this sort of asceticism should be distinguished from Christian asceticism which attempts to treat the body with respect and disciplines the body in order to draw it into the spiritual life of the person. This distinction reflects a difference of view about the afterlife. Certain Greek philosophies affirm immortality of the soul apart from the body, whereas Christian tradition views the body as partaking in the afterlife, and therefore as properly caught up into the life of the soul in the present life.

So reference to Christian asceticism can lend support for an affirmation of the goodness of bodily life. Ascetic practices can also be of interest in this context because they imply that bodily discomfort can be a source of spiritual growth. This notion can be linked to euthanasia because it implies that enduring pain and suffering can, under certain circumstances, be good. Although Banner does not make this connection, it is plausible that

³⁶ Banner, *Christian Ethics and Contemporary Moral Problems*, p. 55.

the ideals of Christian asceticism influence the stance of some Christian commentators on euthanasia.

Another Christian practice that shows respect for the body is relic veneration. Banner cites Augustine's reflections on the rationale for this practice. As Augustine states, because the body 'belongs to [a man's] very nature as a man,' the body is integral to the person's identity in this life and the next.³⁷ Banner believes that since the body has this sort of significance, it deserves respect through proper burial rites, and veneration of relics can be considered as a proper response to the body to this extent.³⁸ Although Christianity and Islam have traditionally practiced relic veneration to honour important figures, some Christians and Muslims reject this practice on the grounds that veneration may slide into idolatry.

(D): Martyrdom

The practice of euthanasia is inconsistent with an anthropology of the kind presupposed in a Christian conception of martyrdom. The practice of martyrdom within the Christian tradition properly expresses a respect for life but not for death.³⁹

So far, Banner has presented two practice-based arguments that focus on respect for the body, namely the arguments from asceticism and relic veneration. In this further practice-based argument, he focuses on the moral distinction between martyrdom and euthanasia. Banner believes that unlike martyrdom, the practice of euthanasia (and suicide) is 'inconsistent' with Christian anthropology because it aims at death.⁴⁰

By contrast, Banner argues that rather than aiming at death, martyrdom 'expresses a respect for life.'⁴¹ Banner believes that the intention in martyrdom is not to seek out death, since this would equate to suicide. As Banner states, 'Too ready a relinquishing of life, amounting to a seeking of death, is incompatible with faith in the creator whose gift of life may be yielded in case of necessity, but not cast aside with an alacrity which renders one an accomplice to one's own murder.'⁴² For this reason, Banner believes martyrdom is consistent with Christian anthropology because we see in the martyr 'a belief in the goodness of bodily life.'⁴³

But how can we be certain that what appears to be martyrdom is actually martyrdom? It may be difficult to know the real intention of an individual because they could be aiming at death to, for example, gain paradise or avoid the present situation they are in. So martyrdom

³⁷ Banner, *Christian Ethics and Contemporary Moral Problems*, p. 59.

³⁸ Banner, *Christian Ethics and Contemporary Moral Problems*, p. 59.

³⁹ Banner, *Christian Ethics and Contemporary Moral Problems*, p. 68.

⁴⁰ Banner, *Christian Ethics and Contemporary Moral Problems*, p. 68.

⁴¹ Banner, *Christian Ethics and Contemporary Moral Problems*, p. 68.

⁴² Banner, *Christian Ethics and Contemporary Moral Problems*, p. 74-75.

⁴³ Banner, *Christian Ethics and Contemporary Moral Problems*, p. 83.

can also be construed as suicide and vice versa. Some scholars interpret martyrdom or suicide alike as 'voluntary death' which was practised in early Christianity.⁴⁴ Some of these voluntary deaths were an effort to avoid apostasy to Roman paganism or to retain 'the crown of virginity.' While Paul Badham labels these deaths as martyrdom, it may be argued that the way these people died, namely, jumping off cliffs and hanging themselves can also be interpreted as suicide.⁴⁵ Further, according to Droge and Tabor, 'many' early Christians shared the Stoic belief that self-killing was a justified and rational act in cases of extreme pain or illness.⁴⁶ From this it may be inferred that in early Christianity death was not something that was avoided especially in a situation where one's earthly condition (e.g. suffering) would make it unfavourable to continue living. However, Banner, supported by the views of Augustine, would no doubt respond that suicide does not adhere to Christian values because it involves aiming at death, so is not properly a case of 'martyrdom.' As he states, 'euthanasia...expresses more regard for death than for life....'⁴⁷

As we have seen, Banner also believes euthanasia involves a fear of the end of life. However, martyrdom can also involve fear of death. We cannot assume a martyr's death will not involve fear. However, Banner would no doubt maintain the true martyr would not fear death. One might also contend euthanasia can be 'filled with hope,' for example, the hope of exercising autonomy, the hope of being released from pain and the hope of dying with dignity.⁴⁸ And by dying with dignity, a person is expressing 'respect for life.'⁴⁹ However, since euthanasia aims at putting an end to life, for Banner, it does not respect life in the sense he intends.⁵⁰

Conclusion

Michael Banner develops a distinctive ethic based on his Western Christian anthropology. His anti-euthanasia stance is firmly rooted in a conservative faith-based method of argument as well as within his own specific Western tradition. His approach involves a strong anti-consequentialist position grounded in scripture and tradition. A clear example of this approach is his use of the verse '*I am the first and the last*' to argue that euthanasia involves an incorrect attitude to death. The other major strand of Banner's case appeals to certain Christian practices involving respect of the body. Banner believes that the correct practical response to a difficult death is hospice care, which provides a way of expressing unconditional

⁴⁴ Badham, *Is there a Christian Case for Assisted Dying?*, p. 36.

⁴⁵ Badham, *Is there a Christian Case for Assisted Dying?*, p. 36.

⁴⁶ Badham, *Is there a Christian Case for Assisted Dying?*, p. 36.

⁴⁷ Banner, *Christian Ethics and Contemporary Moral Problems*, p. 68-69.

⁴⁸ Banner, *Christian Ethics and Contemporary Moral Problems*, p. 75.

⁴⁹ Banner, *Christian Ethics and Contemporary Moral Problems*, p. 68.

⁵⁰ Banner, *Christian Ethics and Contemporary Moral Problems*, p. 75.

respect for life. However, in his adherence to a strict Christian approach to death and dying, Banner does not consider that euthanasia can arguably also express respect of the person, by preserving their autonomy, alleviating their pain and maintaining dignity of human life. However, as Banner implies, there may be no neutral ground here which would allow different sides of the debate to come to some shared agreement. However, since Banner's perspective seems to be directed toward a Western style audience, his stance can very well appeal, but not be necessarily limited, to fellow Western Christian scholars or groups such as Christian Evangelicals or other comparable religious conservative factions who may adopt the same types of sources or traditional perspectives to formulate a similar position on euthanasia

In the next section, we examine an approach similar to Banner, which is set out in the encyclical letter *Evangelium Vitae*, authored by the late Pope John Paul II (1920-2005).

Introduction to Pope John Paul II's Deontological Approach

John Paul's *Evangelium Vitae*, or *the Gospel of life*, presents a Roman Catholic perspective on euthanasia. This perspective uses biblical verses to make a case for the fundamental value of each human life, a value which starts at conception, and endures through life regardless of human condition. John Paul uses a deontological approach, arguing that there is an absolutely binding duty never to intentionally hasten death in end of life situations.

In this section, we will present John Paul's development of two dogmatic arguments, a practice based argument, and a divine commandment argument. A) The first dogmatic argument states human life has a special dignity because we are made in the image of God and are called to a life with God beyond this world. B) The practice-based argument makes the case that since older people are a source of wisdom and experience they should be treated with respect and reverence. C) The divine commandment argument discusses the 'You shall not kill' directive given in the Hebrew Bible. D) The second dogmatic argument examines various attitudes toward suffering. We will now examine these arguments.

(A): Sacredness of Human Life

John Paul argues that human life is sacred because humans are created in the image of God. Here he alludes to Genesis: 'The biblical text is concerned to emphasize how the sacredness of life has its foundation in God and in this creative activity: "For God made man in his own image"' (9:6).⁵¹ This argument does not of course literally imply a physical 'mirror image' of God.⁵² Rather, it seems that human life is made in the 'image of God' in virtue of the human

⁵¹ Pope John Paul II, *Evangelium Vitae*, 25/3/1995, Section 39, (accessed 25 February 2010).

⁵² Pope John Paul II, *Evangelium Vitae*, 25/3/1995, Section 34, (accessed 25 February 2010).

capacity for understanding and rational choice. As John Paul states: 'Although formed from the dust of the earth (cf. Genesis 2:7, 3:19; Job 34:15; Psalms 103:14; 104:29), [human life] is a manifestation of God in the world, as sign of his presence, a trace of his glory (cf. Genesis 1:26-27; Psalms 8:6).'⁵³ ⁵⁴ For John Paul, human life occupies a distinctive place within creation because it is made in the 'image of God.'⁵⁵ Moreover, Christians traditionally believe that Christ, as the second person of the Trinity who came to earth to re-establish the 'likeness' after the original sin of Adam and Eve, is the 'perfect' 'image of God' on Earth.⁵⁶ As one Vatican source notes: 'Basic to the conciliar teaching is the Christological determination of the image: it is Christ who is the image of the invisible God (Col 1:15) (GS 10). The Son is the perfect Man who restores the divine likeness to the sons and daughters of Adam which was wounded by the sin of the first parents (GS 22).'⁵⁷

John Paul believes that human beings are distinctive because they have been endowed with 'spiritual faculties' which involve the capacity to make rational choices and live a 'storied' or meaningful life. As one source observes, '[the human person's] sovereignty within the cosmos, his capacity for social existence, and his knowledge and love of the Creator - all are rooted in man's being made in the image of God.'⁵⁸ Since human life is distinctive as a creative expression of God's nature, John Paul believes that human life is 'different from the life of all other living creatures.'⁵⁹ Human attributes and capabilities as an imperfect reflection of God's perfect and infallible attributes make human life distinctive, and God's relationship to human beings 'special.'⁶⁰

For John Paul, this 'special' relationship with God cannot be broken by any change in physical state.⁶¹ Thus, he argues that 'human life is always good' regardless of condition or well-being.⁶² John Paul believes these considerations show euthanasia to be wrong. Euthanasia, he maintains, contravenes the dignity of human life by discarding it as worthless or

⁵³ Pope John Paul II, *Evangelium Vitae*, 25/3/1995, Section 34, (accessed 25 February 2010).

⁵⁴ In his analysis of *Evangelium Vitae*, Robert Spaemann cites this passage from *Evangelium Vitae*, section 34 to argue that the main anthropological message of *Evangelium Vitae* is that since human life is made by God, or that human life has a link to divine origins, it has value or dignity irrespective of condition or status. As Spaemann states, '[Human life] is an object of unconditional respect for human beings and thus it is a respect which cannot be made dependent on the existence of certain pleasurable states of mind.' And because human life is a gift in this way, Spaemann believes that to reject human life through, for example, abortion or euthanasia means that one is rejecting God ('On the anthropology of the Encyclical <*Evangelium Vitae*>', *Atti della VI Assemblée della Pav* (2000), p. 240).

⁵⁵ Pope John Paul II, *Evangelium Vitae*, 25/3/1995, Section 34, (accessed 26 February 2010).

⁵⁶ Very Rev. J. Augustine Di Noia, O.P., Most Reverend Jean-Louis Brugues, Msgr. Anton Strukelj, Rev. Tanios Bou Mansour, O.L.M., Rev. Adolpe Gesché, Most Reverend Willem Jacobus Eijk, Rev. Fadel Sidarouss, S.J., and Rev. Shun ichi Takayanagi, S.J., 'Communion and Stewardship: Human Persons Created in the Image of God,' International Theological Commission, Section 3, Part 22, <http://www.vatican.va/roman_curia/congregations/cfaith/cti_documents/rc_con_cfaith_doc_20040723_communion-stewardship_en.html> (accessed 15 May 2010).

⁵⁷ Very Rev. J. Augustine Di Noia, O.P. et al., 'Communion and Stewardship', Section 3, Part 22, (accessed 15 May 2010).

⁵⁸ Very Rev. J. Augustine Di Noia, O.P. et al., 'Communion and Stewardship', Section 3, Part 22, (accessed 15 May 2010).

⁵⁹ Pope John Paul II, *Evangelium Vitae*, 25 March 1995, Section 34, (accessed 3 March 2010).

⁶⁰ Pope John Paul II, *Evangelium Vitae*, 25 March 1995, Section 34, (accessed 4 March 2010).

⁶¹ Pope John Paul II, *Evangelium Vitae*, 25 March 1995, Section 34 (accessed 19 February 2010).

⁶² Pope John Paul II, *Evangelium Vitae*, 25 March 1995, Section 34 (accessed 19 February 2010).

as only conditionally good, and disregards the 'intimate' or 'special' connection between God and the individual.⁶³ John Paul makes much the same point when he says euthanasia 'betray[s] [the] very foundations' of human dignity and 'denies or neglects [the] fundamental relationship with God.'⁶⁴ This view is supported by Aaron Mackler who states that 'God's creation of humanity grounds not only God's dominion over human life but also the sacred and inviolable quality of that life.'⁶⁵ John Paul's and Mackler's viewpoints are supported by philosopher John Harris who argues that human life is not merely an 'instrumental good' for the human person or spirit, but rather a fundamental and intrinsic good, so sustaining human life regardless of condition demonstrates its respect and dignity in the most basic and indispensable manner.⁶⁶

Although John Paul argues that human condition or illness can not affect the sacredness of human life, it seems that euthanasia or suicide can affect one's relationship with God, which suggests that there is a degree of tension in his argument. Furthermore, Paul Badham disputes this idea by arguing that although human life is sacred and should be valued, it is because of this value that one should 'surrender [human life] back to God' when one is not able to use one's storied life creatively or to its fullest value or when life becomes a burden on oneself or others.⁶⁷ Based on this viewpoint, it may be contended that the relationship between God and human would not be affected or diminished because one is giving human life back out of respect for its value. For Badham, human life retains its sacred significance only when an individual need not exclusively depend on others or have others make decisions for them.⁶⁸ These views suggest that the value of human life is relative to one's overall condition or is good only for as long as it is of sufficient quality.

Before continuing with John Paul's arguments, let us consider another critique from an alternative Christian point of view that challenges the original assumptions of the 'image of God' argument. Jürgen Moltmann acknowledges that the 'image of God' idea has been expounded by scholars for centuries. However, Moltmann argues that besides the Genesis verses cited above, there is only weak evidence to link the 'image of God' idea to the sacredness of life argument in Christianity.⁶⁹ He believes that the image of God idea was adopted or has 'probably been borrowed from Egyptian royal theology' and reflected in the Genesis verses, but there is no further support or development of this idea in the New

⁶³ Pope John Paul II, *Evangelium Vitae*, 25 March 1995, Section 34 (accessed 19 February 2010).

⁶⁴ Pope John Paul II, *Evangelium Vitae*, 25 March 1995, Section 20 and 64 (accessed 20 February 2010).

⁶⁵ Aaron Mackler, *Introduction to Jewish and Catholic Bioethics*, (Washington D.C.: Georgetown University Press, 2003), p. 66.

⁶⁶ John Harris, *Human Rights and Common Good: Collected Essays: Volume III* (Oxford University Press, 2011), p. 221.

⁶⁷ Badham, *Is there a Christian Case for Assisted Dying?*, p. 65-66.

⁶⁸ Dworkin, *Life's Dominion*, p. 239.

⁶⁹ Jürgen Moltmann, *God in Creation, An Ecological Doctrine of Creation*, The Gifford Lectures, 1984-1985 (SCM Press Ltd, 1985), p. 215.

Testament to mark it out as a Christian concept.⁷⁰ Moreover, Moltmann claims that the verses used to support the 'image of God' idea are misread. He seems to indicate that John Paul is interpreting the verses as implying that the human person is a direct reflection of God's image, which is what John Paul seems to indicate when he states: 'In man there shines forth a reflection of God himself.'⁷¹ Rather than interpreting the Genesis verses as meaning 'to be his image,' Moltmann interprets the verses as 'according to his image' suggesting that this image involving good qualities and traits is the basis by which '[human beings] are modelled and of which they are a copy.'⁷² For Moltmann, *all* aspects that make up human life and society are made 'in the direction of' God as special representatives of Him, implying creation according to divine will.⁷³

In addition to the sacredness of human life argument, John Paul offers other arguments against euthanasia. For instance, he takes euthanasia to be wrong since it interferes with the divinely appointed time of death. As he asserts, 'this practice represents a rejection of God's absolute sovereignty over life and death [and] take[s] control of death and bring[s] it about before its time.'⁷⁴ Moreover, while some, as we will see, interpret euthanasia as a form of 'mercy killing,' John Paul instead reads it as 'a *false mercy* and indeed a disturbing "perversion" of mercy' because true mercy under painful end-of-life conditions will always involve encouragement to endure suffering or use licit forms of pain relief.⁷⁵ Moreover, he believes that loved ones should encourage recovery or the endurance of suffering as a 'way of [expressing] love and true mercy.'⁷⁶ In this way, John Paul argues that euthanasia is an 'attack against human life' and promotes a 'culture of death' or a 'conspiracy against life.'^{77 78} In fact, a similar argument was made by Christian representatives in 2006 in their opposition to Lord Joffe's Assisted Suicide Bill, namely, that euthanasia implies 'playing God' in taking decisions that are only for God.⁷⁹ However, if God has 'absolute' command over life and death, then how can euthanasia reject this control? Is free-will independent of divine predetermination? 'Absolute sovereignty' seems to imply that God strictly controls all matters, yet God would arguably not allow a suicide or euthanasia to occur since it is contrary to divine law. Some

⁷⁰ Moltmann, *God in Creation, An Ecological Doctrine of Creation*, p. 219.

⁷¹ Pope John Paul II, *Evangelium Vitae*, 25 March 1995, Section 34.

⁷² Moltmann, *God in Creation, An Ecological Doctrine of Creation*, p. 218.

⁷³ Moltmann, *God in Creation, An Ecological Doctrine of Creation*, p. 218.

⁷⁴ Pope John Paul II, *Evangelium Vitae*, 25 March 1995, Section 64 and 66.

⁷⁵ Pope John Paul II, *Evangelium Vitae*, 25 March 1995, Section 66.

⁷⁶ Pope John Paul II, *Evangelium Vitae*, 25 March 1995, Section 66 and 67.

⁷⁷ Pope John Paul II, *Evangelium Vitae*, 25 March 1995, Sections 3 and 12.

⁷⁸ In her commentary of *Evangelium Vitae*, Angela Scola expresses the following viewpoint relating to the value of human life: 'When human life is no longer a sacred and inviolable right, but a consumer good which can be appraised in terms of usefulness or pleasure, a "culture of death" develops, threatening both man and his civilisation. The single denominator of "quality of life" becomes the materialistic criterion. Suffering becomes useless, sacrifice for other unjustified, and the baby in its mother's womb a burden to be removed without remorse' (*The Nuptial Mystery (Ressourcement: Retrieval and Renewal in Catholic Thought)* (William B Eerdmans Publishing Co; New title edition, 2005), p. 169).

⁷⁹ Paul Badham, *Is there a Christian Case for Assisted Dying?*, p. 3.

scholars challenge the idea of 'absolute sovereignty' involving death by arguing that although God has the 'power to control life and death,' God does not 'consciously and deliberately' decide the moment of death because this would imply that God wills, for example, the murderer to kill.⁸⁰ Rather, humans have free-will that is given by God which allows the murderer to kill or an individual to commit suicide or euthanasia.⁸¹ And humans are accountable to God for the actions they commit. This suggests that God is free from allowing self-willed evil acts to occur, and that free-will may be a part of divine 'sovereignty' which is not 'absolute.'

As stated in Chapter I, although John Paul believes that human life is unconditionally good, he does not believe that it is an 'absolute good.'⁸² As he states: 'Certainly the life of the body in its earthly state is not an absolute good for the believer.'⁸³ Luke Bretherton expresses a similar view, namely, that for Christians, life is a good, but it is not the 'greatest good.'⁸⁴ This is because worldly life is not the end of our human existence, since there is a better state beyond death. This provides another reason for supposing that human beings have special dignity. As John Paul states, 'The dignity of this life is linked not only to its beginning, to the fact that comes from God, but also to its final end.'⁸⁵ It is perhaps partly for this reason John Paul argues against prolonging life indefinitely in futile cases. As he states, 'In such situations when death is clearly imminent and inevitable, one can in conscience refuse forms of treatment that would only secure a precarious and burdensome prolongation of life.'^{86 87} This statement highlights the contentious distinction between 'ordinary' and 'extraordinary' treatment that was discussed in Chapter I, but this is a distinction that is accepted in many religious traditions including Catholicism.⁸⁸ Stivers et al. agree that physical life is not 'absolutely valuable,' but it does not follow from this, they say, that one may intentionally hasten death in the interest of the individual and the wider community.⁸⁹ Instead of euthanasia, John Paul supports the use of hospice or palliative care to control or manage suffering even if the unintended but foreseen effect is the shortening of the patient's life.⁹⁰ However, some scholars argue that although most Christian traditions support palliative care, the support for euthanasia is

⁸⁰ Stivers, et al., *Christian Ethics*, p. 292.

⁸¹ Stivers, et al., *Christian Ethics*, p. 292.

⁸² Pope John Paul II, *Evangelium Vitae*, 25 March 1995, Section 47.

⁸³ Pope John Paul II, *Evangelium Vitae*, 25 March 1995, Section 47.

⁸⁴ Bretherton, *Hospitality as Holiness*, p. 173.

⁸⁵ Pope John Paul II, *Evangelium Vitae*, 25 March 1995, Section 38.

⁸⁶ Pope John Paul II, *Evangelium Vitae*, 25 March 1995, Section 65.

⁸⁷ In their commentary of *Evangelium Vitae*, Judy Brown and Father Denis O'Brien assert that for a patient in a persistent vegetative state, Artificial Nutrition and Hydration should not be withdrawn or withheld in order to maintain the most basic levels of care, in spite of the costs and expenses within a cash-strapped health care system. Brown and O'Brien also caution that withdrawing care in these types of cases can degrade the character of the medical establishment ('*Evangelium Vitae: Short Reflections for Personal Thought and Prayer*', *American Life League, Inc*, 1996, p. 35).

⁸⁸ Stivers, et al., *Christian Ethics*, p. 292.

⁸⁹ Stivers, et al., *Christian Ethics*, p. 289-290.

⁹⁰ Pope John Paul II, *Evangelium Vitae*, 25 March 1995, Section 65.

growing especially in extreme suffering cases, but the authors do not specify which traditions these are.⁹¹

(B): Old Age and Respect

Old age is characterized by dignity and surrounded with reverence (cf. 2 Mac 6:23). The just man does not seek to be delivered from old age and its burden.⁹²

So far, we have seen John Paul argue against euthanasia on the grounds that human life has unconditional value. He develops this case by proposing that the value of old persons in particular can also be grounded in tradition.

More exactly, John Paul argues that older people have traditionally been treated with 'reverence' giving us a prima facie duty to do the same. According to John Paul, most traditional cultures serve and care for elderly people, suggesting that society views them with esteem in their later years. For him, this is another reason why life should not be seen as worthless during this period. Similarly, he argues elders traditionally hold valuable roles in society because their 'wisdom and experience [are] recognized as a unique source of enrichment for the family and for society.'⁹³ This idea is supported by Stivers et al. who argue that such traditional practices suggest that the elderly can model practical wisdom for younger generations.⁹⁴ Warnock and Macdonald also agree with this argument, asserting that some elders can play an 'important and useful part' in the community.⁹⁵ For John Paul, these considerations provide a further objection to euthanasia on the grounds that it fails to express respect and care for the elderly, or to acknowledge their wisdom or their contribution to society. Some scholars have expressed concern that the legalization of euthanasia could suggest the idea among elderly people that society expects them to request euthanasia, even if they do not desire it, in order to not be a burden on others.⁹⁶ The ideal of respect for the elderly is hard to achieve as evidenced by a 2011 NHS report which concluded that NHS has 'failed to treat elderly people with respect' based on a surge of complaints by elderly people of neglect, unnecessary suffering and distress in hospital.⁹⁷ In another report released in May of 2011, the Care Quality Commission stated that some elderly patients are 'not spoken to with respect, not treated with dignity, and not receiving the help they need to eat or drink' in some

⁹¹ Stivers, et al., *Christian Ethics*, p. 289-290.

⁹² Pope John Paul II, *Evangelium Vitae*, 25 March 1995, Section 46.

⁹³ Pope John Paul II, *Evangelium Vitae*, 25 March 1995, Section 46.

⁹⁴ Stivers, et al., *Christian Ethics*, p. 6-7.

⁹⁵ Warnock and Macdonald, *Easeful Death*, p. 126.

⁹⁶ Britannica Educational Publishing, *Thinkers and Theories in Ethics*, edited by Brian Duignan (Rosen Publishing Group, 2011), p. 142.

⁹⁷ BBC News, 'NHS failing to treat elderly with care and respect,' *BBC News*, 15th February 2011, <<http://www.bbc.co.uk/news/health-12464824>> (accessed 15th February 2011).

UK hospitals.⁹⁸ Although the report asserts that this issue is not endemic, it is a serious one nevertheless, and calls for measures to curb cases of negligence by improving the standard of medical care with, for example, greater nurse coverage for ward patients. John Paul would presumably conclude that respect for the elderly is a challenging duty, but not one we can evade, especially since the elderly population is growing.^{99 100}

While John Paul argues that older persons should be treated with respect and that this implies an anti-euthanasia stance, proponents of euthanasia have taken a different view of what constitutes respect. For example, Warnock and Macdonald contend that the wish to die in extreme cases can be the most appropriate way of expressing respect or reverence for human life.¹⁰¹ Furthermore, a critic may argue that not all elderly persons will be able to give 'wisdom and experience.' What if an elder person is not able to teach from their experience or take care of themselves due to, for example, Alzheimer's disease or senile dementia? Should we uphold traditional roles and show them the same level of respect? As one scholar suggests, such conditions may imply a complex and drastic change in lifestyle: 'Alzheimer's Disease intrudes on the lives of the patient and the family, robbing the mind, changing the person, assaulting the relationships, forcing dependency, changing the course of life, and challenging one's faith or life-view.'¹⁰² For example, in the 2007 case of William and Barbara Wallace, William shot and killed his wife Barbara who was suffering from Alzheimer's disease and then himself. In a video suicide message, William explained how he was no longer mentally or physically able to care for himself or provide his wife with the proper care that she needed.¹⁰³ Other similar cases have been reported. While it may be questioned why William killed his wife and himself rather than just his wife to relieve his burden, some believe that these types of elderly murder-suicides are not an exception and are becoming more prevalent at least in Europe.¹⁰⁴ According a 2005 study, murder-suicides are usually the result of spouses suffering from depression or mental breakdown due to the care demands and life changes associated with an ill spouse.¹⁰⁵ Lawrence E. Johnson believes that the spouse or loved one commits suicide not to seek death itself, but to seek relief from the sorrow of their partner's

⁹⁸ BBC News, 'Regulator raises elderly care concerns', *BBC News*, 26th May 2011, <<http://www.bbc.co.uk/news/health-13545780>> (accessed 26th May 2011).

⁹⁹ Organization for Economic Cooperation and Development (OECD), 1988 Report titled *Ageing Populations: The Social Policy Implications*.

¹⁰⁰ According to Luke Bretherton, Alasdair MacIntyre argues that caring for the weak, disabled and elderly members of community primarily represents, what MacIntyre calls, 'a good society.' For MacIntyre, a society in which such care is a main concern will be a society that demonstrates kindness and inter-dependence, and this approach is what MacIntyre believes is crucial for generating independent rational agency (Bretherton, *Hospitality as Holiness*, p. 179).

¹⁰¹ Warnock and Macdonald, *Easeful Death*, p. 127.

¹⁰² Dorothea Marie Epple, 'Senile Dementia of the Alzheimer Type,' *Clinical Social Work Journal*, Vol. 30, No 1 (2002), p. 96.

¹⁰³ Ayanna Guyhto, 'Elderly Man Commits Murder-Suicide at Nursing Home,' *Associated Content from Yahoo*, 19th June 2007.

¹⁰⁴ Marcus Garner, 'Elderly "Mercy Killing" Spur Argument Among Experts,' *The Atlanta Journal*, 10th August 2009, <<http://www.globalaging.org/health/us/2009/killings.htm>> (accessed 13 May 2010).

¹⁰⁵ JE Malphurs and D. Cohen, "A state-wide case-control study of spousal homicide-suicide in older persons," *American Journal of Geriatric Psychiatry*, 13 (2005): p. 211-217.

life-altered condition irrevocably affecting their relationship.¹⁰⁶ On the other hand, Harry Moody argues that the Alzheimer awareness movement in the past 25 years has evolved from a point of private sorrow and shame to more open public discussion and acceptance, which has been propelled by greater research, social advocacy and information about the disease.¹⁰⁷ And for care givers of Alzheimer patients, Moody believes that group therapy which allows them to express their experiences and advice can also help care givers.¹⁰⁸ These approaches can introduce new options for dealing with the disease.

While Warnock and Macdonald maintain that some elders play an important role in society, they support euthanasia for those whose lives are not worth living like those experiencing severe dementia.¹⁰⁹ Joseph Fletcher supports this type of reasoning, as we will discuss later on. However, in such cases John Paul could appeal to his human dignity argument and contend that dignity can never be lost in any condition. But for others, it is clear that dignity can be lost, and the person can be 'humiliated' by losing independence and control.¹¹⁰ In addition, a critic may argue that just because a practice is a part of tradition this does not make it right or correct. Just because a practice is part of tradition this does not necessarily mean it is a good practice. Traditional practices can after all lead to negative consequences. For example, female genital mutilation and other acts of violence toward women are sometimes observed in African communities on the grounds that they have the sanction of tradition.¹¹¹ Rather, there should be good reason(s) to preserve that practice. A practice should be assessed in terms of whether it offers some benefit or improvement to the community such as civic development or individual ethical reform. John Paul would agree with this. However, he may say that in general if some practice is part of a long-established tradition, then this establishes a presumption that we should follow the practice, though this reason can be overturned if counter-evidence is provided.

(C): 'You Shall Not Kill'

The truth of life is revealed by God's commandment: "You shall not kill" (*Ex* 20:13; *Dt* 5:17).¹¹²

The 'Law of God' based in the Hebrew Bible consists of specific commandments—and one of these is 'you shall not kill' (*Exodus* 20:13, *Deuteronomy* 5:17) or the "law of life" (*Sir* 17:11).¹¹³

¹⁰⁶ Johnson, *A Life-Centred Approach to Bioethics*, p. 233.

¹⁰⁷ Harry R. Moody, *Ethics in an Aging Society* (Baltimore: John Hopkins University Press, 1992), p. 68-69.

¹⁰⁸ Moody, *Ethics in an Aging Society*, p. 68-69.

¹⁰⁹ Warnock and Macdonald, *Easeful Death*, p. 127.

¹¹⁰ Warnock and Macdonald, *Easeful Death*, p. 139.

¹¹¹ Daniela Hrzan, 'Female Genital Cutting and Harmful Cultural Practices in the West: Critical Notes on the Intersections of Gender, Culture, and Choice,' (Paper presented at the annual meeting of The Law and Society Association, Hilton Bonaventure, Montreal, Quebec, Canada, May 27, 2008), <www.allacademic.com/meta/p236269_index.html> (accessed 17 July 2009).

¹¹² Pope John Paul II, *Evangelium Vitae*, 25 March 1995, Section 48.

¹¹³ Pope John Paul II, *Evangelium Vitae*, 25 March 1995, Section 48.

According to John Paul, this commandment is also emphasized in the New Testament. For example, a rich man asked Jesus how to attain eternal life. Jesus replied that one must 'keep the commandments,' and the first one of these he asserts is 'You shall not kill' (*Matthew 19:16-18*).¹¹⁴ Since this directive is a divine command instructing us not to take the life of others or our own life, John Paul believes it to present a moral absolute obligation. On John Paul's view, the preservation and protection of all innocent human life regardless of condition or status is an integral concern of the Law.¹¹⁵ As John Paul states, 'It is thus the Law as a whole which fully protects human life. The deepest element of God's commandment to protect human life is the requirement to show reverence and love for every person and the life of every person.'¹¹⁶

Although this Law may be applied to oppose the killing of all innocent persons, John Paul notes that the Old Testament was particularly concerned with protecting the vulnerable, such as unborn children, widows and orphans or those who cannot protect themselves (*Exodus 21:22; 22:20-26*).¹¹⁷ In addition, he believes that terminally ill, disabled and weak people are also vulnerable and are therefore naturally covered by the commandment. Such people may be unable to care for themselves at the end-of-life, or may be a burden on the health care system or their families due to incapacitation or impairment in judgment. So such people may be exposed to a greater risk of non-voluntary euthanasia because they would be unable to refuse or reject euthanasia if it is legal. This stance was echoed by John Paul's predecessor, Pope Pius XII, who condemned the non-voluntary killing of the mentally ill and the physically handicapped during World War II.¹¹⁸ Therefore, John Paul asserts: 'I confirm that euthanasia is a grave violation of the law of God.'¹¹⁹ Moreover, Evans argues that the protection of human life is important especially for those who are needy and who are unable to care for themselves, because protection of human life should not be related to one's level of health, one's ability for relationships, one's contribution to society, or one's material status.¹²⁰

John Paul's endorsement of the 'thou shall not kill' commandment and argument against killing the weak or vulnerable may suggest that the Church opposes all forms of killing. But although John Paul argues that there is a moral obligation not to kill, he also supposes that killing may be justified in some cases. For example, on John Paul's own view, killing can be

¹¹⁴ Pope John Paul II, *Evangelium Vitae*, 25 March 1995, Section 41.

¹¹⁵ Pope John Paul II, *Evangelium Vitae*, 25 March 1995, Section 77.

¹¹⁶ Pope John Paul II, *Evangelium Vitae*, 25 March 1995, Section 48 and 41.

¹¹⁷ Pope John Paul II, *Evangelium Vitae*, 25 March 1995, Section 41.

¹¹⁸ Ian Dowbiggin, *A Merciful End: The Euthanasia Movement in Modern America* (Oxford University Press, 2003), p. 91.

¹¹⁹ Pope John Paul II, *Evangelium Vitae*, 25 March 1995, Section 65.

¹²⁰ Abigail Rian Evans, *Is God Still at the Bedside?*, p. 11.

permissible as a matter of last resort in cases of capital punishment, just warfare or self-defence.

According to the Catholic Catechism, capital punishment is considered a 'lawful slaying' to maintain civil order, to be used only as a last option.¹²¹ John Paul believes that one should 'not go to the extremes of executing the offender: in other words, when it would not be possible otherwise to defend society.'¹²² Moreover, capital punishment is in fact a way of upholding the 'thou shall not murder' commandment when it is imposed for murder, because it is a way of emphasizing the seriousness of violations of the commandment, and aims to protect the innocent and uphold justice.¹²³ According to Evans, the King James Version of the Bible correctly translates the commandment, namely as 'thou shall not murder', but it can generally be interpreted as 'thou shall not kill' based on the original Hebrew and Greek translations.¹²⁴ As one source states: 'The just use of this power, far from involving the crime of murder, is an act of paramount obedience to this Commandment which prohibits murder.'¹²⁵ The 'Commandment' which is cited here is the same that John Paul supports. So it is interesting to note that the commandment is interpreted in the Catechism as a justification of capital punishment while John Paul cites the same commandment to condemn euthanasia. The double meaning of this law further supports the idea that the lives of those who commit euthanasia may be considered innocent, so euthanasia should be prohibited while capital punishment and just war killing may be justified in some cases. This thought seems to be supported by the then Cardinal Joseph Ratzinger who states: 'While the Church exhorts civil authorities to seek peace, not war, and to exercise discretion and mercy in imposing punishment on criminals, it may still be permissible to take up arms to repel an aggressor or to have recourse to capital punishment. There may be a legitimate diversity of opinion even among Catholics about waging war and applying the death penalty, but not however with regard to abortion and euthanasia.'¹²⁶

It was on issues like abortion and euthanasia that Ratzinger, after he became Pope, sought global unanimity with others, especially with those who also professed a common belief in the one Abrahamic God. According to Barbara Wood and Andrew Unsworth, Ratzinger developed three interrelated principles for his approach to interreligious dialogue

¹²¹ James Akin, 'The Fifth Commandment,' in *The Catechism of Trent*, 2005, <<http://www.cin.org/users/james/ebooks/master/trent/tcomm05.htm>> (accessed 3 May 2009)

¹²² Pope John Paul II, *Evangelium Vitae*, 25 March 1995, Section 56.

¹²³ Akin, 'The Fifth Commandment,' in *The Catechism of Trent*, 2005.

¹²⁴ Evans, *Is God Still at the Bedside?*, p. 12-13.

¹²⁵ Akin, 'The Fifth Commandment,' in *The Catechism of Trent*, 2005.

¹²⁶ Cardinal Joseph Ratzinger, 'Worthiness to Receive Holy Communion,' in *Priests for Life*, 2 July 2004, <<http://www.priestsforlife.org/magisterium/bishops/04-07ratzingerommunion.htm>> (accessed 19 June 2010)

especially with Muslims.¹²⁷ First, Ratzinger believed that one's own core convictions or beliefs should not be renounced or questioned at the expense of searching for the ultimate truth. Rather, one's beliefs should be or remain secure throughout interreligious dialogue. Second, those in dialogue with persons of another faith must be prepared to be critical of their own tradition of religious faith in order to purify it. And third, Ratzinger asserts that mission and dialogue should be 'mutually interpenetrative', which implies preaching the Gospel to non-believers while also being in dialogue with those who are outside the Christian tradition, but who are also consciously seeking and living in relationship with God.¹²⁸

Another form of killing that may be related to capital punishment is killing in self-defence. Protecting oneself, or one's community, may lead to the intentional killing of another, especially if one's life is in imminent danger, and this can be justified according to Church teaching. As one Vatican source affirms: 'It is legitimate to insist on respect for one's own right to life. Someone who defends his life is not guilty of murder even if he is forced to deal his aggressor a lethal blow.'¹²⁹ While protecting oneself from an aggressor may justify killing another in certain cases from the Church's point of view, Joseph Fletcher paints a different gloss on this idea, by suggesting that killing oneself can count as legitimate self-defence from the aggression of pain and suffering. Fletcher adds, 'If it is replied that in self-defence against human attack we are seeking to preserve our life, whereas in euthanasia we are seeking to destroy our life, then we must call into question any such pure vitalism' or attachment to the preservation of life regardless of circumstance.¹³⁰

If killing is allowed in capital punishment, just warfare and self-defence cases, a critic may question why euthanasia cannot also be allowed as a just form of killing. For example, Fletcher acknowledges the 'Thou shall not kill' commandment as well as Christian and Jewish opposition to euthanasia and suicide.¹³¹ However, in his criticism of the Church and their stance against euthanasia (as we will see further), Fletcher contends that the Church is perverse in allowing involuntary killing in just war or capital punishment, while not allowing voluntary killing in the form of euthanasia. He contends that it should also allow voluntary mercy killing in extreme pain and suffering.¹³² For Fletcher, to adhere to the commandment in such cases means ignoring or not properly acknowledging the physical or psychological symptoms which are typical of such situations. So the intent to kill (with the patient's consent)

¹²⁷ Barbara Wood and Andrew Unsworth, "Before and after Regensburg: Pope Benedict XVI, Interreligious Dialogue and Islam," in *Catholic-Shi'a Dialogue: Ethics in Today's Society*, edited by Anthony O'Mahony, Timothy Wright and Mohammad Ali Shomali (London: Melisende Publishing, 2008), p. 47.

¹²⁸ Wood and Unsworth, "Before and after Regensburg: Pope Benedict XVI, Interreligious Dialogue and Islam," p. 47.

¹²⁹ Catechism of the Catholic Church, 'Legitimate Defence,' Part 3, Section 3, Chapter 2, 2264, <http://www.vatican.va/archive/ccc_css/archive/catechism/p3s2c2a5.htm> (accessed 3 May 2010).

¹³⁰ Joseph Fletcher, *Morals and Medicine* (Princeton University Press, 1954), p. 186.

¹³¹ Fletcher, *Morals and Medicine*, p. 191.

¹³² Fletcher, *Morals and Medicine*, p. 181.

in these cases may be morally permissible for Fletcher, if the goal is to alleviate pain, preserve dignity and decrease the burden on others. Although he does not discuss his view on non-voluntary euthanasia (NVE), it may be inferred that he would support NVE if the same goals were intended. Since human life is not worth preserving in these cases, Fletcher would therefore deem the absolute reading of the commandment invalid, rigid, impractical and even inconsistent with other aspects of Church teaching.

Paul Badham similarly contends that the commandment was 'never' considered '*absolute*,' but rather included 'numerous exceptions' during ancient times, such as killing enemies of Israel, which included men, women and children, and the death penalty for those involved in homosexuality, incest, rape and premarital sex.¹³³ So Badham, like Fletcher, argues that if these exceptions are made then euthanasia should also be made an exception, and that the commandment should be interpreted as 'Thou shall not murder.'¹³⁴ From this point of view, killing the aggressor or enemy combatant and killing someone in terminal illness may be similar because the former action involves protecting society and the latter action involves protecting one from (further) suffering. John Paul would probably not insist that the commandment is absolute since he supports killing in just warfare and capital punishment. However, he would likely try and preserve a moral distinction between these cases and euthanasia by contending that although voluntary, euthanasia involves intentionally killing the innocent, whereas in just warfare the intentional killing of the innocent, rather than combatants, is prohibited, even if their death may be foreseen. And killing in capital punishment can be a way of safeguarding the innocent.

John Paul and Fletcher both consider practical, but different, conditions for when it is appropriate to kill. Both positions seem to emphasize killing as a last resort option to punish the guilty and protect society or alleviate pain and suffering, respectively. So for Fletcher, euthanasia would be a form of voluntary self-protection from further pain and suffering and would therefore not involve harm. However, the Church would oppose euthanasia since the intention is to harm oneself, an innocent person, even if it is voluntary. In this way, the commandment is interpreted in different ways to support different arguments that justify killing in some cases.

(D): Attitudes toward Suffering

¹³³ Badham, *Is there a Christian Case for Assisted Dying?*, p. 31-32.

¹³⁴ Badham, *Is there a Christian Case for Assisted Dying?*, p. 31-32.

In a further argument, John Paul argues that enduring pain has special significance because it can be viewed as 'Christ-like' in light of Christ's bodily sufferings.¹³⁵ He argues that suffering can be seen as a way of sharing in Christ's condition, and suffering is good in this respect as a way of being like Christ, whether the person realizes this or not. Just as Christ suffered a painful death, Christians are encouraged to follow his example. As one Vatican source affirms: '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...'¹³⁶ In addition, he believes that suffering allows us to become closer to God by encouraging individuals to have trust in '[God's] loving plan' regardless of their condition.¹³⁷ As John Paul states, 'In this way, the person who lives his suffering in the Lord grows more fully conformed to Him' (cf. *Phil* 3:10; *1 Pet* 2:21).¹³⁸ He believes this radical trust is made possible by the belief in the promised resurrection.¹³⁹ Meilaender argues that Jesus' endurance of suffering in his last days came from a call to obedience and compassion, so like John Paul, he thinks that Christians ought to value their suffering because suffering can serve a divinely ordained meaning or purpose.¹⁴⁰

However, the concept of redemptive suffering, or valid enduring of suffering, is questioned by some Christian scholars. On the one hand, Paul Badham professes respect for John Paul's views as set out in *Evangelium Vitae* and the Vatican's perspective in the *Declaration on Euthanasia*. However, Badham argues that if one is to 'truly believe' in the message of Christ, which is grounded in love, compassion, forgiveness and the idea that 'God is love,' then one would not make another suffer needlessly, particularly when suffering is extreme.¹⁴¹ Although Badham encourages the advancement and further use of palliative care in most cases, he argues that it is not effective in cases 'where painful suffering remains inescapably present.'¹⁴² Moreover, based on empirical research Badham concludes that rather than strengthen one's faith, continuous suffering and the breakdown of quality of life can lead to the questioning of one's faith, while for other people suffering can result in the 'collapse of faith' rather than an enrichment of it.¹⁴³ Furthermore, the idea of redemptive suffering or 'sharing' in the sufferings of Christ can lead to atypical practices. For example, some who

¹³⁵ Judy Brown and Father Denis O'Brien believe that when suffering becomes intense, severe or excruciating, when family burdens mount and when medical bills accumulate, the patient or family may seek desperate means (e.g. suicide or euthanasia) to relieve the suffering, but it is an expression of 'misplaced compassion.' In considering these means, Brown and O'Brien argue that especially in these times, the value of suffering can be lost or diminished, particularly with those whose religious values are absent, in an increasingly individualized society ('*Evangelium Vitae: Short Reflections for Personal Thought and Prayer*', *American Life League, Inc*, 1996, p. 8 and 11).

¹³⁶ Mackler, *Introduction to Jewish and Catholic Bioethics*, p. 69-70.

¹³⁷ Pope John Paul II, *Evangelium Vitae*, 25 March 1995, Section 46.

¹³⁸ Pope John Paul II, *Evangelium Vitae*, 25 March 1995, Section 67.

¹³⁹ Pope John Paul II, *Evangelium Vitae*, 25 March 1995, Section 67.

¹⁴⁰ Meilaender, *Bioethics: A Primer for Christians* (Michigan: William B. Eerdmans, 1996), p. 65.

¹⁴¹ Badham, *Is there a Christian Case for Assisted Dying?*, p. 86.

¹⁴² Badham, *Is there a Christian Case for Assisted Dying?*, p. 90-91.

¹⁴³ Badham, *Is there a Christian Case for Assisted Dying?*, p. 86-87.

engage in ascetic practices may participate in self-flagellation in an attempt to understand, value or empathize with Christ's pain.¹⁴⁴

Instead, a different way of imitating Christ relates to Badham's argument above, namely, since Jesus acted in a loving and compassionate way, as believers in His message Christians should act in this way towards those who are suffering, by alleviating it even if this means aiming at death.¹⁴⁵ This view may also dispute the idea of whether suffering is a part of '[God's] loving plan.' Instead, it may be argued that by acting in this way one can also 'grow more fully conformed to Him.'

Moreover, if suffering is so good, then arguably one should never want to get rid of it. Does this argument suggest that it would be wrong to take an aspirin to relieve suffering? Can one use treatment to manage suffering and still 'share' in the sufferings of Christ or does suffering need to be uninhibited? To what degree must one suffer to experience this 'sharing'? While John Paul praises those who forego palliative treatment in order to 'share consciously in the Lord's Passion,' he seems to advise against such 'heroic' actions for everyone.¹⁴⁶ Instead, in the *Declaration on Euthanasia* John Paul notes that some will use medicine 'only in moderation so that they can deliberately accept at least part of their suffering and thus consciously unite themselves with the crucified Christ.'¹⁴⁷ And based on previous papal decrees, John Paul supports the use of palliative care 'to relieve pain,' which seems to provide further evidence that one need not have to experience unmitigated suffering to 'share consciously in the Lord's Passion.'¹⁴⁸ However, critics argue that with recent advances in medicine, the aim of many Christian affiliated palliative care organizations is to control or minimize all pain, so 'few today' support John Paul's view on this matter.¹⁴⁹

Conclusion

Evangelium Vitae utilizes a deontological approach, which implies duty and an exception-less moral obligation to uphold or support certain norms, rules and principles. John Paul's approach emphasizes norms that are based on the premise that human life is unconditionally good and has a special dignity. Thus, we have a duty to preserve and protect human life in all reasonable circumstances. John Paul uses this approach to argue for trusting in God and preserving life during suffering rather than engaging in practices that interfere with the 'predestined' moment of death or harm the body. Similar to Michael Banner, he appeals to an

¹⁴⁴ Hauerwas, *Suffering Presence*, p. 31-32.

¹⁴⁵ Badham, *Is there a Christian Case for Assisted Dying?*, p. 35.

¹⁴⁶ Pope John Paul II, *Evangelium Vitae*, 25 March 1995, Section 65.

¹⁴⁷ Cited from Nigel Biggar, *Aiming to Kill: The Ethics of Suicide and Euthanasia* (London: Darton, Longman & Todd, 2004), p. 50.

¹⁴⁸ Pope John Paul II, *Evangelium Vitae*, 25 March 1995, Section 65.

¹⁴⁹ Badham, *Is there a Christian Case for Assisted Dying?*, p. 87.

authoritative theological foundation for his argument centred on the assumption of the goodness of bodily life, and he too introduces specific scriptural texts to support his argument. Unlike Banner, John Paul also cites traditional cultural practices to argue against killing older people.

Thus far, we have seen two approaches which share a reliance on religious assumptions and scripture, and essentially come to the same conclusion that euthanasia is unconditionally wrong. Since John Paul's arguments about human dignity, respect for the elderly, not killing and suffering are based on theological assumptions, it is difficult to envision some form of neutral ground that would allow him to reach some agreement with advocates of euthanasia. However, his approach or stance on this topic (or other issues) can reasonably appeal to Catholics as well as other Christians in the West and in the East who oppose euthanasia (or abortion), due to his prominent global stature in the Roman Catholic Church, the influence of which is present in almost every country. In contrast to Banner and John Paul, as we shall see in the next section, proponents of euthanasia typically formulate their conception of the goodness of human life from a physical or psychological perspective. The next section will examine a consequentialist argument for euthanasia developed by Joseph Fletcher.

Introduction to Joseph Fletcher's Utilitarian Approach

American professor and former Episcopalian priest Joseph Fletcher (1905-1991) believes VAE and PAS are morally permissible and should be legalized. According to Derek Humphrey, Joseph Fletcher was considered a prominent figure in the euthanasia movement in the 20th century.¹⁵⁰ In his book, *Medicine and Morals*, he uses a utilitarian approach to support this claim but also appeals to scripture to make his case for euthanasia.¹⁵¹ Fletcher prizes goods such as good health, good quality of life, the dignity of the person and the freedom to make one's own decisions. Accordingly, Fletcher argues that euthanasia can be justified and will result in the best outcome if it preserves dignity, maintains quality of life, minimizes pain and suffering and prevents excessive dependence upon others.

Fletcher has seven key proposals. A) quality of life is more important than quantity of life; B) the case for euthanasia is particularly strong if the person is unable to serve or help others; C) euthanasia can be justified on the basis of the Biblical concept of 'mercy;' D) suicide

¹⁵⁰ Dowbiggin, *A Merciful End*, p. 100.

¹⁵¹ According to Ian Dowbiggin, *Medicine and Morals* became a best-seller when it was released in 1954, because the book focused on patient autonomy as opposed to physician decision-making medicine, and almost 'single-handedly' started the discipline of bioethics, as well as the idea of 'situational ethics.' His book also initiated a vigorous debate over freedom of choice and decision-making in medicine that involved figures from various disciplines such as religion, social ethics, politics and law creating some of his staunchest supporters as well as his fiercest critics.

is viewed as a form of merciful killing in certain philosophical traditions and euthanasia can be thought of similarly; E) the church allows killing in certain cases, so they should also allow euthanasia; F) medical practices permit prolongation of life, so they should also permit hastening death and G) regulation can ensure that euthanasia is not a hasty decision.

(A): Quality of life and the 'personalistic view of man'

Incurable pain destroys self-possession and disintegrates personality.¹⁵² In the personalistic view of man and morals, personality is supreme over mere life. To prolong life uselessly, while the personal qualities of freedom, knowledge, self-possession and control, and responsibility are sacrificed is to attack the moral status of a person.¹⁵³

According to Fletcher, quality of life depends on 'personality,' which involves qualities such as 'freedom, knowledge, responsibility' along with 'personal integrity,' and an inherent sense of 'self' consisting of 'self-possession,' 'self-control and self-dignity.'¹⁵⁴ He argues terminal disease or extreme pain can break down 'personality' and diminish quality of life, putting at risk the dignity or the 'moral status of a person.'¹⁵⁵ He believes euthanasia is permissible in these specific cases to prevent further suffering and preserve the dignity of human life. Fletcher does not make it clear whether one must possess all the above qualities to have 'personality' or if having 'personality' is equivalent to being a person.

Fletcher contrasts 'personality' with 'mere life.' As he states: 'personality is supreme over mere life.'¹⁵⁶ He argues that extreme forms of pain 'destroy' the self and break down or 'disintegrate' personality and reduce the individual's condition to 'mere life.'¹⁵⁷ For example, a terminal condition or extreme pain may take away self-possession, self control and freedom by forcing one to deal with nothing but one's condition. In this way, Fletcher believes extreme pain can have a comprehensive effect on the individual, namely, 'a moral destruction, a spiritual disorder, as well as a physical degeneration.'¹⁵⁸ And the loss of goods in 'fatal and demoralizing' cases implies loss in overall value or worth of life, so life ceases to be worth living.¹⁵⁹ Since no form of treatment can reverse this loss, there is no good reason to continue living and any treatment may be considered a burden. So, for Fletcher, euthanasia may be the best option in these cases to preserve the remaining value of life, which is similar to the arguments of Warnock, Rachels, Dworkin and Glover. Fletcher's view is also similar to that of Nigel Biggar who argues the special value of human life is based on the presence of 'biographical life,' as we shall see. From a situational ethic perspective, this argument would

¹⁵² Fletcher, *Morals and Medicine*, p. 187.

¹⁵³ Fletcher, *Morals and Medicine*, p. 191.

¹⁵⁴ Fletcher, *Morals and Medicine*, p. 175, 187, 191, 205.

¹⁵⁵ Fletcher, *Morals and Medicine*, p. 191.

¹⁵⁶ Fletcher, *Morals and Medicine*, p. 187.

¹⁵⁷ Fletcher, *Morals and Medicine*, p. 187.

¹⁵⁸ Fletcher, *Morals and Medicine*, p. 175.

¹⁵⁹ Fletcher, *Morals and Medicine*, p. 205.

imply that each case should be judged based on its circumstances, instead of applying a no-exception rule to all cases which guided medical treatment.

However, Craig Paterson contends that judgement about the quality of life should not determine our assessment of the overall worth or value of life or 'whether life "overall" can be judged worthwhile living or not.'¹⁶⁰ He believes that this type of approach is often too subjective to be reliable. Moreover, poor quality of life does not mean that one's life is not worth living because even in cases when quality of life is significantly reduced, one may still be able to experience and enjoy goods.¹⁶¹ This attitude is shared by Paul Ramsey, but he adds that this approach can also lead to NVE particularly for incapacitated, incompetent or handicapped patients, because loved ones may be overburdened and physicians may determine, based on best interest, that a patient's current quality of life does not warrant further care, so using healthcare resources in cases with better prognoses.¹⁶²

Instead, Paterson and Ramsey argue that discussion of quality of life should be concerned with whether treatment can improve quality of life. As Paterson, for example, states, 'Quality of life concerns should always be focused on the ways and means in which humanitarian resources can be deployed to improve the health of patients and should not be conflated with attempts to assess the overall "benefit of living" versus the "benefits of death."¹⁶³ If treatment improves the patient's capacity to enjoy goods such as 'friendship, family, beauty, truth, etc.', then Paterson believes a competent patient should opt to continue the treatment. However, if/when treatment becomes more of a burden or is judged to be ineffective, a competent patient or surrogate decision maker may at that point have it withheld or withdrawn. This approach accords with John Paul's idea that human life is an intrinsic good but not an absolute good and should not be preserved regardless of circumstance.¹⁶⁴ And although Paterson and Fletcher have different perspectives, it may be argued that Paterson's resolve to determine the effectiveness of treatment in each case is reminiscent of considering Fletcher's idea of situational ethics.

Moreover, it may be argued that a terminal cancer patient in considerable pain can still be physically active and be able to pray and maintain a relationship with God. From a standard Christian or Muslim perspective, if one can still maintain a relationship to God, then one's life is to that extent worthwhile. So on this view, decline in 'personality' need not imply

¹⁶⁰ Craig Paterson, *Assisted Suicide and Euthanasia: A Natural Law Ethics Approach* (England: Ashgate Publishers, 2008), p. 108.

¹⁶¹ Paterson, *Assisted Suicide and Euthanasia*, p.108.

¹⁶² Paul Ramsey, *Ethics at the Edges of Life* (New Haven: Yale University Press, 1978), p. 155.

¹⁶³ Paterson, *Assisted Suicide and Euthanasia*, p. 107.

¹⁶⁴ Paterson, *Assisted Suicide and Euthanasia*, p. 108.

the individual's life is not worth living. Similarly, John Paul would dispute the idea that brain death implies any loss of personhood or 'moral status.'

(B): Altruism and Euthanasia

If altruistic values, such as defence of the innocent, are enough to justify the loss of one's life (and we agree that they are), then it may be argued that personal integrity is a value worth the loss of life, especially since, by definition, there is no hope of relief from the demoralizing pain and no further possibility of serving others.¹⁶⁵

So far, Fletcher has argued that when personality diminishes due to terminal disease or extreme pain, euthanasia is justified. He now adds another strand to the case for euthanasia involving service to others.

Fletcher notes that if an aggressor attacks an innocent person, another individual may intervene to save the innocent person from harm, even at the risk of losing their own life. Similarly, if a disease attacks a patient, Fletcher suggests, it can be worthwhile for a person to avoid the harmful consequences of this disease by giving up their own life. Fletcher believes these scenarios are morally analogous. In a similar way, Warnock and Macdonald believe by giving up their own life, the patient is carrying out an 'altruistic' or an 'admirable' act to remove a burden from others.¹⁶⁶ However, a critic might object that these cases are not morally analogous because in the first case it is another person who intervenes to prevent harm to the innocent person. In contrast, in the second scenario the person who is protected from harm and the person who loses their life are the same. In this scenario, the person may be acting selfishly because they may be giving up the opportunity to help others or they may be succumbing to pressure from others. Fletcher might argue in reply that in extreme pain or terminal disease, one cannot help others in any capacity, so euthanasia will remain permissible in these cases.

Fletcher's emphasis on autonomy and the ability to help others as a measure of value of a human life may indirectly run the risk of developing into the Nazi idea of killing those who are unable to be productive. To support his argument, Fletcher presents the memoirs of a terminal cancer patient, Charlotte Perkins Gilman, and her personal reflections leading her to euthanasia:

A last duty. Human life consists in mutual service. No grief, no pain, misfortune or 'broken heart' is excuse for cutting off one's life while any power of service remains. But when all usefulness is over, when one is assured of an imminent and unavoidable death it is in the simplest of human rights to choose a quick and easy death in place of a slow and horrible one. Public opinion is changing on this subject. The time is approaching when we shall consider it abhorrent to our civilization to allow a human being to lie in prolonged agony, which we should mercifully end in

¹⁶⁵ Fletcher, *Morals and Medicine*, p. 190-191.

¹⁶⁶ Warnock and Macdonald, *Easeful Death*, p. 83

any other creature. Believing this choice to be of social service in promoting wider views on this question, I have preferred chloroform to cancer.¹⁶⁷

Gilman believes that as long as there is 'power of service' to help others and society, euthanasia or suicide are wrong. Her rationale for euthanasia is not simply the desire to put an end to 'pain, misfortune or [a] "broken heart,"' but also her recognition that her 'usefulness [to others] is over.'¹⁶⁸ So she takes herself to prefer 'a quick and easy death' only in the most extreme conditions of incapacitation.¹⁶⁹ She also believes euthanasia in her own case would be a 'social service,' by providing another perspective in the debate on euthanasia. One may argue that more recent cases like that of Debbie Purdy are having similar effects. A similar view to that of Gilman was espoused by Robert G. Ingersoll who believed that a man who is 'being slowly devoured by cancer' and is suffering from its effects should be killed, and also because he "'is of no use to himself" nor his wife, children, friends and society.'¹⁷⁰ In fact, Ingersoll believed that in these types of cases a man can be a 'burden to himself and to others, useless in every way,' so he should have the right to end his life in a painless and dignified manner. Like Gilman, Ingersoll believed that the conditional worth or value of one's life was determined by one's capacity to care for oneself and others, by maintaining an 'acceptable' standard of quality of one's life.

However, another commentator reflects rather differently on what it means to be of service while suffering. Carol Wanderhope believes that imitating Christ not only implies bearing suffering or adversity with patience, but it also means preaching the Word as well as helping others. But even if one is suffering and unable to actively serve others, she argues that simply being in the presence of others can still be considered a form of service, in so far as it provides encouragement or inspiration for others.¹⁷¹ This stance clearly differs from Gilman's point of view.

Fletcher's endorsement of Gilman's argument that euthanasia should be permitted only when one is unable to help others seems contradictory to argument A. In argument A, he seems to argue that loss of personality and autonomy are sufficient conditions for euthanasia. By contrast, in argument B he adds further condition, which he takes to be a necessary condition. This condition has more of a social emphasis since it focuses on helping others, whereas argument A has more of an individualistic emphasis. It seems Fletcher presents argument B to deflect a possible counterargument to argument A.

¹⁶⁷ Fletcher, *Morals and Medicine*, p. 202.

¹⁶⁸ Fletcher, *Morals and Medicine*, p. 202.

¹⁶⁹ Fletcher, *Morals and Medicine*, p. 202.

¹⁷⁰ Dowbiggin, *A Merciful End*, p. 11.

¹⁷¹ Stanley Hauerwas, *God, Medicine, and Suffering* (Michigan: William B. Eerdmans, 1990), p. 87-89.

(C): Mercy as a Christian Idea

*"Blessed are the merciful, for they shall obtain mercy" (Matthew 5:7).*¹⁷²

Previously, Fletcher argued that euthanasia is permissible when personality diminishes, in cases of extreme suffering, terminal suffering and/or when one cannot serve others. He believes euthanasia in these cases could count as an act of mercy or compassion based on the verse cited above. For example, physician-assisted suicide would be an act of mercy if it involves putting an end to incurable suffering, preserving dignity and avoiding further dependence on others. Since mercy is a Christian ideal, he believes Christians can properly follow this ideal by providing a 'merciful release from incurable suffering.'¹⁷³ However, Fletcher claims that the Church, influenced by politics and society, has moved away from the Christian principle of mercy. As he states, 'As yet, mercy has failed to exert an influence upon many Christians equal to the pull or pressure of power.'¹⁷⁴ Here he seems to allude to the fact that the Church has shifted its position historically from a pacifist stance to supporting certain forms of killing, as we will discuss. Although the Church does forbid euthanasia and suicide, it arguably remains dedicated to providing mercy through pain medication or hospice care, which is largely a Church-sponsored development. In addition, the believer may look to God for mercy. Furthermore, according to Jonsen et al., killing someone on the grounds of 'compassion' is currently not a defence that is recognized by the law even if the patient is competent and conscious (except in the regions of the world where PAS and/or VAE are permitted).¹⁷⁵ This debate seems to indicate a divide not only among religious and secular persons but also between Christians.

According to a 2004 poll, 40 per cent of Protestants and 49 per cent of Catholics would be 'willing to break the law' and help their loved one die if they were suffering and they asked to die.¹⁷⁶ And another poll suggests that 81 per cent of Catholics and 81 per cent of Protestants favour a change in current UK laws on PAS based on the compassion principle.¹⁷⁷ Moreover, James Rachels cites Fletcher to assert that mercy from 'horrible' pain is the 'single most powerful argument' for euthanasia when palliative care is ineffective.¹⁷⁸ Similarly, Warnock and Macdonald argue for introducing 'compassion' into revised laws, also suggesting that euthanasia amounts to an act of mercy in intolerable suffering.¹⁷⁹ Along the same lines, Badham makes an interesting claim, namely, that some doctors and nurses who support PAS

¹⁷² Joseph Fletcher, *Morals and Medicine*, p. 183.

¹⁷³ Joseph Fletcher, *Morals and Medicine*, p. 172.

¹⁷⁴ Joseph Fletcher, *Morals and Medicine*, p. 183.

¹⁷⁵ Jonsen et al., *Clinical Ethics*, p. 144.

¹⁷⁶ Dignity in Dying Report, *Dignity in Dying Online*, February 2006, <www.dignityindying.org> (accessed 14th February 2011)

¹⁷⁷ Dignity in Dying Report, *Dignity in Dying Online*, February 2006, <www.dignityindying.org> (accessed 14th February 2011)

¹⁷⁸ James Rachels, 'Impertinent Distinctions...', p. 146; Glover, *Causing Death and Saving Lives*, p. 200

¹⁷⁹ Warnock and Macdonald, *Easeful Death*, p. 139 and 122.

make ‘arrangements’ with their colleagues for euthanasia if they end up in suffering or terminal illness cases like some of their patients.¹⁸⁰ According to Badham, Warnock and Macdonald refer to this alternative as a ‘more merciful death in contrast to their normal practice with the majority of their patients.’¹⁸¹ So Badham endorses Fletcher’s approach and argues that based on Jesus’ teachings of love and compassion, one should accede to (repeated) requests to end patient suffering.¹⁸² When viewed from Badham’s perspective, namely, providing mercy to terminal patients *and* receiving mercy if one is in a terminal condition, it would seem that the use of the 5:7 verse is appropriate, by contrast Fletcher seems to only argue for providing mercy. Providing mercy in terminal cases is also argued by secular philosopher Margaret Battin who believes that an agent providing mercy by euthanasia demonstrates that the physician cares which is based on the duties of not prolonging suffering and eliminating existing suffering.¹⁸³

The link between euthanasia and mercy is evident in the phrase ‘mercy killing,’ which is used in many contemporary discussions. For example, many common sources like the Oxford Dictionary and Dorland’s Medical Dictionary define this phrase as the deliberate termination of life that is ‘administered or performed out of mercy or pity for a suffering person.’¹⁸⁴ Moreover, the expression ‘mercy killing’ is also used in many recent euthanasia cases at least in the UK. For example, Frances Inglis claimed to have killed her son as an ‘act of mercy’ after he sustained accidental head injuries; so, she claims, the killing should not be construed as murder.¹⁸⁵ Similarly, Ray Gosling killed his partner as ‘an act of mercy killing’ because he was suffering from end stage AIDS-related illness.¹⁸⁶ In both cases, the sufferer was killed by a loved one due to distress or anxiety about their loved one’s suffering. However, John Paul objects to this type of act even more vigorously than euthanasia that is performed by a professional: ‘The act of euthanasia appears all the more perverse if it is carried out by those, like relatives, who are supposed to treat a family member with patience and love.’¹⁸⁷ To this, Fletcher might respond by stating that mercy killing by a relative is not perverse but can, rather, be a way of expressing love for the sufferer, as suggested by the cases above.

¹⁸⁰ Badham, *Is there a Christian Case for Assisted Dying?*, p. 40.

¹⁸¹ Badham, *Is there a Christian Case for Assisted Dying?*, p. 40.

¹⁸² Badham, *Is there a Christian Case for Assisted Dying?*, p. 46.

¹⁸³ M.P. Battin, “Euthanasia: The Fundamental Issues,” in M.P. Battin, *Least Worst Death: Essays in Bioethics on the End of Life* (New York: Oxford University Press, 1994), p. 101-129.

¹⁸⁴ *Dorland’s Medical Dictionary*, Definition of ‘Euthanasia,’

<http://www.mercksource.com/pp/us/cns/cns hl dorlands split.jsp?pg=/ppdocs/us/common/dorlands/dorland/three/00003742_9.htm> (accessed 2 June 2010)

¹⁸⁵ Margaret Ryan and Sarah White, ‘Francis Inglis killed her son “with love in her heart,”’ *BBC News*, 20 January 2010, <<http://news.bbc.co.uk/1/hi/uk/8466140.stm>> (accessed 22 April 2010).

¹⁸⁶ Aishwarya Butt, ‘BBC reporter kills lover in an act of mercy killing,’ 17th February 2010,

<http://www.thaindian.com/newsportal/world/bbc-reporter-kills-lover-in-an-act-of-mercy-killing_100321856.html> (accessed 18 February 2010).

¹⁸⁷ Pope John Paul II, *Evangelium Vitae*, 25 March 1995, Section 66.

Mercy may be linked to love, kindness and care because mercy killing involves the patient's consent, and has as its aim the alleviation of pain, preservation of dignity and perhaps the reduction of family burden, so the intention to kill need not involve intending harm or amount to murder. As Fletcher states, 'The true parallel is between self-sacrifice and a merciful death provided at the person's request; there is none between self-sacrifice and violent and coercive killing.'¹⁸⁸ In this way, it may be that the term 'mercy killing' carries a more benevolent overtone or invites a more sympathetic reaction as opposed to 'euthanasia.' A recent illustration of this difference of meaning may be evident in the 2006 decision of the UK based *Voluntary Euthanasia Society* to change its name to *Dignity in Dying* in 'an attempt to move away from negative connotations associated with the word euthanasia.'¹⁸⁹

(D): A Philosophical Argument for Mercy

Pythagoras, Plato, and Aristotle held that suicide was a crime against the community because it robbed society of a resource, and Plato added that it was a like crime against God. But all these were willing to justify suicide for a merciful death. [Above all,] they *all* favoured euthanasia.¹⁹⁰

As we have seen, Fletcher provides a Biblical case for euthanasia as a form of mercy in terminal conditions. In addition, Fletcher considers a philosophical perspective to support his mercy argument.

The Greek translation of euthanasia, namely, 'gentle or easy death,' may also imply mercy if we follow some philosophical views. Fletcher notes that some philosophical traditions supported euthanasia or suicide as a way of providing a 'merciful death,' presumably in case of extreme pain. According to these traditions, suicide was a 'crime against God' and a 'crime against the community' because it 'robbed society of a resource' to serve others.¹⁹¹ This view may suggest that individuals who are able to serve others have a duty to continue to support their community. However, this philosophical tradition maintains, Fletcher suggests, that even though suicide is wrong in most cases, it is permissible in cases of terminal illness or extreme pain when the person is unable to care for themselves or others.¹⁹² This argument is similar to Gilman's case for mercy killing 'when all usefulness is over.'¹⁹³ Moreover, Fletcher's view is supported by Jose Bufill who states: 'To relieve the pain or distress of an incurable illness, to avoid a humiliation or indignity, to end an unhappy or tiresome life or to express a sense of triumph over Fate by ending one's life voluntarily in old age were felt to be justifiable or even

¹⁸⁸ Fletcher, *Morals and Medicine*, p. 194.

¹⁸⁹ BBC News, 'New pro-euthanasia group name row,' *BBC News*, 23rd January 2006, <<http://news.bbc.co.uk/1/hi/health/4638766.stm>> (accessed 19 February 2010)

¹⁹⁰ Fletcher, *Morals and Medicine*, p. 177.

¹⁹¹ Fletcher, *Morals and Medicine*, p. 177.

¹⁹² Fletcher, *Morals and Medicine*, p. 177.

¹⁹³ Fletcher, *Morals and Medicine*, p. 202.

honourable reasons to end one's own life.¹⁹⁴ And similarly for Stoics and Epicureans, 'self-killing' was justified in cases of pain, mutilation or when incurable illness could no longer be endured.¹⁹⁵ According to some scholars, quality of life was the 'cornerstone' of Stoicism, because this prime value made life worthwhile.¹⁹⁶ So if (incurable) illness (or similar circumstances) contributes to the deterioration of quality of life, Stoics believed that suicide is 'rational' and 'justifiable.' A justified or 'rational suicide' was also argued in the 1971 case of Geertruida Postma's mother who suffered from a cerebral haemorrhage. It was this case which initiated the process of legalization of euthanasia in the Netherlands.¹⁹⁷ Moreover, philosopher Harry R. Moody argues that suicide can be considered a 'rational decision' or as a 'serious and legitimate answer' not on the basis of age meaning that elderly people should have the right to commit suicide, but rather on physical and psychological condition and outlook.¹⁹⁸

However, Patterson rejects Fletcher's view and argues that suicide (and all types of euthanasia) is always wrong regardless of whether the killing was self-administered or performed by another individual, because all these acts involve killing an innocent person and disrespecting the 'primary goods of human life.'¹⁹⁹ And according to some scholars, suicide at old age negates the first principle in Stoicism, namely, that virtue alone is the only good in human life and freedom of mind remains in our capacity.²⁰⁰ This means that quality of life is determined not by external gains and afflictions, but rather by what can be controlled, namely, how suffering is perceived or approached. In this way, for Stoics, quality of life is shaped by inner attitude and awareness despite one's condition. On the other hand, it may be argued, in support of Fletcher, that if one is not able to enjoy the 'primary goods of human life' or the values that make life worthwhile due to the deterioration of reason, awareness and consciousness, then suicide is justified or even obligatory, even if suicide means killing an innocent person regardless of age or length of life.

Lastly, in addition to these philosophers, Fletcher claims that Jeremy Bentham (d. 1832) also supported suicide in certain cases. As Fletcher states, 'utilitarians like Bentham have been most favourable to the notion of justifiable homicide.'²⁰¹ This view coheres with

¹⁹⁴ Jose A. Bufill, 'A short history of voluntary death,' in *Mercator.net*, 22nd May 2008, <http://www.mercatornet.com/articles/view/a_short_history_of_voluntary_death> (accessed 22 February 2010)

¹⁹⁵ Patterson, *Assisted Suicide and Euthanasia*, p. 18.

¹⁹⁶ Harry R. Moody, *Ethics in an Aging Society* (Baltimore: The Johns Hopkins University Press, 1992), p. 78.

¹⁹⁷ Gregory Pence, *Brave New Bioethics* (Maryland: Rowman and Littlefield Publishers, 2002), p. 88.

¹⁹⁸ Moody, *Ethics in an Aging Society*, p. 73.

¹⁹⁹ Patterson, *Assisted Suicide and Euthanasia*, p. 104.

²⁰⁰ Moody, *Ethics in an Aging Society*, p. 80.

²⁰¹ Fletcher, *Morals and Medicine*, p. 181.

Bentham's utilitarian account of the value of experiencing pleasure over pain.²⁰² According to one source, Bentham requested euthanasia in the final moments of life.²⁰³ This source is supported by Fletcher who states, 'when Bentham died, consistent to the last, he asked his doctor to "minimize pain" with his dying breath,' though this request may also suggest palliative care.²⁰⁴ So through the use of scripture and philosophical sources, Fletcher makes a consequentialist argument that when one cannot serve the community or enjoy any quality of life, suicide or euthanasia is permissible as an act of mercy to alleviate pain and preserve dignity. This view is somewhat similar to Nigel Biggar's view (as we will see), but clearly different from that of John Paul.

(E): 'Willing to inflict death but unwilling to permit it'

As we have seen, Fletcher maintains that the Church fails to show mercy and does not consider the quality of life. He makes a further argument against the Church by suggesting that it displays a double standard when it comes to killing. In particular, he suggests that the Church sanctions involuntary killings such as executions but does not allow voluntary decisions for euthanasia. As discussed, most Christian traditions do allow self-defence, for example, only when one's life is directly or immediately threatened.²⁰⁵ And although the Church promotes non-violence and reconciliation, it also supports justice by killing aggressors or guilty persons through just war and capital punishment, respectively.²⁰⁶ So the Church opposes euthanasia since it involves killing an innocent person. However, Fletcher argues that if the Church permits the former type of killing, it should also permit the latter form of killing. As Fletcher comments, 'Certainly those who justify war and capital punishment, as most Christians do, cannot condemn euthanasia,' since all these practices involve the taking of life.²⁰⁷ It seems that Fletcher's argument for euthanasia may receive support from at least from some Christian circles. Although almost all Christian denominations oppose VAE and PAS, this opposition is 'weakening' in some Christian traditions as requests are made by patients to reduce their suffering as well as because of the financial and emotional burdens on the family.²⁰⁸ Badham also supports Fletcher's argument by claiming that there were at least 'six instances of voluntary death' in the Hebrew Bible which could be interpreted as martyrdom or suicide that

²⁰² Jeremy Bentham, *An Introduction to the Principles of Morals and Legislation*, Original edition, 1789; Source from Louis Pojman's *Ethical Theory*, Fourth Edition, Wadsworth Publishers, 2002.

²⁰³ Robert Cavalier and Charles Ess, 'The Topic of Euthanasia,' in *Home Page for Academic Dialogue on Applied Ethics*, <<http://caae.phil.cmu.edu/cavalier/Forum/euthanasia/background/euth/Euthanasia.html>> (accessed 23 June 2010)

²⁰⁴ Fletcher, *Morals and Medicine*, p. 181.

²⁰⁵ Stivers, et al., *Christian Ethics*, p. 290.

²⁰⁶ Stivers, et al., *Christian Ethics*, p. 7-8.

²⁰⁷ Fletcher, *Morals and Medicine*, p. 195.

²⁰⁸ Stivers, et al., *Christian Ethics*, p. 290.

received no criticism or condemnation.²⁰⁹ While these instances did not involve illness or sickness, they were attempts to avoid a potentially undignified death.

Warnock and Macdonald make a parallel argument to Fletcher which questions why religious groups are willing to see people killed in capital punishment, self-defence and war if they suppose that all life is sacred.²¹⁰ This argument raises a good question: Have the lives of those who are executed or killed lost their sacredness or are they less sacred than those of the innocent? If so, how? After all, John Paul argued above that sacredness of human life is unconditional, yet he favours these methods of justice. It seems that in cases of capital punishment, self-defence and war, the issue is not about the sacredness of human life, but rather about promoting justice and maintaining order especially in cases when the well-being of the community is threatened. If sacredness was the issue in these cases, then arguably the Catholic Church would ban all forms of intentional killing. However, sacredness remains a primary issue when it comes to destroying innocent life (i.e. euthanasia or suicide). Patterson believes that capital punishment can be considered 'unnecessary intentional killing' because the state often has other options to protect society and reform the criminal.²¹¹ This argument suggests that intentional killing can be justified only as a last resort.

Lastly, Fletcher also believes that if the practice of martyrdom is accepted by the Church, then euthanasia should also be accepted, since both practices involve the death of innocent persons. However, a critic could respond that Fletcher has a misconception about the traditional view of martyrdom. Martyrdom is different from suicide because the martyr does not aim at death, whereas a person committing suicide does aim at death. As we have seen, Michael Banner also emphasizes this point.

(F): A Physician's Conflict in Duties

The doctor's duty to prolong and protect life is in conflict with his equal duty to relieve suffering. [But] if the physician's obligation is both to relieve pain and prolong life, how then can he use analgesics, which bring relief but have the necessary effect of hastening death?²¹²

Fletcher acknowledges that physicians have two Hippocratic duties in end of life cases: To prolong life and relieve suffering. However, he argues that in some cases, physicians cannot fulfil both duties, but rather only one or the other. Here he seems to suggest since these duties are 'equal' it can be legitimate to favour pain relief over prolongation of life in cases of conflict of duty.

²⁰⁹ Badham, *Is there a Christian Case for Assisted Dying?*, p. 34.

²¹⁰ Warnock and Macdonald, *Easeful Death*, p. 69.

²¹¹ Patterson, *Assisted Suicide and Euthanasia*, p. 17.

²¹² Fletcher, *Morals and Medicine*, p. 203.

Fletcher's opposition to prolonging life is partly grounded in his challenge of the idea of 'vitalism.' He believes 'vitalism' is the Christian view that human life is sacrosanct, absolutely and unconditionally worthwhile, and is therefore to be preserved in every case. This view is interestingly similar to Warnock and Macdonald's suggestion that when religious people describe human life as 'sacred,' they are committed to the idea that life has 'absolute and overriding' value and must therefore be preserved 'at all costs.'²¹³ However, as discussed in Chapter I, some Christian commentators would object that although life is sacrosanct and has unconditional value, this is not to say it is of absolute value. Therefore, when treatment is futile, life need not be prolonged indefinitely. So contrary to Fletcher and other interpretations, the traditional Christian position does not support extending life at all costs.

Setting aside this point, Fletcher believes that by giving pain relief in large doses, the physician must 'want' or intend to hasten death.²¹⁴ This means that physicians intend the effects of an action that are foreseen. In rare, but extreme, pain cases, one may experience prolonged suffering even with palliative care, and still be dependent on others. In these cases, a 'higher than normal' palliative dose to merely alleviate pain may also result in death. Fletcher may argue that in such a situation there is in fact an intention to kill, thereby dismissing the relevance of DDE and the case for palliative care in extreme pain cases. In this way, Fletcher would oppose palliative approaches because they cannot adequately relieve or manage pain in extreme pain cases. Since palliative care cannot meet the needs of the patient in extreme cases, for Fletcher, euthanasia provides a 'good death' and expresses proper respect for the body. However, Lawrence Johnson contends that individuals who want to commit (or consider) 'active voluntary euthanasia' do so not because they are 'seeking death' as the intended consequence, but rather only to relieve their pain and suffering, which is the cause of low quality of life.²¹⁵ The patient is not using death as a means to alleviate their pain, but rather the relief leads to (an accelerated) death as the unintended foreseen by-product consequence of that relief. In one way, this viewpoint would support the idea of DDE insofar as pain relief is concerned, and the good intention (i.e. pain relief and not seeking death) would outweigh the unintended bad consequence (i.e. death). But Johnson's view would differ from that of other supporters of DDE related to euthanasia (e.g. John Paul and Abdulaziz Sachedina), because the intention to relieve pain would not involve any form or procedure of 'active' euthanasia or terminating human life, but rather something like palliative care or 'passive' euthanasia.

²¹³ Warnock and Macdonald, *Easeful Death*, p. 70 and 74

²¹⁴ Fletcher, *Morals and Medicine*, p. 203.

²¹⁵ Johnson, *A Life-Centred Approach to Bioethics*, p. 227.

Even so, recent research seems to support Fletcher's argument. For example, according to one poll of 1000 doctors, 51 per cent of them believe that UK physicians have administered pain-relieving drugs with the intent to hasten death.²¹⁶ Other data suggests that 192,000 UK patients die each year by this method.²¹⁷ Patterson acknowledges Fletcher's type of argument, but claims that without DDE we would have to abandon moral absolutes and instead adopt a consequentialist system of weighing goods to determine the morality of an action.²¹⁸ As we saw in Chapter 1, the difference of view here is bound up within a larger debate on the importance for moral reflection of DDE.

(G): Euthanasia: A Quick Decision?

Fletcher notes that one may object to euthanasia because it is a quick or 'snap' decision, and not carefully considered. For example, the Swiss Academy for Medical Sciences has ruled that the process for euthanasia at the *Dignitas* clinic occurs 'too quickly.'²¹⁹ Instead, they believe a 'patient [should] have repeated discussions with [their physician] over an extended period.'²²⁰ This extension, they argue, would prevent the 'current practice of *Dignitas*, in which patients from outside Switzerland arrive, see a doctor, and die all in the same day.'²²¹ It may be argued that 'same day' euthanasia is concerning because a patient may have insufficient time to reflect upon their decision and discuss it with their family. Even Fletcher admits this type of euthanasia can 'be seen sometimes, although rarely,' in patients who are vulnerable or in a non-extreme condition.

However, Fletcher contends that euthanasia need not be a quick or 'snap' decision provided appropriate legal regulations are in place. As reflected in the current movement to legalize euthanasia in the UK, these regulations would, first, involve permitting voluntary euthanasia or physician-assisted suicide only for competent patients with terminal disease or extreme pain. Second, Fletcher states that 'the law should not permit euthanasia to be done on the spur of the moment, and the patient should be free to withdraw his request at any time.'²²² This view is supported by Warnock, Macdonald and Glover. Like the Swiss Academy, they agree that a request must be first verbally declared and documented, with 2 weeks to pass between the original decision until the scheduled euthanasia date, in case the person

²¹⁶ Dignity in Dying Report, in *Dignity in Dying Online*, February 2006, <www.dignityindying.org> (accessed 20 February 2011)

²¹⁷ C. Seale, 'National survey of end-of-life decisions made by the UK medical practitioners,' *Palliative Medicine* 20 (2006); 1-8 figures based on 584,791 deaths per annum; Dignity in Dying Report, in *Dignity in Dying Online*, February 2006, <www.dignityindying.org> (accessed 14th February 2011)

²¹⁸ Patterson, *Assisted Suicide and Euthanasia*, p. 27 and 85.

²¹⁹ BBC News, "Assisted suicide: Debate around the world," 23rd September 2009, in *BBC News*, <<http://news.bbc.co.uk/1/hi/world/europe/8270516.stm>> (accessed 13 February 2011).

²²⁰ BBC News, "Assisted suicide: Debate around the world," *BBC News*, 23rd September 2009, (accessed 13th February 2011).

²²¹ BBC News, "Assisted suicide: Debate around the world," *BBC News*, 23rd September 2009, (accessed 13th February 2011).

²²² Fletcher, *Morals and Medicine*, p. 199.

changes their decision.²²³ The same principle is considered in Lord Joffe's 2006 UK PAS legalization Bill.²²⁴ Third, the decision must be 'reasonable' according to the condition and 'properly thought out' when one is not depressed.²²⁵ Fourth, in the Netherlands, for example, the doctor must get to know the patient for a 'specified length of time' in order to confirm the patient's wishes which also reflect general practice guidelines that are endorsed by the Dutch Medical Association.²²⁶ These types of measures have also been adopted as law in the US states of Oregon and Washington, and they include a requirement for a judgment of a patient's terminal illness by two independent physicians, an oral request or declaration, a written request in the presence of a witness, and another oral consent 15 days later.²²⁷ Moreover, the doctors must provide written confirmation that the consent was voluntary, informed and without coercion, and doctors must inform patients about hospice and palliative care alternatives.²²⁸ With this approach, patients can form their own perspective, draw their own conclusion and make an informed decision, and the physician can be a part of the decision making process not in charge of it.²²⁹ Once again, these types of regulations are also seen in the 2006 UK PAS Bill.²³⁰ And as we will discuss when we turn to Nigel Biggar's perspective, some proponents of euthanasia in practice argue that rigorous regulations can also prevent a 'slippery slope phenomenon' or the slide from voluntary euthanasia to non-voluntary and involuntary euthanasia.

Moreover, Badham investigates the effect a change in euthanasia laws would have on, for example, the doctor-patient relationship. He argues that legalizing euthanasia will increase trust and rapport between the two parties because it allows them to openly discuss all available end-of-life options, as has been observed in Oregon and the Netherlands.²³¹ In fact, according to Badham, 79 per cent of British patients say they would trust their doctors 'more' if euthanasia was permissible.²³² Similarly, Bryant et al. report that 'about half' of UK physicians support a change of euthanasia laws and 'some' doctors have fulfilled a patient's request to end their lives.²³³

²²³ Warnock and Macdonald, *Easeful Death*, p. 81

²²⁴ Badham, *Is there a Christian Case for Assisted Dying?*, p. 57.

²²⁵ Glover, *Causing Death and Saving Lives*, p. 183; Dignity in Dying Report, in *Dignity in Dying Online*, February 2006, <www.dignityindying.org> (accessed 14th February 2011)

²²⁶ Warnock and Macdonald, *Easeful Death*, p. 81; Pence, *Brave New Bioethics*, p. 88.

²²⁷ Kevin B. O'Reilly, 'Oregon Still Stands Alone: Ten Years of Physician Assisted Suicide,' *American Medical News*, May 12th 2008, <<http://www.ama-assn.org/amednews/2008/05/12/prsa0512.htm>> (accessed 13th February 2011); Jonsen et al., *Clinical Ethics*, p. 141.

²²⁸ Kevin B. O'Reilly, 'Oregon Still Stands Alone...' (Accessed 13 February 2011); Jonsen et al., *Clinical Ethics*, p. 141.

²²⁹ Judith Andre, *Bioethics as Practice* (The University of North Carolina Press, 2002), p. 124.

²³⁰ Badham, *Is there a Christian Case for Assisted Dying?*, p. 58.

²³¹ Badham, *Is there a Christian Case for Assisted Dying?*, p. 109-110.

²³² Badham, *Is there a Christian Case for Assisted Dying?*, p. 109-110.

²³³ Bryant et al., *Introduction to Bioethics*, p. 203.

Conclusion

This perspective utilizes a broadly Western style consequentialist approach, which involves achieving an end or goal as much as possible by weighing the benefits of various alternatives. Joseph Fletcher's consequentialist approach is grounded in Biblical scripture to form a liberal Christian 'personalistic' perspective in support of VAE or PAS as a final option in terminal or extreme pain cases. Although Fletcher does allude to scripture for one argument, it seems that John Paul and Banner clearly have a deeper religious foundation for their respective arguments, whereas Fletcher utilizes more of a secular platform to present his argument.

It seems that the main emphasis of Fletcher's argument comes from a physical and/or psychological perspective, where the overriding concern is to alleviate pain and discomfort through euthanasia. Moreover, it seems that Fletcher places greater weight on experience and overall results to make his argument as compared with John Paul and Banner. Fletcher's case is broadly consequentialist, and considers the circumstances of each case. For example, his argument emphasizes quality of life where this is understood in psychological terms, and in terms of capacity for autonomous choice. In certain cases, Fletcher believes that the patient's death may be the best outcome for them because it will alleviate their pain and preserve their dignity. He adds that this argument is particularly telling if the patient has lost the capacity to help others. From this standpoint, his approach clearly contrasts with those of John Paul and Banner not only in his conclusions but also in terms of his method. Therefore, Fletcher's intended base audience can plausibly include, but not necessarily be restricted to, liberal Western Christians or even Western secularists that may primarily consider factors such as the quality of life and pain and suffering as opposed to the sanctity or value of life from a theological perspective when making important end-of-life decisions. In addition, these Christians or secularists may look to other similar stances in the minority like that of Fletcher's (e.g. Paul Badham) to shift, influence or change the status quo position or policies on active euthanasia more broadly taken by the majority of Christian denominations and adopted by many countries (e.g. United States).

Although Fletcher's argument for euthanasia can be one way of providing mercy, there may be other ways of providing mercy from extreme pain, such as hospice care. His antagonistic view of Church teachings rests at times on a misconception or perhaps an alternative viewpoint on its teaching concerning issues such as capital punishment, just war, 'vitalism' and martyrdom, and this may serve to weaken or sustain his argument for euthanasia. Since Fletcher misrepresents traditional teachings on these issues, he would likely not win over opponents of euthanasia such as Michael Banner and John Paul. By stating that a

physician intends to kill by administering pain medication in large doses, Fletcher also dismisses the key distinction in the doctrine of double effect. He also presents a weak argument against quick or 'snap' decisions on euthanasia, since some legally established institutions today do in fact adopt 'fast-track' procedures for euthanasia.

The last section discusses the perspective of Nigel Biggar who utilizes a blend of Christian anthropology and secular consequentialism to formulate his argument.

Introduction to Nigel Biggar's Anthropological and Consequentialist Approach

Nigel Biggar, professor of Christian ethics at the University of Oxford, uses a combination of Western Christian anthropological and secular consequentialist styles of argument in his book, *Aiming to Kill: the Ethics of Suicide and Euthanasia*, to make the case that although VAE or PAS may be permissible in principle, in certain rare, tightly defined conditions, they should be not accepted in practice. Biggar holds a traditional position that human life is sacred and moderate suffering can be received in a spirit of acceptance. Suffering within tolerable limits may have spiritual meaning and should be endured, but it also seems evident to him that, in serious cases, lack of quality of life is a sufficient reason for hastening death, at least in principle. One may intend to hasten death when intense suffering or loss of 'biographical life' has 'significantly' reduced the sacredness or value of human life. His grounds for this judgment are basically theological, as we shall see. However, Biggar also believes that changing laws against VAE or PAS may ultimately lead to a decline in respect for human life. So for this consequentialist sort of reason, he stops short of endorsing euthanasia in practice.²³⁴

Biggar is opposed to all forms of involuntary and non-voluntary euthanasia, so his discussion focuses on voluntary euthanasia. Biggar presents three arguments. A) Human life is worthwhile provided we are able to serve humanity; however, if biographical life is lost or pain becomes extreme, the value of human life has significantly diminished. In these specific cases, hastening of death is permissible in principle. B) It is also permissible in some other cases to give pain relief medication foreseeing death will result, while not intending this outcome. And C) since relaxation of regulation can result in decline in respect for human life, there should be no changes in the UK law prohibiting VAE and PAS.

²³⁴ This overview of Nigel Biggar's book, *Aiming to Kill: the Ethics of Suicide and Euthanasia*, is supported by J. Coggon. In his review of the book, Coggon believes that it explores the theological basis of the sanctity of life doctrine as opposed to just asserting what the doctrine demands, citing as authority that it is a traditional and fundamental principle, Coggon states that Biggar offers an account of its historical and contemporary relevance. For Coggon, the final chapter of Biggar's book relating to the slippery slope idea is grounded in consequentialist reasoning which solidifies Biggar's opposition to euthanasia (J. Coggon, 'Journal of Medical Ethics' 32 (2006): p. 556).

Let us first consider these arguments. In concluding this chapter, we will compare Biggar's approach with those of Michael Banner, Joseph Fletcher and John Paul.

(A): The Value of Human Life

The special value of human life lies in the opportunity it affords to hear and respond to a call from God to make a unique contribution to the maintenance and promotion of created goods in the world. It remains reasonable to regard human life—and the opportunity for responding to one's vocation that it affords—as a gift or loan from God that deserves gratitude and obliges care and responsible management, even when that involves considerable suffering. [However], not all physical suffering is redemptive, and some suffering can be so intense and relentless as to make responding to anything other than pain—including a vocation—inconceivable.²³⁵

Biggar believes human life has 'special value' as long as 'biographical life' is present and the person experiences no more than moderate or 'considerable' suffering. Biographical life is significant in his view because it allows one to serve others and grow spiritually.²³⁶

Biggar distinguishes this 'biographical life' from 'biological life.' On this account, 'biographical life' involves awareness or consciousness, thought formation, aspirations, the ability to reason, physical mobility and freedom from extreme pain. Ronald Dworkin and James Rachels adopt similar descriptions which they term as having 'critical interests' and 'having a life,' respectively.²³⁷ Biographical life has 'special value' because the 'person' can then 'hear and respond to a call from God' to cultivate a relationship with God. As Biggar states, 'the life of the human individual is precious because it is constituted and dignified by a unique vocation by God.'²³⁸ 'Special value' can also involve the idea that human life has divine origins.²³⁹ Additionally, biographical life may allow the person to appreciate his surroundings, his health, freedom and personal relationships.²⁴⁰ 'Biographical life' can also involve the capacity to take care of oneself and to 'to make a unique contribution' to society.²⁴¹

On the other hand, Biggar notes that an individual without 'biographical life' can be reduced to *merely* 'biological life' especially in cases of intolerable pain and terminal disease. Such an individual may be deficient in mental capacities as in cases of a PVS, brain death, permanent coma or continuous severe pain. As Biggar states, 'Severe brain damage can rob a human being even of the very capacity for consciousness that is the precondition of response [to opportunity].'²⁴² Warnock and Macdonald express a similar view by stating that illness may leave an individual as 'not the same person.'²⁴³ In these instances, Biggar maintains it may be permissible to intend hastening death because human life will then have lost 'its sacred value'

²³⁵ Biggar, *Aiming to Kill: The Ethics of Suicide and Euthanasia* (London: Darton, Longman & Todd, 2004), p. 55-56.

²³⁶ Biggar, *Aiming to Kill*, p. 55.

²³⁷ Dworkin, p. 201; Rachels, p. 114.

²³⁸ Biggar, *Aiming to Kill*, p. 113.

²³⁹ Biggar, *Aiming to Kill*, p. 55.

²⁴⁰ Biggar, *Aiming to Kill*, p. 55.

²⁴¹ Biggar, *Aiming to Kill*, p. 55.

²⁴² Biggar, *Aiming to Kill*, p. 55.

²⁴³ Warnock and Macdonald, *Easeful Death*, p. 136.

and in these cases, killing need not involve harming the person.²⁴⁴ Warnock and Macdonald also interestingly point out that Biggar ascribes sacredness to ‘biographical’ life but not to all forms of human life, which is similar to Fletcher’s view.²⁴⁵ This contrasts with John Paul’s attitude that human life has special value in all circumstances because the human person is ‘made in the image of God.’ Furthermore, John Harris argues that even if an individual is in, for example, a persistent vegetative state, that individual is still considered a ‘human person’ until death, because human (biological or bodily) life is considered unconditionally good.²⁴⁶

Biggar also argues the ‘special value’ of human life can be related to God’s vocation for the individual. As he comments: ‘The special value of human life lies in the opportunity it affords to hear and respond to a call from God to make a unique contribution to the maintenance and promotion of created goods in the world.’²⁴⁷ Here Biggar seems to develop the notion of biographical life by considering in particular the kind of life story which involves a response to God’s call. This sort of life story is especially important in grounding the ‘special value’ of human life.²⁴⁸ Biggar believes human beings can respond to God’s call in most but not all circumstances. For example, an individual who is in moderate or ‘considerable pain’ is encouraged to fulfil God’s calling. Even in such cases, Biggar believes human life ‘deserves gratitude and obliges careful and responsible management.’²⁴⁹ However, extreme pain or terminal disease may inhibit individuals from fulfilling this vocation because they are dealing with only the pain or disease.²⁵⁰ This attitude is similar to Stanley Hauerwas’s view that ‘intense’ pain inhibits one from understanding the value of suffering.²⁵¹ If an individual cannot respond to their God-given vocation, then their life has lost its special value, Biggar suggests. In that case, once again, the intention to hasten death need not be ‘malevolent.’²⁵²

There may be a problem with this argument given Biggar’s understanding of this God-given vocation. The vocation seems to involve ‘a call from God to make a unique contribution to the maintenance and promotion of created goods in the world.’²⁵³ However, an individual with Alzheimer’s disease, for example, may well be unable to ‘make a unique contribution to the maintenance of created goods.’ And yet we may wish to say that such individuals retain their special value. Biggar’s argument runs the risk of resembling the Nazi claim that unproductive individuals do not deserve to live. We might also suppose that our lives retain

²⁴⁴ Biggar, *Aiming to Kill*, p. 114.

²⁴⁵ Warnock and Macdonald, *Easeful Death*, p. 86.

²⁴⁶ John Harris, *Human Rights and Common Good: Collected Essays: Volume III* (Oxford University Press, 2011), p. 220.

²⁴⁷ Biggar, *Aiming to Kill*, p. 55.

²⁴⁸ Biggar, *Aiming to Kill*, p. 55.

²⁴⁹ Biggar, *Aiming to Kill*, p. 55.

²⁵⁰ Biggar, *Aiming to Kill*, p. 56.

²⁵¹ Hauerwas, *Suffering Presence*, p. 27.

²⁵² Biggar, *Aiming to Kill*, p. 114.

²⁵³ Biggar, *Aiming to Kill*, p. 55.

significant worth even when we are unable to help others. For example, even someone who cannot actively promote 'created goods,' due to a state of mental and physical debilitation may still contribute to the worth of my life by providing me with an opportunity to be of service to them.

There may also be a problem with Biggar's idea that the person who lacks a storied life does not have special value. He seems to be thinking that a person who cannot recount their own story will lack special value. A newborn child cannot rehearse their own life story, yet their life surely has a storied significance even so because they are already someone's son or daughter or someone's brother or sister. And on Biggar's view, we surely ought to see each individual, whether or not they can tell their own story, as sharing in the story of God's relationship to human beings. We might then say an infant has special value even if they cannot relate their own story because they are caught up in a web of relationships involving other human beings and also God.

The Opportunity for Spiritual Growth

The idea of 'development of moral character' is another way in which Biggar extends his account of biographical life. Certain forms of suffering we might associate with terminal conditions can contribute, he suggests, to rich forms of biographical life because suffering can play a part in spiritual growth. In his book *Evil and the God of Love*, John Hick similarly develops this idea at some length.²⁵⁴ Hick explores how certain moral and spiritual qualities, such as patience or fortitude, can be strengthened in the face of adversity. Biggar shares Hick's perspective to some extent. As Biggar asserts: 'Christians place great value on opportunities to [develop moral character] and affirm an obligation to be grateful for these, even if they involve great suffering.'²⁵⁵ On this view, while pain itself is a bad thing, in some circumstances some good may come from it which outweighs the bad. So a life that seems 'unsatisfactory' at first because it involves pain and suffering could be seen as an opportunity to appreciate 'the value of a life much hindered' and acquire maturity, insight and 'fulfilment.'²⁵⁶ In other words, moderate pain or times of trial need not be viewed as bad overall, burdensome or a sign of a damaged life, but rather a valuable opportunity to overcome difficulties through faith, 'experiences, convictions, and reflective reasoning.'²⁵⁷ However, while these spiritual qualities can develop in response to moderate forms of pain, other forms of pain can demoralize the person rather than providing a stimulus to moral growth.

²⁵⁴ John Hicks, *Evil and the God of Love* (Palgrave Macmillan, 2010), 432 pages.

²⁵⁵ Biggar, *Aiming to Kill*, p. 30.

²⁵⁶ Biggar, *Aiming to Kill*, p. 26 and 27.

²⁵⁷ Biggar, *Aiming to Kill*, p. 27.

Extreme forms of suffering that are attributed to illness can overwhelm the person, rather than produce spiritual growth.²⁵⁸ For example, in moderate pain or discomfort, one can turn one's thoughts to God in prayer, whereas in excruciating pain one may be able to think of nothing but the pain, so that one's thoughts turn away from God. Here Biggar refers to: 'A patient who is suffering from physical pain so relentless that it permits her to do nothing else but struggle with it...'²⁵⁹ While Biggar may be right that extreme forms of pain can divert a person from God or disrupt their relationship with God, we may still think some saintly individuals can incorporate even extreme forms of pain into their relationship with God. The capacity to endure pain will vary from person to person, and we might speculate that even extreme pain may be redemptive for some people. In a similar way, Badham argues that suffering may often inhibit one from living one's life creatively or to its fullest potential when one's life becomes a burden on oneself or others.²⁶⁰

In addition to moderate forms of suffering caused by illness, Biggar argues that certain types of suffering caused by another person should be accepted or experienced. He believes suffering caused by others can be redemptive, because it allows the sufferer to follow Christ's practice of forgiveness. This implies expressing acts of Christ-like kindness by pardoning or showing mercy or compassion to those who have caused one to suffer in order to grow spiritually and become closer to God. As he says: 'It is possible to regard human suffering as redemptive, but only of a certain kind; namely, the compassionate and forgiving suffering of external injury that others have afflicted upon the individual.'^{261 262} This idea of redemptive suffering is somewhat different from John Paul's attitude to redemptive suffering. However, Biggar argues that 'other physical kinds of human suffering' caused by others should not be regarded as redemptive because these types of suffering may make it difficult to '[imitate] the compassion and forgiveness of God in Christ.'²⁶³ But Biggar does not provide any examples of 'other physical kinds of human suffering.' Even so, it seems that for Biggar, certain (external) sources of pain or specific (internal) qualities of pain can provide spiritual benefit.

This idea of forgiveness and compassion seems like a more practical way of 'sharing' in the sufferings of Christ. However, this idea may not apply to suffering that is caused by oneself through, for example, one's lifestyle habits (e.g. health related suffering). Moreover, some critics maintain that Christ's forgiveness and compassion demonstrates that 'God is love' or

²⁵⁸ Biggar, *Aiming to Kill*, p. 55.

²⁵⁹ Biggar, *Aiming to Kill*, p. 49-50.

²⁶⁰ Badham, *Is there a Christian Case for Assisted Dying?*, p. 65-66.

²⁶¹ Biggar, *Aiming to Kill*, p. 54.

²⁶² In his book, *Hospitality as Holiness: Christian Witness Amid Moral Diversity*, Luke Bretherton cites this passage by Nigel Biggar to support his argument that if suffering can be placed within the narrative framework of the Gospels, then it may allow one to endure it patiently and it can be considered redemptive, and, therefore, suffering would not be pointless and meaningless (Ashgate Publishing, 2010, p. 173).

²⁶³ Biggar, *Aiming to Kill*, p. 54.

loving, so God would not want one to needlessly endure suffering.²⁶⁴ This view would, once again, support the idea that medical intervention should be used to eliminate suffering, and this is a view that Biggar would defend, as we will see at the end of this account.

Prolonging Life Indefinitely and Allocation of Resources

Biggar argues that futile treatment should be discontinued rather than use resources to prolong the patient's life when biographical life has diminished and there is little chance for recovery. In these cases, he believes that individuals should 'bow to the oncoming of death and let go of life,' which implies accepting the inevitability of death.²⁶⁵ Instead, treatment may be used more effectively for those who are not in terminal conditions and have greater chances for recovery. As Biggar states, there is benefit in 'conserving health care resources for use in bettering the conditions of afflicted, but still responsible individuals.'²⁶⁶ Biggar also believes that maintaining an individual without biographical life may impose emotional costs on the family. By discontinuing futile treatment, the family may be able to 'move on' emotionally in time and bring closure to the grieving process.

This argument is supported by Stivers et al. who also appeal to resource allocation issues given the tremendous shortage of organs for transplant at least in the United States.²⁶⁷ Many patients are rejected for a transplant on the grounds of their age and medical status.²⁶⁸ Such treatment may instead go to those 'who can obtain the most life from them,' which implies younger persons with favourable medical conditions.²⁶⁹ This type of approach is being considered with kidneys by the United Network for Organ Sharing (UNOS). Currently, the next person on the 87,000 recipient waiting list for a kidney will receive one regardless of age or status.²⁷⁰ However, a new approach would reserve 20% of kidneys for those who are 'expected to live the longest after the transplant,' which may often be younger patients, in order to use organs in the most effective and judicious way.²⁷¹ Critics believe the approach invites age discrimination and bias.²⁷²

While this solution may result in productive use of organs, the question of who or what process decides the allocation and use of health care resources remains unresolved. Rising health care costs, low-income patients with pre-existing conditions and insurance

²⁶⁴ Badham, *Is there a Christian Case for Assisted Dying?*, p. 86.

²⁶⁵ Biggar, *Aiming to Kill*, p. 48-49.

²⁶⁶ Biggar, *Aiming to Kill*, p. 114.

²⁶⁷ Stivers et al., *Christian Ethics*, p. 293.

²⁶⁸ Stivers et al., *Christian Ethics*, p. 293.

²⁶⁹ Stivers et al., *Christian Ethics*, p. 293.

²⁷⁰ Katie Moisse, 'Organ Donation: Should Younger Patients Get Better Kidneys?' *ABC NEWS Report*, 25th February 2011, Accessed 26th February 2011.

²⁷¹ Katie Moisse, 'Organ Donation: Should Younger Patients Get Better Kidneys?'

²⁷² Katie Moisse, 'Organ Donation: Should Younger Patients Get Better Kidneys?'

coverage policy stipulations can also have a bearing on this question. Clearly, prolonging life indefinitely will not result in maximizing the value of resources, so Biggar is correct that each case must be judged on its individual merits, though he does not address how this should be done. And to what can we attribute the increased incidence of prolonging life indefinitely? Hans Kung and Guy Brown argue, as stated by Badham, that while technology has greatly improved our lives, especially in the past few decades, it has also been used to delay death, 'in some cases by many years,' during which time the patient continues to suffer from, for example, chronic disease, so keeping them alive unnecessarily.²⁷³

(B): The Morality of Acts of Killing

In the previous discussion, we examined how the special value of human life is connected to its biographical character. In Biggar's view, when biographical life has significantly diminished, then one may intend to hasten death because killing the person need not involve harming them in these circumstances. Biggar also asserts that some kinds of pain can be a source of spiritual benefit. However, there may be little benefit in extreme pain which may diminish biographical life since one can focus on nothing but the pain and this may also cause one to consider euthanasia. These views are clearly different from those of John Paul and Michael Banner and they represent a controversial approach in the context of Christian discussion of euthanasia.

Biggar's view is controversial among Christian ethicists because he says that, in certain special cases, it is permissible, in principle, to aim at death rather than merely foreseeing that death will be the consequence of one's action. It is worth being clearer about Biggar's reason for taking this stance. Biggar believes that one should not intend to hasten death if biographical life exists or in cases of moderate pain only because such pain can often be alleviated or managed by treatment. He also believes the persistence of moderate pain can be a source of spiritual benefit. However, extreme forms of pain may be unmanageable, and since there may be minimal benefit from these forms, Biggar argues that they are not worth enduring and, therefore, it is permissible to have recourse to euthanasia. On the other hand, Biggar agrees with John Paul and Banner that under appropriate circumstances, it is permissible to provide pain relief foreseeing that this will result in death, while not intending death. This idea appeals to the doctrine of double effect (DDE). As we have noted in Chapter 1, some scholars dispute the applicability of DDE in these cases since administering high doses of pain relief suggests, they say, direct intention to kill, rather than just relieve pain.²⁷⁴ And

²⁷³ Badham, *Is there a Christian Case for Assisted Dying?*, p. 8.

²⁷⁴ Warnock and Macdonald, *Easeful Death*, p. 96; Glover, *Casing Death and Saving Lives*, p. 199.

care-givers in the hospice movement may concede that, if one administers high enough doses of morphine intending to relieve extreme pain, then in practice, this will likely result in death.

(C): The Slippery Slope

As we have seen, Biggar argued that intending to hasten death is permissible in principle in certain extreme cases, a view which is supported by Warnock, Macdonald and Glover.²⁷⁵ However, for consequentialist reasons, he also holds one should never intend to hasten death in terminal disease cases in practice, since such behaviour could lead to a progressive loss of respect for human life. Thus, there should be no change in UK laws prohibiting VAE and PAS. I will now discuss his view on this point in greater detail.

Even if it is known that a request to die is made voluntarily and the person is in extreme pain or terminal illness, Biggar believes that such requests should still be rejected, because the granting of such requests can contribute to a 'moral slide' or the degradation of the value of human life by encouraging others in similar situations to hasten their death. There is also a risk that such requests will in fact be made under pressure, because an individual feels like a burden on others. And the number of such pressured requests may grow when a request is likely to be met. In addition, the value of human life may arguably be affected by euthanasia that is non-voluntary. To support his argument, Biggar cites two Netherland-based surveys from 1991 and 1996. The 1991 report stated that even with laws prohibiting NVE at that time, out of a total of 129,000 deaths in the Netherlands in 1990, 1000 of these deaths were caused by euthanasia but 'without explicit request of the patient.'²⁷⁶ And in the 1996 report, 900 deaths occurred by intentionally hastening death without patient consent, out of 135,000 total deaths in 1995.^{277 278} Based on these views, Biggar concludes that 'there is reason to fear that the shift from voluntary to non-voluntary euthanasia has indeed constituted a moral slide' implying a degradation or rejection of the value of human life.²⁷⁹ So to uphold the value of human life, he argues that doctors should not fulfil patient requests for euthanasia and UK euthanasia laws should not be changed. However, some scholars contend that these 'figures, though often repeated, are not very reliable...since [NVE] is illegal in the Netherlands, it is unsurprising that evidence of its occurrence is difficult to collect.'²⁸⁰ Furthermore, it may be questioned whether euthanasia can affect or reduce the value of human life in terminal illness or extreme pain because Biggar previously argued that in these

²⁷⁵ Warnock and Macdonald, *Easeful Death*, p. 86; Glover, *Casing Death and Saving Lives*, p. 188.

²⁷⁶ Biggar, *Aiming to Kill*, p. 127.

²⁷⁷ Biggar, *Aiming to Kill*, p. 131.

²⁷⁸ In his review of the Nigel Biggar's book, J. Coggon criticizes Biggar for only using statistics from the Netherlands to support his argument and not elsewhere such as Oregon (J. Coggon, 'Journal of Medical Ethics' 32 (2006): p. 556).

²⁷⁹ Biggar, *Aiming to Kill*, p. 145.

²⁸⁰ Warnock and Macdonald, *Easeful Death*, p. 84.

types of cases, the sacred value of human life is 'lost.'²⁸¹ Instead, it may be argued that euthanasia can disregard the value of human life only in cases when terminal illness or extreme pain is not a factor. This argument may support the idea of euthanasia for competent patients with terminal suffering or extreme pain.

While Warnock, Macdonald and Glover acknowledge these consequences, they believe that terminal suffering or extreme pain can also diminish the value, dignity and quality of life as well as increase dependence on others. Therefore, permitting, but strictly regulating, VAE and PAS for competent consenting patients only in these cases would, in their view, inhibit this erosion of values for others and safeguard the patient from unwanted pressure, coercion and abuse.²⁸² And 'more stringent' policies like these and others we have discussed may prevent or make it 'less likely' that VAE will slide into NVE or worst.²⁸³ Warnock and Macdonald believe 'that with more stringent legislation, if it could be drafted, would serve to block the descent down the slippery slope which leads to non-voluntary euthanasia.'²⁸⁴ This view is similarly endorsed by the *Dignity in Dying* organization in their campaign to legalize euthanasia in the UK, and was reflected in Lord Joffe's 'Assisted Dying' Bill.²⁸⁵ However, Badham questions why euthanasia should only be permitted for competent patients, since those who are incompetent may also experience suffering.²⁸⁶ But it is precisely this type of argument which seemingly provides the opponents of euthanasia a prime impetus to resist changes in UK law.

Biggar is aware of the attempt to establish such regulations in the Netherlands (as well as the UK). While these regulations have been somewhat successful in his view, he feels that there is still a risk that respect for human life will be eroded. He states, 'While [the Netherlands experience] does not (yet) support fear of a slide to the point of mercy-killing on demand, it certainly confirms doubts that the deliberate taking of the lives of patients can be confined.'²⁸⁷ Biggar's argument may be supported by the fact that over fifty percent of Holland's population oppose the euthanasia laws based on this reason.²⁸⁸ And this concern may also be realistic because it may be argued that no matter how strict a (euthanasia) law is,

²⁸¹ Biggar, *Aiming to Kill*, p. 114.

²⁸² Warnock and Macdonald, *Easeful Death*, p. 81; Dignity in Dying Report, in *Dignity in Dying Online*, February 2006, <www.dignityindying.org> (accessed 14th February 2011).

²⁸³ Warnock and Macdonald, *Easeful Death*, p. 84 and 139.

²⁸⁴ Warnock and Macdonald, *Easeful Death*, p. 84.

²⁸⁵ Badham, *Is there a Christian Case for Assisted Dying?*, p. 55.

²⁸⁶ Badham, *Is there a Christian Case for Assisted Dying?*, p. 55-56.

²⁸⁷ Biggar, *Aiming to Kill*, p. 164.

²⁸⁸ FAQ—*Euthanasia in the Netherlands*, September 29th 2009, <<http://www.rnw.nl/english/article/faq-%E2%80%93-euthanasia-netherlands>> (accessed 13 February 2011).

it may not deter or prevent every illegality. Warnock and Macdonald acknowledge that NVE can occur regardless of whether euthanasia is legal and may involve judging quality of life.²⁸⁹

However, it may be argued that 'deliberate taking of the lives of patients can be confined' if there is a legal measure which allows voluntary euthanasia only. Warnock and Macdonald respond directly to Biggar by citing research by Dr. Penney Lewis who suggests that there is 'no evidence' that NVE has increased due to VAE legalization in the Netherlands, Oregon or Belgium.²⁹⁰ In fact, according to Badham, Warnock and Macdonald assert that the permissibility of VAE and PAS in the Netherlands has served to avoid a 'slippery slope' implying a prevention of NVE and desperate attempts at suicide.²⁹¹ This assertion is supported by a 1998 study which found that legalizing VAE and PAS may not affect or may even decrease the frequency of NVE.²⁹² So Warnock and Macdonald conclude that one should not 'rely on "The Netherlands experience" as an argument against a change in the law.'²⁹³ These findings may indicate that NVE and suicide may be higher in regions where VAE is not legally permitted. So a law that permits voluntary euthanasia may be beneficial to regulate or reduce NVE and suicide, which, in turn, may restrict 'mercy killing on demand.' Similarly, there is little evidence in the same areas to support the idea that VAE and PAS will/have put pressure on vulnerable or disabled groups.²⁹⁴

In addition to the Netherlands, Biggar also cites the practices of the Nazi period to argue against legalizing euthanasia. He believes that euthanasia may mimic or repeat Nazi practices, which involved manipulation, abuse and killing of those who were vulnerable or a burden on society such as the retarded, the elderly, the disabled, or those unable to work or care for themselves.²⁹⁵ This historical reference indicates how the rise of greater independence, rising health care expenses in the context of a declining economy, and the perceived burden of caring for these types of persons may bring a risk of eroding human values. As Biggar states: 'the record of Germany in the Weimar and Nazi periods warns of how medical frustration at impotence, economic pressures, the cultural worship of youth and physical health, and the natural desire of those who care for the incurable to have their burden lifted can combine to create an impatience with the handicapped, the chronically ill, and the dying that undermines the commitment to support their more limited forms of personal life.'²⁹⁶ This view is supported by Ian Dowbiggen and Susan Benedict and Lisa Shields

²⁸⁹ Warnock and Macdonald, *Easeful Death*, p. 85.

²⁹⁰ Warnock and Macdonald, *Easeful Death*, p. 85.

²⁹¹ Badham, *Is there a Christian Case for Assisted Dying?*, p. 110.

²⁹² C.J. Ryan, 'Pulling up the runaway: the effect of new evidence on euthanasia's slippery slope,' *J Med Ethics* 24 (1998): 341-344.

²⁹³ Warnock and Macdonald, *Easeful Death*, p. 85.

²⁹⁴ Warnock and Macdonald, *Easeful Death*, p. 88.

²⁹⁵ Biggar, *Aiming to Kill*, p. 167.

²⁹⁶ Biggar, *Aiming to Kill*, p. 160-161.

who similarly state that the Nazi agenda began with the 'so called "euthanasia" program' in 1939 with the killing of mentally ill adults, but 'over time [criteria for selection of killing] were bent' leading to the killing of sick and disabled children and elders.²⁹⁷ John Harris is of the viewpoint that during this time 'euthanasia' broadly included killing those who were suffering, a burden on others, or who deemed their life not worth living.²⁹⁸ In addition, killing was also interpreted as a public benefit related to eugenics and racial purity, more space and benefits for indigenous Germans, and less usage of resources on so-called 'useless mouths.'²⁹⁹ Moreover, according to some scholars, this type of ideology began before the Nazi period and was inspired by the eugenics and the social Darwinism movement in the late 19th and early 20th centuries.³⁰⁰ During this time, health policies were changing towards an approach called 'racial hygiene' which favoured more 'fit' members of society and the elimination of its weaker members or 'inferior individuals.' Biggar believes that because these types of factors can lead to similar approaches toward the weak in the modern era, euthanasia laws in the UK should remain prohibited.³⁰¹ Robin Gill also expresses concerns about the negative treatment of potentially vulnerable persons as well as the overall image of the medical profession if euthanasia is legalized.³⁰² These issues were also cited by other scholars in Chapter I as well as the American College of Physicians and the British Medical Association.³⁰³ But are the actions of the Nazi era a fair reflection of the modern euthanasia movement?

Badham challenges Biggar's point directly by arguing that Hitler's ideology implied a 'murderous decree,' so the Third Reich experience does not entail a slippery slope.³⁰⁴ However, it may be argued that if killing was initially focused on Jews, for example, and then other groups (e.g. Gypsies, homosexuals, vulnerable persons) or vice versa then this process may have involved a slippery slope. But Buchanan et al. believe that Hitler's plans did not initially involve killing Jews and other minorities, but rather focused on 'negative eugenics' which involved purifying the German race from its weak status.³⁰⁵ However, on another note, other scholars state that during the Nazi era, Dutch physicians successfully prevented Hitler's program in the Netherlands.³⁰⁶ Moreover, Badham argues that vulnerable groups today are 'less likely' than the general population to seek assisted dying options, but does not discuss

²⁹⁷ Dowbiggin, *A Merciful End*, p. 69-70; Susan Benedict and Lisa Shields, *Nurses in Nazi Germany: The Nazi 'Euthanasia' Program* (Taylor and Francis Publishers, 2012), 256 pages.

²⁹⁸ John Harris, *Human Rights and Common Good: Collected Essays: Volume III* (Oxford University Press, 2011), p. 211-212.

²⁹⁹ Harris, *Human Rights and Common Good*, p. 211-212.

³⁰⁰ Dowbiggin, *A Merciful End*, p. 65.

³⁰¹ Biggar, *Aiming to Kill*, p. 167.

³⁰² Robin Gill, *Healthcare and Christian Ethics: New Studies in Christian Ethics* (Cambridge: Cambridge University Press, 2006), p. 120.

³⁰³ Badham, *Is there a Christian Case for Assisted Dying?*, p. 52 and 112.

³⁰⁴ Badham, *Is there a Christian Case for Assisted Dying?*, p. 54.

³⁰⁵ Allen Buchanan, Dan Brock, Norman Daniels and Daniel Wikler, *From Chance to Choice: Genetics & Justice* (New York: Cambridge University Press, 2000), p. 37.

³⁰⁶ Pence, *Brave New Bioethics*, p. 87.

why.³⁰⁷ According to research conducted by Margaret Battin et al., the very old (i.e. those over 85) as well as women, the poor, and those from racial or ethnic minorities were 'unlikely' to commit euthanasia in Oregon and the Netherlands.³⁰⁸ This may be because a person from these groups may not fully comply with or meet all of the criteria for voluntary euthanasia. Rather, the research claimed that those who 'enjoy positions of responsibility, independence and personal autonomy' are 'likely' to seek euthanasia especially when these positions diminish.³⁰⁹

Jonathan Glover, James Rachels and Peter Singer also believe that there are differences between the contemporary period and the Nazi period, because the former involves only voluntary euthanasia whereas the latter involved mass extermination.³¹⁰ In fact, Rachels claims that the word 'euthanasia' was a deceptive term used by Hitler to conceal his agenda of 'murderous policies.'³¹¹ It seems plausible that Hitler hid his plans behind the softer guise of euthanasia or the notion of *Arbeit macht frei* ('Work sets you free') to avoid detection or suspicion. In fact, according to Dowbiggen, 'Hitler gave the go-ahead for the euthanasia campaign in 1939.'³¹² If Nazi killing is characterized as a form of 'euthanasia,' Singer believes it would be of the involuntary kind, so he agrees with scholars who argue that strict euthanasia guidelines should involve consent to prevent a slippery slope or 'unchecked' killing.³¹³ For example, Nazi officials depicted the indiscriminate killing of more than 200,000 mental illness patients, prisoners and elderly patients as euthanasia, which contributed to damaging the reputation of the legitimate euthanasia movement elsewhere.³¹⁴ Dowbiggin believes that these types of killings in German history 'tainted the word "euthanasia" ever since.'³¹⁵ If euthanasia involves mercifully ending suffering by terminating a person's life with their consent, then the killing of innocent people during the Nazi era was not euthanasia nor should it be labelled as such. Instead, such killing should be categorized as extermination or genocide, just as similar more recent acts in Darfur, Rwanda and Bosnia were not labelled as 'euthanasia.'

Biggar acknowledges Glover's and Badham's point, but he argues that the experience of the Nazi period suggests that the legalization of euthanasia would pose a risk eroding human values and even a small risk of this nature should not be taken. For this reason, Biggar

³⁰⁷ Badham, *Is there a Christian Case for Assisted Dying?*, p. 112-113.

³⁰⁸ Badham, *Is there a Christian Case for Assisted Dying?*, p. 112-113.

³⁰⁹ Badham, *Is there a Christian Case for Assisted Dying?*, p. 112-113.

³¹⁰ Glover, *Causing Death and Saving Lives*, page 186; Peter Singer, *Practical Ethics* (Cambridge: Cambridge University Press, 1993), p. 215

³¹¹ James Rachels, *The End of Life* (Oxford University Press, 1987), p. 177.

³¹² Dowbiggin, *A Merciful End*, p. 69.

³¹³ Singer, *Practical Ethics*, p. 216; Harry Lessner, 'The Use of Examples in Bioethics,' in *Arguments and Analysis in Bioethics*, edited by Matti Häyry, Tuija Takala, Peter Herissone-Kelly (Rodopi, 2010), p. 70.

³¹⁴ Dowbiggin, *A Merciful End*, p. 64.

³¹⁵ Dowbiggin, *A Merciful End*, p. 65.

is opposed to changes in laws prohibiting VAE or PAS in the UK, unlike Warnock, Macdonald and Glover. Although some argue for a distinction between Nazi practices and euthanasia and its legalization, this distinction need not imply that one cannot learn from the Nazi experience as well as current race-related issues. Since the Third Reich may have influenced modern nationalistic groups like the Klu Klux Klan and the American Socialist Movement, Biggar's points about the Nazi experience are valid today.³¹⁶ History, it seems, has often repeated itself to yield valuable lessons. So if euthanasia is practiced, it seems that tough laws will be important to avoid Nazi-like practices and restrict the practice to the case of voluntary informed decisions. Proponents of euthanasia seem to support Biggar's argument for euthanasia in principle as well as his case for palliative care in the majority of cases.

According to Bryant et al., hospice care organizations claim that 'ninety nine' per cent of terminal pain cases can be managed, and in the remaining one per cent of cases, a 'reasonable' quality of life can still be provided.³¹⁷ And although he does not provide evidence, Biggar claims that hospice care can be used effectively to relieve seemingly *all* forms of pain, even to the point of lasting sedation. As Biggar asks, 'Does [the extreme case] mean that patients who are consumed with severe pain that cannot be effectively managed must simply be left to endure it? Not at all. There is no such thing as pain that cannot be relieved, insofar as permanent sedation can be used as a last resort, even if it were to result in the shortening of life.'³¹⁸ However, if there 'is no such thing as pain that cannot be relieved', then arguably there would be minimal or no need or demand for euthanasia even in extreme cases of pain and suffering. Although extreme cases where pain is hard to manage are rare, Biggar concedes that hospice care needs further improvement to manage pain in certain cases better.³¹⁹ This type of improvement may bring about a decline in the number of euthanasia cases and change public perception. However, until palliative care can effectively manage all pain cases, proponents will arguably maintain that euthanasia in practice is appropriate for terminal cases involving intolerable suffering (that palliative care cannot relieve) or for lives that lack worth or quality that cannot be regained.³²⁰

Some of Biggar's arguments here warrant further examination. First, his previous argument raises questions about the way resources should be used to save and extend life. Is administering pain medication to 'the point of lasting sedation' the best approach? What is the purpose of keeping someone in this lasting state? This argument is puzzling, because

³¹⁶ Michelle Price, 'Reputed neo-Nazi leading patrols in Arizona,' in *Associated Press*, 17th July 2010, <http://www.msnbc.msn.com/id/38290873/ns/us_news-life/#fullstory> (accessed 19 July 2010).

³¹⁷ Bryant et al., *Introduction to Bioethics*, p. 204.

³¹⁸ Biggar, *Aiming to Kill*, p. 168.

³¹⁹ Biggar, *Aiming to Kill*, p. 170.

³²⁰ Warnock and Macdonald, *Easeful Death*, p. 136.

Biggar also favours proper allocation of resources in terminal cases, as discussed. While hospice care can be effective in many cases, it should not be used to create a lasting sedative state as this may suggest that life is being needlessly prolonged, which Biggar also opposes.³²¹ Second, his overall argument seems to involve a paradox. Biggar argues for euthanasia in principle with the loss of biographical life or in cases of extreme pain. This argument is different from that of Banner and John Paul since they believe euthanasia is unconditionally wrong. Yet, Biggar, like them, uses a Christian anthropology to make his argument for euthanasia in principle, which suggests that similar sources can be interpreted differently to reach different conclusions. On the other hand, Biggar uses a consequentialist-style argument to oppose changes in UK euthanasia laws due to the potential erosion in human values and the risk of a slippery slope. However, Fletcher also employs consequentialism to argue that since tight regulations can prevent snap decisions that may affect a slippery slope, euthanasia should be permissible in an effort to preserve human value. These arguments are another example of the same method being used to draw contrary conclusions.

Conclusion

Biggar employs a 'mixed' method involving theological principle, recognition of the debilitating effects of pain, and assessment on historical and sociological grounds of likely outcomes of legalization.³²² Biggar's approach is different from that of the three former commentators because he does not adamantly declare himself either for or against euthanasia at the outset of his discussion. Rather, he initially considers traditional assumptions about the value of human life and the fulfilment of God's call in extreme situations of pain and terminal disease, and experience of past events, to formulate a similar conclusion to John Paul and Banner, namely, ultimately euthanasia should not be permitted in practice.³²³ But it seems Biggar is in a moral dilemma when considering various issues that lead to this traditionalist conclusion on euthanasia. On the one hand, he emphasises the special value and preservation of human life in cases not involving extreme pain. He also acknowledges that on occasion it may be justifiable to relieve pain when foreseeing but not intending death. Biggar also takes into account the consequences of extreme pain or terminal disease and the effects it can have on a person's response to and achieving a divine calling. In such cases, he contends that the intention to hasten death may be morally permissible in principle.

³²¹ Biggar, *Aiming to Kill*, p. 48.

³²² This view is similarly expressed by David Black. In this review of Biggar's book, Black believes that discussing euthanasia from a contemporary theological perspective can be helpful to Christians, because many Christians are unaware of, or are confused by, the issues related to euthanasia. Moreover, Black asserts that the lack of a sufficient Christian account(s) on euthanasia can have a Christian relying on weaker or secular arguments that are incompatible with their fundamental beliefs, especially in light of opposing views which are emerging in favour of assisted suicide (David Black, 'New Blackfriars,' Volume 87, Issue 1011 (2006): 534-535).

³²³ This view is similarly stated by J. Coggon in his review of Biggar's book (J. Coggon, 'Journal of Medical Ethics' 32 (2006): 556).

On the other hand, such reflections are outweighed by a consequentialist argument against euthanasia, since its legalization may result in the erosion of respect for human life, the abuse of vulnerable persons and involuntary euthanasia. While critics doubt the validity of these 'speculative' consequences without the provision of empirical evidence, like Banner and John Paul, Biggar ultimately opposes euthanasia in practice and supports hospice care for all forms of pain.³²⁴ But unlike Banner and John Paul, Biggar adopts a more sociological approach to euthanasia and the effect it may have on society rather than a purely theological, physical or psychological approach focused solely on the individual. This form of approach to euthanasia, which weighs multiple factors, has drawn praise from advocates and opponents of the practice. Since this perspective seems to be the most balanced of the four approaches we have examined, it is more likely that it can serve as a compromise position on euthanasia within a polarized discussion. Biggar's more balanced perspective can reasonably draw the interest of Western Christians and secularist readers who are open to the idea of active euthanasia in extreme cases which hinder their vocational calling, allowing them to objectively examine these 'multiple factors' to make a more informed decision

Conclusion of Chapter II:

In Chapter II, we have examined a broad range of Western Christian approaches to euthanasia for the purpose of analyzing how scriptural sources, tradition, reason, experience and assumptions about the divine nature can shape a particular perspective on euthanasia. In this chapter we have discussed the approaches of: Michael Banner, who applies a robust Christian anthropological approach grounded in scripture and the traditional value of human life to oppose euthanasia; John Paul II, who employs a traditional deontological perspective also grounded in scripture and value of human life to argue against euthanasia; Joseph Fletcher, who applies a liberal consequentialist type of approach to argue for euthanasia in terminal disease or extreme pain; and Nigel Biggar who uses a combination of Christian anthropology and secular consequentialism to argue for euthanasia in principle while ultimately arguing against it in practice.

Since the perspectives chosen for this chapter are written specifically from a contemporary Western point-of-view using English-language sources and Western values, they would mainly be intended for modern conservative and progressive Western audiences, or at least an English-Anglophone readership. Because there is some overlap in methods used in the four perspectives, the Western reader may also arrive at a better understanding as to how a perspective is formulated specifically from a Western context, by identifying and

³²⁴ Warnock and Macdonald, *Easeful Death*, p. 82.

understanding important methods and Western values which feature in these accounts. Moreover, this intra-Western Christian survey on euthanasia may also be compared in methodological terms to (Middle) Eastern Christian views on euthanasia, and other relevant bioethical issues in the West like abortion, stem cell technology and organ donation, as well as Western Islamic perspectives on euthanasia.

From this description, we can highlight various themes or methods which may be similar in various Western Islamic attitudes to euthanasia, as we will see in Chapter III. Identification of common and different themes or approaches will be useful when comparing and contrasting Western Christian and Islamic approaches to euthanasia in Chapter IV. Two major topics identified in Chapter II are religious anthropology and consequentialism. Theological anthropology can include dogmatic and practice based ideas or subject matters common to both faiths: for example, the use of scripture or other authoritative sources, specific views on the value or dignity of human life and the significance of the body, attitudes toward suffering and mercy in extreme conditions, viewpoints on earthly life and prolonging life indefinitely, and the idea of trusting God in death and dying matters. Other aspects under this theme can include different faith-based or traditional practices common to both religions, such as asceticism, fasting, martyrdom and respect for older persons. Conversely, there may be some specifically Christian ideas on euthanasia that may not be transferable such as the role of Christ and the use of New Testament scripture, but which can still be appealing to Muslim scholars and vice versa in the interest of interfaith discussion.

The second major transferable theme identified in this chapter is consequentialism. This method can include a consideration of particular physical or psychological perspectives on euthanasia. As we have seen, for example, under this theme we can consider how lack of quality of life or the breakdown of the personality by extreme pain or terminal disease can shape one's approach toward euthanasia particularly if the person is unable to fulfil a divine vocation, spiritually grow or help others. Another consequentialist-type idea can be the 'slippery slope' phenomenon.

In Chapter III, we will examine different Western Islamic perspectives on euthanasia through a similar approach to Chapter II, namely, by assessing how the use of scripture, tradition, reason and experience can influence Western Islamic attitudes on this issue. Our Western Christian literature survey will then allow us, in Chapter IV, to compare methods of argument used by Christian and Muslim scholars, to consider the possibility of fruitful interaction between these traditions. This survey will also pave the way for a consideration of how the Western Sunni Muslim perspective on euthanasia may be further developed on certain points in Chapter V.

Chapter III: Selected Islamic Perspectives on Euthanasia

Chapter II considered a range of Western Christian perspectives on euthanasia to analyze how particular uses of scripture and appeals to traditional assumptions and experience can guide a scholar's reflections on the subject of euthanasia. The role of Chapter III will be to examine various Islamic approaches to euthanasia with a similar purpose, namely, to identify how various methods of argument are employed to generate different Islamic viewpoints on euthanasia.

The viewpoints examined in this chapter are specifically written by, or are restricted to, modern Western Muslim and non-Muslim commentators in English, but they can be compared to other current Western Islamic (Christian and secular) opinions on the subject. The authors apply a combination of contemporary Western values and ideas and normative traditional ethical Islamic principles and methods that may appeal to a broader Western religious and secular audience that hold conservative, moderate or liberal values or views. However, this study excludes an assessment of contemporary or historical Islamic perspectives on euthanasia written in Arabic or Persian due to the author's lack of knowledge of these languages.

This chapter will describe and analyze the perspectives of, first, Jonathan Brockopp, second, Farzaneh Zahedi, Bagher Larijani and Javad Tavakoly Bazzaz (Zahedi et al.), and finally Abdulaziz Sachedina. These scholars were chosen for this study because they provide a small sample of Western Islamic viewpoints on various issues related to euthanasia. Although Islam almost unanimously prohibits euthanasia based on the Qur'an, Hadith and scholarly consensus, we should not assume that every scholar in Islamic ethics is necessarily against euthanasia. As we shall see, one can argue for euthanasia on the basis of Islamic principles within a Western framework. Jonathan Brockopp presents a utilitarian perspective to make the case that some forms of active and 'passive' euthanasia are permissible in very specific cases. Zahedi et al. argue that 'passive euthanasia' can be permitted in certain situations under consequentialist considerations. Abdulaziz Sachedina uses a traditional Islamic approach to make a case against VAE and PAS. The information from this chapter will provide the basis for the examination of the relationship between Western Islamic and Christian approaches that will be undertaken in Chapter IV. As with other issues, we will expect to find that Muslim and Christian scholars are in some respects alike and in some respects different in the arguments they present on the theme of euthanasia, because Christianity and Islam are grounded in shared principles and practices as well as tradition-specific ideas.

Before discussing these viewpoints, it is helpful to clarify some relevant Islamic terms. *Sunna* is the way of life or custom prescribed as normative in Islam, based on the teachings and practices of the Prophet Muhammad (pbuh), and the *Hadith* is the written collection of his (pbuh) narrations, actions and endorsements during his (pbuh) ministry. *Ijma* can be defined as the consensus among scholars on certain religious issues. According to Sheikh Al-Qaradawi, VAE and PAS involve a deliberate act to hasten death by the patient or caregiver through lethal injection 'or the suspension of ordinary medical treatment.'¹ According to Sheikh Muhammad bin Saalih al-Uthaymeen, suicide is defined as intentionally killing oneself and euthanasia is therefore, from a moral point-of-view, like suicide.² These forms of killing are prohibited in Islam, according to both scholars. The Islamic Code of Medical Ethics (ICME) also rejects these practices: 'Mercy killing, like suicide, finds no support except in the atheistic way of thinking...'³ 'Passive euthanasia' is defined as withdrawing or withholding treatment considered futile to allow death to occur without aiming at death, according to Mufti Ebrahim Desai.⁴ Sheikh Al-Qaradawi views 'passive euthanasia' as an acceptable practice 'and sometimes it is even recommended.'⁵ The ICME adopts a similar stance: '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.'⁶ However, as stated in Chapter I, some scholars do not consider this practice a form of 'euthanasia,' but rather a standard end-of-life medical procedure. This view is also reflected in sources like the ICME.⁷ Death is clinically defined as complete cessation of cardiopulmonary and brain activity and is traditionally understood as the separation of the soul from the body.⁸ Soul (*nafs*) or spirit (*ruh*) is the fundamental source for the existence of human life created by God.⁹ We will now examine these Islamic perspectives starting with American Islamic ethics scholar Jonathan Brockopp.

Introduction to Jonathan Brockopp's Utilitarian Perspective

Jonathan Brockopp uses a Western utilitarian method of argument in his book, *Islamic Ethics of Life, Abortion War and Euthanasia*, to make the case that active and 'passive' euthanasia

¹ Islam Online, 'Islam's Stance on Euthanasia,' in *Islam Online*, 17 November 2004, <www.islamonline.net> (accessed 11th November 2010).

² 'What is the ruling regarding suicide in Islam?,' accessed 10th October 2009, <http://www.islaam.ca/>.

³ International Conference on Islamic Medicine, *The Islamic Code of Medical Ethics*, page 65, <<http://www.islamset.com/ioms/firstcon.html>> (accessed 3 June 2010).

⁴ 'What does Islam say about passive or any kind of euthanasia?,' <http://www.islam.tc/cgi-bin/askimam/ask.pl?q=2906&act=view> (accessed 11 April 2011).

⁵ Islam Online, 'Islam's Stance on Euthanasia,' in *Islam Online*, 17 November 2004, <www.islamonline.net> (accessed 11th November 2010).

⁶ International Conference on Islamic Medicine, *The Islamic Code of Medical Ethics*, page 67.

⁷ Islamic Organization for Medical Sciences, article 62, in *Islamset.com*, 2004, <www.islamset.com/ioms/Code_2004/index.html> (accessed 18 February 2011).

⁸ 'Islamic Medical Ethics: The IMANA Perspective,' *IslamicMedicalEthics.pdf*; 'The Islamic Ruling on Brain Death and Life Support,' Prepared by Idris Palmer, Viewpoints by Dr. Bakr Abu Zaid's (1) *Fiqh an-Nawazil* (2) (Vol. 1, pp. 215-236, Article No. 4, printed by Maktabah ar-Rushd, Riyadh, 1407), <<http://www.themodernreligion.com/misc/hh/brain-death.html>> (accessed 18 February 2011) 17 November 2010).

⁹ *Ibid*, citing Dawud b. Muhammad al-Qaysari, *Sharh qaysari ala fusus al-hikam* (Tehran: Anware al-Huda, 1995), p. 113.

could be permitted in very specific cases.¹⁰ He formulates his viewpoint based on his non-Muslim scholarly academic interpretation of sources such as the *Qur'an*, the *Hadith* and scholarly writings, as one, but not the only, way of arguing on euthanasia. He also draws on a combination of tradition-neutral reasoning and clinical experience to consider 'passive euthanasia' in specific clinical contexts. Interestingly, although Islam has traditionally prohibited active forms of euthanasia, Brockopp appeals to certain religious aspects of death and dying in *Qur'an* and *Hadith* to argue for the permissibility of intentionally hastening death under relevant circumstances.

This methodological approach suggests that religious aspects of death and dying in these Islamic sources and scholarly writings could be interpreted in a philosophically universal or tradition neutral way, which can appeal to Muslims and non-Muslims, in order to reach similar conclusions. Brockopp's combined use of Western or philosophical perspectives and perspectives drawn from Islamic texts may explain or clarify how he arrives at a non-traditional or alternative conclusion. In other words, Brockopp applies (secular) utilitarian ideas within a religious context to argue in favour of active euthanasia, since it may be supposed that euthanasia can be considered a means to a better outcome or result, where the goodness of this outcome is consonant with Muslim values – that is, euthanasia can be an act of mercy in so far as it is intended to achieve paradise and/or the relief of pain and suffering. However, it may also be argued that a similar methodological approach can be utilized to reach a different conclusion that more closely resembles the traditional Islamic view on euthanasia, namely, the right response is to endure suffering through patience, prayer and medicine in order to gain a heavenly reward through divine mercy.

Brockopp has four key arguments. A) The goal of a 'good death,' which is to attain paradise, has greater significance than the means of bringing about death. B) Since Islam allows 'passive' forms of euthanasia in cases when treatment is futile, not all forms of euthanasia are prohibited in Islam. C) Suicide can be considered an act of mercy or compassion. D) Lack of clarity in intention and/or circumstances should not result in martyrdom being confused with suicide.

(A): The Teleology of Death

Brockopp believes that the teleology of death is more significant than the means by which death occurs, since death is part of the larger cycle of God's close involvement in human existence. He argues that the divinely appointed time of death serves as a transition to a more

¹⁰ Jonathan Brockopp, *Islamic Ethics of Life, Abortion War and Euthanasia* (South Carolina: University of South Carolina Press, 2003), 248 pages.

significant phase of life, namely, that involving resurrection, judgment and eternal life. The Islamic view of such matters, he notes, is to be contrasted with the pre-Islamic idea of death as having no meaning or consequence. As he states: 'The act of dying has no intrinsic importance, but rather gains its importance due to the teleology of death, resurrection and judgment.'¹¹ To attain paradise, he suggests, one wants to achieve a 'good death.'¹² As he states: 'The good death in Islamic theology and law embraces this teleology by focusing not on the pain and suffering of this world, but on God's promise of eternal life in paradise.'¹³ Since an individual may have a greater focus on the life that is to come, Brockopp suggests that withdrawing futile treatment as well as PAS or VAE are worth considering as a means to achieving a 'good death.' As he states: 'This teleology seems to be the strongest argument in favour of both passive and active forms of euthanasia.'^{14 15}

However, it may be contended that advocating active euthanasia or requesting death directly contradicts Islam's clear stance on euthanasia and suicide based on the Qur'an, the Hadith and Sharia Law. These authoritative sources reject any form of intentional killing in such cases, regardless of condition or circumstance, and instead promote the use of medicine to manage pain to achieve a comfortable death. For example, a commonly used verse in the Qur'an against euthanasia and suicide is: '*Do not kill yourselves, surely God is merciful to you*' (4:29). Similarly, the following Hadith also advises against killing due to its end result:

The Prophet (pbuh) said: Whoever kills himself with a weapon made of iron, he will keep on hurting himself in hell with the same weapon in hell. And whoever kills himself with poison, he will keep on eating poison in hell. And whoever commits suicide falling from the mountain, he will keep on falling in the fire of hell forever over and over again.¹⁶

Since euthanasia is considered a form of suicide in Islam, any such act would clearly imply divine punishment, as suggested by this Hadith among others. So from an Islamic perspective, how can euthanasia be considered a means to a 'good death' or advancement to paradise? Moreover, Brockopp's argument may convey an inappropriate message to contemporary popular culture that euthanasia and suicide-related acts can be justified if the object is to achieve a 'good death' and reach paradise.¹⁷ Although a 'good death in Islamic theology' can, according to Brockopp, be interpreted as one that is free from pain and suffering as a result of

¹¹ Brockopp, *Islamic Ethics of Life, Abortion War and Euthanasia*, p. 180.

¹² Brockopp, *Islamic Ethics of Life, Abortion War and Euthanasia*, p. 189.

¹³ Brockopp, *Islamic Ethics of Life, Abortion War and Euthanasia*, p. 189.

¹⁴ Brockopp, *Islamic Ethics of Life, Abortion War and Euthanasia*, p. 189.

¹⁵ In his review of Brockopp's book, Abul Fadl Mohsin Ebrahim states that Brockopp could have done a better job of explaining the Islamic philosophy on pain and suffering, which could have helped to clarify and support why the majority of Islamic scholars find it difficult to support euthanasia (and challenge Brockopp's argument). Based on Brockopp's perspective, Ebrahim believes that the main issue on euthanasia from an Islamic perspective is sanctioning euthanasia on the basis of achieving a 'good death,' which can misrepresent or distort Islam's juridical view of euthanasia and suicide, and send the wrong message to Muslims that killing human life in end-of-life cases can be lawful. However, Ebrahim supports Brockopp's argument for a patient refusing extraordinary treatment or withdrawing or withholding futile treatment (Abul Fadl Mohsin Ebrahim, *Journal of Islamic Studies*, Volume 16, Number 3 (September 2005): p. 376-378).

¹⁶ *Hadith - Bukhari 7:670, Narrated Abu Huraira.*

¹⁷ Brockopp, *Islamic Ethics of Life, Abortion War and Euthanasia*, p. 189

euthanasia, it can also mean a pain-managed death involving palliative or hospice care, being at peace with God, being in the presence of one's family, being mentally aware, having one's finances in order, a feeling that life was meaningful, resolving conflicts, dying at home, having dignity and privacy and/or an overall sense of closure.¹⁸ Control over different aspects of the dying process need not include hastening death. And by contrast with Brockopp's emphasis on the idea of 'focusing not on pain and suffering,' a Muslim might support the idea that the endurance of suffering may serve as a way of achieving spiritual purification, spiritual maturity or moral rectitude, which may imply developing a closer relationship with God, strengthening one's convictions or faith in God and/or the absolving of sins. In this way, pain and suffering can be a means to 'eternal life in paradise,' making the teleology of death more meaningful. So while the teleology of death may be more important than the way death occurs, once again, death and dying need not involve euthanasia, and one might argue on Islamic grounds that they ought not to do so. In addition, it may be argued that if eternal life in paradise is, as Brockopp states, 'God's promise,' then one need not intentionally hasten death or give up the 'chance goods of this world' to attain it.¹⁹ Although Brockopp uses tradition-specific reasoning to formulate this argument, it seems more plausible to use the same type of reasoning to oppose his conclusions.

(B): 'Passive Euthanasia'

As we have seen, Brockopp argues in favour of active and 'passive' euthanasia as means to achieving a 'good death.'²⁰ He believes many Islamic scholars allow 'passive euthanasia' in futile cases because clinical judgment and physician experience dictate that futile treatment should be withdrawn or withheld. Thus, he concludes, Islamic scholars cannot unanimously prohibit euthanasia. This conclusion suggests that Brockopp considers withdrawing ineffective treatment as a form of euthanasia, but euthanasia traditionally implies a 'gentle death' based on intent to hasten death. As he states, 'For the muftis, it is not possible to say that euthanasia is always forbidden, as long as the act of euthanasia may be described in such a way that it does not defy the central tenets of Islamic theology.'²¹ For example, Brockopp considers the view of Muhammad Sayyid Tantawi (d. 2010), rector of al-Azhar University. Although Tantawi opposes active euthanasia or 'mercy killing' in all cases since it violates Islamic law, he believes physicians should withdraw or withhold treatment in futile or brain death cases.²² As Tantawi states, '[If] the heart of the patient continues to beat because he is hooked up to a machine, and his brain is dead, there is no fault in the family requesting the

¹⁸ R. Smith, 'A good death,' *BMJ* 320 (2006): p. 129-130.

¹⁹ Brockopp, *Islamic Ethics of Life, Abortion War and Euthanasia*, p. 189.

²⁰ Brockopp, *Islamic Ethics of Life, Abortion War and Euthanasia*, p. 189.

²¹ Brockopp, *Islamic Ethics of Life, Abortion War and Euthanasia*, p. 178.

²² Brockopp, *Islamic Ethics of Life, Abortion War and Euthanasia*, p. 178.

removal of the machine...they are accepting God's decree [since] death is the separation of life.²³ In light of Tantawi's distinction, it may be argued that euthanasia may be prohibited without exception if discontinuation of treatment is not regarded as 'passive euthanasia,' but rather standard practice, as many scholars have contended, since there is no aim to kill (see again Chapter I). Therefore, Brockopp's case does not establish that 'euthanasia' in one widely accepted sense of the term is acceptable in Islamic thought. Furthermore, Tantawi's clear opposition to active euthanasia contradicts Brockopp's previous 'argument, in favor of both forms of euthanasia.'²⁴ Is it possible then to define active euthanasia so that it does not 'defy' Islamic principles? It seems not since active euthanasia intrinsically involves intent to terminate innocent human life, which is outside human authority. Therefore, any such actions appear to remain clearly forbidden in Islam according to verse 4:29 and the Hadith cited above, and are not considered a legal form of terminating human life in Shariah Law.

Brockopp believes that opinions like Tantawi's demonstrate certain 'flexibility' toward medical practice, without threatening Islamic assumptions on the sacredness of human life.²⁵ As he states, 'This flexibility both maintains the relevance of the classical Islamic sources and also offers due respect for technical and medical innovations.'²⁶ This view suggests that openness to 'technical and medical innovations' can provide grounds for extending life, but not for prolonging life indefinitely, as this practice would violate the main guidelines of Islam on human life. Brockopp's stance can also be applied to other practices with ethical implications such as stem cell research and genetic engineering. These practices may also find support in the Hadith which states that God has created a cure for every disease. This stance can provide a significant impetus for human beings to advance research and exploration in health science and technology.²⁷ In addition, this view assigns a clear role to physician authority and clinical experience when establishing death, rather than resorting to the views of religious scholars.

(C): Mercy and Suicide

So far, Brockopp has argued that in specific cases, one may have recourse to active or 'passive' euthanasia. Moreover, Brockopp believes that killing oneself in circumstances of extreme pain or distress should not be considered an act of disobedience, but rather a merciful or compassionate response to human suffering. As Brockopp states: 'Euthanasia may be more generally defined as an act that results in the death of a human being, either by hastening that

²³ Brockopp, *Islamic Ethics of Life, Abortion War and Euthanasia*, p. 178-179.

²⁴ Brockopp, *Islamic Ethics of Life, Abortion War and Euthanasia*, p. 189.

²⁵ Brockopp, *Islamic Ethics of Life, Abortion War and Euthanasia*, p. 178.

²⁶ Brockopp, *Islamic Ethics of Life, Abortion War and Euthanasia*, p. 178.

²⁷ Bukhari, *Sahih, Kitab al-marda*, volume 7, *hadith* 582.

death or by removing hindrances to death, for some positive purpose, usually to alleviate suffering.²⁸ Brockopp acknowledges that suicide is almost universally condemned in Islam based on the Quranic verse: *'Do not kill yourselves, surely God is merciful to you,'* (4:29) together with the teaching that suicide will result in divine punishment. Yet, he contends that although this verse is often used in the context of killing oneself, it actually refers to the prohibition of Muslims killing one another, following Abu Ja'far al-Tabari's view (d. 923). As Brockopp states: 'It is worth noting, however, that while al-Tabari argues that the verse is actually referring to intra-Muslim conflict, and provides no direct evidence against suicide, he likens that conflict to a presumed prohibition of suicide.'²⁹

However, if al-Tabari's interpretation is valid, then what is the relationship between not killing fellow Muslims and God's mercy? Would it not make more sense to interpret this verse as applying to capital punishment cases or other situations of retribution? For example, a Muslim (or a non-Muslim) who is to be executed or is required to pay *diyah* or 'blood money' (indemnity or remuneration) for a crime may be pardoned or forgiven by the victim or victim's family. Based on its apparently clear directive not to kill oneself like the 'thou shall not kill' commandment, it is unsurprising or understandable that this verse has been interpreted, by some Muslim scholars and in contemporary Islamic sources such as the ICME, as a requirement not to kill oneself, so using the verse to oppose suicide and euthanasia.³⁰ If interpreted this way, we can then make more sense of the reference to mercy because God can be merciful, by, for example, providing relief from suffering or helping the person to bear the suffering and seek out means of alleviation. If this interpretation of verse 4:29 is plausible, then it would further support our objection to Brockopp's first argument that active euthanasia may be permissible in some cases.

Brockopp also cites the views of Fakhr al-Din al-Razi (d. 1209). Similar to al-Tabari, in *al-Tafsir al-Kabir (The Great Commentary)*, al-Razi also believes that verse 4:29 specifically refers only to intra-Muslim conflict. As al-Razi states, as cited by Brockopp, '[The interpreters] are agreed that this verse is a prohibition of some [Muslims] killing others.'³¹ On the one hand, al-Razi believes that verse 4:29 may be 'useful' as a deterrent against suicide in most cases based on its first part: *'Do not kill yourselves,'* perhaps in an effort to accommodate contemporary exegesis of 4:29.³² However, on the basis of the second part of the verse, *'for surely God is merciful to you,'* he does not explicitly condemn suicide and believes that it may

²⁸ Brockopp, *Islamic Ethics of Life, Abortion War and Euthanasia*, p. 182.

²⁹ Brockopp, *Islamic Ethics of Life, Abortion War and Euthanasia*, p. 184.

³⁰ Dariusch Atighetchi, *Islamic Bioethics: Problems and Perspectives* (Netherlands: Springer, 2009), page 290-291; International Conference on Islamic Medicine, *The Islamic Code of Medical Ethics*, p. 65.

³¹ Brockopp, *Islamic Ethics of Life, Abortion War and Euthanasia*, p. 184.

³² Brockopp, *Islamic Ethics of Life, Abortion War and Euthanasia*, p. 184.

be acceptable in extreme pain or harm, as we will discuss. This view indicates that al-Razi seems to make a distinction between unjustified suicide and justified suicide. Let us first discuss al-Razi's view of unjustified suicide.

Although al-Razi asserts that verse 4:29 refers to Muslims killing other Muslims, he also recognizes that it may be relevant to killing oneself. The first part of the verse can be relevant to suicide, al-Razi argues, because it may serve as a warning to those who commit suicide without just motive, by extending to such people the prospect of worldly and eternal punishment. Worldly punishment may mean family or community dishonour as a result of public condemnation and criticism, while eternal punishment could imply hell or torture from the source used to kill oneself, as suggested in the related Hadith cited above.³³ Although Abdulaziz Sachedina opposes suicide from a religious standpoint, he concedes that there may be exceptional reasons to justify suicide which may be acknowledged to have a degree of validity. On the one hand, he states: 'In a typical Muslim cultural setting, when a person's reduced circumstances result in extreme poverty and social ostracism, the decision to take one's life might be viewed with as much understanding as condemnation.'³⁴ However, he also asserts that 'from a strict theological point of view, suicide trades a transient, unbearable life in this world for an even more horrible, eternal one beyond.'³⁵ A similar view is supported by al-Razi: 'Staying away from [suicide] in this world is obvious, due to the great suffering and powerful censure [it would cause]. And staying away from it is also obvious in relation to the afterlife, where one would be subject to a terrible chastisement.'³⁶

From this view, it may be inferred that suicide is not permitted at least in 'non-extreme,' recoverable or manageable cases of loss, affliction or adversity. Like Sachedina, al-Razi seems to apply verse 4:29 from the Qur'an as a deterrent which holds out the prospect of eternal punishment or greater suffering than one may be presently experiencing. This interpretation is reminiscent of Fletcher's philosophical understanding of unjustified suicide. For example, on Plato's view, unjustified suicide is 'a crime against God' and may merit eternal punishment. Moreover, Fletcher's argument that unjustified suicide implies that a community is 'robbed' of a potentially productive member may be the reason why al-Razi states that suicide results in worldly condemnation, community criticism or 'powerful censure.'³⁷

Although it may lead to 'terrible chastisement' or 'powerful censure,' al-Razi also seems to argue that suicide may be justified as, for example, in cases of continued intolerable

³³ Brockopp, *Islamic Ethics of Life, Abortion War and Euthanasia*, p. 184.

³⁴ Abdulaziz Sachedina, *Islamic Biomedical Ethics: Principles and Application* (Oxford: Oxford University Press, 2009), p. 168; Abdulaziz Sachedina, 'End-of-Life: the Islamic View,' *The Lancet*, Volume 366, Issue 9487, 2005, p. 775.

³⁵ Sachedina, *Islamic Biomedical Ethics*, p. 168.

³⁶ Brockopp, *Islamic Ethics of Life, Abortion War and Euthanasia*, p. 184.

³⁷ Brockopp, *Islamic Ethics of Life, Abortion War and Euthanasia*, p. 184.

suffering as well as when there are social pressures. As al-Razi states, as cited by Brockopp: 'But even the believer, despite his status as a believer in God and the last day, may suffer so from censure and injury that death seems easier to bear than these. In fact, we see many Muslims killing themselves for such reasons.'³⁸ Atighetchi adds that suicide in these cases may also preserve self-dignity as continuing to live may be more burdensome than beneficial to society and the individual.³⁹ Although al-Razi does not discuss the exact reasons for the 'censure,' this view suggests the impact or influence the community may have on the individual. Al-Razi's view also draws attention to the limits of one's endurance despite one's faith and trust in God, which may suggest that social and other pressures serve as a 'test' of sorts. Moreover, Sachedina acknowledges that these reasons may move others to commit suicide, which may support his earlier idea that suicide may meet with a sympathetic response. As Sachedina states, 'Some might even praise it as a splendid act that indicates a staunchness of spirit in defying such cruel and unbearable suffering.'⁴⁰ In addition to physical and mental illness, Abu Hayyan al-Tawhidi (d.1023) argues that in cases of loss of 'virtue,' that is, quality of life or intrinsic worth, suicide can be justified.⁴¹

To support his argument for suicide in cases of pain and suffering, al-Razi seems to focus on the second part of verse 4:29 which states '*for surely God is merciful to you.*' Here Al-Razi emphasizes God's compassion and mercy if a person kills themselves in such cases. As Brockopp states, 'Al-Razi concludes his discussion by returning to God's qualities of mercy and compassion.'⁴² From this verse, Al-Razi *seems* to suggest that since God is forgiving, compassionate and merciful, He would not want one to suffer needlessly, so one may commit suicide, and eternal punishment may be withheld or negated. As al-Razi states, as cited by Brockopp, 'So He, the Most High, has made clear that He is merciful to His servants, and at the hour [of death] His mercy is forbidding them from all that is deserving of torment or trial.'⁴³ So when looking at the entire verse 4:29 again: '*Do not kill yourselves, for surely God is merciful to you,*' al-Razi seems, paradoxically, to change its translation so it states: 'You may kill yourselves because God is merciful to you at least in extreme cases.' Another translation that al-Razi may seem to suggest is: '*Do not kill yourselves, [however you may in extreme cases, because] God is merciful to you.*' With these changes, al-Razi's view seems to suggest that one need not endure extreme pain, and suicide need not lead to 'torment or trial.' So although al-Razi provides reasons against suicide, he does not explicitly condemn it, at least in extreme circumstances. Therefore, it would seem that one is not strictly required to follow the directive-like first part

³⁸ Brockopp, *Islamic Ethics of Life, Abortion War and Euthanasia*, p. 184.

³⁹ Atighetchi, *Islamic Bioethics: Problems and Perspectives*, p. 287.

⁴⁰ Sachedina, *Islamic Biomedical Ethics*, p. 168.

⁴¹ Atighetchi, *Islamic Bioethics: Problems and Perspectives*, p. 292.

⁴² Brockopp, *Islamic Ethics of Life, Abortion War and Euthanasia*, p. 184-185.

⁴³ Brockopp, *Islamic Ethics of Life, Abortion War and Euthanasia*, p. 185.

of this verse. This observation is supported by Brockopp who states: 'so although al-Razi prohibits suicide, it is evident that such an act is for him neither irrational nor incomprehensible.'⁴⁴

However, this view contrasts with the common idea that endurance of suffering can lead to God's mercy and eternal reward. This idea is reflected in the viewpoints of Sachedina or Zahedi et al. who have argued that the purpose of suffering may involve providing a test or trial. Since God is merciful, the worldly effects of adversity or illness may be reduced or managed by, for example, palliative care, as opposed to abandoning hardship, which may be considered as 'an act of cowardice,' or disregarding God's mercy for alleviation through earthly means via suicide.⁴⁵ And suicide, as reflected in Sachedina's views 'trades a transient, unbearable life in this world for an even more horrible, eternal one beyond.'⁴⁶ So it seems that the worldly effects of adversity or illness are less severe when compared to the effects that suicide may have in eternal life. Since eliminating pain, which can only be temporary in earthly life, can result in permanent punishment in the next life, for Sachedina the worldly effects of suffering may be worth enduring, with the help of God's mercy.

For al-Razi, suicide may hinge on the degree or intensity of one's suffering and whether it can be managed or not. If suffering is severe or cannot be tolerated, then it is reasonable to infer that al-Razi takes 4:29 to prohibit the killing of fellow believers while leaving open the question of the permissibility of suicide. And the consequences of suicide may not be as bad as Sachedina and others assert because God is merciful, at least in extreme cases. As Brockopp states, 'the tone of [al-Razi's] discussion is strikingly compassionate toward human suffering.'⁴⁷ This view may also imply that the worldly effects of adversity or illness may be worse than the eternal effects of committing suicide. So suicide in these cases may result in the most favourable outcome, namely, forgiveness and paradise, as well as the elimination of physical and mental torment. It is unclear, however, if al-Razi would also support euthanasia or killing others who are suffering.

Since scholars like Sachedina and Zahedi et al. are part of the majority of Muslim scholars who oppose euthanasia using the Qur'an, Al-Razi's argument, as a part of Jonathan Brockopp's perspective, stands out as a rare consequentialist case in Islam in support of euthanasia or suicide through the use of Qur'anic verses. And since it is rare, this argument is potentially an important part of the intra-faith discussion by, for example, showing how the use of similar sources may lead to different conclusions.

⁴⁴ Brockopp, *Islamic Ethics of Life, Abortion War and Euthanasia*, p. 184.

⁴⁵ Atighetchi, *Islamic Bioethics: Problems and Perspectives*, p. 292.

⁴⁶ Sachedina, *Islamic Biomedical Ethics*, p. 168.

⁴⁷ Brockopp, *Islamic Ethics of Life, Abortion War and Euthanasia*, p. 185.

Finally, in addition to the 4:29 verse, the mercy of God idea is cited several times in the Qur'an. For example, at the beginning of every chapter (except one) the text reads: '*In the Name of God, the Beneficent, the Merciful.*' Other verses that stress God's mercy include 2:26, 3:31, 3:89, 4:16 and 4:110 which similarly end by stating: '*God is much-forgiving, a dispenser of Grace (mercy).*' For example, Chapter (Surah) 4, Verse 110 states: '*And whoever does evil and sins against himself, then asks forgiveness of God, he shall find God Forgiving, Merciful.*' Although no verse in the Qur'an including 4:29 explicitly refers to suicide, suicide may be interpreted as an example of 'sin against himself' to which the verse responds with the assurance that God is forgiving and merciful. There are also many examples of God's mercy in the Hadith. For example, as one classic Hadith states: 'Abu Hurayrah (rah) relates that Allah's Messenger (saw) said: "Indeed, before Allah created the creation, He decreed for Himself, 'Indeed My Mercy prevails over My Anger.'"'⁴⁸ These examples may further support either Sachedina or al-Razi's arguments. Although there is no one verse that permits suicide and indicates its forgiveness, based on verses like those above which emphasize God's mercy and compassion, it *may* be possible to justify al-Razi's arguments for suicide in at least extreme cases. It is not that suicide would be right or justified in these cases, just that it might be understandable, and any punishment therefore minimal.

(D): Ambiguity in Martyrdom and Suicide

In the previous section, we examined al-Razi's view on mercy and suicide as discussed by Brockopp. Although suicide may be a clearly defined act, Brockopp believes that on occasions there is a lack of clarity about intention or circumstances, which may lead to the conflation of martyrdom with suicide.

Brockopp also believes that there is a difference between suicide and martyrdom based on intention(s). As he states, 'the distinction between these examples remains one of inscrutable intentions.'⁴⁹ Accordingly, he notes that traditionally the martyr gains the reward of heaven, while the one who commits suicide will receive an eternal punishment, because unlike the suicide, the martyr does not intend, or aim at, death.⁵⁰ Brockopp seems to favor suicide in extreme situations, yet he also recognizes that suicide is a forbidden act. Does this mean that a person who commits suicide when in extreme pain with the understanding that God is merciful may not be punished by God, as al-Razi seemed to propound? Is every case of suicide judged differently by God based on circumstances or necessity? Should verse 4:29 not be read as an absolute prohibition of suicide, or should Muslims follow the example of those

⁴⁸ Sahih Bukhari and Sahih Muslim (17/68)

⁴⁹ Brockopp, *Islamic Ethics of Life, Abortion War and Euthanasia*, p. 187.

⁵⁰ Brockopp, *Islamic Ethics of Life, Abortion War and Euthanasia*, p. 186.

Christian scholars who suppose that the text 'Thou Shall Not Kill' is not to be read as an unconditional ban against killing?

However, Brockopp believes that when a person's intentions and/or circumstances are unknown or unclear, the distinction between martyrdom and suicide can in practice become vague or indistinct, and martyrdom may be misconstrued as suicide. For example, Brockopp cites the story of Amir b. Sinan, a soldier in early Islam, who accidentally killed himself by his own sword while fighting. It seemed like a suicide to those around him and they feared that his good deeds would be rejected and that he would go to hell. But 'due to [the Prophet's (pbuh)] knowledge of the unseen' he (pbuh) clarified for the people that Sinan's intention was not to commit suicide, but rather to achieve martyrdom by continuing to fight.⁵¹ On the other hand, it may be argued that in the absence of such guidance, the nature of a person's intention often remains vague and open to speculation. Arguably, Brockopp is pointing not so much to a lack of clarity in how to define suicide and martyrdom and the distinction between them, but more to the difficulty of applying these concepts when there is uncertainty about intention.

By contrast with the Amir b. Sinan example, Brockopp cites another instance to show how the martyr may inappropriately aim at death. In this case, an injured soldier deliberately hastens death with the intention of gaining paradise. Since the soldier was aiming at death, Brockopp believes that his actions involved 'different intentions,' which can lead to 'different consequences,' namely, eternal punishment. As Brockopp states: 'In the second case, a Muslim also actively causes his own death with his sword, but different intentions lead to different consequences.'⁵² Brockopp's argument seems to involve the idea that the soldier may not have been in extreme pain or suffering, with the result that aiming at death was not warranted. This case is supported by a Hadith in which the Prophet (pbuh) declared that because the soldier aimed at death, his good deeds became void and he was destined to Hell.⁵³ Furthermore, in another similar case, the Prophet (pbuh) refused to pray over the dead body of a suicide at the funeral ceremony.⁵⁴ However, praying over the body of a suicide has been debated for many centuries between the different schools of Islamic thought.⁵⁵ Once again, it is arguably difficult to pinpoint in particular cases whether an action is martyrdom or suicide, especially when intention is not fully clear or disclosed. An individual can equally not intend but merely foresee death or he may intend death, depending on the circumstance or situation.

⁵¹ Brockopp, *Islamic Ethics of Life, Abortion War and Euthanasia*, p. 187.

⁵² Brockopp, *Islamic Ethics of Life, Abortion War and Euthanasia*, p. 187.

⁵³ Atighetchi, *Islamic Bioethics: Problems and Perspectives*, p. 291.

⁵⁴ Atighetchi, *Islamic Bioethics: Problems and Perspectives*, p. 291.

⁵⁵ Atighetchi, *Islamic Bioethics: Problems and Perspectives*, p. 291.

Although it seems clear so far that martyrdom and suicide are to be distinguished by reference to the presence or absence of the intention to cause death, Brockopp adds a contemporary view to the discussion that seems to conflict with this distinction. He cites the view of Hasan al-Banna' (1906-1949) who argues it is permissible to 'yearn for death' to receive the rewards in the next life. To 'yearn for death' need not necessarily involve actively hastening death, because yearning can equally imply simply expressing an aspiration or wish, through, for example, prayer or personal pleas (*dua*). However, Al-Banna's view seems to support the case above of the injured soldier who aims at death to achieve martyrdom and heavenly reward. If this is the case then based on the previous discussion the act would technically not be martyrdom, but rather suicide. Further, this view would contradict that of the Prophet (pbuh) and send the wrong message that aiming at death can be justified if the object is to attain paradise. Al-Banna's message is troubling not least because it could promote an increase in modern-day violence against civilians and can contribute to the ongoing contentious debate over whether an act is martyrdom or suicide (i.e. 'suicide bombings').

When the intention is not clear, Brockopp argues only God can determine whether the action was suicide or not, since He alone knows the true intention and circumstances of each death. As he states: 'Since suicide must include an intention to die, and intentions are matters of the heart, only God (and his chosen Prophet) can know for certain whether any death was a suicide.'⁵⁶ This suggests that we should not judge or suspect the cause of a person's death when the situation is not clear. Also, it may be questioned if suicide in terminal conditions is permissible for Brockopp. However, based on the argument given in section A, it seems he would be in favour of suicide considered as an act of mercy, as a means of ending suffering and looking ahead to eternal life. Yet, once again, he interestingly also acknowledges that euthanasia and suicide are proscribed in Islam. Conclusion

Jonathan Brockopp presents a contemporary non-Muslim, Western utilitarian viewpoint supported by authoritative sources, tradition- neutral reasoning and practice-based judgment or reasoning to argue that 'passive' and active euthanasia can be justified in very specific cases. Despite current legal rulings against active euthanasia in Islam, this perspective indicates how Islamic sources can be cited in support of euthanasia from a Western point of view. It seems that for Brockopp, euthanasia is right when it produces the most good or the best overall result, namely, paradise and the avoidance of suffering or hardships in this world. Additionally, his arguments focus less on the value of earthly life and more on that of eternal life. For these reasons, while this type of view toward death and euthanasia is in the minority,

⁵⁶ Brockopp, *Islamic Ethics of Life, Abortion War and Euthanasia*, p. 186.

it could command wider support and appeal to a more moderate, liberal or broad-minded Western Islamic audience. Moreover, his non-Muslim Western perspective may also appeal to other non-Muslims (e.g. Western Christians, Jews or secularists) with similar moderate, liberal or broad-minded views. However, such consequentialist arguments can potentially have negative effects by encouraging Muslims to seek out 'martyrdom,' so creating further public hostility and morally suspect behaviour toward Islam. Brockopp makes an ambitious effort to justify euthanasia and perhaps suicide at a critical time when moderate scholars are attempting to show that suicide and other acts of violence involving the killing of innocent persons cannot be justified in Islam.

While there may be a dispute about these issues, it seems that Brockopp's view of 'passive euthanasia' reflects the opinion of many Muslim scholars, even though many do not regard withdrawing treatment as 'euthanasia' strictly speaking, but as conventional practice, because there is no intention to bring about death. But if this practice can be distinguished from intentionally hastening death, then it is arguable that euthanasia in the strict sense of the term can be 'always forbidden.' On the other hand, Brockopp's consideration of traditional views on death and dying, physician authority and judgment in futile cases and contemporary advances in medical science suggest that physicians have the authority and freedom to make critical end-of-life decisions provided that they are within the framework of Islamic principles on human life. Lastly, Brockopp's emphasis on examining the role of intention and circumstances implies that it is necessary to explore all necessary factors surrounding a person's death, rather than assuming or suspecting a negative judgment (e.g. suicide).

The next section will look at a broadly consequentialist attitude in favor of 'passive euthanasia.'

Introduction to Farzaneh Zahedi, Bagher Larijani and Javad Tavakoly Bazzaz's consequentialist approach:

Contemporary Iranian Shi'ite ethics scholars Farzaneh Zahedi, Bagher Larijani and Javad Tavakoly Bazzaz (Zahedi et al.) present a somewhat different Islamic perspective that can interest a conservative or moderate Western Islamic readership or an English-language readership. They argue that 'passive euthanasia' may be permissible in Islam in specific cases on the basis of consequentialist considerations.⁵⁷ 'Passive euthanasia' is understood here as 'allowing' natural death to occur without aiming at death by withholding or withdrawing treatment in terminal or futile cases. Zahedi et al. use a case-based approach within a religious

⁵⁷ Farzaneh Zahedi, Bagher Larijani, and Javad Tavakoly Bazzaz, 'End of Life Ethical Issues and Islamic Views,' *Iran Journal of Allergy, Asthma and Immunology* 6 (2007): p. 5-15.

framework to emphasize the role of reason and experience in clinical situations, patient autonomy in terminal situations and physician authority in futile cases such as those discussed by Brockopp. This approach is espoused by Shi'ite scholars Soroush Dabbagh and Kiarash Aramesh who assert that in the *Mu'tazilite* and *Ash'ariyyah* traditions of Shi'ite Islam, ethical judgments or moral decisions are reached through the application of Qur'an and reason.⁵⁸ The authors focus on the best action in certain terminal clinical situations that is, the action which will achieve the best overall outcome in accordance with Islamic principles. Like the majority of Muslim scholars, however, they argue against active forms of euthanasia and needlessly prolonging life regardless of motive, condition or circumstance.

Zahedi et al. present three arguments. A) When treatment is considered more burdensome than beneficial, it should be discontinued (without aiming at death) as opposed to prolonging life indefinitely. B) Patient wishes in advanced directives or living wills can be helpful in futile cases, while other requests can be problematic. C) Physicians should have authority to discontinue treatment in futile cases.

(A): Futile Treatment and 'Passive' Euthanasia

Medically futile treatments are those that are highly unlikely to benefit a patient.⁵⁹ The most important question is about futility; if the treatment is futile or not?⁶⁰ The physician has a key role in carefully explaining the benefits and burdens of interventions near the end of life. The idea that a treatment should provide the patient with some benefit that is sufficient to outweigh the burdens has been called the principle of proportionality.⁶¹

Zahedi et al. argue that in cases when treatment provides little or no improvement or is more burdensome than beneficial, 'passive euthanasia' should be permitted rather than needlessly extending life. Instead, these resources can be better used in cases with better chances for improvement.

The authors believe beneficial treatment will typically help to improve an individual's quality of life. In contrast, they argue that futile or ineffective treatment may well be burdensome. This idea involves what is known as the 'principle of proportionality' and is often associated with the ordinary vs. extraordinary means debate that was discussed in Chapter 1. Treatment may be considered futile when it fails to improve a patient's condition, which implies that the treatment is extraordinary or burdensome and is needlessly extending life. Since futile treatment is 'highly unlikely to benefit a patient,' they believe it may be withdrawn or withheld without aiming at death, a stance which is also supported by religious guidelines

⁵⁸ Soroush Dabbagh and Kiarash Aramesh, 'The compatibility between Shiite and Kantian approach to passive voluntary euthanasia,' *Journal of Medical Ethic and History of Medicine* 2 (2009): p. 1.

⁵⁹ Zahedi et al., 'End of Life Ethical Issues and Islamic Views,' p. 8.

⁶⁰ Zahedi et al., 'End of Life Ethical Issues and Islamic Views,' p. 12.

⁶¹ Zahedi et al., 'End of Life Ethical Issues and Islamic Views,' p. 8.

on medicine.⁶² As they state, 'Islamic law permits withdrawal of futile and disproportionate treatment' to allow natural death.⁶³ The authors provide Case 1 to support their argument:

Case 1: Mr. S is a 65-year-old man with end-stage COPD, admitted last month with pneumonia. His course was complicated by respiratory failure needing mechanical ventilation, and multiple efforts to wean him have been unsuccessful. Awake and alert, he now communicates through written notes that he wants the ventilator taken off.⁶⁴

Mr. S has terminal lung disease implying he likely has little chance of recovering from his deteriorating condition. Since continued treatment would be considered more burdensome than beneficial in this case, 'passive euthanasia' is permitted here. In addition, 'he now communicates through written notes that he wants the ventilator taken off,' suggesting Mr. S has certain wishes to discontinue futile treatment. In argument B, we will examine how end-of-life requests can play a part in medical interventions.

In end-stage cases of these types, withdrawing ineffective or burdensome treatment, first, will not technically count as a form of euthanasia in Islam (according to the definition provided by the Islamic Code of Medical Ethics) because this practice need not involve any aim to kill.⁶⁵ Instead it may be argued that the terminal disease is the main cause of death and by stopping treatment, one is 'allowing' death to occur according to the natural course of events.⁶⁶ Second, withdrawing 'extraordinary' treatment is, in Islam, one example of signifying the temporary nature of earthly life, which allows the patient to confront the reality of death. Thus, one need not use all means to sustain life particularly when quality of life has been significantly reduced in incurable situations. Third, 'passive euthanasia' allows the health care provider to recognize or acknowledge their professional limits in terminal cases where there is no absolute duty to reasonably preserve or prolong life. Refusal to recognize these limits or the inevitability of the patient's death can arguably lead to needless life-saving interventions, which may cause the patient unnecessary harm.⁶⁷ Lastly, limited and costly treatment that is considered futile in one case may be used more productively in another case.⁶⁸

This idea is also supported by *Shi'ite* commentators, Dabbagh and Aramesh, who argue that if 'limited resources' can be used, to, for example, save a child, then withdrawing or withholding treatment is permissible, according to Islamic and *Shi'ite* jurisprudence.⁶⁹ There are two main theological schools of thought in Islam: *Ash'arite* and *Mu'tazilite*.⁷⁰ According to

⁶² Zahedi et al., 'End of Life Ethical Issues and Islamic Views,' p. 8.

⁶³ Zahedi et al., 'End of Life Ethical Issues and Islamic Views,' p. 13.

⁶⁴ Zahedi et al., 'End of Life Ethical Issues and Islamic Views,' p. 8.

⁶⁵ Sachedina, *Islamic Biomedical Ethics*, p. 170.

⁶⁶ TH A Shannon and JJ Walter, 'The PVS patient and the foregoing/withdrawing of medical nutrition and hydration' in *Bioethics*, editor TH A Shannon (New Jersey: Paulist Press, 1993), p. 173-198; Sachedina, *Islamic Biomedical Ethics*, p. 170.

⁶⁷ Sachedina, *Islamic Biomedical Ethics*, p. 166.

⁶⁸ Sachedina, *Islamic Biomedical Ethics*, p. 166.

⁶⁹ Dabbagh and Aramesh, 'The compatibility between Shiite and Kantian approach to passive voluntary euthanasia,' p. 2.

⁷⁰ Dabbagh and Aramesh, 'The compatibility between Shiite and Kantian approach to passive voluntary euthanasia,' p. 1.

Dabbagh and Aramesh, the *Shiite* theoretical framework more closely resembles the *Mu'tazilite* school.⁷¹ The authors formulate their view primarily based on *Mu'tazilite* principles, since the *Mu'tazilite* perspective suggests that judgements about the moral goodness or badness of actions can be grounded in reason in addition to revelation and divine law, as opposed to relying on scripture and religious jurisprudence exclusively. Moreover, Dabbagh and Aramesh claim that the *Mu'tazilite* perspective maintains that reason can be used to reach justified ethical or religious judgments, conclusions or decisions.⁷² So applying the *Mu'tazilite* perspective to the principle of proportionality in end-of-life medical ethics, Dabbagh and Aramesh argue in favour of the decision to withdraw or withhold limited treatment/intervention in futile cases like brain death patients (i.e. 'non-established life'), if it means using the resources that could have been committed to these cases in a more appropriate or beneficial way in other cases, like saving a child (e.g. 'established life'). In fact, Dabbagh and Aramesh believe that most *Shi'ite* authorities would agree with this approach because it facilitates saving an 'established life' as opposed to ineffectually sustaining a 'non-established life.'⁷³ And although Zahedi et al. do not claim to subscribe to any particular school of thought in their writings, it may be argued that their writings could reflect certain principles or ideas in traditional *Mu'tazilite* thought, due to their use of reason, scripture and jurisprudence jointly to arrive at religiously acceptable ethical judgments or decisions. Moreover, since the idea of reason can also be considered a Western philosophical one, *Mu'tazilite* thought can bear at least some similarity with Kantianism; but conservative or orthodox scholars in the Muslim world may well be disinclined to align themselves with a western approach, in order to formulate a purely Islamic perspective based on Qur'an and Hadith.⁷⁴ Based on these reasons, the principle of proportionality can be a useful tool in end-of-life cases.

However, although futility and burden may be the most important question in some terminal cases, it is not the most important question in every case. These terms are used when treatment fails, as in the case of Mr. S, to alleviate suffering, decrease dependence on others and extend quality of life. However, if the patient can have a productive life, then what form of treatment may become 'the most important question,' which is also a question supported in Islam. For example, although medically assisted nutrition and hydration may be considered extraordinary in some cases, it may equally be helpful in other cases.⁷⁵ Moreover, Jonsen et al. argue that patients have the right to determine what they will accept as benefits

⁷¹ Dabbagh and Aramesh, 'The compatibility between Shiite and Kantian approach to passive voluntary euthanasia,' p. 1.

⁷² Dabbagh and Aramesh, 'The compatibility between Shiite and Kantian approach to passive voluntary euthanasia,' p. 1.

⁷³ Dabbagh and Aramesh, 'The compatibility between Shiite and Kantian approach to passive voluntary euthanasia,' p. 2.

⁷⁴ Dabbagh and Aramesh, 'The compatibility between Shiite and Kantian approach to passive voluntary euthanasia,' p. 2.

⁷⁵ D. Knapp van Bogaert and GA Ogunbanjo, 'The Principle of Proportionality: Foregoing/Withdrawing Life Support,' *SA Family Practice* 8 (2005): p. 66-67.

and burdens, as we shall see in the 'End-of-Life planning' section.⁷⁶ Therefore, it may be argued that the principle of proportionality allows for treatment to be assessed based on the effect it can have in each individual case, as opposed to pre-labelling or categorizing treatment in general as 'ordinary' or 'extraordinary,' as we discussed in Chapter I.⁷⁷ As the authors state, the 'physician has a key role in carefully explaining the benefits and burdens of interventions near the end of life.'⁷⁸ This idea is also supported by those scholars who argue that physicians must determine the benefits-to-burden ratio of each treatment to advise their patients or the patient's surrogate.⁷⁹

Prolonging Life Indefinitely

Zahedi et al. argue that in futile cases, an individual has the right to accept death rather than prolong life indefinitely. They take this stance for religious and other reasons. They believe that the withdrawal of treatment in these circumstances need not imply aiming at death, but only at relieving the needless burden of the treatment. Moreover, according to the Islamic tradition, every individual has a divinely appointed or pre-determined time for birth, earthly life, and death, as suggested in the following Qur'anic verse: '*When their time comes they cannot delay it for a single hour nor can they bring it forward by a single hour*' (16:61). The authors believe prolonging life may delay the 'predestined time' of death. This idea invites closer examination.

From a spiritual point of view, death is marked by the 'separation of the soul' from the body at a pre-destined time, according to Zahedi et al.'s interpretation of Persian philosopher Mulla Sadra's (d. 1636) account of death.⁸⁰ Given this view, it may be questioned whether it is possible to interfere with God's predestined time for death or 'delay' death by prolonging life indefinitely. Assuming verse 16:61 is true, needlessly prolonging life seemingly cannot override God's predestined time of death by obstructing the separation of the soul from the body. There is also the question of when exactly death occurs. When death is confirmed based on clinical criteria (e.g. cardiopulmonary cessation), it may be inferred that death from a spiritual point-of-view has also occurred (i.e. the soul has been detached from the body) regardless of how long the life of the body is extended.⁸¹ One may also add that loss of personhood or mental/cognitive function can be confirmed through clinical and psychological criteria. And since clinical signs can confirm death according to Islamic requirements in these

⁷⁶ Jonsen et al., *Clinical Ethics*, p. 132.

⁷⁷ TH A Shannon, JJ Walter, 'The PVS patient and the foregoing/withdrawing of medical nutrition and hydration' in *Bioethics*, p. 173-198.

⁷⁸ Zahedi et al., 'End of Life Ethical Issues and Islamic Views,' p. 8.

⁷⁹ Jonsen et al., *Clinical Ethics*, p. 132.

⁸⁰ Zahedi et al., 'End of Life Ethical Issues and Islamic Views,' p. 11.

⁸¹ Sachedina, *Islamic Biomedical Ethics*, p. 146.

ways, this would suggest that clinical criteria are arguably just as important as traditional guidelines, if not more so. Moreover, keeping the patient connected to life support systems for an indeterminate amount of time following cardiopulmonary cessation may also hamper certain important Islamic rituals such as washing the body, funeral prayer, and burial since the dead body should be buried usually within twenty four hours of death according to Islamic tradition.⁸²

The authors believe that a Muslim 'should be completely ready for the moment of death' rather than seeking to prolong life indefinitely.⁸³ This implies that an individual should submit to or accept death rather than resisting or denying death. Like Michael Banner, Zahedi et al. believe submitting to death expresses trust in God that the moment of death has some higher meaning in respect of the life to come.⁸⁴ However, it may be questioned whether one can ever be 'completely ready for death,' since a person does not know when it will occur, except in planned cases of euthanasia and suicide. Although never 'completely ready,' one can nonetheless prepare for death and the hereafter by perhaps confronting these fears on the basis of Islamic teachings. Other forms of readiness may include getting one's financial affairs in place and making sure one's family is cared for, which can be a part of one's end-of-life planning.

(B): End-of-Life Planning

Advance directives or living wills [can] avoid the ethical conflicts associated with withholding and withdrawing medical treatment. Advance directives aim to honour individual autonomy and respect individual choice.⁸⁵ Some Muslim jurists recognize as legal a competent patient's informed refusal of treatment or a living will, which allows a person to die under circumstances in which there are no medical reasons to continue treatment.⁸⁶

Zahedi et al. believe that allowing patients to express their wishes in advanced directives or living wills can prevent some of the ethical dilemmas associated with stopping treatment.⁸⁷ Such directives can convey wishes relating to resuscitation (such as a 'Do Not Resuscitate' order) or withdrawal of nutrients or treatments in futile conditions. These measures can also prevent confusion or misunderstanding, so allowing physicians to have a clear direction or plan for the patient, especially if there is no designated surrogate decision maker or health-care proxy. Moreover, planning can foster greater communication or rapport between the patient and physician, which can allow the parties to openly discuss all available treatment options.⁸⁸ On the other hand, it may be objected that advanced directives may be of limited use since a

⁸² Sheikh Muhammad Al-Munajjid, 'Is it permissible to delay burying the deceased until some of his relatives come from other cities, at their request?', Fatwa no. 12386, in *Islam Question & Answer*, <<http://www.islam-ga.com/en/ref/12386/Burial>> (accessed 23 November 2010).

⁸³ Zahedi et al., 'End of Life Ethical Issues and Islamic Views,' p. 12.

⁸⁴ Zahedi et al., 'End of Life Ethical Issues and Islamic Views,' p. 10.

⁸⁵ Zahedi et al., 'End of Life Ethical Issues and Islamic Views,' p. 9.

⁸⁶ Zahedi et al., 'End of Life Ethical Issues and Islamic Views,' p. 13.

⁸⁷ Zahedi et al., 'End of Life Ethical Issues and Islamic Views,' p. 9.

⁸⁸ Zahedi et al., 'End of Life Ethical Issues and Islamic Views,' p. 8.

person cannot accurately predict or foresee what they will do in practice in an end-of-life situation, and may change their decision in the midst of the situation in accordance with the circumstances.

The authors support honouring such requests in cases where treatment is burdensome or extraordinary. For example, in Case 1, Mr. S had a living will that expressed his desire to discontinue life support in his terminal condition. As a competent patient, Mr. S is exercising his autonomy to refuse futile or extraordinary treatment, which is also supported in Islam given the declining prognosis of the case. As the authors state, 'Some Muslim jurists recognize as legal a competent patient's informed refusal of treatment or a living will, which allows a person to die [where] there are no medical reasons to continue treatment.'⁸⁹ Although a patient may have the autonomy to refuse futile treatment in these cases, in an Islamic context these decisions are often made with the approval of the family or next of kin based on professional guidance.⁹⁰

In many Muslim societies, an individual is inextricably linked to their family, tribal clan, social group or community.⁹¹ This means that major (medical) decisions are often made as a group, shaped by physician recommendations, and opposing or dissenting patient decisions can be overruled, so individual patient autonomy is limited.⁹² This approach suggests that cultural or traditional values can play a significant role in the decision-making process. In addition, fundamental Islamic tenets such as the sanctity of life (i.e. reasonably preserving human life), and the requirement do no harm, as well as the ideal of accepting the inevitability of death, are also important considerations in the decision-making process. Although these notions can reasonably apply to both Sunni and Shi'ite views of life, Seyed Mohammad Ghari S. Fatemi underscores that in the Shi'ite tradition, in particular, jurists make a clear distinction between the religious obligation to protect a life and the prohibition of killing.⁹³ Moreover, Kiarash Aramesh and Heydar Shadi emphasize that unlike secular governments, formation and enforcement of policies and laws regarding issues like euthanasia in Islamic countries, such as Iran, are grounded mainly in the Qur'an, Hadith, scholarly consensus and reason.⁹⁴ Other sources that can be used include religious-legal opinions (*Fatwas*) and the Islamic Code of Medical Ethics.⁹⁵ Scholars like Amani Babgi and Dariusch Atighetchi assert that this theological

⁸⁹ Zahedi et al., 'End of Life Ethical Issues and Islamic Views,' p. 13.

⁹⁰ Sachedina, *Islamic Biomedical Ethics*, p. 170.

⁹¹ Sachedina, *Islamic Biomedical Ethics*, page 166; S. D. Lane, 'Research Bioethics in Egypt,' in *Principles of Health Care Ethics*, edited by R. Gillon (New York: John Wiley & Sons Ltd, 1993), p. 891.

⁹² S. D. Lane, 'Research Bioethics in Egypt,' in *Principles of Health Care Ethics*, p. 891.

⁹³ Seyed Mohammad Ghari S. Fatemi, 'Autonomy, Euthanasia and the Right to Die with Dignity: A Comparison of Kantian Ethics and Shi'ite Teachings,' *Islam and Christian-Muslim Relations* 18 (2007): p. 346.

⁹⁴ Kiarash Aramesh and Heydar Shadi, 'Euthanasia: An Islamic Ethical Perspective,' *Iranian Journal of Allergy, Asthma and Immunology* 6 (2007): p. 35-36.

⁹⁵ Aramesh and Shadi, 'Euthanasia: An Islamic Ethical Perspective', p. 35-36.

approach contrasts with secular and Western systems of medicine in which patient autonomy is the essential part of, or a partner in, the decision-making process.⁹⁶ Some legal scholars argue that in Western medicine a competent patient's right to refuse life sustaining treatment is 'virtually absolute,' which means that a patient can legally decline all proposed treatment even it is contrary to the patient's well being.⁹⁷ However, US court rulings have determined that competent patients may only refuse treatment when 'extremely' affected by illness.⁹⁸ Given the range of views on patient autonomy in recent Islamic thought, Atighetchi believes that Western medicine has influenced Muslim medicine by prompting a re-examination of Muslim medical ethics in order to afford greater rights and autonomy to the patient.⁹⁹ Furthermore, Babgi believes that although fundamental variations exist between Shariah and Western laws, which would explain differences in medical and nursing practices, there is greater awareness of Shariah Law by Western Muslim healthcare professionals to the Western medical community when it comes to medical practice and professional interaction with Muslim patients.¹⁰⁰ This type of idea is also discussed in 'The Role of the Muslim Physician' section of Chapter V. Despite greater rights to the patient, does this mean that Muslim health care professionals should always 'aim to honour' patient requests?

Zahedi et al. are of the view that although the care giver ought to 'aim to honour' wishes in futile cases, some requests should not be fulfilled, and that Muslim patient autonomy should remain limited. For example, a wish to prolong life indefinitely may, as discussed, conflict with hospital policy or professional practice relating to use and cost of resources as well as personal moral views.¹⁰¹ We will examine a case study relating to this wish in the next section. A second example involves a request to hasten death, which is discussed in Case 2.

Case 2: A middle-aged woman diagnosed with acute leukaemia has refused chemotherapy for her condition. She is educated, articulate and quite aware that she will certainly die without treatment. She understands that her death will likely be painful and may be prolonged and requests a supply of barbiturates that she might use to take her life when the appropriate time comes.¹⁰²

The patient in Case 2 wishes to hasten her death by PAS rather than suffer prolonged pain. A case like this may also involve a desire to avoid dependence on others as well as the wish to preserve one's dignity. And based on the description, the patient seems competent and is refusing medical advice that may be beneficial. As discussed, at least from some secular points

⁹⁶ Atighetchi, *Islamic Bioethics: Problems and Perspectives*, p. 47; Amani Babgi, 'Legal issues in End-of-life Care: Perspectives from Saudi Arabia and United States,' *American Journal of Hospice & Palliative Medicine* 26 (2009): p. 124.

⁹⁷ Jonsen et al., *Clinical Ethics*, p. 134 and 69.

⁹⁸ Jonsen et al., *Clinical Ethics*, p. 134.

⁹⁹ Atighetchi, *Islamic Bioethics: Problems and Perspectives*, p. 47.

¹⁰⁰ Amani Babgi, 'Legal issues in End-of-life Care: Perspectives from Saudi Arabia and United States,' *American Journal of Hospice & Palliative Medicine* 26 (2009): p. 126

¹⁰¹ Pence, *Brave New Bioethics*, p. 101.

¹⁰² Zahedi et al., 'End of Life Ethical Issues and Islamic Views,' p. 6.

of view, a competent and well-informed patient has the right to refuse all proposed treatments even if it brings the patient harm.¹⁰³ Therefore, some scholars argue that if a competent patient provides an advanced directive and designates a person to fulfil their wishes, that person may challenge the physicians' decision to proceed with treatment, so letting the patient die on the grounds of patient autonomy.¹⁰⁴ This argument may be especially valid in regions where PAS is permissible, like Oregon, Switzerland or the Netherlands. However, PAS (and non-voluntary active euthanasia) need not be limited to these regions, because figures suggest that at least 3,000 UK patients had their deaths hastened in 2004 with or without their consent.¹⁰⁵

There may be reasons for refusing PAS in cases like 2. Based on the description, the patient in Case 2 is not in a terminal or chronic condition. Second, she at present does not complain of being in pain, but is predicting that her condition will eventually be painful. Third, even though she has the moral right to refuse it, the medically indicated chemotherapy (despite its many side effects) may help to inhibit the spread of the cancer and put it into remission, allowing her to resume her normal life. Therefore, it may be questioned whether the patient may have suicidal intentions or self-destructive thoughts. If this is the case, then the patient's competence or decision-making capacity may also be questioned.¹⁰⁶ Moreover, her request for physician-assisted suicide may be rejected even where PAS is legal because in Oregon and Washington, for example, a patient must be terminally ill and that illness must be verified by two independent physicians if the patient is to qualify for euthanasia, as we discussed in Chapter II.¹⁰⁷

From an Islamic perspective, first, Zahedi et al. argue that 'effective [or ordinary] treatment,' which is treatment that will improve the patient's condition or quality of life like the chemotherapy in Case 2, should not be refused.¹⁰⁸ The patient in Case 2 is in an 'acute' state, so her cancer may be treatable. They believe that 'refusal [of ordinary treatment] is considered a big sin that would deteriorate his everlasting afterlife welfare.'¹⁰⁹ Refusal may be considered 'a big sin' not only because it may be construed as suicide, which implies eternal punishment, but also because it may be interpreted as rejecting a gift that is made and given by God. This is based on a classical Hadith which states that for every disease or condition that

¹⁰³ Jonsen et al., *Clinical Ethics*, p. 69.

¹⁰⁴ Pence, *Brave New Bioethics*, p. 101.

¹⁰⁵ C. Seale, 'National survey of end-of-life decisions made by the UK medical practitioners,' *Palliative Medicine* 20 (2006): p. 12; Dignity in Dying Report, February 2006, <www.dignityindying.org> (accessed 14th February 2011).

¹⁰⁶ Jonsen et al., *Clinical Ethics*, p. 59.

¹⁰⁷ Kevin B. O'Reilly, 'Oregon Still Stands Alone: Ten Years of Physician Assisted Suicide,' in *American Medical News*, 12 May 2008, <<http://www.ama-assn.org/amednews/2008/05/12/prsa0512.htm>> (accessed 13 February 2011); Jonsen et al., *Clinical Ethics*, p. 141.

¹⁰⁸ Zahedi et al., 'End of Life Ethical Issues and Islamic Views,' p. 11.

¹⁰⁹ Zahedi et al., 'End of Life Ethical Issues and Islamic Views,' p. 11.

God has created, He has also created a remedy or antidote.¹¹⁰ From a moral point-of-view, it may be argued that the patient's decision to, for example, refuse standard or medically recommended treatment may violate the values or duties of the health care provider to provide care, avoid harm and prolong life. This may lead the health care provider to override or refuse the patient's request, as we will discuss in the next section.¹¹¹ If a patient's wishes are contrary to the physician's conscience, then the physician may have a discussion with the patient to find other acceptable alternatives such as administering pain relief without intending to cause death.¹¹² Second, based on a Hadith which states that 'if one organ complains, all others share its complaint, suffering sleeplessness and fever,' some scholars argue that a physical disease can have a mental effect on the individual thereby compromising their decision-making capacity.¹¹³ For example, a 45-year-old Muslim male with amyotrophic lateral sclerosis, phonation and deglutition asks for euthanasia, but because his psychological state may be impaired his request is rejected.¹¹⁴ This argument may also support the uncertainty that was expressed above over whether the patient in Case 2 is competent or not.

Third, even if the patient in Case 2 was in a terminal condition and was experiencing pain and suffering, Zahedi et al. assert that from an Islamic perspective, one does not have the right to intentionally hasten one's death. As they state, 'Islam does not recognize a patient's right to die voluntarily' as 'freedom of pain' is not an acceptable rationale to hasten death. This is especially true in the current case since the chemotherapy could be a viable treatment.¹¹⁵ The authors also oppose euthanasia on the grounds that human life is sacred.¹¹⁶ Let us now further examine this topic.

Sacredness of Human Life

Human life is considered unconditionally sacred in Islam. As Zahedi et al. state, 'The sanctity of human life is ordained in the Quran. Life is a gift from God.'¹¹⁷ The scholars believe that human life is sacred 'because God is its origin and its destiny.'¹¹⁸ This suggests that God is directly present or intimately involved in human life, and He controls all phases of human existence. This idea is supported by the Qur'an in several places: '*He made his seed from a draught fluid (male and female discharge); Then He fashioned him and breathed into him of His Spirit; and appointed for you hearing and sight and hearts. Small thanks give ye! And He it is Who gave*

¹¹⁰ Bukhari, *Sahih, Kitab al-marda*, Volume 7, Hadith 582.

¹¹¹ Jonsen et al., *Clinical Ethics*, p. 48 and 69.

¹¹² Jonsen et al., *Clinical Ethics*, p. 48 and 69.

¹¹³ I. Sherbini, 'Life and Death between Physicians and Fiqh Scholars,' in *Human Life, Its Inception and End as viewed by Islam*, edited by K.Mazkur, A. Saif, et al. (Kuwait: IOMS, 1989), p. 321-333.

¹¹⁴ Massue' J.P. and Gerin G. (eds), *Diritt umani e bioetica* (Roma: Sapere, 2000), p. 163.

¹¹⁵ Zahedi et al., 'End of Life Ethical Issues and Islamic Views,' p. 12.

¹¹⁶ Zahedi et al., 'End of Life Ethical Issues and Islamic Views,' p. 12.

¹¹⁷ Zahedi et al., 'End of Life Ethical Issues and Islamic Views,' p. 11.

¹¹⁸ Zahedi et al., 'End of Life Ethical Issues and Islamic Views,' p. 11.

you life, then He will cause you to die, and then will give you life (again)' (32:7-9, 22:66). The first half of this text seem to refer to God's presence in the 'origin,' or beginning stages, of human life not only to support the sacredness of human life argument, but also to oppose unnecessary abortion. As the Islamic code of Medical Ethics (ICME) states, 'the sanctity of human life covers all stages including intrauterine life of the embryo and foetus. This shall not be compromised save for the absolute medical necessity recognized by Islamic Jurisprudence' which implies cases in which the mother's life is in imminent danger.¹¹⁹

The latter half of the text above refers to the 'destiny' of human life and God's involvement in one's death as well as the events that occur after death. God's involvement at the end-of-life suggests that death occurs at a divinely pre-determined time. As Zahedi et al. state: 'Death does not happen except by God's permission, as dictated in the Qur'an: "it is not given to any soul to die, but with the permission of the God at an appointed time" (3:145).'¹²⁰ Additional verses in the Qur'an support this argument: 'God gives life and he makes one to die' (3:156). For this reason, 'A person dies when it is written' (3:185, 29:57, 39:42).¹²¹ In this way, the divinely appointed time of death grounds the unconditional sacredness or value of human life in Islam. Moreover, euthanasia and suicide are seen to contravene the sacredness of human life because of the idea that there is a divinely appointed time of death.

Since human life is sacred in Islam and is a gift from God, some Muslim scholars argue that intentionally hastening death should be/remain prohibited, because euthanasia and suicide imply spurning this gift and degrading the sacredness of human life. As one scholar states: 'Islam considers human life sacred. Life is to be protected and promoted as much as possible. It is neither permissible in Islam to kill another human being, nor even to kill one's own self (suicide).'¹²² While this statement may generally indicate that no individual should be killed, the Qur'an makes a clearer distinction between lawful killing such as in capital punishment, self defence and just warfare and unlawful killing, as we will discuss in Chapter V. As the Qur'an states, '*Do not take life which God has made sacred except in the course of justice*' (6:151). This verse seems to shape the following ICME statement, which suggests that euthanasia (and suicide) is unlawful: 'A human life is sacred and should not be wilfully taken except upon the indication specified by Islamic jurisprudence, all of which are outside the

¹¹⁹ Islamic Code of Medical Ethics, 'The Sanctity of Human Life,' in *Islamic Ethics*, 2004 <<http://www.islamset.com/ethics/code/sancti.html>> (accessed 19 January 2010)

¹²⁰ Zahedi, et al., 'End of Life Ethical Issues and Islamic Views,' p. 11.

¹²¹ Sachedina, *Islamic Biomedical Ethics*, p. 167.

¹²² Islam Online, 'Is Euthanasia allowed in Islam?', in *Islam Online*, 2005, <http://www.islamonline.net/servlet/Satellite?pagename=IslamOnline-English-Ask_Scholar/FatwaE/FatwaE&cid=1119503543386#ixzz0nnYBTAkw.html> (accessed 7 February 2010).

domain of medical profession.¹²³ Members of the medical profession have a duty to protect and reasonably extend life, so some believe that 'decisions about ending the life of a terminally ill patient are beyond the moral or legal purview of the Muslim physician.'¹²⁴ This idea is also conveyed in the 'Oath of a Doctor' section of the ICME: 'To protect human life in all stages and under all circumstances, doing my utmost to rescue it from death, malady, pain and anxiety...'¹²⁵ The notion of protecting human life in medicine can be traced to an Islamic concept called divine trust.

Zahedi et al. believe that the sanctity of human life is based on 'a divine trust [which] cannot be terminated by any form of active human intervention.'¹²⁶ Divine trust comes from the idea of *Tawhid* or the Oneness of God and His creation on the earth. Divine trust means that humans are stewards or 'vicegerents' of the earth who are appointed by God to worship Him, spread virtue and prevent corruption. As the Qur'an affirms: '*Behold, your Lord said to the angels: "I will create a vicegerent on earth." They said: "Will you place therein one who will make mischief therein and shed blood? While we do celebrate Your praises and glorify Your holy (name)?" He said: "I know what you know not"*' (2:30). Another part of vicegerency involves responsibilities of caring for oneself, others and one's environment. As one source states: 'Vicegerency is based upon knowledge that enables the human being to be a care taker of self and society along with rest of the creation as much as possible.'¹²⁷

It is these obligations that arguably make human life distinct or special among other forms of created life. As one source explains: 'The Qur'an explains that mankind holds a privileged position among God's creations on earth: he is chosen as *khalifa*, "vice-regent" and carries the responsibility of caring for God's earthly creations.'¹²⁸ Moreover, because humans hold a special position as stewards, they are accountable to God for how they care for themselves and others. As the Qur'an suggests: '*It is He Who has made you (His) vicegerents, inheritors of the earth: He has raised you in ranks, some above others: that He may try you in the gifts He has given you...*' (6:165). So stewardship in Islam seems to be part of divine trust, which makes human life distinct, and involves caring for the body responsibly to honour the sacredness of human life and respect the divinely appointed time of death. As one scholar maintains: 'The human being has only the stewardship, not the ownership, of his or her body,

¹²³ Islamic Code of Medical Ethics, 'The Sanctity of Human Life,' in *Islamic Ethics*, <<http://www.islamset.com/ethics/code/sancti.html>> (accessed 19 January 2010)

¹²⁴ Sachedina, *Islamic Biomedical Ethics*, p. 167.

¹²⁵ Islamic Code of Medical Ethics, 'Oath of a Doctor,' in *Islamic Ethics*, <<http://www.islamset.com/ethics/code/sancti.html>> (accessed 20 January 2010)

¹²⁶ Zahedi et al., 'End of Life Ethical Issues and Islamic Views,' p. 12.

¹²⁷ 'Muslimah, Man's Vicegerency-Khilafah and Stewardship and (Trust-Amana),' 24 November 1999, <<http://muslims-india.info/index.php/Religious-Issues/Khilafah-and-Stewardship-and-Trust-Amana.html>> (accessed 5 May 2009).

¹²⁸ Francesca De Chatel, 'Prophet Muhammad (SAW): A Pioneer of the Environment,' in *Why Islam.org*, 13th March 1999, <http://www.whyyislam.org/Forum/forum_posts.asp?TID=25636&PN=3> (accessed 16 July 2009)

and thus is not free to do with it whatever he or she pleases.¹²⁹ If divine trust and stewardship suggest caring for oneself and others, this means that euthanasia, suicide or physician-assisted suicide should be avoided.

To this it might be objected: If human life is a gift from God, can an individual, as the new owner, not do with their life as they please, like Mary Warnock argues? Moreover, it is worth questioning once again if one can alter or influence the moment of death if it is pre-determined. Recall the following Quranic verse: *'When their time comes they cannot delay it for a single hour nor can they bring it forward by a single hour'* (16:61). This verse among others seems to imply that the moment of death cannot be altered, so suicide or euthanasia cannot conflict with God's authority. Yet, an individual arguably has free-will to commit suicide or euthanasia. A few possibilities may offer a resolution of this issue.

First, a pure free-will action may be external to the divine will, so that free will conflicts with pre-determination. Second, from an atheistic point of view, it is plausible that only free-will exists and divine pre-determination does not, so one is free to commit suicide or euthanasia without subjection to divine laws or consequences. A third possibility may suggest that free-will and fate are compatible if free will actions such as suicide or euthanasia are a part of divine will and are subject to divine consequences. Perhaps human choice and freedom are susceptible to good and evil temptations or intentions, which are ultimately shaped by the will of God, and may result in a positive or negative outcome by God (e.g. reward or punishment).¹³⁰ So God may allow one to commit euthanasia based on the urge to relieve suffering, but this act may result in a negative consequence. However, if euthanasia is a form of suicide and suicide (or any negative action) is forbidden in Islam, then how can suicide be pre-determined or be relative to pre-determination? And if, for example, God causes evil actions to occur like rape, murder or genocide, how do we reconcile this image of God with a God that is Good, Just and Kind? The difficulty with this view is that it may seem that God is responsible for, or involved in, these types of actions. Whether free actions interfere with the pre-destined time of death remains perhaps unclear. What is clear, however, is that how and when death will occur is known only by God, according to the Qur'an and Hadith. Muslim physicians may take this thought into consideration when making end-of-life assessments to terminate ineffective treatment.

(C): Physician Discretion in Futile Cases

¹²⁹ Sachedina, *Islamic Biomedical Ethics*, p. 168.

¹³⁰ Dr. Ahmed Shafaat, 'Islam and Determinism,' in *Islamic Perspectives*, 2000, <<http://www.islamicperspectives.com/IslamAndDeterminism1.htm>> (accessed 20 March 2010).

Decision making on the issue of withholding or withdrawing treatments is a very difficult duty of health care providers, particularly when the patient or her/his family are not in agreement with the medical team's decision.¹³¹

As we have seen in the previous argument, Zahedi et al. maintain that patients have the right to refuse futile treatment. In addition, they believe that physicians have the authority to discontinue treatment in futile cases, even when family and physician are in disagreement.

So besides patient autonomy, another element of the physician-patient relationship is paternalism, which can involve the physician 'overriding or ignoring' patient wishes in the interest of doing what is best for the patient.¹³² According to some sources, paternalism has historically been an important part of medicine and the decision-making process especially with patients who have lower comprehension levels.¹³³ This crucial role as care taker of society has placed physicians in a position of high prestige, respect and authority.¹³⁴ However, as indicated in the previous section, currently there is a greater effort to involve the patient (or their surrogate decision maker) in the decision-making process, thereby creating more equal patient and physician roles. On the one hand, autonomy and paternalism arguably need not necessarily pose an issue if there is no major disagreement or conflict about a patient's decision or plan. For example, as discussed, a physician's advice to withdraw futile treatment based on their clinical judgment and experience may be accepted by the patient in consultation with loved ones. However, there may be similar scenarios in which there is a difference of opinion. For example, a physician's advice to withdraw futile treatment may be met with resistance or rejected by the patient, and they or their loved ones may be adamant that all measures should be applied.¹³⁵ Case 3 highlights this example:

Case 3: Mrs. J is a 50 year old woman with ovarian cancer which has now relapsed. She is now nearing the end of a trial of a new chemotherapy regime with no sign of improvement. Mrs. J has said to her brother that she believes in miracles although the consultant team has told her that she has only a few weeks left to live. Given her advanced disease, it is likely that vital organs will fail. Therefore, the medical team decided that, if Mrs. J has a cardiac arrest, resuscitation would not be appropriate. This is because she will die very shortly from her cancer. But Mrs. J and her children say they want everything done for her, including CPR.¹³⁶

Unlike Case 2, Mrs. J seems to be in a terminal stage of cancer with minimal beneficial response from experimental chemotherapy and foreseeable systemic failure. Since death seems imminent, the physicians have advised against resuscitation, continued treatment or needlessly prolonging life via medical assistance. However, despite 'no sign of improvement,' the patient's family insists that all measures be taken to preserve her life perhaps based on their religious convictions and the hope for recovery.¹³⁷ Based on the circumstances in this

¹³¹ Zahedi et al., 'End of Life Ethical Issues and Islamic Views,' p. 12.

¹³² Jonsen et al., *Clinical Ethics*, p. 50.

¹³³ Atighetchi, *Islamic Bioethics: Problems and Perspectives*, p. 48; Jonsen et al., *Clinical Ethics*, p. 50.

¹³⁴ Atighetchi, *Islamic Bioethics: Problems and Perspectives*, p. 48.

¹³⁵ Zahedi et al., 'End of Life Ethical Issues and Islamic Views,' p. 12.

¹³⁶ Zahedi et al., 'End of Life Ethical Issues and Islamic Views,' p. 8.

¹³⁷ Zahedi et al., 'End of Life Ethical Issues and Islamic Views,' p. 8.

case, Zahedi et al. argue that the physicians should discontinue care in spite of Mrs. J's wishes. They cite previous arguments to support their case. With little or no chance for recovery based on clinical data and prognosis: a) treatment is seen as more burdensome than beneficial since 'it is likely that vital organs will fail' and she will 'die very shortly'; b) unnecessary or further experimental treatment may challenge hospital policy on resource use, and treatment may be used elsewhere with greater chances for recovery.¹³⁸ These reasons partially support the argument of the previous section, that although patients have autonomy, it is limited by cultural and religious values as well as the objectives of medicine, which involve reasonably prolonging life as well as accepting death when nothing more can be done.

Even though the authors argue that physicians should have the right to discontinue treatment in futile cases, they also believe it 'is a very difficult duty.'¹³⁹ It is an obligation to honour patient wishes, provide care and alleviate pain, and withdrawing treatment may even seem contrary to these professional duties to a Muslim physician.¹⁴⁰ However, withdrawing futile treatment in these cases can also serve as a reminder that there are medical, economic and religious limits to one's professional duty and what a health care provider can/should do to reasonably prolong life. While acting on the 'duty' to withdraw futile treatment should arguably not be difficult, it may be hard to separate professional responsibility from personal feelings. In practice, arranging an ethics consultation or speaking to another family member of Mrs. J to get another perspective may be advised and beneficial. Patricia Marshall argues that ethics consults are becoming more common as the issues become more complex especially at the end-of-life.¹⁴¹ Ethics consults can help the patient (or family) identify, explore and discuss issues related to the case that may be broadly linked to personal circumstances, religious principles and cultural values in order to make morally appropriate decisions, and ethics consults can also be a way of improving institutional ethics policies.¹⁴² In this way, the success, product or effectiveness that comes from the ethics consult is determined by the parties involved and their contribution to the discussion.

Although the authors argue that physicians should have the authority to override patient wishes in futile cases, it may be contended that physician authority can be misused or abused to harm the patient. For example, the physician may non-voluntarily hasten the death of the patient for the sake of their best interest. A physician may also use their power to unlawfully perform VAE or PAS. On the one hand, Zahedi et al. argue that physicians do not

¹³⁸ Zahedi et al., 'End of Life Ethical Issues and Islamic Views,' p. 8.

¹³⁹ Zahedi et al., 'End of Life Ethical Issues and Islamic Views,' p. 12.

¹⁴⁰ Zahedi et al., 'End of Life Ethical Issues and Islamic Views,' p. 11.

¹⁴¹ Patricia Marshall, 'A Contextual Approach to Clinical Ethics Consultation,' in *Bioethics in Social Context*, edited by Barry Hoffmaster (Philadelphia: Temple University Press, 2001), p. 137.

¹⁴² Marshall, 'A Contextual Approach to Clinical Ethics Consultation,' p. 137.

have the right to intentionally hasten death in any case by citing the arguments we noted above. As the authors state, 'Health care providers must do everything possible to prevent premature death.'¹⁴³ However, a physician may in practice hasten the patient's death out of compassion or mercy to alleviate their prolonged intense suffering, reduce their burden on others and preserve their dignity. So the physician here would not consider euthanasia as an abuse of power, but rather a benefit to the patient. An example of this may be the case of Dr. Howard Martin, the retired GP who admitted to hastening the death of a number of patients based on his 'discretion' out of "'compassion" for patients' dignity.'¹⁴⁴ Dr. Martin is not alone in the UK; according a survey, 1 in 7 UK doctors admit to intentionally hastening death.¹⁴⁵

Conclusion:

Farzaneh Zahedi, Bagher Larijani and Javad Tavakoly Bazzaz use a consequentialist mode of argument from an Eastern Shi'ite Islamic perspective to make the case that 'passive euthanasia' can be permissible in Islam in certain medical situations. The authors also ground their stance on euthanasia within a religious perspective by referring to some scriptural verses and the views of religious scholars. They also shape their progressive and modern perspective on the basis of arguments of the kind which are advanced by secular commentators who appeal to reasoning and experience in clinical situations. And the fact that the authors conveyed their perspective in English may be intended to demonstrate that their Eastern Shi'ite values, ideas and methods can resonate with a Western Islamic and Christian audience that may find similar values, ideas and methods in common.

For example, for these authors, withdrawing futile treatment, respecting patient autonomy and allowing, within limits, authority to physicians yield the best overall results, and these types of practices are also observed and valued in the Western world. These results may include giving patients more freedom to make decisions about their own life and allowing physicians to curtail the ineffective use of costly and valuable treatment. In a world where resources are not unlimited and costs fluctuate with supply and demand, the authors place an important responsibility on health care professionals today to use resources judiciously. Effective end-of-life planning also signifies a shift from the once-accepted paternalistic notion that the physician 'knows all and knows best.' Instead, argument B encourages the patient to be more pro-active, engaged and interactive in the health care process. However, like most Muslim or religious scholars, Zahedi et al. oppose any form of active euthanasia or prolonging life indefinitely. These arguments demonstrate a balance between recognizing religious

¹⁴³ Zahedi et al., 'End of Life Ethical Issues and Islamic Views,' p. 11.

¹⁴⁴ BBC News, 'GP admits hastening' dying patients' death,' *BBC News*, 19th June 2010, <<http://www.bbc.co.uk/news/10356194>> (accessed 20 February 2011)

¹⁴⁵ Dignity in Dying Report, February 2006, <www.dignityindying.org> (accessed 14th February 2011)

principles relating to death and dying and allowing a role for practical and cost considerations in end-of-life situations which can also plausibly appeal to a moderate Western audience. Thus, this perspective can be regarded as a constructive addition to the dialogue about end-of-life health care within an Islamic or interfaith setting from an Eastern or Western perspective.

The next section will examine a traditional perspective against euthanasia propounded by Abdulaziz Sachedina.

Introduction to Abdulaziz Sachedina's anthropological approach

American Shi'ite Islamic ethics scholar Abdulaziz Sachedina applies an modern anti-consequentialist method supported by Qur'anic verses and tradition-specific reasoning.¹⁴⁶ Sachedina presents one dogmatic argument and one practice-based argument. A) Since suffering can be meaningful, one should not intentionally hasten one's death, but rather approach suffering with patience in God while at the same time where appropriate seeking out medical treatment. B) There are two forms of 'passive euthanasia' which are permissible. First, administering medication intended to relieve pain where this unintentionally but foreseeably will result in death. Second, withdrawing or withholding ineffective treatment which is a decision that is made as a family in consultation with the physician.

(A): Suffering and Euthanasia

Let us examine Sachedina's Islamic perspective on suffering. He argues that suffering may derive from 'moral evil' or 'physical or natural evil.'¹⁴⁷ Suffering that is caused by 'physical evil' may be generated by a natural phenomenon like an earthquake, which is caused by God or 'mysterious sources' rather than a personal agent.¹⁴⁸ And suffering that is interpreted as a 'moral evil' may be caused by a person's wrongdoing or bad behaviour.¹⁴⁹ For example, chronic smoking may result in lung cancer, or eating unhealthy food or physical inactivity over a long period of time may lead to a heart attack. He believes that suffering can be interpreted variously as a spiritual test or a trial, a type of spiritual purification or divine punishment. He argues that suffering does not justify euthanasia or suicide; rather, one should approach suffering with patience and perseverance.

Let us first examine a little more closely the idea of 'physical or natural evil.' An earthquake, for example, can cause suffering and grief from a mental, physical and emotional standpoint depending upon the nature of the loss or destruction. Due to the destructive

¹⁴⁶ Sachedina, *Islamic Biomedical Ethics*, 280 pages.

¹⁴⁷ Sachedina, *Islamic Biomedical Ethics*, p. 77.

¹⁴⁸ Sachedina, *Islamic Biomedical Ethics*, p. 78.

¹⁴⁹ Sachedina, *Islamic Biomedical Ethics*, p. 78.

nature of such disasters, Sachedina is reasonable in considering natural phenomena of this type a physical or natural 'evil.' However, from a theological standpoint it may be argued that if 'physical evil' is a spiritual test, then it need not necessarily be called 'evil.' For example, the Qur'an asserts: *'Be sure We shall test you with something of fear and hunger, some loss in goods, lives and the fruits (of your toil), but give glad tidings to those who patiently persevere. Ye shall certainly be tried and tested in your possessions and in your personal selves'* (2:155, 3:186). The Qur'an then states that those who 'patiently persevere' in the face of such tests will receive an eternal reward: *'Did ye think that ye would enter Heaven without God testing those of you who fought hard (in His cause) and remained steadfast'* (3:142)?¹⁵⁰ An earthquake may cause suffering and distress from physical destruction and loss of life. However, if an appropriate Islamic response to suffering is patience and perseverance, as Sachedina argues, and if this may result in heaven, then a natural phenomenon of the kind need not be 'evil.'

Sachedina argues that another advantage of suffering as a trial is its capacity to affect spiritually cleansing (*Tazkiyah*) by bringing about the absolution of sins, which may prevent punishment for those sins in the earthly world as well as the eternal world. This stance is also supported by Zahedi et al. who state: 'Pain functions as an instrument in revealing God's purpose for humanity. In addition to this spiritual and moral dimension, pain has an educational purpose. As such, pain is a means to self-purification after sinful behaviour.'¹⁵¹ This possible explanation of suffering is also supported by Hadith.¹⁵² Since a good action or experience can cancel out bad according to Islamic doctrine, it may be inferred that suffering may be a good that can negate sin, similar to the way prayer or fasting nullifies transgressions.¹⁵³ Therefore, once again, it need not be considered 'evil' in every case. Sachedina seems to acknowledge this point when he states that an 'afflicted human is expected to reflect on the positive role suffering plays in sharpening awareness of God's infinite presence.'¹⁵⁴

Sachedina also argues that 'physical or natural evil' can be a way of asserting God's power or dominion over creation and recognizing the imperfection and weakness of man. Once again, if natural phenomena are happening for these reasons, then should suffering which derives from them be regarded as 'natural evil'? Rather, if, for example, an earthquake makes the community more grateful or express greater awe of God's awesome power, then suffering that is caused by an earthquake need not be interpreted as 'evil.' Sachedina seems

¹⁵⁰ Dr. Muzammil H. Siddiqui 'Why does Allah Allow Suffering and Evil in the World?', in *IslamOnline.net*, 24 April 2004, <http://www.islamonline.net/servlet/Satellite?pagename=IslamOnline-English-Ask_Scholar/FatwaE/FatwaE&cid=1119503544478> (accessed 19th July 2010)

¹⁵¹ Zahedi et al., 'End of Life Ethical Issues and Islamic Views,' p. 11.

¹⁵² Bukhari, *Sahih*, 7:216, *hadith* 23.

¹⁵³ Sachedina, *Islamic Biomedical Ethics*, p. 92-93.

¹⁵⁴ Sachedina, *Islamic Biomedical Ethics*, p. 89.

to acknowledge this when he states that natural phenomena may occur to teach humanity 'a lesson in humility.'¹⁵⁵ In fact, the previous argument that suffering can be a 'test' provides a further example of how it can lead to humility. As the Qur'an suggests, *'He knows what is before them, and what is behind them, and they offer no intercession except for those who are acceptable, and they stand in awe and reverence of His (glory). If He wills, He causes the wind to cease, then they would become motionless on the back (of the sea). Verily, in this are signs for everyone patient and grateful. And We seized them with extreme poverty (or loss in wealth) and loss in health with calamities so that they might believe with humility'* (21:28, 42:33, 6:42).

Sachedina argues that suffering which is caused by 'physical or natural evil' can also be construed as a 'divine punishment.'¹⁵⁶ This association seems more appropriate because in this case both terms have negative overtones. However, suffering that is interpreted this way may result in individual repentance as well as community reform, so such suffering need not be wholly negative. This thought is also supported by the Qur'an: *'God sets forth a parable: a city enjoying security and quiet, abundantly supplied with sustenance from every place: yet was it ungrateful for the favors of God: so God made it taste of hunger and terror (in extremes) (closing in on it) like a garment (from every side), because of the (evil) which (its people) wrought. Those who had been despised will say to the arrogant ones: "Nay! It was a plot (of yours) by day and by night. Behold! Ye ordered us to be ungrateful to God and to attribute equals to Him!" They will declare (their) repentance when they see the Penalty'* (16:112, 34:33). Even so, it may be fair to argue that it can be difficult to prove that a natural phenomenon occurred for one of these theological reasons and not another. An atheist may equally interpret a storm or an earthquake as a meteorological or geological occurrence based on physical principles.

Another form of 'evil' that Sachedina discusses as a part of his interpretation of suffering is 'moral evil.'¹⁵⁷ He defines 'moral evil' as suffering that is caused by a personal agent's wrongdoing. The examples mentioned of 'moral evil' were chronic smoking, which may result in lung cancer, or eating unhealthy food or physical inactivity over a long period of time possibly leading to a heart attack. These actions, namely, smoking or overeating can arguably be regulated or prevented by the individual. So it is fair to argue that competent individuals should be responsible or held accountable for their voluntary actions, especially if

¹⁵⁵ Sachedina, *Islamic Biomedical Ethics*, p. 78.

¹⁵⁶ Sachedina, *Islamic Biomedical Ethics*, p. 78.

¹⁵⁷ Sachedina, *Islamic Biomedical Ethics*, p. 78.

they are aware of the consequences.¹⁵⁸ And with greater responsibility, the individual may then confront their present lifestyle habits and behaviours and introduce changes therein like dietary modifications and exercise.¹⁵⁹ In addition to a physical type of purification, Sachedina suggests that health related suffering can also be interpreted as spiritual purification, which, as discussed, involves the removal of sins.¹⁶⁰ It may be fair to conclude that since suffering, at least in these types of case, may be a form of corrective action, it should not be called 'evil.'¹⁶¹

However, Sachedina argues that the suffering of ill health can also be interpreted as a form of divine punishment or 'divinely ordained suffering.'¹⁶² This is because health related suffering can be an example of 'both moral and physical evil, combining personal culpability with circumstances beyond human control.'¹⁶³ In the context of health related suffering, good health in Islam can be considered a divine gift, so ruining or polluting that gift by avoiding a moderate lifestyle can be considered a 'moral evil' which brings divine punishment.¹⁶⁴ Other violations of God's moral and natural laws may also be seen as causes of this suffering.¹⁶⁵ For example, it may also be argued that suffering may be the result of performing ill deeds, acts of disobedience or creating injustice.¹⁶⁶ This argument would again support the idea that suffering is not simply caused by, or does not only involve, the agent. So suffering, at least in these cases, may be a result of one's own actions (or negligence) and may also be divinely predestined or a part of the divine plan. On the other hand, one may question why suffering as evil or as punishment exists if God is All Good and All Merciful. This is the main question related to the issue of theodicy which humanity has been attempting to understand for centuries.¹⁶⁷ Does God also play a role in 'moral evil' type suffering and if so, to what extent? Does God's role in 'moral evil' make God evil? Furthermore, how do we explain suffering that is not caused by one's actions such as the suffering of a child (e.g. leukaemia) or suffering caused by a genetically related disease (e.g. cystic fibrosis, breast cancer or Parkinson disease)? What is God's role in these forms of suffering and what does it mean? Due to many unanswered questions, it is arguably difficult to develop a clear understanding of suffering, at least from an Islamic standpoint. Other religions morally struggle with similar questions.

¹⁵⁸ Sayyid Muhammad Rizvi, *An Introduction to Islam*, in *Al-Islam.org*, 29 July 2009, <<http://www.al-islam.org/begin/intro/rizvi.html>> (accessed 19 July 2010).

¹⁵⁹ Sachedina, *Islamic Biomedical Ethics*, p. 78.

¹⁶⁰ Sachedina, *Islamic Biomedical Ethics*, p. 93.

¹⁶¹ Dr. Muzammil H. Siddiqi "Why does Allah Allow Suffering and Evil in the World?," in *Islam Online.net*, 24 April 2004, <www.islamonline.net> (accessed 19 July 2010).

¹⁶² Sachedina, *Islamic Biomedical Ethics*, p. 87.

¹⁶³ Sachedina, *Islamic Biomedical Ethics*, p. 78.

¹⁶⁴ Sachedina, *Islamic Biomedical Ethics*, p. 78.

¹⁶⁵ Siddiqi, "Why does Allah Allow Suffering and Evil in the World?," *Islam Online.net*; Sachedina, *Islamic Biomedical Ethics*, p. 87.

¹⁶⁶ Siddiqi "Why does Allah Allow Suffering and Evil in the World?," in *Islam Online.net*, 24 April 2004.

¹⁶⁷ Sachedina, *Islamic Biomedical Ethics*, p. 85.

Whatever the form of suffering, Sachedina argues that suffering does not give a person the right to intentionally hasten their death.¹⁶⁸ This is because, first, humans are stewards or caretakers of their life, so a person is 'not free to do with it whatever he or she pleases.'¹⁶⁹ Second, one does not have the 'right to die' because human life is grounded in a divine trust between God and the individual which 'cannot be terminated' by any active human involvement.¹⁷⁰ Third, the term of earthly life is 'fixed' or pre-determined according to the Qur'an (3:145 & 3:156).¹⁷¹ Rather, Sachedina believes that the correct response is patience as well as the use of palliative care even if pain relief results in unintentional but foreseen death.¹⁷² This argument is partially based on the idea that for every ailment or pain, God has created a cure or relief.¹⁷³ Based on these reasons, the Muslim physician does not have the right to assist in hastening their patients' death which is an act that has no immunity in Islamic law.¹⁷⁴ On the other hand, one may argue that if a person is not able to care for their life any longer, if they become a burden on others, or if they cannot live to their full capacity any longer due to progressive suffering, then they should have the right to intentionally hasten their death.¹⁷⁵ What is the appropriate course of action in rare cases of extreme pain that palliative care fails to manage? And once again, if the earthly term of life is 'fixed,' then is the moment of death that is caused by euthanasia or suicide the predetermined time of death, or do these acts imply interfering with or altering the 'fixed' time of death?

(B): End-of-Life Decisions involving 'Passive' Euthanasia

In the previous section, we discussed different aspects of Sachedina's case for the idea that suffering does not justify active euthanasia. In the next section, we will discuss his perspective on 'passive euthanasia.' Sachedina believes there are two types of 'passive' euthanasia.

First, he argues that 'passive euthanasia' can be interpreted as administering medication intended to relieve or manage pain where this can unintentionally but foreseeably result in death.¹⁷⁶ As we have seen in Chapter I, this distinction between an intended effect, namely, pain relief, and an unintended effect, namely, death, is at the heart of the doctrine of double effect (DDE). Since the intention was not to kill, Sachedina argues that the physician is exempt from wrongdoing.¹⁷⁷ However, if the physician is charged with, or suspected of, killing the patient, how does the physician prove that their intention was to relieve pain and not to

¹⁶⁸ Sachedina, *Islamic Biomedical Ethics*, p. 167-169.

¹⁶⁹ Sachedina, *Islamic Biomedical Ethics*, p. 168.

¹⁷⁰ Sachedina, *Islamic Biomedical Ethics*, p. 167-169.

¹⁷¹ Sachedina, *Islamic Biomedical Ethics*, p. 167-169.

¹⁷² Sachedina, *Islamic Biomedical Ethics*, p. 99.

¹⁷³ Sachedina, *Islamic Biomedical Ethics*, p. 167.

¹⁷⁴ Sachedina, *Islamic Biomedical Ethics*, p. 167 and 169.

¹⁷⁵ Badham, *Is there a Christian Case for Assisted Dying?*, p. 66.

¹⁷⁶ Sachedina, *Islamic Biomedical Ethics*, p. 170.

¹⁷⁷ Sachedina, *Islamic Biomedical Ethics*, p. 170.

kill?¹⁷⁸ Conversely, how does the prosecution prove that the intention was to kill rather than to relieve pain? As we discussed in Chapters I and II, the applicability of DDE in these cases may be disputed since a physician may intend to administer a high amount of morphine, for example, to kill as a way of relieving pain. According to one survey, 62 per cent of health care professionals believe that UK physicians have administered pain-relieving drugs with the intent to hasten death.¹⁷⁹ Due to a fear of causing premature death, physicians have traditionally been hesitant about providing large amounts of pain medication.¹⁸⁰

A second form of 'passive euthanasia' involves withdrawing futile treatment. Sachedina believes that physicians may face a dilemma when it comes to treating end-of-life patients. Muslim physicians have an obligation to save and preserve life and maintain quality of life, and with the recent rise of technology, there may be increased pressure on physicians to extend life (needlessly) and avoid death.¹⁸¹ However, he also believes that withdrawing or withholding treatment that is not contributing to the overall progress or quality of the patient's condition is justified from a clinical and Islamic perspective.¹⁸² Based on this description, he makes a distinction between 'active' and 'passive' euthanasia because withdrawing futile treatment need not involve any aim to kill; rather, it is the disease which will then cause death, and by withdrawing treatment one is simply allowing death to occur.¹⁸³ However, if Sachedina is claiming that withdrawing ineffective treatment need not involve intent to kill, then it may be argued that this action should not be considered a form of euthanasia. Rather it may be best to appeal to the distinction between 'killing vs. letting die' as we discussed in Chapter I.

Sachedina argues that although a competent patient may refuse futile treatment based on Shariah Law, such decisions are usually made as a family in consultation with the physician, at least in many Muslim communities.¹⁸⁴ This is because, as discussed in the Zahedi et al. section, the individual's welfare is linked to that of their family, clan or community and the physician traditionally holds great power and influence due to their expertise and experience. So a group decision can be a way of protecting the wellbeing of the individual by doing what is in their best interest, especially if the patient is vulnerable (e.g. elderly, disabled, poor, incompetent). Further, this practice allows the patient to acknowledge the inevitability of a death that is divinely controlled and lets the care giver recognize their professional limits. This recognition may prevent the use of 'aggressive' and 'burdensome' responses that go

¹⁷⁸ Dignity in Dying Report, February 2006, <www.dignityindying.org> (accessed 14th February 2011)

¹⁷⁹ Dignity in Dying Report, February 2006, <www.dignityindying.org> (accessed 14th February 2011)

¹⁸⁰ TA Cavalieri, 'Ethical issues at the end of life,' *Journal of the American Osteopathic Association* 101 (2001): p. 616-622.

¹⁸¹ Sachedina, *Islamic Biomedical Ethics*, p. 165.

¹⁸² Sachedina, *Islamic Biomedical Ethics*, p. 165.

¹⁸³ Sachedina, *Islamic Biomedical Ethics*, p. 170.

¹⁸⁴ Sachedina, *Islamic Biomedical Ethics*, p. 166.

beyond a physician's fundamental duties to preserve life in terminal cases.¹⁸⁵ So treatment or resources, he argues, can then be used 'in a better way,' that is, treatment can be used in other cases that have better prognoses.¹⁸⁶

Allocation of Health Care Resources

The resources which are freed up by withdrawing 'extraordinary' treatment in one case (without intending death) may then be distributed to another case where that treatment is considered useful or beneficial. Considering the costs and availability of health care resources, Sachedina argues that the resources that would otherwise be committed to futile treatment in terminal cases may be used more effectively or productively in cases with greater chances for recovery.¹⁸⁷ Reserving resources for higher recovery cases might enable a reduction in health care costs, or at any rate a better outcome for a given cost. Clearly, this approach suggests the need for a degree of selectivity in determining the best use of resources to achieve the most favourable results. This type of process would be helpful because in some regions, financial corruption and misuse of funds has led to widespread mismanagement of resources, which has contributed to the increase in costs and reduction in supplies.¹⁸⁸ Although health care resources in futile cases can be used in more promising cases, this does not answer the question of what or who decides the best usage of health care resources in other cases in light of rising health care costs and restricted supplies. A related issue concerns how resources should be allocated in the care of non-terminal patients or if health care should ever be denied due to lack of funds or due to pre-existing conditions. These are some of the many contentious issues that are being discussed in the ongoing debate about health-care reform in the USA.

Conclusion

Abdulaziz Sachedina presents an Western contemporary anti-consequentialist argument against active euthanasia based on tradition specific assumptions and clinical reasoning. Sachedina's writings on death and dying give us some indication as to what his attitude is toward euthanasia. His arguments give the reader a better understanding of what the nature and significance of suffering may be given an Islamic framework. Although health related suffering can be considered a 'moral' or 'physical' evil, it need not be thought of in these terms since suffering can involve a test, which can result in an eternal reward or a process of spiritual

¹⁸⁵ Sachedina, *Islamic Biomedical Ethics*, p. 165.

¹⁸⁶ Sachedina, *Islamic Biomedical Ethics*, p. 167.

¹⁸⁷ Sachedina, *Islamic Biomedical Ethics*, p. 166.

¹⁸⁸ Sachedina, *Islamic Biomedical Ethics*, p. 166.

cleansing. Since suffering can be beneficial, the response to suffering which Sachedina advocates, namely, patient waiting for God's help and the provision of support to endure suffering, but at the same time, actively seeking pain relief, seems justified in Islamic terms. Sachedina also seems to emphasize a more important lesson for Muslims, which is accepting responsibility or accountability for one's actions when it comes to caring for one's body. Some forms of suffering can be avoided or prevented. Not taking care of one's body can cause suffering, but suffering can also be an opportunity to reform one's lifestyle or habits. However, many interesting questions regarding suffering clearly remain unanswered.

Sachedina's advocacy of pain relief is compatible with the Islamic view of seeking cure or treatment, where these have been made available by God in creation. It also suggests how religion and medicine can collaborate to understand illness and improve the condition of society. Withdrawing treatment that does not benefit the patient is justified on this approach, because it allows the patient to acknowledge death, the professional to recognize their limits, and the use of restricted and costly treatment in a more effective manner. His argument that end-of-life decisions should be made by family rather than the individual indicates the influence of the family unit in certain cultures and traditions and how an individual decision can potentially impact a larger populace. Although his perspective has the potential for appealing to conservative Western values against terminating human life such as in euthanasia and abortion, his arguments against euthanasia are unlikely to effect reconciliation with advocates of euthanasia. However, Sachedina's perspective on euthanasia has the potential to be a significant strand in the Islamic approach toward death and dying and a useful reference point for comparison with Christian approaches.

Conclusion to Chapter III

Chapter III has looked at three examples of Western Islamic approaches to euthanasia. . We limited our study of Islamic perspectives to English-language perspectives by Western and Eastern Muslim and non-Muslim scholars in Islamic ethics who argued in favour of or against active euthanasia. Jonathan Brockopp uses a utilitarian mode of argument combined with scripture, scholarly viewpoints, tradition- neutral assumptions and clinical reasoning to argue for 'active' and 'passive' forms of euthanasia. Farzaneh Zahedi, Bagher Larijani and Javad Tavakoly Bazzaz use a similar consequentialist mode of argument and tradition specific reasoning and clinical experience to make the case for 'passive euthanasia', patient autonomy and physician discretion in futile cases. Abdulaziz Sachedina applies an anti-consequentialist method of argument with Quranic verses, tradition-specific reasoning and clinical experience to argue against active euthanasia.

These scholars applied a combination of traditional Islamic principles, ideas and sources, as well as customary (or recognizable) Western values and practices, such as autonomy and withdrawing or withholding futile treatment. Therefore, these perspectives may plausibly appeal, but not necessarily be restricted, to a Western or English-speaking audience. Although limited in the scope of our study, these perspectives can reasonably be compared to other contemporary Western Islamic perspectives on euthanasia, (Middle) Eastern English-language perspectives on euthanasia, traditional Arabic or Persian influenced views on euthanasia, historical Islamic interpretations on the subject, as well as positions from other religious traditions. For the purposes of this study, the objective of this chapter was to assess how various methods of argument and associated resources such as scripture, tradition, reason and experience can be influential in shaping a specifically Western Islamic perspective on euthanasia. This assessment was done so these Islamic perspectives may be compared to Christian methodological views on euthanasia from a Western perspective, in order to create an expanded Western Sunni Islamic account of euthanasia, as well as develop a broader monotheistic interfaith understanding on euthanasia and theological ethics.

From this descriptive survey, there are certain key ideas that can be used for the analysis and comparison with Christian approaches which will be undertaken in Chapter IV. One major theme is utilitarianism. This perspective has produced arguments in favour of 'passive euthanasia,' patient autonomy and physician authority in futile cases and against prolonging life indefinitely, since these approaches would produce the best or worst outcomes, respectively. Consequentialism has also been used to support active euthanasia to achieve a 'good death' and as an act of mercy in cases of extreme pain and suffering. In addition, there were arguments shaped by a combination of consequentialism, tradition-specific assumptions on death and dying and clinical reasoning. A second major theme is anti-consequentialism. This method has influenced more religiously focused arguments against active euthanasia based on the value of life and suffering, the divinely appointed time of death, and the mercy of God as the healer of all diseases.

The Christian and Islamic approaches discussed in Chapters II and III can now be brought into dialogue in Chapter IV with the objectives of: recognizing what methods and/or sources are similar or comparable between Christians and Muslims and understanding how these methods and resources are used to arrive at similar or different conclusions on euthanasia from a Western tradition. We will also be interested in the possibility of meaningful interfaith dialogue on this and possibly other topics that are of interest to both traditions. Chapter IV will also help us to assess what topics in Islamic medical ethics invite

further exploration given the course that has been taken by the Christian discussion. On this basis, Chapter V will seek to formulate a more comprehensive and extended Western Sunni Islamic perspective on euthanasia, and to make thereby a contribution to the Islamic literature on this subject as well as providing a tool for interfaith and intra-faith exchange.

Chapter IV: Western Christian and Islamic Viewpoints: A Comparative Discussion

Following an initial overview of some central concerns of this thesis in Chapter I, Chapter II examined various Western Christian perspectives on euthanasia with a focus on the methods Christian ethicists use to formulate their respective perspective. Chapter III employed a similar approach to look at different Islamic viewpoints on euthanasia geared toward a Western readership. An exploration of various approaches to euthanasia within the Christian and Islamic traditions in Chapters II and III also served to advance the intra-faith religious medical ethics discussion. Drawing on these chapters, we identified some transferable themes, namely, consequentialism and anti-consequentialism or religious anthropology. These themes will be used in Chapter IV to compare and contrast concepts, sources and practices cited by the focal scholars of our study. The role of Chapter IV is to highlight potential similarities and differences that are specifically grounded in Western traditional thought between Christianity and Islam on these matters. This comparative study will allow us to understand how various approaches can lead to Western-style deontological or consequentialist conclusions on euthanasia in the broader interest of creating more interfaith cooperation between Christianity and Islam. Additionally, we will see how certain methods used by Christian scholars but not by Islamic scholars could still appeal to Muslim scholars and vice versa.

Chapters III and IV will also help us to determine what areas in Islamic medical ethics invite further development at least from a Western point of view or are not as fully developed as the Western Christian perspectives in this study. On this basis, Chapter V will attempt to create an expanded Western Sunni Islamic account of euthanasia. This discussion will serve as an original contribution to IME and a call to further interfaith exchange.

Chapter IV will have three sections. The first two sections will look at anti-consequentialist principles. In this first section, we will examine traditional practices rooted in religious anthropology. In the second section, we will discuss dogmatic principles also related to religious anthropology. In the final section, we will look at consequentialist kinds of argument.

Religious Anthropology: Traditional Practices

Religious anthropology can be grounded in two ways: on the basis of dogmatic principles and on traditional practices. This section will focus on traditional practices relevant to euthanasia. These practices are not simply independent of religious dogma, as they are often grounded in, or informed by, doctrinal principles, for instance those which emphasize the value of the body. In this section, we will look at practices that both Christian and Islamic scholars in this study

discuss, namely, palliative care, respect of the elderly and withholding ineffective treatment. Some practices we are reviewing such as palliative care and withholding ineffective treatment concern euthanasia directly, namely, as viable alternatives to intentionally aiming at death. A practice such as respecting the elderly concerns more generic values which are relevant to the issue of euthanasia.

Palliative Care

Palliative care aims at alleviating pain and discomfort in end-of-life terminal cases to provide a comfortable death rather than curing disease. Besides relieving or controlling pain, palliative care provides a comprehensive support system to manage terminal disease and maintain well-being in the final phases of life. This support may include psychological/emotional counselling, social aid, spiritual assistance and bereavement support for the patient and their loved ones.¹ In this way, palliative care seeks to preserve life and reasonably extend or maximize quality of life rather than deliberately hasten death. This approach indicates that even at the end of life, individuals have needs and wishes, so should not be abandoned or neglected in their condition, and that terminal disease involves more than just physical pain. As one source notes: 'Palliative care recognizes a complex relationship between physical pain (and other symptoms) and emotional and spiritual suffering.'² Putilo et al. believe that the palliative care movement today looks to not only re-affirm established principles in medicine, but to also re-define the core of (end-of-life) medicine, with its emphasis on respecting human life and the patient through its commitment to cure illness and prolong life, rather than a focus on technology and scientific advancements.³

Since palliative care also aims at respecting the sanctity of human life, it is supported by the scholars in this study who oppose euthanasia. For example, Banner challenges those who call euthanasia a "'reasonable" and "caring" answer' which provides a 'good death' by arguing that palliative care is a way to achieve an 'alternative "good death"' because it does not aim at killing, and provides the support described above.⁴ And from a theological point of view, Banner believes that palliative care conveys proper respect for the 'goodness of human life but also the goodness of its redeemed future.'⁵ Drawing on Augustine's view, he is claiming that the body is integral to the identity of the person and will share in the life of the

¹ The National Council for Palliative Care, 'Palliative Care Explained,' in *The National Council for Palliative Care*, 27 October 2009, <http://www.ncpc.org.uk/palliative_care.html> (accessed 25 July 2009).

² Sarah J. Knight and Charles von Gunten, 'Religion, Spirituality, and End of Life Care, Part III: Spiritual Pain/Spiritual Suffering,' *End Link, Resource for End of Life Care Education*, 25 March 2004, <http://endoflife.northwestern.edu/religion_spirituality/pain.cfm> (accessed 27 July 2009).

³ Ruth B. Putilo, Henk A.M.J. ten Have, Christine K. Cassel, *Ethical Foundation for Palliative Care for Alzheimer's Disease* (Johns Hopkins University Press, 2010), p. 69.

⁴ Banner, *Christian Ethics and Contemporary Moral Problems*, p. 77-78.

⁵ Banner, *Christian Ethics and Contemporary Moral Problems*, p. 75.

resurrection.⁶ In this way, palliative care aims to acknowledge the sacredness of human life and thereby conforms to anthropological arguments that oppose euthanasia. John Paul uses the same method as Banner to express a similar attitude to support hospice care, even when it results in death, since the intent is not to kill. This type of attitude was also demonstrated by Dame Cicely Saunders, who founded the modern UK palliative care movement in 1967. Saunders and others believed that end-of-life care should be provided with the love of God in every aspect of patient care, and this aim was grounded in the practice of Jesus healing and tending to the sick, the weak and the disabled.⁷

However, there are other Christian scholars who also note particular pluralistic challenges in palliative care today.⁸ One challenge involves interacting with non-Christian patients. While many palliative care organizations in the UK and US are Christian-based, they welcome persons of all faiths or no faith. And although many principles in Christianity relating to health care can appeal to non-Christians, such as justice, autonomy, beneficence and compassion, some Christian health professionals also feel the need to introduce or share Christian-specific principles with non-Christians so they will attain a 'peaceful death,' salvation and eternal life.⁹ Some Christian scholars may see this work as vocational, and some patients may be receptive to this calling, but for other patients, the message can conflict with, or be offensive and disrespectful to, their established beliefs. In order to avoid this, it may be advisable for the health care provider to acknowledge and respect the patient's values to enhance rapport and trust.

Although the Islamic perspectives in this study do not address this practice in the same way, they can be linked to Christian thought. For example, Sachedina cites the Qur'an and Hadith to articulate the idea that since God has created all things, He has also created a remedy for every illness.¹⁰ As the Quran states: '*And when I am sick, He restores me to health*' (26:80). Therefore, Sachedina supports the advancement of medical research, and argues that medical treatment should be sought and provided as long as it is not used to unlawfully kill or harm, even if it results in unintentional but foreseeable death.¹¹ Similarly, Zahedi et al. state that 'patients in pain from terminal illness may receive analgesic medicine until the time of death.'¹² In this way, this kind of medical treatment may be interpreted as a type of palliative care. And although palliative care can extend or prolong life, Sachedina also seems to suggest that the matter is in the hands of divine providence, by arguing that the time of death is based

⁶ Banner, *Christian Ethics and Contemporary Moral Problems*, p. 57.

⁷ Stephenson, "Being a Christian in Palliative Care," *Nucleus* (2004): p. 11-17.

⁸ Stephenson, "Being a Christian in Palliative Care," p. 11-17.

⁹ Stephenson, "Being a Christian in Palliative Care," p. 11-17.

¹⁰ Sachedina, *Islamic Biomedical Ethics*, p. 167; Bukhari, *Sahih*, Kitab al-marda, volume 7, hadith 582.

¹¹ Sachedina, *Islamic Biomedical Ethics*, p. 170.

¹² Zahedi et al., 'End of Life Ethical Issues and Islamic View,' p. 11.

purely on God's will.¹³ So death can occur even with the best of medical intervention if death is destined. Lastly, Banner's notion of achieving family closure through palliative care is comparable to Sachedina's (and John Paul's) view that one has a responsibility to one's family or community even at the end-of-life. Based on these perspectives, it seems evident that Christianity and Islam hold common views in support of palliative care. In Chapter V, we will expand on the idea of palliative care, and explore the topic in a different way from an Islamic perspective.

There are other Muslim scholars (not included in this study) who specifically comment on palliative care and Islam. As we noted, palliative care involves a comprehensive approach toward end-of-life care. Some Muslim commentators like Mohammad Zafir al-Shahri and Abdullah al-Khenaizan also adopt this approach and explore a wide range of Islamic aspects related to the palliative care.¹⁴ For example, like Sachedina and Zahedi et al., Al-Shahri and Al-Khenaizan support the use of medications at the end-of-life to ease suffering even though suffering can be beneficial, as we will discuss next.¹⁵ Other important aspects explored include: Cleanliness and hygiene (to perform daily prayers), modesty especially relating to interactions with female patients, moral support, dietary restrictions (*halal* and non-pork products), patient honesty, and post-mortem rituals.¹⁶ With the exception of the last consideration, it may be contended that these issues are not specifically relevant to palliative care or the treatment of Muslim patients, but can be applied more generally and in cases that involve non-Muslim patients. This suggests that a more specific and comprehensive Islamic-based palliative care system is needed. As discussed, many end-of-life decisions are made by the family, and the family traditionally cares for the elderly at home. However, with the breakdown of the Muslim family (because of young people moving away) and an increasing elderly population, some Muslim scholars argue that the need for palliative care in Islam is growing.¹⁷ But the few palliative care institutions in Muslim countries are 20-30 years old, and focus mainly on pain management.¹⁸ This focus may be insufficient, because the 'most common reasons' for palliative care among adult Muslims today involve cardiovascular diseases and diabetes.¹⁹ These types of ailments like cancer, for example, may require a more specialized, holistic and culturally-sensitive approach to healing due to various related (end-of-life) issues such as secondary illnesses and conditions, extended health care/rehabilitation,

¹³ Sachedina, *Islamic Biomedical Ethics*, p. 167.

¹⁴ Mohammad Zafir al-Shahri M.D. and Abdullah al-Khenaizan M.D., 'Palliative Care for Muslim Patients,' *The Journal of Supportive Oncology* 3 (2005): p. 432.

¹⁵ Al-Shahri and Al-Khenaizan, 'Palliative Care for Muslim Patients,' p. 432.

¹⁶ Al-Shahri and Al-Khenaizan, 'Palliative Care for Muslim Patients,' p. 432.

¹⁷ AR Gatrad and A Shiekh, 'Palliative Care for Muslims and issues before Death,' *International Journal of Palliative Nursing* 8 (2002): p. 527.

¹⁸ Mohammad Al-Shahri, 'The future of palliative care in the Islamic world,' *Western Journal of Medicine* 176 (2002): p. 60-61.

¹⁹ Gatrad and Shiekh, 'Palliative Care for Muslims and issues before Death,' p. 527.

lifestyle/dietary adjustments, living will matters and financial and family concerns.²⁰ Such approaches need not be restricted to Muslim patients. With appropriate Christian pastoral or spiritual services in Islamic-based palliative institutions, these approaches can also appeal to Christian patients because they may experience similar issues.

Suffering

So far, we have considered arguments by scholars who support palliative care, as well as views that seem to oppose it, particularly in extreme pain cases. Another scholar who supported palliative care was Nigel Biggar, and as we saw in Chapter II he argues that it can be effective in many, if not all, pain cases, so is to be preferred to eliminating pain by euthanasia or enduring pain. His reference to enduring pain introduces another issue to the palliative care discussion. This issue involves suffering and whether it should always be managed or eliminated. In the next part of this discussion, we will explore various Christian and Islamic viewpoints on suffering.

From the previous section, it is clear that Sachedina and Zahedi et al. support palliative care or medical intervention from an Islamic perspective. However, they do not support the elimination of suffering in all cases, which may suggest that suffering may have some meaning, benefit or purpose. Some of the possible purposes or benefits of suffering were discussed in Chapter III. For example, suffering may be a spiritual 'test' or 'trial' to determine how Muslims react to suffering or adversity. This thought is supported in the Qur'an: *'And surely we will test you with something of fear and hunger, and loss of wealth and lives and crops, but give glad tidings to the steadfast'* (2:155). The Islamic response to this test should be one of patience in God's help and perseverance to find an acceptable solution or remedy. This response is related to a second possible purpose of suffering, which involves individual reform towards being more modest and recognizing that as in all matters concerning life and death, God creates and controls suffering. So patience and perseverance may be modes of humility to receive God's healing and guidance. As the Qur'an suggests: *'Before thee We sent (Messengers) to many nations, and We afflicted the nations with suffering and adversity that they might learn humility. [And] If Allah touches you with hurt, there is none can remove it but He'* (6:42, 10:117). A third related benefit or purpose of suffering may involve the 'cleansing' of one's sins to attain a sort of spiritual 'purification' (*Tazkiyah*). This experience may also imply a type of individual reform through a change of one's views and habits following 'purification.'

The idea that suffering can serve a purpose or confer a benefit suggests that it may not be simply bothersome or a nuisance. Rather, it may have deep meaning, the recognition of

²⁰ Gatrad and Shiekh, 'Palliative Care for Muslims and issues before Death,' p. 527.

which requires reflection and active appropriation. As Sachedina affirms, the right attitude or approach to these matters ‘inculcates faith in God’s goodness and an acceptance of suffering as part of the overall divine plan for humanity’s spiritual and moral development.’²¹ Therefore, it can be argued that ‘understanding suffering is central to Islamic bioethics.’²² In Chapter V, we will further explore the idea of suffering from an Islamic perspective by looking at how suffering can be a deeper transformative experience. This experience of suffering can be a motivation for enduring the suffering, because it may enrich one’s personal narrative and one’s relationship with God.

Similar to the Islamic perspectives, some Christian scholars in this study, like John Paul, believe that there is benefit in foregoing or reducing palliative treatment, so as to admit the experience of suffering. John Paul acknowledges that suffering was traditionally thought of as bad or linked to evil through interpretation of scripture. As John Paul states in his *Apostolic Letter on the Christian Meaning of Human Suffering (Salvifici Doloris)*, ‘It can be said that man suffers whenever *he experiences any kind of evil* (sic). In the vocabulary of the Old Testament, suffering and evil are identified with each other.’²³ Therefore, suffering was directly denoted as negative over the centuries and, as a result, it was viewed as form of punishment or divine wrath. However, he disputes these traditional attitudes and suggests that even if suffering is a mode of punishment as a result of sin, it need not be considered negatively, but rather as a form of rehabilitation or transformation of one’s ways. Moreover, according to John Paul, there was no need to see Job’s suffering as a form of punishment, or a negative phase in Job’s storied life, because Job was considered innocent.²⁴ As he states: ‘While it is true that suffering has a meaning as punishment, when it is connected with a fault, *it is not true that all suffering is a consequence of a fault and has the nature of a punishment.*’²⁵ John Paul argues instead that one should attempt to endure at least tolerable forms of suffering because, like in the case of Job, it may have some divine meaning, or one may learn some lesson from it, which requires patience and trust in God. To support his argument, John Paul cites the Book of Job (42:2): ‘*I know that you can do all things, and that no purpose of yours can be thwarted.*’ Besides the Old Testament, similar viewpoints are conveyed in Paul’s letters to the Corinthians (1 Corinthians 10:13) which may have been an influential source for John Paul’s perspective.

However, based on his understanding of the Book of Job, Fletcher disputes John Paul’s view by claiming that Job did not discover the purpose of his suffering and so came ‘to no

²¹ Sachedina, *Islamic Biomedical Ethics*, p. 80.

²² Sachedina, *Islamic Biomedical Ethics*, p. 81.

²³ Pope John Paul II, ‘APOSTOLIC LETTER *SALVIFICI DOLORIS* OF THE SUPREME PONTIFF,’ 11 February 1984, Part 2, Section 7, <http://www.vatican.va/holy_father/john_paul_ii/apost_letters/documents/hf_jp-ii_apl_11021984_salvifici-doloris_en.html> (accessed 19 June 2009).

²⁴ Pope John Paul II, ‘APOSTOLIC LETTER *SALVIFICI DOLORIS* OF THE SUPREME PONTIFF,’ 11th February 1984, Part 2, Section 7.

²⁵ Pope John Paul II, ‘APOSTOLIC LETTER *SALVIFICI DOLORIS* OF THE SUPREME PONTIFF,’ 11th February 1984, Part 3, Section 11.

other conclusion but that suffering is a mystery, as far as God's will and power are concerned. He only wondered, as we all do sometimes, why such a thing is ever needed or desired.²⁶ Therefore, Fletcher seems to deny that there is any (theological) significance in enduring suffering and, according to Fletcher, Job did not explicitly condemn or reject euthanasia or suicide in these types of cases (7:15).²⁷

As well as considering Job's suffering, some Christian scholars in this study also set out their understanding of redemptive suffering. For example, John Paul supports his account of suffering by emphasizing the sufferings of Christ. According to John Paul, humankind can participate in His sufferings through their own suffering. This allows the individual Christian to find meaning in their own suffering, which, in turn, can make that suffering redemptive and worthwhile.²⁸ Nigel Biggar cites John Paul's *Salvifici Doloris* to interpret redemptive suffering in a somewhat different way.²⁹ For Biggar, suffering may acquire greater meaning when it involves the sufferer extending forgiveness to the individual who was the cause of the suffering. On this view, when suffering is caused by another individual, its acceptance can make the suffering ethically significant, and a part of one's own story. Since Christ suffered for a purpose and forgave others (according to the Gospels), this may motivate one to endure suffering, understand its meaning or purpose, and forgive others. However, this particular argument will hold only when one's suffering has been caused by another person.

There are many points of comparison between these Islamic and Christian perspectives on suffering given their use of scripture, tradition and experience. For example, John Paul's reference to Job can be of interest to Muslims especially since the Qur'an also recounts Job's story (21:83, 38:41). In one part of the story, the Qur'an indicates that Job is chosen for a 'trial' or 'test' of suffering and will be a premier example for others relating to how one should approach suffering. We will further discuss Job and suffering from an Islamic point-of-view in Chapter V. This idea is also noted by John Paul. As John Paul comments, 'And if the Lord consents to test Job with suffering, he does it *to demonstrate the latter's righteousness*. The suffering has the nature of a test.'³⁰ 'More so than anything else, suffering can challenge one's spiritual convictions and put them to the test.'³¹ Based on these viewpoints, the idea of 'test' seems to have similar if not identical connotations in Christianity and Islam, and the key for both traditions is how one will react or respond to suffering. The test can act as a spiritual assessment of the level of one's faith based on one's reaction or

²⁶ Fletcher, *Morals and Medicine*, p. 198.

²⁷ Fletcher, *Morals and Medicine*, p. 198.

²⁸ Pope John Paul II, 'APOSTOLIC LETTER *SALVIFICI DOLORIS* OF THE SUPREME PONTIFF,' 11 February 1984, Part 5, Section 20.

²⁹ Biggar, *Aiming to Kill*, p. 52.

³⁰ Pope John Paul II, 'APOSTOLIC LETTER *SALVIFICI DOLORIS* OF THE SUPREME PONTIFF,' 11 February 1984, Part 3, Section 11.

³¹ Pope John Paul II, *Evangelium Vitae*, 25/3/1995, Section 31.

response. In this way, the test can be a way of strengthening one's faith, or the test can be a way of questioning or destroying one's faith and trust in God.

A second point of similarity involves the theme of suffering and the development of character. For instance, Nigel Biggar argued that suffering can improve one's moral character by leading the person to develop traits and responsibilities to cope with and endure suffering, like patience and resilience. This viewpoint is similar to that of Sachedina who states that suffering can be 'part of the overall divine plan for humanity's spiritual and moral development.'³² Once again, although perceived as problematic, evil or unwelcomed in itself, suffering may make possible a significant good.

A third related point of similarity involves the idea of suffering as a means to 'spiritual purification.' Although John Paul argued that not all forms of suffering need imply punishment, he also argues that even if suffering means punishment, it need not be viewed negatively. Unlike a retributive or a utilitarian account of punishment, John Paul seems to imply that suffering can be considered a rehabilitative form of punishment, which provides a person with the opportunity to forgive, reform their behaviours or morals, and improve their fellowship with others. This idea supports the conviction that God is in control, and that suffering can be part of God's mercy to bring the individual to a right way of living.³³ As John Paul states, 'Suffering must serve *for conversion*, that is, *for the rebuilding of goodness* in the subject, who can recognize the divine mercy in this call to repentance. Its purpose is also to strengthen goodness both in man himself and in his relationships with others and especially with God.'³⁴ Interestingly, the Qur'an expresses a similar viewpoint that urges the Muslim to use adversity or hardship as a way of changing certain habits and practices that may be contrary to Islam: '*See they not that they are put in trial once or twice every year (with different kinds of calamities, disease, famine)? Yet, they turn not in repentance, nor do they learn a lesson*' (9:126). So suffering may initially seem negative or harmful, but it may be good or vice versa as the Qur'an suggests: '*And it may be that you dislike a thing while it is good for you, and it may be that you love a thing while it is evil for you, and God knows, while you do not know*' (2:216).

However, one difference between the Christian and Islamic approaches to suffering may involve the idea of redemptive suffering. This idea may be largely non-transferable at least to Sunni Muslims because redemptive suffering focuses on the central figure in Christianity. In Sunni Islam, there seems to be no comparable idea of suffering which centres

³² Sachedina, *Islamic Biomedical Ethics*, p. 80.

³³ Marcus Braybrooke, 'What can We learn from Islam: The Struggle for True Religion,' in *Religion-Online.org*, 2 May 2002, <<http://www.religion-online.org/showchapter.asp?title=3269&C=2703>> (accessed 26 June 2009).

³⁴ Pope John Paul II, 'APOSTOLIC LETTER...' 11 February 1984, Part 3, Section 12.

on the sufferings or trials of the Prophet Muhammad (pbuh) or his closest companions.³⁵ There seems to be no compelling evidence of Muslims necessarily re-enacting or emulating the sufferings that the Prophet (pbuh) experienced. Although one may empathize with another's sufferings, the sufferings of the Muslim are separate from the sufferings of the Prophet Muhammad (pbuh), so the Muslim does not suffer to 'share in,' or be 'in union with,' the Prophet's (pbuh) sufferings. Besides this, it can be argued that the Prophet Muhammad (pbuh), like the Prophets (pbuh) who came before him (pbuh), suffered or were tested differently, or at the highest spiritual level, because they were chosen to spread the Word of God and were warned that they would face many distinctive seminal challenges.³⁶ Rather, it seems that suffering in Sunni Islam is focused more on individual spiritual purification and the cleansing of sins, or possibly a form of divine punishment, as discussed. In this way, suffering in Sunni Islam may be considered more rehabilitative or retributive than redemptive. It is plausible that the sufferings and trials of the Prophet Muhammad (pbuh) can encourage or motivate Muslims to endure their own suffering. And his (pbuh) interpretations of suffering based on the Qur'an and his (pbuh) use of medicine can impact how Muslims view their own suffering. This approach can also strengthen one's trust in God.

The idea of redemptive suffering in Shi'ite Islam is different from that in Sunni Islam, but somewhat similar to the idea in Christianity. Redemption through suffering is considered a major theme in Shi'ite Islam, and focuses mainly on the sufferings and martyrdom of the third Imam of the Shi'ite named Husayn ibn Ali who was the Prophet's (pbuh) grandson. The redemptive value of suffering of Husayn's followers involves commemorating the events that led to Husayn's martyrdom at the Battle of Karbala on the 10th day of Muharram (*Ashura*) by undergoing various acts of deprivation and suffering to imitate the sufferings of Husayn (as well as succeeding Imams). This imitation includes acts like self-flagellation and mock sword battles as well as weeping and mourning.³⁷ On a personal level, Husayn's sufferings represent or symbolize those who have suffered or are suffering among his followers. And it is believed that the suffering of the community through such rituals can redeem the sins of the community.³⁸ Moreover, those who emulate Husayn's struggles, sufferings and martyrdom can anticipate his intercession (as well as that of succeeding Imams) on their behalf after death, because Husayn and the Imams that followed were considered infallible and pure in matters of faith and morals due to their sufferings.³⁹ So through these rituals, salvation and

³⁵ M.H. Siddiqui, 'The Doctrine of Redemption: A Critical Study,' in *Islamic Perspectives*, edited by K. Ahmad and Z.A. Ansari, (Leicester: Islamic Foundations, 1979), p. 99-100.

³⁶ Marcus Braybrooke, 'What can We learn from Islam: The Struggle for True Religion,' in *Religion-Online.org*, 2 May 2002.

³⁷ Marcus Braybrooke, 'What can We learn from Islam: The Struggle for True Religion,' in *Religion-Online.org*, 2 May 2002.

³⁸ Muhsin Akbas, "Redemptive Suffering in Islamic Thought: A Critical Approach," *DEÛİFD* 31 (2010): p. 198.

³⁹ Muhsin Akbas, "Redemptive Suffering in Islamic Thought: A Critical Approach," *DEÛİFD* 31 (2010): p. 198 according to Mahmoud Ayoub's perspective of Redemptive Suffering in Shi'te Islam.

eternal reward is earned by the follower.⁴⁰ As Mahmoud Ayoub argues, ‘the suffering of Imam Husayn has been taken by the Shia community to be a source of salvation through the interiorization and emulation of that suffering by the community and through the high favour of the Imam as an intercessor.’⁴¹ Based on Ayoub’s perspective, a number of parallels can be drawn between redemptive suffering in Shi’ite Islam and Christianity. For example, Husayn is portrayed as a heroic or extraordinary figure in religious history similar to Jesus Christ.⁴² In addition, the sufferings and martyrdom of Husayn and Christ were pre-destined in order to redeem the faithful individuals and community.⁴³ However, according to Ayoub, Shi’ite Muslims must imitate Husayn to be redeemed and achieve salvation while the Christian is redeemed and achieves salvation by union with Christ in his sufferings and death.⁴⁴

Based on the majority of Christian and Muslim perspectives in this section, it may be concluded that palliative care is a reasonable option for both traditions because it provides comprehensive support in end-of-life terminal cases, while avoiding any intention to kill. In this way, palliative care aims at preserving and respecting the sanctity of human life. Although palliative care is generally supported by the Christian and Muslim scholars in this study, some also believe that suffering, at least in moderate or tolerable forms, may be allowed because it has purpose or meaning. The points of comparison and difference discussed here merit further expansion and exploration, but for the purposes of this section, these shared points serve as a way of rejuvenating the interfaith discussion relating to the end-of-life, dying and death. There are many complex ethical issues like those surrounding suffering that can affect patients and families in the health care setting. Similarities and differences on these issues may be a rich source of interfaith discussion, and can create greater understanding between monotheistic health-care professionals and patients.

Respect for the Elderly

According to John Paul, proper respect for elderly or older persons involves caring for or fulfilling their needs at the end of their life traditionally within a family-home support system. This practice is different from palliative care because it need not require a clinical environment. Let us begin by exploring the reasons why one has a duty to respect or care for elderly people.

⁴⁰ Akbas, “Redemptive Suffering in Islamic Thought: A Critical Approach,” p. 198.

⁴¹ Mahmoud Ayoub, *Redemptive Suffering in Islam: A Study of the Devotional Aspects of (Ashura) in Twelver Shi’ism* (Walter De Gruyter: 1978), p. 15; Akbas, “Redemptive Suffering in Islamic Thought: A Critical Approach,” p. 195.

⁴² Akbas, ‘Redemptive Suffering in Islamic Thought: A Critical Approach,’ p. 200.

⁴³ Akbas, ‘Redemptive Suffering in Islamic Thought: A Critical Approach,’ p. 200.

⁴⁴ Ayoub, *Redemptive Suffering in Islam: A Study of the Devotional Aspects of (Ashura) in Twelver Shi’ism*, p. 27.

On some views, treating elderly people with respect is a duty because this practice has the backing of long-established moral tradition. On this approach, since tradition links communities and cultural values together, there is at least an initial presumption that respecting this sort of custom is justified. A prime example of this idea is seen in Japanese culture where people are relatively long lived because of continued care and support for the elderly that is based on traditional Confucian Chinese teachings.⁴⁵ In Confucianism (and Eastern Asian cultures), this idea is also known as *filial piety* which is a virtue that involves unconditional respect for and good conduct to all those who are older than oneself.⁴⁶ This type of reasoning is also evident in John Paul's argument that elderly people should be treated with respect and dignity by the community since this practice has been maintained by long established traditions.⁴⁷ This tradition is clearly exemplified in Old Testament scripture and part of the Mosaic Law states: '*Rise in the presence of the aged, show respect for the elderly and revere your God. I am the LORD*' (Leviticus 19:32 NIV). Placing respect for the elderly and revering the Lord in the same line suggests the great significance of respecting the elderly, because worshiping God is arguably the most important obligation for humankind (at least in Judaism, Christianity and Islam). In this way, respecting the elderly is also a principal form of obedience to God's directive. There are several other verses in the Bible which place similar emphasis on respecting the elderly. And from the perspective of interfaith dialogue, similar verses can be observed in the Qur'an, as we will discuss in Chapter V. Moreover, it is arguable that since the elderly population in society is a growing proportion of the total population (globally the figure is expected to increase from 12.2% to 21.9% of persons over age 65 between 1980 and 2050), the obligation to maintain this tradition becomes more important, especially in a society where independence is increasingly the norm.⁴⁸ On the other hand, these figures may lend support to the euthanasia and 'right-to-die' movement. As Eric Cohen cautions: 'In an aging society, in which the elderly come to seem and come to feel like paralyzing burdens, the seduction of euthanasia may be too strong to resist.'⁴⁹

A second reason that underscores treating elderly people with respect involves the benefits society may gain from them. Older persons should not be ignored or neglected due to physical weakness or old age, and although older persons may appear to be 'unproductive,' frail and dependent, in many cases a longer life may imply greater knowledge, experience and wisdom, which may be valuable particularly for younger generations. This idea is supported in

⁴⁵ Yumi Hashizume, 'Gender Issues and Japanese Family Centered Caregiving for Frail Elderly Patients or Parents-in-Law in Modern Japan: From the Sociocultural and Historical Perspectives,' *Public Health Nursing* 17 (2000): p. 25-31.

⁴⁶ D.R. Hugh Baker, *Chinese Family and Kinship* (New York: Columbia University Press, 1978), p. 98.

⁴⁷ Pope John Paul II, *Evangelium Vitae*, 25 March 1995, Section 46.

⁴⁸ Organization for Economic Cooperation and Development (OECD), 1988 Report titled *Ageing Populations: The Social Policy Implications*.

⁴⁹ Eric Cohen, *In the Shadow of Progress: Being Human in the Age of Technology* (Readhowyouwant.com, 2010), p. 219.

scripture which states that we must always honour the elderly because the “*multitude of years should teach wisdom*” (Job 32:7). Moreover, elders in cultures such as the Japanese are held in high esteem due to their capacity to discern traditions.⁵⁰ And learning from older persons may be one way of respecting them, their intelligence or their experience, upholding traditional values and maintaining a meaningful bond between generations. As one scholar asserts, interactions between young and old are ‘key for culture, tradition and values sustainability.’⁵¹ Further, these interactions can also help to promote ‘intergenerational solidarity’ and combat the problem of loneliness in elders.⁵² This bond can also be a form of motivational support or inspiration for the young which can also help to strengthen their faith and trust in God. Some of these cross-cultural reasons were also identified by John Paul. He similarly highlights experience to argue that elders should be respected since they provide good judgment, insight and guidance for humanity. Therefore, elderly people should not be compelled into intentionally hastening their death or suicide as if they are a burden upon the community.⁵³ As one scholar asserts, ‘Because [euthanasia] requires the participation of at least one other person, it becomes a communal act involving the larger society and giving its approval to an act of abandonment.’⁵⁴

This idea of treating elders with respect because of their wisdom or knowledge need not imply that those who cannot offer or provide something valuable should not be respected or honoured. In general, societies teach that we should treat others the way we would want to be treated, namely, with respect and dignity. This thought is especially relevant to those who may have difficulty taking care of themselves, such as the very young or older persons. Respect should be unconditional, and lack of respect from the sense that someone is unproductive is in practice a false perception.

None of the Islamic scholars in this study specifically discuss respect for the elderly in a way which is directly comparable to John Paul’s viewpoint. This does not mean that there is no ideal of respecting the elderly in Islam. On the contrary, like in Christianity, this ideal is a very important obligation in Islam and second only to believing in and worshipping one God. Compassion and respect for the elderly is a core element in Islamic conduct and social behaviour, and disrespecting the elderly constitutes a major sin in Islam. In Chapter V, we will develop an expanded discussion on the topic of respect for the elderly from an Islamic perspective which may be more comparable to John Paul’s perspective. However, for the

⁵⁰ Takaya Yamazaki, ‘Intergenerational Interaction Outside the Family,’ *Educational Gerontology* 20 (1994): p. 453-462.

⁵¹ Mònica Duaigües, ‘Transfer knowledge for younger generations,’ (PowerPoint presentation at the 1st National Conference on ‘Bridging knowledge on long-term care and support,’ Barcelona, Spain, 5-7th March 2009), p. 7.

⁵² Duaigües, ‘Transfer knowledge for younger generations,’ (Barcelona, Spain, 5-7th March 2009), p. 7.

⁵³ Meilaender, *Bioethics A Primer for Christians*, p. 64.

⁵⁴ Meilaender, *Bioethics A Primer for Christians*, p. 64.

purposes of this section, the closest indirect reference to respect for the elderly is made by Sachedina who commented, as we saw in Chapter III, that end-of-life decisions should be made as a family or community in consultation with the health care provider, because the individual is a meaningful part of a larger communal network regardless of what they can provide.⁵⁵ If, for example, the individual is an elder and they are incompetent or their decision-making capacity is compromised, then making a group decision(s) in their best interest or for their well being can be construed as a form of respect or honour. This importance of communal ties is rather reminiscent of John Paul's emphasis upon the role of tradition.

Withholding Ineffective Treatment

In Chapter I, we discussed the idea of 'active' euthanasia which involves the intent to hasten death in suffering or terminal cases. Active euthanasia can be differentiated from withdrawing or withholding treatment in terminal cases, which aims to spare the patient the burden of treatment and avoid needlessly prolonging life. Since in such cases it is the disease or illness which is arguably causing death, some Christian scholars in this study consider this practice as morally uncontroversial. So this may be why John Paul, for example, only uses the word 'euthanasia' to refer to the case of intentionally hastening death. However, some Muslim scholars in this study refer to this practice as 'passive' euthanasia.⁵⁶ But one source disputes this approach: 'Some medical actions that are often labelled "passive euthanasia" are no form of euthanasia, since the intention to take life is lacking.'⁵⁷

Although the scholars in this study seem to classify the practice differently, they identify it using similar or identical terms. For example, Michael Banner uses terms such as 'aggressive' or 'more and heavier doses of' treatment in a 'futile battle' when describing ineffective treatment that may needlessly prolong life.⁵⁸ Similarly, Sachedina uses the term 'aggressive' when referring to ineffective treatments in several contexts.⁵⁹ Zahedi et al. contend that 'futility' in each end-of-life case must be examined to assess whether treatment has 'benefits [or] burdens.'⁶⁰ In the same way, John Paul uses vocabulary such as 'aggressive, disproportionate, excessive, precarious and burdensome' with regards to treatment that is needlessly prolonging life.⁶¹ Shared use of terms by Christian and Muslim scholars suggests a degree of consensus on the moral status of this practice. So, next, we will explore some common clinical, theological and economic reasons that are cited by authors on both sides in

⁵⁵ Sachedina, *Islamic Biomedical Ethics*, p. 166.

⁵⁶ Meilaender, *Bioethics A Primer for Christians*, p. 73.

⁵⁷ Euthanasia.com, 'Euthanasia Definitions,' in *Euthanasia.com*, 20 September 1999, <<http://www.euthanasia.com/definitions.html>> (accessed 3 June 2010)

⁵⁸ Banner, *Christian Ethics and Contemporary Moral Problems*, p. 77.

⁵⁹ Sachedina, *Islamic Biomedical Ethics*, p. 166.

⁶⁰ Zahedi et al., 'End of Life Ethical Issues and Islamic View,' p. 7 and 12.

⁶¹ Pope John Paul II, *Evangelium Vitae*, Section 65.

support of the practice of withdrawing or withholding treatment in futile cases. As we will see, these reasons seem to be interlinked, because they all seem to involve the need to avoid needlessly prolonging life. Let us first discuss the clinical advantages to this practice.

The first clinical benefit of withdrawing or withholding ineffective treatment involves patient autonomy. As discussed, patient autonomy allows a competent individual to make choices or wishes or anticipate decisions through a living will, advanced directive or surrogate decision that is in accordance with their beliefs and values about their medical condition, such as an unconscious or incompetent state. So refusing ineffective treatment in these types of terminal cases can enhance patient autonomy, some Christian and Muslim scholars in this study suggest. For example, as Zahedi et al. stated: 'Advanced directives aim to honour individual autonomy and respect individual choice.'⁶² John Paul averred that when death is impending and expected, 'one can in conscience "refuse forms of treatment."⁶³ In the same way, Zahedi et al. asserted that 'some Muslim jurists recognize as legal a competent patient's informed refusal of treatment' and they illustrate this claim by providing a case study, which we documented in Chapter III, in which patients expressed their wish to refuse ineffective treatments like resuscitation and nutrients.⁶⁴ Sachedina conveys an almost identical view.⁶⁵ These perspectives suggest that autonomous decisions to refuse treatment can be supported by religious attitudes that encourage the discontinuation of ineffective treatment which would needlessly prolong life. These types of religiously grounded views are similarly supported by some secular scholars. For example, Islamic ethics scholar Sahin Aksoy conducted a study that compared Islamic positions on advanced directives at the end-of-life with those of philosopher John Harris.⁶⁶ Aksoy found that although significant and fundamental differences exist in the application of euthanasia between both sides, there are similar views on the idea of advance directive, because it promotes patient autonomy and independent decision-making.⁶⁷ Patient autonomy is honoured provided that it does not clash with medical, religious, cultural and social standards, which generally involve preserving life, maintaining health and avoiding unnecessary harm. And at least for traditional Muslims living in the West, individual autonomy is often shaped by religious (legal) (e.g. Qur'an, Hadith, Shariah Law) and cultural values, and decisions, as well as conflict resolutions, are made as a family or community, so decisions that are contrary to religion and culture may be rejected or overruled, despite recommendations

⁶² Zahedi et al., 'End of Life Ethical Issues and Islamic View,' p. 9.

⁶³ Pope John Paul II, *Evangelium Vitae*, Section 65.

⁶⁴ Zahedi et al., 'End of Life Ethical Issues and Islamic View,' p. 13.

⁶⁵ Sachedina, *Islamic Biomedical Ethics*, p. 170.

⁶⁶ Sahin Aksoy, 'Some principles of Islamic ethics as found in Harrisian philosophy,' *Journal of Medical Ethics* 36 (2010): p. 226-229.

⁶⁷ Sahin Aksoy, 'Some principles of Islamic ethics as found in Harrisian philosophy,' p. 227.

from non-Muslim healthcare professionals.⁶⁸ These decisions may involve suicide-related acts such as euthanasia or refusing life-saving intervention. So for traditional Christians and Muslims in general, it is arguable that end-of-life decisions are not independent of faith, but rather are a part of an overall spiritual purpose that focuses on submitting to the divine will, seeking forgiveness and attaining eternal life.

A second clinical advantage that is discussed by at least the Muslim authors in this study involves physician discretion to withdraw or withhold ineffective treatment based on clinical judgement or experience. For example, Brockopp made the argument that physicians may legally withhold further (artificial) treatment in brain death, PVS and permanent coma cases where the heart is artificially functioning. This view suggests that physicians should have the right to exercise their clinical judgment in keeping with religious values, rather than rely on religious scholars to make medical decisions. This attitude also underscores doctor-patient rapport from the point of view of trust, justice and best interests related to final decisions. Sachedina gives evidence to this point by stating that as a part of these decisions, the 'law actually takes into consideration the patient's long-term treatment relationship with a physician whose opinion, in the final analysis, serves as the grounds for turning off the respirator.'⁶⁹ A 'final analysis' may also cause a physician to override a patient's request to prolong their life when the physician judges that further treatment would be futile. A good example of this is the case cited by Zahedi et al. of the cancer patient who wanted 'everything done for her' perhaps out of misunderstanding or fear.⁷⁰ However, these scholars contended that since the burdens of the treatment outweighed benefit in this case, it may be discontinued by the physician, because continuing treatment in these cases would not be medically worthwhile. But while physician discretion may imply the power to override a patient's wishes, like patient autonomy it also has limits. The physician ought to acknowledge their therapeutic boundaries and understand that life and death are ultimately divine matters, so allowing nature to take its own course in cases where medical intervention cannot further prolong life.⁷¹ Even so, there is still a responsibility to employ adequate pain control or sedation until death occurs to achieve the most comfortable death possible.

Although physician judgement is not discussed by the Christian scholars in this study, it can be linked to Christian thought. For example, Dennis Sullivan believes that although physicians should respect patient autonomy, autonomy is not an absolute privilege and

⁶⁸ Amani Babgi, 'Legal issues in End-of-life Care: Perspectives from Saudi Arabia and United States,' *American Journal of Hospice & Palliative Medicine* 26 (2009): p. 121.

⁶⁹ Sachedina, *Islamic Biomedical Ethics*, p. 170.

⁷⁰ Zahedi et al., 'End of Life Ethical Issues and Islamic View,' p. 8.

⁷¹ Sachedina, *Islamic Biomedical Ethics*, p. 165-166.

physicians have the right to withdraw futile treatment.⁷² As Sullivan states, 'Patients must respect the integrity of the medical profession, and the ability of caregivers to say no to unreasonable requests for inappropriate or futile treatment.'⁷³ This view is endorsed by the Christian Medical and Dental Association which states: 'We do not oppose withdrawal or failure to institute artificial means of life support in patients who are clearly and irreversibly deteriorating, in whom death appears imminent beyond reasonable hope of recovery.'⁷⁴ If, for example, the PVS, brain death, or coma condition is characterized as total and irreversible, there seems to be strong theological support for health care professionals to discontinue artificial feeding, because the aim here is not to kill, but rather to lift the burden of futile treatment. In this way, a Christian or Muslim physician seeks to respect the sanctity of life and, once again, acknowledges their healing limits. As with patient autonomy, Christian and Muslim scholars also have similar views on physician authority at least in terminal cases.

However, physician authority can be abused or misused particularly in euthanasia cases. For example, Robert Weir argues that abuse of physician power has led to a rise in non-voluntary euthanasia in the Netherlands.⁷⁵ Citing a 1990 Dutch report, Weir highlights that out of 3,300 euthanasia-related deaths, nearly 1/3rd of cases were without 'explicit request, what the Dutch call "non-voluntary."⁷⁶ Weir believes that patients with compromised psychological states have allowed physicians to misuse their authority, which is contrary to the spirit of euthanasia regulations and may lead to the slippery slope.⁷⁷ Other opponents of euthanasia contend that if euthanasia were to be legalized in the UK and Canada, this would lead to the abuse of physician authority, by putting vulnerable, disabled or incompetent persons at particular risk of non-voluntary euthanasia, and degrade the standards of the medical establishment.⁷⁸ This risk may be evident in the case of now-retired UK G.P., Howard Martin, who 'admits hastening' the death of terminally ill persons who were in 'dreadful suffering' as an act of "'Christian compassion" for patients' dignity.'⁷⁹ In these cases, he asserts: 'I used my discretion' and similarly, 'I would take control by keeping people asleep until they had passed

⁷² Dennis Sullivan, 'Euthanasia versus Letting Die: Christian Decision Making in Terminal Patients,' *Ethics and Medicine*, 21:2, 2005. Viewpoint stated by C. C. Hook, 'Medical Futility,' in *Dignity and Dying: A Christian Appraisal*, edited by J. F. Kilner, A. B. Miller and E. D. Pellegrino (Grand Rapids: William B. Eerdmans, 1996) p. 84-95.

⁷³ Sullivan, 'Euthanasia versus Letting Die: Christian Decision Making in Terminal Patients,' *Ethics and Medicine*, 21:2, 2005.

⁷⁴ The Christian Medical and Dental Association (CMDA), 'Euthanasia Ethics Statement,' *The Christian Medical and Dental Association (CMDA)*, 18 June 1997, <<http://www.cmda.org/AM/Template.cfm?Section=Home&TEMPLATE=/CM/ContentDisplay.cfm&CONTENTID=14914>> (accessed 15 August 2010)

⁷⁵ Robert F. Weir, *Physician-assisted suicide* (Indiana University Press, 1997), p. 81.

⁷⁶ Weir, *Physician-assisted suicide*, p. 81.

⁷⁷ Weir, *Physician-assisted suicide*, p. 81.

⁷⁸ Halldor K. Bjarnason, 'Euthanasia for Individuals with Disabilities,' in *Euthanasia Prevention Coalition*, 15 January 1998, <<http://www.epc.bc.ca/bjarnaso.html>> (accessed 19th May 2009).

⁷⁹ BBC News, 'GP "admits hastening" dying patients' death,' in *BBC News*, 19 June 2010, <<http://news.bbc.co.uk/1/hi/england/wear/10356194.stm>> (accessed 27 August 2010)

over.⁸⁰ However, from Martin's point of view, he did not abuse his authority, but rather acted out of necessity to fulfil his obligations of providing relief and preventing further harm. Supporters of euthanasia in the UK have argued that physician-assisted suicide should be legal only with strict medical and legal safeguards. If euthanasia were permissible and the public were to be in favour of euthanasia in these types of cases, then acts like those of Howard Martin may not be construed as physician abuse, but rather as the appropriate exercise of physician responsibility. However, even with the strictest of laws, physician abuse can still occur.

So far we have discussed two clinical topics related to withdrawing or withholding ineffective treatment, namely, patient autonomy and physician discretion. There is a degree of consensus on these matters among Christian and Muslim commentators in this study. Next we will explore some theological ideas related to this practice.

According to the scholars in this study, the first theological notion that supports this practice involves freedom from fear of death and trust in God. Fear of divine punishment, fear of death itself or deep attachment to earthly life can be natural end-of-life reactions, as discussed. As Sachedina asserts, 'understandably, death appears as an obstacle to the enjoyment of the expanding material pleasures of the world.'⁸¹ These types of reactions may suggest that earthy life has permanent worth or quality, which may result in not acknowledging the existence of death and in attempts to needlessly prolong life. However, John Paul objects to this attitude citing scripture (Mark 8:35) to propose that although earthly life has unconditional value, it is not of 'absolute' value. As John Paul states: 'Certainly the life of the body in its earthly state is not an absolute good for the believer, especially as he may be asked to give up his life for a greater good.'⁸² The 'greater good' may refer to the greater value of the life beyond this world as the Qur'an emphasizes: '*O my people! This life of the world is only a (passing) enjoyment, and surely the hereafter is the abode to settle*' (40:39). Similarly, Michael Banner used scripture (Revelation 1:17) to contend that one should not fear and deny death. As Banner states: 'It is this denial which leads to that aggressive maintenance of life, resistance to the very end and striving against the inevitable. There can be a clear-sighted refusal of these heroic measures which will simply prolong, to no obvious point or purpose, the patient's dying.'⁸³ 'Refusal of these heroic measures' may acknowledge death and signify trust in God. Zahedi et al. similarly argue from an Islamic perspective that faith in God can help to

⁸⁰ 'GP "admits hastening" dying patients' death,' *BBC News*, 19th June 2010.

⁸¹ Sachedina, *Islamic Biomedical Ethics*, p. 165.

⁸² Pope John Paul II, *Evangelium Vitae*, 25 March 1995, Section 47.

⁸³ Banner, *Christian Ethics and Contemporary Moral Problems*, p. 77 and 83.

prevent fear at the end-of-life, which can be the ‘biggest weakness of man.’⁸⁴ As Zahedi et al. state, ‘Such a belief in divine destiny and divine sagacity resulting in trust in God puts an end to the fear of death.’⁸⁵ These religious views suggest that withdrawing or withholding treatment in terminal cases may be appropriate.

A second related theological idea that supports this practice involves the concept of divine providence. From a Christian and Islamic viewpoint, divine providence may imply that since God controls the phases of human existence, death occurs at a ‘divinely intended moment.’ For example, Sachedina argues that ‘the earthly term has been fixed by the unalterable divine decree.’⁸⁶ Similarly, John Paul comments that dying in the proper Christian spirit implies a ‘supreme act of obedience to the Father, being ready to meet death at the “hour” willed and chosen by him.’⁸⁷ So when death is imminent, Zahedi et al. argue that one should be ‘completely ready for’ death.⁸⁸ Though one cannot realistically be ‘completely ready for’ death, a willingness to withdraw or withhold treatment that does not benefit the patient may be part of readiness for death.

Following this discussion of clinical and theological perspectives, the last part of this section will now examine economic considerations, which also seem to support withdrawing or withholding ineffective treatment. Some Christian and Muslim scholars in this study argue that withdrawing or withholding ineffective treatment in terminal cases is also appropriate because it is cost-effective, and this is important given the need to use ‘limited’ resources more efficiently by committing them to cases with reasonable chances for recovery or progress. For example, Nigel Biggar argued that in cases of mere ‘biological life,’ there is benefit in switching resources ‘for use in bettering the conditions of the afflicted, but still responsible human [or those with ‘biographical life’].’⁸⁹ In a similar way, Zahedi et al. state that ‘delaying the inevitable death of a patient through life-sustaining treatment is neither in the patient’s nor the public’s best interests because of limited financial resources.’⁹⁰ Expensive limited resources means there is pressure on health-care providers to use resources more efficiently. For example, as one scholar notes, health-care providers are sometimes ‘being criticized, even threatened by [their] superiors for refusing to make financial considerations.’⁹¹ This type of pressure arises especially in cases in which the patient is a ‘useless eater’ of

⁸⁴ Zahedi et al., ‘End of Life Ethical Issues and Islamic View,’ p. 10.

⁸⁵ Zahedi et al., ‘End of Life Ethical Issues and Islamic View,’ p. 10.

⁸⁶ Sachedina, *Islamic Biomedical Ethics*, p. 169.

⁸⁷ Pope John Paul II, *Evangelium Vitae*, 25 March 1995, Section 67.

⁸⁸ Zahedi et al., ‘End of Life Ethical Issues and Islamic View,’ p. 12.

⁸⁹ Biggar, *Aiming to Kill*, p. 114.

⁹⁰ Zahedi et al., ‘End of Life Ethical Issues and Islamic View,’ p. 13.

⁹¹ Ruth Macklin, ‘Which way down the Slippery Slope? Nazi Medical Killing and Euthanasia Today,’ in *Bioethics*, edited by John Harris (Oxford University Press, 2001), p. 110.

treatment.⁹² Moreover, distributing and managing resources can also involve risk of coercion and manipulation in some regions leading to mismanagement and inefficient utilization.⁹³ Therefore, some scholars highlight the principle of distributive justice to argue that although health care providers have a moral responsibility to reasonably save and prolong life, this duty should not be exaggerated in terminal or irreversible cases.⁹⁴ In addition, in order to prevent often reckless and wasteful use of resources through bribery and fraud, there must be an allocation process in which resources are used fairly and impartially in legitimate cases.⁹⁵ Through this approach, which involves a case-specific assessment of how treatment is used and the results it produces, resources may be used with maximum effectiveness and not used to needlessly prolong life in terminal cases. Based on their viewpoints, this approach can appeal to both Christian and Muslim sides in the discussion.

Given the various clinical, theological and economic ideas we have explored, it may be concluded that withdrawing or withholding treatment can be justified or beneficial. This practice arguably enhances patient autonomy, allows for physician discretion, encourages trust in God rather than fear of death, respects the intended moment of death and promotes better use of health-care resources. And since these ideals are commonly supported by the Christian and Muslim scholars in this study, these considerations may invite greater interfaith dialogue and cooperation particularly in the clinical setting.

In this section, we have discussed practices that are common to both Christian and Muslim traditions. In addition, we have looked at practices that are discussed only by Christian scholars but which may also be of interest to Muslim scholars. Often these practices are utilized because they are grounded in dogmatic ideas that involve preserving human life, like the sanctity of human life. In the next section, we will further examine this principle.

⁹² Macklin, 'Which way down the Slippery Slope? Nazi Medical Killing and Euthanasia Today,' in *Bioethics*, p. 110.

⁹³ Sachedina, *Islamic Biomedical Ethics*, p. 166.

⁹⁴ Sachedina, *Islamic Biomedical Ethics*, p. 165.

⁹⁵ Sachedina, *Islamic Biomedical Ethics*, p. 166.

Dogmatic Principles

The previous section examined various practices related to euthanasia cited by both Christian and Muslim scholars. Most scholars in this study believe that human life is unconditionally sacred and should not be discarded, so they support practices like, for example, palliative care. However, other scholars who believe that human life is conditionally worthwhile think that palliative care need not be followed in certain cases, particularly in cases of extreme pain and suffering.

In the next section, we will examine a dogmatic principle related to euthanasia that is cited by both Christian and Muslim commentators examined in this study, to underscore similarities and differences in thought. This dogmatic principle is the sacredness of human life.

Sacredness of Human Life

For theists, the term 'sacredness' generally signifies a quality that is some ways intimately associated with God, and based on the Christian and Muslim perspectives in this study, it may be inferred that something which is sacred will typically have special value and dignity and is therefore to be treated with respect. According to the Oxford Dictionary (2002), the term 'sacred' is defined as a principle or object that has some form of explicit connection or association with God, dogma and/or faith-based tradition. The sacredness of human life is discussed by John Paul and Nigel Biggar on the Christian side of this study, and by Zahedi et al. on the Muslim side. This section will compare and contrast the perspectives of John Paul and Zahedi et al. The perspectives of Nigel Biggar and Zahedi et al. are not compared, because they are fundamentally different. Biggar presents case-specific or context relative conditions for sacredness whereas Zahedi et al. consider sacredness to be inalienable. Let us begin by reviewing the positions of John Paul and Zahedi et al. from our discussion in Chapters II and III, respectively.

As the reader may recall, Zahedi et al. argued that human life is unconditionally sacred 'because God is its origin and its destiny.'⁹⁶ This view suggests that human life is sacred because God is causally present in, or influences, every part of human life. If God is involved in all phases of human life, this also suggests that death occurs at a pre-determined time. The idea that there is a pre-determined time of death helps to ground Zahedi et al.'s opposition to euthanasia. Acts such as euthanasia or suicide aim to hasten or manipulate the time of death and thereby, for Zahedi et al., they degrade or fail to properly respect the sacredness of human life. The notion of protecting human life is related to an idea in Islam called divine trust.

⁹⁶ Zahedi et al., 'End of Life Ethical Issues and Islamic Views,' p. 11.

Divine trust implies that humans have been appointed by God as responsible stewards (*khalifa*) of the earth to care for themselves, others and their surroundings. This idea can be especially relevant to Muslim health care professionals, because they have obligations to reasonably prolong life and avoid unnecessary harm. It is this responsibility which makes human life special or distinct from all other forms of creation.⁹⁷

John Paul argued that human life is sacred because it is created by God 'in his own image' or as '*a sign of his presence*.'⁹⁸ Human life has an explicit connection to God which is grounded in God's creation of humankind. Since human life is made by God, and is in his image, its value cannot be negated by any physical or mental illness, so human life is 'always a good' or is unconditionally sacred.⁹⁹ Moreover, human life is sacred due to its distinctiveness from all other creation. Put differently, human life is distinctive because it is made in the image of God, so it is inherently sacred or unconditionally good.¹⁰⁰ John Paul believes that the human person is distinctive because he or she has '*spiritual faculties*,' characteristics or attributes, namely, autonomy, the capacity for reason and the ability to discern right from wrong.¹⁰¹ Linking this idea to the previous one, these '*spiritual faculties*' can be interpreted as a '*manifestation of God in the world, [or] a sign of his presence*' because it is the possession of these faculties which ensures that human beings are made in the image of God.¹⁰² In this way, John Paul believes that the relationship between humans and God is 'special.' For John Paul, euthanasia or suicide implies a severing of this 'special' connection and a degrading of the sacredness of human life.¹⁰³

From this review of Christian and Muslim viewpoints on the sacredness of life, it is clear that John Paul and Zahedi et al. arrive at similar deontological conclusions since both believe that human life is unconditionally sacred. However, they provide different anthropologically-based rationales for this finding. In the next section, we will compare and contrast the ideas of 'image of God,' 'signs,' stewardship and divine pre-determination as found in from the perspectives of Zahedi et al. and John Paul. Let us begin with the idea of the 'image of God.' The Muslim authors in this study do not associate the idea of the sacredness of human life with the 'image of God' idea. It is arguable that the separation of these ideas may be observed in most, if not all, of Islamic literature for two traditional reasons.

⁹⁷ Francesca De Chatel, 'Prophet Muhammad (SAW): A Pioneer of the Environment,' in *Whyislam.org*, 17 June 2001, <http://www.whyislam.org/Forum/forum_posts.asp?TID=25636&PN=3> (accessed 26 May 2009)

⁹⁸ Pope John Paul II, *Evangelium Vitae*, 25 March 1995, Section 34.

⁹⁹ Pope John Paul II, *Evangelium Vitae*, 25 March 1995, Section 34.

¹⁰⁰ Pope John Paul II, *Evangelium Vitae*, 25 March 1995, Section 34.

¹⁰¹ Pope John Paul II, *Evangelium Vitae*, 25 March 1995, Section 34.

¹⁰² Pope John Paul II, *Evangelium Vitae*, 25 March 1995, Section 34.

¹⁰³ Pope John Paul II, *Evangelium Vitae*, 25 March 1995, Section 64.

First, there is a concern that physical or iconic images of the Prophet Muhammad (pbuh) or of God can lead to idolatry or intercessional prayer. Although a prophet, Muhammad (pbuh) did not claim to be divine, but rather a herald of God's message, according to Islamic tradition. In this way, the concept of divinity in Islam is significantly different from that in Christianity, since Jesus (pbuh) is considered both human and divine as the second person of the Holy Trinity. In the view of Islamic tradition, the Prophet (pbuh) forbade depictions or illustrations of himself (pbuh) or other animate characters. As one Hadith reports: 'Abu Talha (r.a.) narrates: I heard Allah's apostle saying; "Angels (of mercy) do not enter a house wherein there is a dog or a picture of a living creature (a human being or an animal)."'¹⁰⁴ Besides the Hadith, the 'image' idea is also critically interpreted in the Qur'an, which most likely influenced Muhammad's (pbuh) judgment and position. For example, in the Moses and the golden calf incident, the Qur'an narrates: '*The people of Moses made, in his absence, out of their ornaments, the image of a calf, (for worship): it seemed to low: did they not see that it could neither speak to them, nor show them the Way? They took it for worship and they did wrong*' (7:148). Due to these traditional attitudes, geometrical aesthetic ornaments like Arabic calligraphy are the main form of artistic expression in Islam.

A second likely reason why the notion of an 'image' is not associated with the sacredness of human life in Islam is because God is said to be without form, limitless, eternal and different from all others. So one cannot form or imagine an accurate representation of the divine. This view is supported by several verses in the Qur'an: '*There is nothing like Him but He is the All-Hearing, All-Seeing;*' '*Vision cannot grasp Him, but His Grasp is over all vision;*' '*There is nothing comparable to Him*' (42:11, 6:103, 112:4). These verses are also reflected in the poetry of Rumi (d. 1272 C.E.): 'He is the first, He is the last. He is the outward, He is the inward; I am intoxicated in Love's cup.'¹⁰⁵ So God is not depicted in terms of an 'image' or pictorially, but rather descriptively in the form of His many, if not infinite, epithets such as 'everlasting,' 'holy,' 'generous,' 'forgiving' and 'merciful' which form part of His 'ninety-nine beautiful names.' This portrayal is similar to the Christian description of God cited earlier, where God is represented in terms of creativity, compassion, love, generosity, justice and intelligence. Still, a comprehensive understanding of God cannot be captured even in words, let alone in imagination.

While the 'image of God' idea in Christian thought may not appeal to the Islamic tradition, the idea of an 'image' may be considered in a different way, namely, as a 'sign.' John

¹⁰⁴ Hadith-Bukhari 4:448, in *Everymuslim.co.za*, <http://www.everymuslim.net/index.php?option=com_content&task=view&id=1036&Itemid=38> (accessed 19 December 2010)

¹⁰⁵ Pauline Ashby, 'Jalaluddin Rumi,' in *Green Spirit*, <<http://www.greenspirit.org.uk/resources/Rumi.shtml>> (accessed 29 December 2009)

Paul described the manifestation of God in human life as a *'sign of his presence.'* In a similar way, the Qur'an asserts: *'God has the power to send a sign, but most understand not'* (6:37). The Qur'an provides many examples of physical, mental and spiritual types of sign as proof of God's existence. These examples include: various environmental phenomena, the diversity of species, His control of the individual's earthly life, the human intellect and the Qur'an itself (13:3, 55:3-4, 38:29, 16:13). For example, the Qur'an states: *'And you might see the sun when it rose, decline from their cave towards the right hand, and when it set, leave them behind on the left while they were in a wide space thereof. This is of the signs of Allah; whomsoever Allah guides, he is the rightly guided one, and whomsoever He causes to err, you shall not find for him any friend to lead (him) aright'* (18:17).

At least some of these 'signs' in Islam are comparable to Christian thought. For example, the idea that there are geo-physical 'signs' is similar to the claims of natural theology (or physico-theology) in the Christian tradition, which involves the idea that the natural world gives evidence of God's existence and providence. This idea is also reflected in New Testament scripture, as when it is said: *'For since the creation of the world God's invisible qualities—his eternal power and divine nature—have been clearly seen, being understood from what has been made, so that men are without excuse'* (Romans 1:20).¹⁰⁶ Due to the Islamic influence on Christian theology through medieval scholasticism, we find similar natural theological arguments in Thomas Aquinas's *Summa Theologica* and Ibn Sina's *The Book of Healing* (1027 C.E.).¹⁰⁷ Moreover, according to Anthony O'Mahony, Spanish priest-professor Miguel Asin Palacios (d. 1944) also examined how Islam was substantially shaped by Christianity and oriental monasticism during medieval times on various topics like philosophy, mystical theology, mystical confraternities, spirituality and eschatological poetry.¹⁰⁸ These examples of cross-fertilization of ideas, among others, clearly demonstrate how Christianity and Islam are 'ineluctably linked together in the religious history of mankind.'¹⁰⁹

In addition, the idea that there are mental 'signs' can also relate to Christian thought, and these signs may suggest that human life is distinctive for both traditions. For example, John Paul argued earlier that human life has been endowed with *'spiritual faculties which are distinctively human,* such as reason, discernment between good and evil, and free will.'¹¹⁰ The idea of *'spiritual faculties'* can be linked to the idea of 'signs' because John Paul argued that

¹⁰⁶ Romans 1:20 (New International Version), *BibleGateway.com*, 23 January 2011, <<http://www.biblegateway.com/passage/?search=Romans+1%3A20&version=NIV>> (accessed 2 February 2011)

¹⁰⁷ Sajjad Rizvi, 'Avicenna (Ibn Sina) (c. 980-1037),' *Internet Encyclopedia of Philosophy IEP*, 6 January 2006, <<http://www.iep.utm.edu/avicenna/>> (accessed 17 May 2009)

¹⁰⁸ Anthony O'Mahony, 'Christians and Muslim-Christian Relations: Theological Reflections,' in *Christians and Muslims in the Commonwealth: A Dynamic Role in the Future*, edited by Anthony O'Mahony and Atallah Siddiqui (London: Altajir World of Islam Trust, 2001), p. 106.

¹⁰⁹ O'Mahony, 'Christians and Muslim-Christian Relations: Theological Reflections,' p. 107.

¹¹⁰ Pope John Paul II, *Evangelium Vitae*, 25 March 1995, Section 34.

human life 'is a manifestation of God in the world, a sign of his presence...'¹¹¹ In other words, 'spiritual faculties' as distinct human traits can be interpreted as 'signs' of God. Similarly, in the Islamic tradition, the distinctive character of human beings' mental qualities is a part of the 'special' status of human life, which is considered a 'sign.' As one source asserts: 'If in the case of life we find that the Qur'an has given special attention to it, that is only a sign of its importance and high value.'¹¹² This viewpoint is supported by Christine Huda Dodge who asserts: 'Islam teaches that human beings are a unique life form that was created by Allah in a special way with unique gifts and abilities unlike any other: a soul and conscience, knowledge and free will.'¹¹³ So, for Islamic and Christian scholars, human mental qualities suggest that human life is distinctive, and for both traditions this provides one basis for the idea that human life can be considered of special value.

In addition to the idea of 'sign' and this case from the distinctiveness of human mental qualities, the idea of human stewardship may also suggest that human life is special, at least in the Islamic tradition. As discussed in Chapter III, stewardship involves caring for oneself, others and the environment as a part of a divine trust, and these obligations can imply that the human person has a significant status in Islam. In the context of medicine and euthanasia, it may be argued that considered as a steward, a Muslim physician is accountable for upholding, or has the duty to preserve, the sacredness of human life by not intentionally hastening their own death or unnecessarily harming others.

Similarly, according to Catholic teaching, humans have a God-appointed duty to establish harmony on Earth by caring for themselves, others and their surroundings. As one Vatican source states: 'Human beings, created in the image of God, are persons called to enjoy communion and to exercise stewardship in a physical universe.'¹¹⁴ And with this responsibility, God grants humans limited power over other creatures. As the source asserts: 'Created in the image of God, man exercises his sovereignty over visible creation only in virtue of the privilege conferred upon him by God.'¹¹⁵ Due to this power, stewards are held responsible for their activities or how they exercise their power. As the source states: 'The steward must render an account of his stewardship, and the divine Master will judge his actions.'¹¹⁶ So the idea of stewardship as it is developed in the Christian tradition can suggest that human life is

¹¹¹ Pope John Paul II, *Evangelium Vitae*, 25 March 1995, Section 34.

¹¹² Future Human Evolution 'Creationism from the Islamic perspective,' *Future Human Evolution*, 16 June 2010, <http://www.humansfuture.org/origins_creation_islamic_perspective.php.htm> (accessed 19 September 2010)

¹¹³ Christine Huda Dodge, 'Creation of Human Life, Human Beings Not "Descended" From Apes,' *About.com, Islam*, 1 December 2003, <http://islam.about.com/od/creation/a/creation_2.htm> (accessed 17 May 2010)

¹¹⁴ International Theological Commission, 'Communion and Stewardship: Human Persons Created in the Image of God,' Section 2, Part 26, *International Theological Commission*, <http://www.vatican.va/roman_curia/congregations/cfaith/cti_documents/rc_con_cfaith_doc_20040723_communion-stewardship_en.html> (accessed 18 June 2010).

¹¹⁵ International Theological Commission, 'Communion and Stewardship....,' Section 3, Part 60.

¹¹⁶ International Theological Commission, 'Communion and Stewardship....,' Section 3, Part 61

distinctive because of the special responsibility and authority which has been conferred upon human beings by God.

Moreover, some Christian scholars also link the idea of stewardship to euthanasia and argue that health care providers have a responsibility to look after life, but not ownership over life and death. As Kenneth Overberg S.J. states, 'The conviction that we are stewards of life grounds the opposition to euthanasia. As stewards we respond with care and compassion to those who are suffering. Mercy killing moves beyond stewardship into dominion.'¹¹⁷ This view is shared by the United States National Conference of Catholic Bishops who assert: 'As a responsible steward of life, one must never directly intend to cause one's own death, or the death of an innocent victim either by act or omission.'¹¹⁸ The concept of stewardship is common to Islam and Christianity, and scholars in both traditions have linked it to the issue of euthanasia by seeing it as a call to respect the sacredness of human life by preserving and reasonably prolonging life. In this way, this topic may invite rich discussion not only in the interfaith setting, but also in the clinical setting, since this perspective can be adopted by Christian and Muslim health care professionals.

As well as citing their stewardship and mental capabilities, the Qur'an suggests that humans are also distinct because of their broad diversity as evident in many different races, ethnicities and traditions. As the Qur'an states, '*And He has created you in different forms and different conditions*' (71:15). Furthermore, it is arguable that the diversity of creation is apparent in the differences of language or speech which also makes human beings distinct in their communication with others. As the Quran states: '*O Mankind, We have created you from a male and a female and have made you nations and tribes that ye may know one another (and not despise one another)*' (49:13). Interestingly, this thought is comparable with a Catholic perspective based on the image of God discussion. As one source states: 'Implicit in the Catholic Theology of the *imago Dei* is the profound truth that the material world creates conditions for the engagement of human persons with one another.'¹¹⁹ From this information, it may be suggested that human life can be distinctive in many similar ways from Christian and Islamic viewpoints based on their accounts of human mental qualities, stewardship and the diversity of human creation. It is important to emphasize for the purposes of Christian-Muslim dialogue that both sides consider human life distinct where this implies a special relationship with God.

¹¹⁷ Kenneth R. Overberg S.J. 'End of Life Ethics: Preparing Now for the Hour of Death,' in *Embracing Our Dying*, 23 June 2007, <<http://www.embracingourdying.com/articles/endethics.php>> (accessed 3 March 2009).

¹¹⁸ National Conference of Catholic Bishops, 'Statement on Euthanasia,' in *National Conference of Catholic Bishops*, 12 September 1991, <<http://www.usccb.org/prolife/issues/euthanas/euthnccb.shtml>> (accessed 3 July 2010)

¹¹⁹ International Theological Commission, 'Communion and Stewardship....,' Section 2, Part 26.

Finally, both traditions also approach the question of the sacredness of human life by drawing on the idea of pre-determination. For example, Zahedi et al. argue that God is involved in every phase of human existence, which suggests that God controls the moment of death. And they assert that 'health-care providers must do everything possible to prevent premature death,' which can be linked to the previous discussion of stewardship.¹²⁰ Similarly, in his euthanasia discussion, Sachedina argued that the 'Qur'an states quite clearly that "it is not given to any soul to die, save by the leave of God, at an appointed time" (3:145).'¹²¹ These views are comparable to Christian thought. For example, John Paul maintains that the person who commits euthanasia or suicide rejects their special relationship with God and overrides God's sovereignty over the intended moment of death because they take 'control of death and bring it about before its time.'¹²² Instead, by highlighting a concept from *Romans*, John Paul proposes that enduring pain and suffering until the intended time of death is a fitting submission to God's will.¹²³

In considering the ideas of human stewardship and pre-determination from these Christian and Islamic viewpoints, a somewhat delicate balance emerges. On the one side, humans take an active (collaborative) role to preserve the life of others especially when progress or improvement is indicative, since both Christianity and Islam overwhelmingly support the practice of medicine and provision of healing when it is needed. On the other side, there is a degree of passivity and a resignation to the divine will in cases of end-of-life care, so as to not usurp God's sovereignty over life and death. However, this is not to say that some Christians or Muslims may not choose to depend heavily on human/medical intervention to prolong life and avoid death while others may exclusively depend on God or divine intervention for healing or cure.

From this discussion, it may be concluded: first, that the idea of 'signs of God' and similarly of the 'image of God' are linked to the sacredness of human life in Christian thought. Second, there are conceptual links between the notions of 'image' and 'sign' in Christianity, and the 'signs' idea may appeal to Islamic thought. Third, there are comparable notions of various types of 'sign' in both traditions, including mental 'signs,' which may suggest that human life has special significance. Other similarities between Islam and Christianity on the sacredness of human life flow from their ideas of stewardship, divine pre-determination and human diversity. However, there seems to be no 'image of God' idea in Islam, and there is no compelling evidence in the Qur'an to suggest that human beings' status as 'signs of God'

¹²⁰ Zahedi et al., 'End of Life Ethical Issues and Islamic Views,' p. 11.

¹²¹ Sachedina, *Islamic Biomedical Ethics*, p. 167.

¹²² Pope John Paul II, *Evangelium Vitae*, 25 March 1995, Section 64.

¹²³ Pope John Paul II, *Evangelium Vitae*, 25 March 1995, Section 67.

means that their life is sacred. The 'image of God' idea seems to be relevant to the question of human beings' intrinsic value and quality only in the Christian tradition, and the idea of a 'sign' in Islamic sources applies equally to all created things, and not only to human beings.

Consequentialism

Thus far, we have compared traditional practices and dogmatic principles that are applied to the question of euthanasia by Christian and Muslim commentators. This comparison has found that there are similarities as well as differences of approach. On the one side, some scholars in this study apply dogma and religious anthropology to make a deontological type of argument that since human life has unconditional value or sacredness, it should always be preserved and respected, so opposing euthanasia (or suicide).

However, other scholars in this study emphasize that terminal disease or extreme pain can result in continued suffering, loss of autonomy, diminished quality of life and increased burden on others. On this basis, these scholars make a utilitarian type of argument that euthanasia (or suicide) should be permissible at least in principle in order to alleviate pain, preserve the dignity of life and reduce dependence on others. On this view, human life has conditional value or is worth living only in certain circumstances and euthanasia will in certain cases result in the best outcome.

In the next section, we will compare some Christian and Islamic utilitarian arguments that involve suffering and mercy. We will draw on some of the focal authors of this study as well as other commentators.

Mercy and Suffering

As we have seen, mercy and suffering are discussed by Joseph Fletcher and Jonathan Brockopp among others. 'Mercy' is generally defined as the expression of compassion, kindness or sympathy to others. In the context of our discussion, this concept can be applied in various ways. For example, John Paul argued that because euthanasia rejects the intimate relationship between God and human beings, it is, he says, a *'false mercy'*, and indeed a disturbing "perversion" of mercy.¹²⁴ Rather, 'true mercy' involves palliative care to preserve life and encouraging the afflicted person to endure suffering.¹²⁵ By contrast, Fletcher and Brockopp argue that euthanasia (or suicide) can be an act of mercy. In this section, we will review the arguments of Fletcher and Brockopp and then compare their perspectives.

¹²⁴ Pope John Paul II, *Evangelium Vitae*, 25 March 1995, Section 66.

¹²⁵ Pope John Paul II, *Evangelium Vitae*, 25 March 1995, Section 67.

As we discussed in Chapter II, Joseph Fletcher forms his argument for mercy and euthanasia from a physical and psychological point of view, but also makes his case in philosophical and theological terms. For example, like Nigel Biggar in his description of 'biographical life,' Fletcher stresses that having 'personality' or possessing certain qualities such as 'freedom, knowledge, self-possession and control, and responsibility' implies quality of life and makes human life valuable or worthwhile.¹²⁶ For Fletcher, quality of life is conditional upon having personality or possessing such qualities, and for him it is quality of life rather than quantity that is of fundamental importance. Fletcher claims that terminal suffering and extreme pain can degrade 'personality' to the point of 'just *being*' and may compromise dignity, promote greater dependence on others and inhibit public service.¹²⁷ On this basis, Fletcher appeals to the Matthean verse 5:7 (*'Blessed are the merciful, for they shall obtain mercy'*) to argue that euthanasia or physician-assisted suicide can be considered an act of mercy to relieve suffering, preserve dignity, and avoid (further) dependence on others. As discussed, this type of view may be reflected in the case of the English G.P., Dr. Howard Martin, who 'admits hastening' the death of terminally ill persons who were in 'dreadful suffering' as an act of "'Christian compassion" for patients' dignity.'¹²⁸ However, Fletcher claims that once the Church joined forces with the state in the early centuries of the Christian era, its sense of mercy was weakened. So for Fletcher, terminal disease or extreme suffering can negatively affect quality of life and euthanasia may be a licit and merciful response to this condition.

After examining a Christian perspective on mercy that supports euthanasia, we will now review an Islamic account of mercy and euthanasia and compare both sides. Taking a similar approach to Joseph Fletcher, Jonathan Brockopp draws attention to the perspective of Fakhr al-Din al-Razi (d. 1209) and the Qur'anic verse 4:29 (*'Do not kill yourselves, for surely God is merciful to you'*) to argue that euthanasia or suicide can be considered an act of mercy in extreme suffering cases.¹²⁹ Although Brockopp acknowledges that contemporary scholars and sources like ICME forbid mercy killing based on their interpretation of verse 4:29, Brockopp contends, appealing here to Abu Ja'far al-Tabari's view, that this verse in fact refers to a proscription on killing fellow Muslims and is intended to prevent intra-Muslim conflict. Although al-Razi also believes that verse 4:29 is referring to intra-Muslim conflict, he suggests that the first part of this verse may be 'useful' to also prohibit suicide by serving as a warning

¹²⁶ Fletcher, *Morals and Medicine*, p. 191.

¹²⁷ Fletcher, *Morals and Medicine*, p. 187.

¹²⁸ BBC News, 'GP "admits hastening" dying patients' death,' in *BBC News*, 19 June 2010, <<http://news.bbc.co.uk/1/hi/england/wear/10356194.stm>> (accessed 13 August 2010).

¹²⁹ Brockopp, *Islamic Ethics of Life, Abortion War and Euthanasia*, p. 182.

of possible worldly and eternal punishment.¹³⁰ However, al-Razi stresses God's mercy in the second part of verse 4:29 to argue that suicide may be permissible in extreme suffering cases.¹³¹ Based on this interpretation of verse 4:29 it may be deduced, first, that suicide in non-extreme or remedial cases is forbidden and should be avoided. Second, since God is compassionate and merciful, He would not want one to suffer needlessly, so one may commit suicide in unbearable cases and eternal punishment may in such cases be withheld or annulled. This perspective may suggest that the worldly effects of adversity or illness may outweigh the eternal consequences of committing suicide. So suicide in these cases may result in the most favourable outcome, namely, forgiveness and paradise, as well as the elimination of physical and mental torment.

Al-Razi's arguments may be compared to the Christian and philosophical viewpoints discussed previously. First, Fletcher also argued that euthanasia or suicide could be considered in extreme or terminal cases. As Fletcher stated, 'Our defence of the right to die is not made in any kind of illness except the fatal and demoralizing ones.'¹³² And in a similar way, Fletcher asserts that some Greek philosophers 'were willing to justify suicide in cases [of extreme pain] calling for a merciful death.'¹³³ This view suggests that like al-Razi, Fletcher also makes a distinction between unjustified and justified suicide depending on the person's condition. And for both authors, justified suicide can be grounded in the common Christian and Muslim idea that God is merciful and loving, from which it may be inferred that He would not want one to continue suffering, especially if there are no other viable ways of ending suffering. If God is merciful to humankind, and humankind is called to follow God's example so far as possible, then it may be argued that human beings should be merciful to each other. Furthermore, if one would not want to suffer oneself, then should one allow others to experience suffering? In this way, we are reminded of the classical New Testament verse '*Do unto others as you would have them do unto you.*'¹³⁴ Similarly in the Hadith, the Prophet Muhammad asserts: 'None of you truly believes until he wishes for his brother what he wishes for himself.'¹³⁵ Although euthanasia and suicide can be interpreted from this perspective, this approach would challenge the idea that, like all things, suffering and relief or cure is divinely ordained. So does a Christian or Muslim have right to decide when they have suffered 'enough' making suicide justified?

¹³⁰ Brockopp, *Islamic Ethics of Life, Abortion War and Euthanasia*, p. 184.

¹³¹ Brockopp, *Islamic Ethics of Life, Abortion War and Euthanasia*, p. 184.

¹³² Fletcher, *Morals and Medicine*, p. 205.

¹³³ Fletcher, *Morals and Medicine*, p. 177.

¹³⁴ Matthew 7:12 and Luke 6:31, New International Version, 2011

¹³⁵ Reported by al-Bukhari (13), Muslim (45), Ahmad (3/176), at-Tirmidhi (5215), Ibn Majah (66), an-Nasa'i (8/115), and Ibn Hibban (234).

Second, Brockopp's interpretation of al-Razi's view of suicide above is similar to Fletcher's reading of Job's view of suicide, namely, that although Job did not commit suicide, he did not denounce it either.¹³⁶ Third, Al-Razi's argument suggests that medieval scholars recognized practical reasons that justified suicide, so it is unlikely that one is strictly required to follow the first part of the Qur'anic verse '*Do not kill yourselves.*' As Brockopp states, 'Al-Razi's commentary demonstrates that the classical sources were fully aware of possible motivations for suicide.'¹³⁷ In a similar way, although the 'thou shall not kill' directive was used by Christians to argue against killing innocent people, it was also taken to be compatible with killing in capital punishment or war situations. So as Fletcher argues, the commandment cannot be strictly enforced.¹³⁸ Finally, al-Razi's utilitarian approach to suicide may be similar to Jeremy Bentham's perspective, because both views seem to involve an emphasis upon the elimination of pain and the experience of pleasure, which, in both cases, is achieved by suicide, since 'death seems easier to bear' than continued pain, according to al-Razi.¹³⁹

The similarity of views discussed may suggest that there is a degree of mutual influence in the formation of these traditions. For example, according to one source, many of al-Razi's works including 'The Great Commentary' were shaped by his criticisms and appreciation of Greek philosophy including Aristotelianism and Platonism. As stated by the source, Al-Razi asserts: 'We have delved deep into the writings of the previous philosophers and have affirmed the true and rejected the false. We have added certain principles to this philosophy and have put forth some new ideas.'¹⁴⁰ And according to another source, al-Razi's criticism of Greek philosophy included a rejection of Aristotle's 'first figure' principle.¹⁴¹ These links suggest that ancient philosophical approaches may have influenced medieval Islamic scholars as well as shaping later philosophical approaches.

On the other hand, there are also differences between the way Fletcher interprets the Matthean verse 5:7, '*Blessed are the merciful for they shall obtain mercy*', and the way Brockopp interprets verse 4:29 from the Qur'an with regards to suicide. In view of Fletcher's argument that euthanasia is an act of mercy, the Matthew 5:7 verse may suggest that if an agent is merciful by intentionally hastening the death of the sufferer, then God will be merciful to that agent. By contrast, the 4:29 verse in the Qur'an does not in fact, despite Brockopp, seem to express this message. Although humans should be merciful to others, through kindness and compassion (and expect the same from their fellow Muslims), in Islam, God alone

¹³⁶ Fletcher, *Morals and Medicine*, p. 198.

¹³⁷ Fletcher, *Morals and Medicine*, p. 185.

¹³⁸ Fletcher, *Morals and Medicine*, p. 205.

¹³⁹ Brockopp, *Islamic Ethics of Life, Abortion War and Euthanasia*, p. 184.

¹⁴⁰ Seyyed Hosein Nasr, 'Fakhr Al-Din Razi,' in *A History of Muslim Philosophy*, edited by M.M. Sharif (Michigan: Harrassowitz, 1966), p. 644.

¹⁴¹ Nasr, 'Fakhr Al-Din Razi,' in *A History of Muslim Philosophy*, p. 667.

is merciful to the sufferer when providing a merciful or painless death. So an agent or sufferer cannot be merciful in such a way that supersedes God's authority to oversee matters of life and death.

This argument is supported by Sayyed Fadlallah who asserts: 'There might be a man who is suffering from great pains and could die in 6 months or even a month. In this case, it is impermissible to kill him even if he or his family asks us to. We do not have an authority over a man's life, and the man himself is not authorized to end his life.'¹⁴² Fadlallah goes on to state that while euthanasia can be merciful for the 'particular moment' of alleviating pain, euthanasia 'could even be the opposite of mercy' because it implies disrespecting the sanctity of life.¹⁴³ This is similar to John Paul's view that euthanasia is a "false mercy" and indeed a disturbing "perversion" of mercy.¹⁴⁴ Furthermore, John Paul argued against mercy killing since it functions 'to take control of death and bring it about before its time' either by a human agent or oneself, which is reminiscent of the Islamic notion of divine authority.¹⁴⁵ This point was emphasized in the sacredness of human life section which similarly noted that since, from Christian and Islamic perspectives, human life is sacred it should be protected. Sayyed Muhammad Hussein Fadlallah conveys a similar message from a monotheistic point of view:

The point I'd like to make concerning mercy killing from the point of view of medical ethics is that: In the Islamic ethical theory, and probably in Christianity as well, Religion not only protects man from others but also from himself. As it is impermissible to kill someone else, it is impermissible to kill yourself. The principle is the same: To respect life in both cases.¹⁴⁶

Brockopp and Fletcher's interpretations of the respective scriptures are different but aim to make similar arguments for suicide as an act of mercy in extreme cases. However, Christian and Muslim opponents of suicide and euthanasia use similar arguments, as seen in Fadlallah's viewpoint above, which are grounded in preserving human life and respecting the intended moment of death because humans are not the owners of life. So despite his emphasis on God's mercy through the use of verse 4:29, it is fair to argue that al-Razi's viewpoint may not be fully supported by the Qur'an and most scholars. Rather, mercy may be expressed more properly through practices that intend to preserve life, like palliative care.

From this discussion, it may be concluded that there are different viewpoints on mercy among Christian commentators and also among Muslim scholars, based on their use of philosophical viewpoints, experience and interpretation of scripture. However, there are also similarities among the Christian, philosophical and Muslim viewpoints. On one side, some

¹⁴² Sayyed Muhammad Hussein Fadlallah, 'Mercy Killing' Part 2, in BAYYNAT, 2004, <<http://english.bayynat.org.lb/Issues/MercyKilling2.htm>> (accessed 17 June 2010)

¹⁴³ Fadlallah, 'Mercy Killing' Part 2, BAYYNAT.

¹⁴⁴ Pope John Paul II, *Evangelium Vitae*, 25 March 1995, Section 66.

¹⁴⁵ Pope John Paul II, *Evangelium Vitae*, 25 March 1995, Section 64.

¹⁴⁶ Fadlallah, 'Mercy Killing' Part 2, BAYYNAT.

scholars contend that in cases of extreme pain, euthanasia or suicide may be considered an act of mercy, or that suicide is permissible based on New Testament and Qur'an verses. It may be permissible to alleviate pain in this way because God is merciful, so an agent may act mercifully and may avoid punishment. However, other Christian and Muslim scholars, the majority, argue that euthanasia or suicide is not an appropriate expression of mercy, even in extreme conditions, because it fails to uphold the sanctity of human life. Moreover, since euthanasia or suicide may imply worldly and eternal punishment, suffering should be endured. So these scholars would oppose the way the respective verses are interpreted by those who use them to support suicide.

Conclusion to Chapter IV

The purpose of this chapter was to compare and contrast the viewpoints of traditional Western-minded Christian and Muslim authors in this study on a range of topics related to euthanasia, based on their use of sources such as scripture, traditional practices, reason and experience. Topics discussed by the authors in this study include various traditional or faith-based practices such as palliative care, suffering, respect for the elderly, and withdrawing or withholding treatment, and ideas such as the dogmatic concept of the sacredness of human life, and the consequentialist idea of showing mercy and minimizing suffering.

Interestingly, many similar or identical ideas were uncovered in the group of scholars who opposed euthanasia and likewise among those who supported it. For example, the Christian and Muslim scholars who oppose euthanasia in practice such as Michael Banner, John Paul, Nigel Biggar, Zahedi et al., and Abdulaziz Sachedina cited similar reasons for their stance. The practices discussed above were supported because of their role in preserving the dignity of human life, disclosing the value and purpose of suffering, respecting the divinely appointed time of death, not intending death so as to alleviate pain, and removing burdensome treatment. These reasons and others were also similarly presented by both sides to argue against prolonging life indefinitely and against suicide. However, as we saw in the consequentialist section of this chapter, suicide was favoured by Brockopp and Fletcher since it could imply a certain kind of respect for human life, and the permanent alleviation of pain, especially in extreme cases, when palliative treatment was ineffective.

When exploring the Christian and Muslim viewpoints on the sacredness of human life, some interesting similarities and differences emerge. For example, the 'image of God' idea seems to be a fundamental Christian principle that makes human life sacred and, therefore, distinctive and special. However, the image principle is broadly not transferable to Islamic tradition due to the way the notion of an 'image' is critically or unfavourably interpreted in

Islam. Instead, a more applicable principle involves the idea of a 'sign.' Although there was no discernible evidence in the Qur'an to suggest that the 'signs' of God had any link to the sacredness of human life specifically, the views of Muslim commentators suggest that the mental capacity to read spiritual and natural signs makes human life distinctive. In addition to these mental signs, the idea of stewardship and the diversity of human life also suggest the distinctiveness of human life from Christian and Muslim viewpoints. Although the Muslim commentators in particular make a link between divine providence and sacredness, some Christian commentators concur that human life has a predetermined time of death and that, therefore, one does not have the right to intentionally hasten death. So in this study, we have uncovered some examples of practical as well as conceptual distinction and overlap, and these may all be of benefit in furthering the Christian-Muslim dialogue on these issues.

In the last part of this chapter, we explored a consequentialist idea related to euthanasia, namely, the idea of relieving suffering. While those who oppose euthanasia like John Paul and Abdulaziz Sachedina label euthanasia as a 'false mercy,' Joseph Fletcher and Jonathan Brockopp employ various sources such as scriptural verses, reason and scholarly viewpoints to mount similar arguments for suicide under certain conditions. Fletcher formulates his perspective on mercy from a psychological point of view and grounds this perspective using philosophical and theological methods of argument, while Brockopp uses the viewpoint of a medieval scholar to make his case for mercy. They arrive at similar consequentialist conclusions and agree that only in cases of intense physical suffering and mental torment may suicide be regarded as a justified act of mercy. This would suggest that suffering in extreme cases may not be worth enduring and/or human life is not worthwhile in these cases. But Fletcher's and Brockopp's interpretation of the respective scriptural verses is controversial and this may lend support to the opponents of euthanasia. What is interesting about this discussion is that these scholars use both philosophical and theological sources to make the argument for euthanasia or justified suicide. While theological sources are often associated with common or mainstream attitudes against euthanasia, this discussion indicates that these sources may also be used to argue in favour of euthanasia. This alternative view may be appealing to more liberal or moderate Christians and Muslims and is just as important to consider in the monotheistic discussion of euthanasia.

Moreover, these similarities and differences on euthanasia from Western Christian and Islamic traditions can serve as a platform for comparison and analysis with other Western thought and respective Eastern Christian and Islamic methodological perspectives on the topic to strengthen intra-faith, as well as interfaith, discussions. An example of interfaith dialogue that was initiated by the Catholic Church includes the Pontifical Council for Interreligious

Dialogue (PCID), which promotes the study of religions and dialogue, and has a special delegation to address issues that involve Islam.¹⁴⁷ In 1981 PCID organized an amended version of a manuscript titled: *Guidelines for Dialogue between Christians and Muslims*. This manuscript advanced theological reflection and encouraged mutual harmony and openness among Catholics involved in discussion with Muslims on shared topics and issues, such as religious ethics, and was specially made by John Paul II and organized by a panel of Catholic scholars who were specialists in Islamic studies.¹⁴⁸ During the past 40 years, there has been wide-ranging diplomatic dialogue between the Pontificate and various influential Muslim groups, particularly during the prominent pontificate of John Paul II.¹⁴⁹ In fact, according to Andrew Unsworth, John Paul, in addition to Paul VI (d. 1978) did more to advance improved ties between Christians and Muslims than any other popes in history.¹⁵⁰

Chapters III and IV have allowed us to gauge what themes in Western Islamic medical ethics call for further examination or are not as fully developed as the Western Christian perspectives examined in this study. Drawing on these reflections, Chapter V will aim to generate a more comprehensive Western Sunni Islamic account of euthanasia. This discussion will serve as contribution to the literature in Islamic medical ethics, and is intended to constitute an invitation to greater interfaith exchange.

¹⁴⁷ Andrew Unsworth, 'The Vatican, Islam and Christian-Muslim relations,' in *Christian responses to Islam: Muslim-Christian relations in the modern world*, edited by Anthony O'Mahony and Emma Loosley (Manchester: Manchester University Press, 2008), p. 56.

¹⁴⁸ Unsworth, 'The Vatican, Islam and Christian-Muslim relations,' in *Christian responses to Islam...*, p. 56-57.

¹⁴⁹ Unsworth, 'The Vatican, Islam and Christian-Muslim relations,' in *Christian responses to Islam...*, p. 54.

¹⁵⁰ Unsworth, 'The Vatican, Islam and Christian-Muslim relations,' in *Christian responses to Islam...*, p. 54.

Chapter V: An Extended Western Sunni Islamic Account of Euthanasia

Following a general introduction of various strands of the debate on euthanasia, Chapter II surveyed different Western Christian perspectives on euthanasia drawing on practice-based, anthropological and consequentialist kinds of argument. Chapter III followed a similar method and explored the use made by Western and Eastern Muslim and non-Muslim Islamic ethics scholars of these same kinds of argument. In Chapter IV, these Christian and Islamic viewpoints were analyzed. The purpose of this analysis was to emphasize how different methods can lead to the formulation of comparable and contrasting conclusions on end-of-life issues that are directed toward, or can appeal to, a Western audience. This analysis can be helpful in finding common ground as well as identifying distinctively Christian and Islamic approaches for the purpose of meaningful interfaith exchange, at least in the Western world. This analysis also allows us to gauge whether some aspects of the Islamic ethics of euthanasia may remain unexplored or may invite further development particularly in dialogue with the Western Christian discussion. So by drawing on this review of the arguments used by the Christian and Muslim scholars in this study, Chapter V will offer an expanded Western Sunni Islamic anthropological and practice-based account of euthanasia, death and dying.

It may be contended that some of the arguments we have been examining are more evident in the Christian perspectives represented in this study are not developed as fully, by the Muslim scholars in this study. This may be a reflection of the current literature on Islamic ethics. This contention is partly supported by Shanawani and Khalil who examine a broad range of articles in Islamic ethics, and conclude that the majority of articles are ‘very much inadequate’ for teaching Islamic ethics because they may make ‘little or no use of the discourse of Islamic studies.’¹ Therefore, Chapter V will attempt to develop Islamic ethical reasoning with reference to the particular theme of euthanasia. This will be done by proposing a broader approach to the methodology of Islamic ethics that extends beyond, for example, a straightforward proof-texting method. The weakness of this method is also noted by Sachedina who argues there is ‘an abundance of juridical opinions deduced from the revealed texts on issues in biomedicine such as...end-of-life decisions without any ethical discussion on the rightness or wrongness of the act in its medical, scientific and clinical practical settings.’² Rather than rejecting this textually-based method altogether or replacing the system of *fiqh* or Islamic jurisprudence, it will instead be supplemented here by the use of

¹ Hasan Shanawani and Mohammad Khalil, ‘Islamic Bioethics in the Medical Literature,’ in *Muslim Medical Ethics, from Theory to Practice*, edited by Jonathan Brockopp and Thomas Eich (South Carolina: University of South Carolina Press, 2008), p. 215.

² Abdulaziz Sachedina, ‘Defining the Pedagogical Parameters of Islamic Bioethics,’ in *Muslim Medical Ethics, from Theory to Practice*, p. 241.

practice-based, anthropological and consequentialist arguments, which is an approach that is drawn from, or adopted by, the selected Western Christian scholars presented in this study.

The normative sources applied in this chapter include: the Qur'an, Hadith (Sunnah), Sharia Law (juridical law), *Ijmah* (communal consensus), *Qiyas* (analogical reasoning), *Ijtihad* (deductive reasoning), and of lesser importance, *Urf* (custom) and *Maslaha* (public welfare). At least from a Sunni perspective, the Qur'an and Sunnah play major roles in how moral thought and reasoning in Islamic ethics 'ought' to be developed in the Muslim community based on traditional customs and the Prophet's (pbuh) actions as a 'moral reformer of mankind.'³ This approach may be linked to the application of *Qiyas* and *Ijtihad* which enable ancient and modern scholars to appropriately interpret Qur'an and Hadith, explore other sources and allow for dynamic rational thinking (*Ra'y*) in relation to new ethical quandaries. These techniques may lead to new recommendations on novel ethical issues, so creating common *Ijma*.⁴ According to Sachedina, many articles demonstrate 'no indication that normative sources of Islamic ethical reflection provide a variety of opinions and resolutions to each ethical dilemma in biomedicine.'⁵ Perhaps due to the tendency to rely on 'juridical opinions deduced from the revealed texts', it seems the sort of process described above is lacking or is not applied with rigour in the modern Islamic ethics literature.

Based on this overall approach, the Western Sunni Islamic perspective in Chapter V will serve as an original contribution to the literature in Islamic medical ethics. This approach may produce a number of results that attempt to match the overall needs of modern Islamic ethics. For example, this approach will allow us to: offer new ways of solving contemporary issues in Islamic ethics or arriving at reasonable ethical decisions; understand the moral reasoning or process behind ethical decisions; and/or settle a novel dispute not directly addressed in the revealed text (e.g. stem-cell technology). Perhaps most importantly, as a contribution to the discourse in monotheistic medical ethics, this approach may encourage a deeper and more critical discussion of contemporary issues by Muslim scholars and thereby stimulate greater intra-faith exchange. And since many of the issues in this chapter are also addressed by Western Christian authors in this study, this approach may likewise produce better interfaith understanding between Christians and Muslims, at least in the Western world. This venture may also be necessary because according to Sachedina, the contemporary Islamic medical

³ Fazlur Rahman, 'Concepts Sunnah, Ijtihad, and Ijma in the Early Period,' in *Islamic Methodology in History* (Islamic Research Institute, 1965), p. 1 and 10

⁴ Rahman, 'Concepts Sunnah, Ijtihad, and Ijma in the Early Period,' p. 18.

⁵ Sachedina, 'Defining the Pedagogical Parameters of Islamic Bioethics,' p. 242

ethics literature 'hardly provides the frame of reference for comparative study between Islamic and, for instance Jewish or Christian bioethics.'⁶

Rather like Chapter IV, Chapter V will be divided into four sections. The first section will cover topics associated with practices relevant to euthanasia and the preservation of human life. These topics include: practices of the body relating to acts of worship, old age and respect for the elderly and withdrawing ineffective treatment; and the doctrine of double effect as it pertains to martyrdom vs. suicide and palliative care. The second section discusses topics in Islamic anthropology and the third segment will consider consequentialist ideas. Topics in the second section include: the purpose of earthly life, the sacredness of human life, and the act of killing a human being. The third section will examine material related to the slippery slope phenomenon and 'living' vs. 'merely existing.' The last section will discuss the role of the Muslim physician which seemingly relates to more than one of these types of argument.

Let us begin by discussing practice-based arguments.

Practices of the Body: Acts of Worship

According to the Christian perspectives in this study opposed to euthanasia, the body should be respected, protected or preserved until natural death because it has intrinsic value or is considered a divine gift. For example, Michael Banner emphasized faith practices such as asceticism and relic veneration as examples of respect for the body while John Paul and Nigel Biggar supported hospice care alternatives on a similar basis. These practices are in contrast to euthanasia and suicide, which, according to these perspectives, tend to disrespect and devalue the body. In this section, we will construct an analogy to this Christian approach by drawing upon Islamic sources. From an Islamic perspective, the body is significant because it serves to fulfil certain roles in this world and the next according to the Qur'an and Hadith. It may be argued that since *Sunnah* implies 'exemplary conduct' based on the Qur'an, the Hadith may serve as a behavioural model for practices of maintaining and respecting the body based on his (pbuh) actions.⁷ One of the body's roles in this world involves fulfilling certain spiritual obligations including acts of worship, which not only require the body, but also strengthen and discipline the body. This is one reason for respecting the body. The first section will discuss how the body is respected or maintained through traditional hygienic practices. The second section will discuss the purposes of the body during earthly life by highlighting some faith

⁶ Sachedina, 'Defining the Pedagogical Parameters of Islamic Bioethics,' p. 244.

⁷ Rahman, 'Concepts Sunnah, Ijtihad, and Ijma in the Early Period,' p. 2 and 6.

based practices. The last section will discuss the spiritual role of the body and how it contributes to the life of the soul after death.

One significant way of respecting the body from an Islamic perspective involves keeping the body clean. The significance of cleanliness is also clearly evident from a personal perspective in the following Hadith. As the Prophet (pbuh) simply asserts: 'Cleanliness is half the faith.'⁸ Based on his field work in Muslim communities in Bahrain, Christian scholar Fuad Khuri emphasizes that in addition to keeping the body concealed and guarded against illicit activities (e.g. preserving chastity against adultery), one should also dress modestly and keep the body clean.⁹ Cleanliness of the body can be observed through certain hygienic practices or *taharah*. These practices can include ablution or *wudu* before prayers, daily bathing especially before Friday prayers, wearing clean clothes, brushing the teeth with *miswak* and applying perfume.¹⁰ Besides this, keeping the body clean can also be considered a good general practice from a public perspective (*maslaha*). Therefore, it may be argued that implementing these practices keeps a person clean and prevents the spread of disease and sickness to others thereby maintaining a sense of decency and respectability among others. Avoiding tattooing and/or excessive piercings that deface or mar the body can also be interpreted as a form of cleanliness. As one Hadith indicates on tattooing, for example: 'It was narrated that Abu Juhayfah (may Allah be pleased with him) said: "The Prophet (peace and blessings of Allah be upon him) cursed the one who does tattoos [and] the one who has a tattoo done."¹¹ In addition, women are to clean themselves after the menstrual cycle according to interpretations of the Qur'an, Hadith and Ijtihad, to regain physical purity.¹²

In addition to keeping the body externally clean, a Muslim should keep the body internally pure. This may be done by consuming food and drink that are authorized by Islamic Law (*Halal*) such as camel, lamb, veal, chicken, fruits and vegetables and milk. This permissibility is based on Hadith and later supported by the consensus of Muslim scholars.¹³ Food and drink that are considered illicit (*Haram*) due to the diseases they may propagate may include dog, pig, elephant, bear, bat, alcohol, and blood among other sources.¹⁴ However, it may be argued that any meat may cause disease especially if contaminated, infected or not cooked properly (as seen in the recent experience of Swine Influenza Virus, Avian Flu and

⁸ Sahih Muslim, Book 2, Chapter 1, Number 0432.

⁹ Fuad I. Khuri, 'The Human Body: A Religious View,' in *The Body in Islamic Culture* (London: Saqi Publishers, 2001), p. 36-37.

¹⁰ Sahih Muslim, Volume 1, Book 4, Number 137.

¹¹ M. Muhsin Khan, translator, Sahih Al-Bukhaari, Book 1, Volume 2, Number 5032, *Translation of Sahih Al-Bukharri*, 2005, <<http://www.iiu.edu.my/deed/hadith/bukhari/index.html>> (accessed 2 September 2010).

¹² Huda Younis, 'Islamic Bioethics' *O&G Magazine* Volume 10, Number 2 (2008): p. 24.

¹³ Khuri, 'The Human Body: A Religious View,' p. 52-53.

¹⁴ Qur'an: 2:173, 5:3, 6:145, 16:115.

Salmonella). There is further discussion of the licit consumption of food and drink in the section on palliative care below.

Aside from observing standards of respect and decency, the body is kept externally and internally clean most importantly to perform acts of worship such as the five daily prayers, as we will discuss next. One cannot legitimately observe and fulfil these practices if one's body is dirty. For example, as one source states: 'Soiling with any [excreted] substances will render the patient ritually unclean and...unable to perform prayers.'¹⁵ Another example may include women not engaging in prayers until the completion of the menstrual cycle and bathing. As the Qur'an affirms: '*O ye who believe! Approach not prayers until after washing your whole body*' (4:43).¹⁶ Similarly, as one Hadith by Abu Huraira suggests, the Prophet (pbuh) states, 'The prayer of a person is not accepted until [they] perform the ablution (*wudu*).'¹⁷ The ablution also serves to symbolically absolve one's bodily sins.¹⁸ In addition, consuming forbidden food and drink may not only invite harmful disease, but also negate or render one's prayers or personal pleas (*dua*) unacceptable.¹⁹ For example, the Prophet refers to a man in this situation who is supplicating: "'Oh Lord, Oh Lord!" (while) his food was haram, his drink was haram, his clothing was haram, and he nourished [his body] with haram things, so how can he be answered?'²⁰ Therefore, an impure body 'generates a polluted state to be purified before prayer' which may imply a need for cleaning the body and/or avoiding unlawful food and drink.²¹

Why do Muslims need their body in this earthly life? As stated above, although the body is used to perform many general tasks throughout one's life, from a religious perspective the body of a Muslim is most importantly used during earthly life to serve God by fulfilling certain fundamental religious obligations and to serve others. These obligations will also be referred to here as 'spiritual activities' or 'practices of the body.' These practices will be discussed because they are ways of respecting the body by keeping the body strong thereby allowing the believer to continue serving God and society. This view is supported in Rahman's

¹⁵ Mohammad Zafir al-Shahri and Abdullah al-Khenaizan, 'Palliative Care for Muslim Patients,' *The Journal of Supportive Oncology*, Volume 3, Number 6 (2005): p. 432.

¹⁶ Abdullah Yusuf Ali comments that this verse (4:43) can also imply not approaching prayers in a state of intoxication (before it was prohibited) or in a dazed state of mind due to drowsiness or sleepiness. So the individual should be mentally and physically pure before approaching prayers (*The Meaning of The Holy Qur'an*, (Maryland: Amana Publication, 1997): page 198). According to Maulana Muhammad Ali, there is a difference of opinion as to what is meant by the word 'sukarah' in this verse (4:43). It can mean to be intoxicated with drink, or it can also mean to be intoxicated with sleep. And *sakr* may be applied in the latter sense, because its literal significance is not functioning. The word is also applied to *confusion of judgment* (*The Holy Qur'an: Arabic Text with English Translation Commentary and Comprehensive Introduction*, (Ohio: Ahmadiyya Anjuman Isha'at Islam Lahore Inc, 2002): p. 234).

¹⁷ Abdul Hamid Siddiqui, translator, Sahih Bukhari, Volume 1, Book 4, Number 137, *Translation of Sahih Bukhari*, 2005, <<http://www.iium.edu.my/deed/hadith/bukhari/index.html>> (accessed 17 October 2010).

¹⁸ Siddiqui, translator, Sahih Bukhari, Volume 2, Book 4, Number 13, (accessed 17 October 2010).

¹⁹ Khuri, 'The Human Body: A Religious View,' p. 52-53.

²⁰ Siddiqui, translator, Sahih Bukhari, Volume 3, Book 5, Number 1686, (accessed 18 October 2010).

²¹ Khuri, 'The Human Body: A Religious View,' p. 41.

(d. 1988) Islamic perspective on human life which states that the body should be 'healthy and worth living, because for the Qur'an, life is meant for the "service of God," for good works.'²² In contrast, euthanasia and suicide would not allow the Muslim to fulfil these obligations. Therefore, as proposed by the Christian viewpoints in this study, intentionally killing oneself may be interpreted as disrespecting the body and abandoning one's religious obligations or as preventing one from doing these good deeds. As one Hadith suggests: 'None amongst you should make a request for death, and do not call for it before it comes, for when any of you dies, he ceases (to do good) deeds and the life of a believer is not prolonged but for goodness.'²³ Although it may be argued that terminal illness or intense suffering may inhibit one from doing good deeds and that this provides a case for euthanasia or suicide, such situations do not justify intentional termination of life because patience, enduring pain and seeking God's help (*Tawasuul*) and medical assistance to manage pain may be considered a more fitting response.

Good deeds that serve to respect and strengthen the body can consist of specific acts of worship which involve physical action. These acts include: a) The five daily prayers (*Al-Salat*) which involve repetitive movements; b) *Saum* or fasting during Ramadan; c) Zakat or charitable donations that involve the physical ability to serve others; and d) *Hajj* or pilgrimage which involves certain rituals and practices. We will now explore the spiritual and medical benefits of each practice beginning with the five daily prayers.

Practices of the Body through Islamic Acts of Worship

Is one who is obedient to Allâh, prostrating himself or standing (in prayer)? And your movements (are) among those who fall prostrate (to Allâh in the five compulsory congregational prayers) (39:9, 26:219).

The five daily prayers are important because they are a major religious requirement and a faith-based practice that involves many physical movements, as the verses above suggest. In order to engage in prayer, it has been argued that first the body must be maintained by being kept healthy and clean. And second, from a medical point of view, physical movements in prayer can strengthen and preserve the body to persevere in this practice. For example, prostration can increase blood flow to the brain providing greater nourishment, strengthen cervical and neck muscles preventing related disorders and clear out the nasal cavity avoiding sinus infections.²⁴ While in a sitting position in prayer, the buttocks are placed on the heels imitating a yoga position which has been noted to lower stress and anxiety levels and decrease high blood pressure among other benefits.²⁵ Lastly, standing in prayer for long periods of time

²² Rahman, *Health and Medicine in the Islamic Tradition*, p. 109.

²³ Sahih Muslim Book 35, Number 6480.

²⁴ Dr. Muhammad Karim Beebani, 'The Medical Benefits of Sajdah,' *The Saudi Gazette*, 7th July 2000.

²⁵ Mohammed Faruque Reza, Yuji Urakami and Yukio Mano, 'Medical Benefits of Salat' *Annals of Saudi Medicine* 22 (2002): p. 1.

is known to enhance focus and balance.²⁶ All of these actions combined can also relieve varicose veins by decreasing pressure on the veins in the leg.²⁷

Multiple prostrations can also be used to make personal pleas (*dua*) with some psycho-somatic benefit. As the Prophet asserts: 'The nearest a servant comes to his Lord is when he is prostrating himself, so make supplication (in this state).'²⁸ As Beebani comments, pleading this way 'is a great psychological advantage and it gives relief to the person concerned as life is full of worries and in this position he gets at least a transient refuge from the agonizing problems', thereby giving one hope and optimism.²⁹ Prostrations also suggest a position of humility, weakness and need of God thereby drawing one spiritually closer to Him. And this type of closeness is a way of preventing the body from performing evil acts as well as receiving forgiveness for sins committed by the body. This practice overall indicates, first, that the body participates integrally in the life of faith and, second, that this life is ordered to the good of the body.

In sum, prayer requires cleanliness, strength and preservation of the body. Consequently, prayer can provide many spiritual and physical benefits which can help to prevent illness and weakness, bring about a sense of peace and serenity, and improve the body, so enabling the believer to continue prayer. Therefore, prayer from an Islamic perspective is an important way of respecting the body and acknowledging its spiritual importance.

*O believers, prescribed for you is the fast, even as it was prescribed for those that were before you (2:183).*³⁰

B.) Like the daily prayers, the practice of fasting (*Saum*) is also a way of respecting the body because it can improve the body or make it healthier. Fasting during the month of Ramadan involves abstaining from food, drink, smoking and marital relations or other pleasurable acts from sunrise to sunset. From a spiritual point of view, this form of renunciation is a way of controlling one's inner base desires (*nafs*). Fasting also serves to shield the body (e.g. the

²⁶ Mohammed Faruque Reza, Yuji Urakami and Yukio Mano, 'Medical Benefits of Salat,' p. 1.

²⁷ Dr. Sharif Kaf Al Ghazal, 'Reflections on the Medical Miracles of the Quran,' in *Islamic Medicine on Line*, 4 September 2004, <<http://www.islamicmedicine.org/medmiraclesofquran/medmiracleseng.htm>> (accessed 12 September 2010)

²⁸ Sahih Muslim, Book 4, Number 979, *Search Truth*, 2011, <http://www.searchtruth.com/book_display.php?book=004&translator=2&start=0&number=0946> (accessed 17 March 2011).

²⁹ Dr. Muhammad Karim Beebani, 'The Medical Benefits of Sajdah' *The Saudi Gazette*, 7th July 2000, <<http://seedsofrealisation.hadithuna.com/the-medical-benefits-of-sajdah-prostration/>> (accessed 20 September 2010).

³⁰ According to Abdullah Yusuf Ali, this verse (2:183) can be interpreted as a reaffirmation of fasting. In other words, before Islam existed, fasting was observed, or was a traditional practice of previous communities (*The Meaning of The Holy Qur'an* (Maryland: Amana Publication, 1997): p. 73).

Commentator Muhammad Asad agrees with Ali's interpretation. Asad believes that fasting has been widely practiced 'at all times of man's religious history.' Moreover, he asserts that the purpose of fasting as a traditional practice is threefold: 1) to commemorate the month in which the Quran was revealed to the Prophet (pbuh); 2) to provide one an exercise of self-discipline against one's carnal desires; and 3) to gain a true appreciation of the hungry and poor (*The Message of the Qur'an: translated and explained by Muhammad Asad* (Arthur Classic Novels, 2007): p. 168).

tongue, ears and eyes) from committing sins such as backbiting or lying.³¹ Fasting keeps one away from these types of actions, so one may become closer to God (*taqwa*) through recitation of the Quran (*taraweeh*), remembrance of God and charitable deeds resulting in the pardon of transgressions. As the Prophet states, 'He who fasts in Ramadan motivated by his faith and with dedication will have all his past sins forgiven.'³²

From a medical standpoint, fasting improves the body by serving as a regulatory or cleansing mechanism. For example, smoking habits may decrease after sustained fasting, or the consumption of unhealthy foods which contain excess sugars and high-fat carbohydrates may diminish after fasting.³³ Moreover, fasting can decrease blood sugar levels and lower cholesterol levels preventing build-up of arterial plaque and resulting in reduced blood pressure.³⁴ As a result, fasting may help to improve health by, for example, reducing the risk of lung cancer or obesity-related illnesses. Therefore, fasting or control of food intake is recommended to maintain or lose weight. Abstaining from food and drink for this extended period of time also assists in the digestive breakdown of metabolic nutrients in the liver and stomach.³⁵ Lastly, refraining from water for 12 hours allows the renal system rest from the process of disposing waste and helps with prevention of waste build-up which may result in renal lithiasis (kidney stone).³⁶

So fasting can yield several spiritual and medical benefits. The medical benefits can help to preserve and strengthen the body by potentially making it healthier, so enabling the person to continue serving God. Therefore, from an Islamic perspective, fasting is a second example of the requirement to respect the body.

And We sent them inspiration to do good deeds ...to practice regular charity (21:73).

C.) Similar to individual prayer and fasting, charity and/or serving others is another important practice that serves to respect the body. *Zakat* or alms-giving involves donating a portion of one's income to those less fortunate. Although this form of charity may not require much physical activity, there are other forms of required charity called *sadaqah* that can involve using the body in the service of others. As one Islamic source confirms, 'Social charitable acts...are considered obligatory daily activities.'³⁷ For example, a Muslim may volunteer in a

³¹ Islaam.org, 'Blessings & Benefits of Fasting,' in *Sunnah Organization*, 2007, <<http://www.islaam.org/Ramadhan/Rama-13.htm>> (accessed 20 October 2010).

³² Sahih Bukhari Book 2, Number 36 and 37, in *Search Truth*, 2011, <http://www.searchtruth.com/book_display.php?book=2&translator=1&start=0&number=36#36> (accessed 17 October 2010).

³³ Al Ghazal, 'Reflections on the Medical Miracles of the Quran,' in *Islamic Medicine on Line*, 4 September 2004.

³⁴ Al Ghazal, 'Reflections on the Medical Miracles of the Quran,' in *Islamic Medicine on Line*, 4 September 2004.

³⁵ Dr. Krishan Bakhru, 'Benefits of Fasting,' in *Health Guidance*, <<http://www.healthguidance.org/entry/4803/1/Benefits-of-Fasting.html>> (accessed 3 November 2010).

³⁶ Al Ghazal, 'Reflections on the Medical Miracles of the Quran,' in *Islamic Medicine on Line*, 4 September 2004.

³⁷ Al-Bukhari & Muslim, Hadith number 26, <<http://fortyhadith.iuu.edu.my/hadith26.htm>> (accessed 18 November 2010).

humanitarian or charitable organization such as homeless shelters or soup kitchens to help those less fortunate or in need. These actions are also encouraged by the Qur'an: '*And they give food out of love for Him to the poor and the orphan and the captive. If you give alms openly, it is well, and if you hide it and give it to the poor, it is better for you*' (2:271, 76:8). The following Hadith describes other forms of charity involving bodily activity as a way of serving others and for one's own good, which need not require a special occasion:

On every person's joints or small bones (i.e. fingers and toes), there is *sadaqah* (charity) every day the sun rises. Doing justice between two people is *sadaqah*; assisting a man to mount his animal, or lifting up his belongings onto it is *sadaqah*; a good word is *sadaqah*; every step you take towards prayer is *sadaqah*; and removing harmful things from pathways is *sadaqah*.³⁸

Serving others in these ways is a form of respecting the body in Islam because it utilizes the body in order to fulfil an obligatory religious act as well as create a more caring and supportive society. Following Michael Banner's approach, we might argue that this is different from euthanasia and suicide, because they may imply selfishly abandoning one's obligations to humanity, especially if one is still able to help others. Even when one is not able to help others due to a terminal condition, active euthanasia and suicide are still not permitted in Islam, because there are other alternatives to providing a comfortable death which do not involve the deliberate termination of life.

And proclaim to mankind the Hajj. They will come to you on foot and on every lean camel. Then let them complete their prescribed duties (of Hajj), and perform their vows, and circumambulate the Ancient House (the Ka'bah) (22:27,29).

D.) The last obligatory spiritual practice that serves to respect the body involves the rites and rituals of the *Hajj* or the pilgrimage. The spiritual benefits of Hajj are special and inclusive because according to one Hadith, those who complete the Hajj correctly and avoid intentional transgressions will have all of their sins forgiven. 'As Abu Hurairah narrates: 'I heard the Prophet say, "Whoever performs Hajj and does not commit any *Rafath* (obscenity) or *Fusooq* (transgression), he returns (free from sin) as the day his mother bore him."³⁹ So the Hajj symbolizes a spiritual purification of the body as if the believer is reborn.

From a physical standpoint, this practice is distinctive because not only may it improve or strengthen the body, but it also requires exceptional physical strength (more so than the other practices) if it is to be completed over a period of five days.⁴⁰ Not only may pilgrims arrive on foot as the above verses indicate, but Hajj also involves long distance walking or light jogging when visiting the holy places such as the Kabah, the landmarks of *Safah* and *Marwah*

³⁸ Al-Bukhari & Muslim Hadith, Volume 3, Book 27, Number 26, <<http://fortyhadith.iiu.edu.my/hadith26.htm>> (accessed 16 November 2010)

³⁹ Sahih Bukhari, Volume 2, Book 26, Number 596, in *The Hadith of Muhammad*, <<http://www.blessedquietness.com/alhaj/bukhar26.htm>> (accessed 16 November 2010).

⁴⁰ We can speak here from personal experience having completed the Hajj in 2003.

and travelling to Mount Arafat a short distance away. These rituals are in addition to the five daily prayers. So there is an exceptional amount of physical activity involved which requires bodily strength and energy as is evident in the next verse: *'And sanctify My House for those who circumambulate it, and those who stand up (for prayer), and those who bow (submit themselves with humility and obedience to Allâh), and make prostration (in prayer)'* (22:26). So, in order to fulfil this physically demanding spiritual duty, the body should be protected and strengthened, and this requires respecting the body.

What is the role of the body beyond life in this world? Michael Banner argued from a Christian perspective that the body will be restored to life at the resurrection and that this is a reason for respecting it. There is a comparable Islamic eschatological perspective. According to Sachedina, the soul is detached at the moment of death.⁴¹ But the soul will reside near the grave to be questioned after burial by the angels of death, *Munkar* and *Nakir*, about the individual's faith-related beliefs.⁴² Although the body decomposes, Islamic tradition states that on the Day of Judgement, the body 'reattaches' with the soul at the time of resurrection so the person can be questioned about their earthly deeds. According to Imam Reza's interpretation of the doctrine of Islam, the person is questioned about their earthly deeds because every person is responsible and will receive appropriate judgement for their good and bad deeds.⁴³ As the Qur'an affirms, *'the souls are joined with their bodies (the good with the good and bad with the bad).'*⁴⁴ *They will come forth, with humbled eyes from (their) graves as if they were locusts spread abroad'* (81:7, 54:7).

According to the Quran, one major role of the body in the hereafter is to 'bear witness' to the wicked and good deeds committed by the body. As the Qur'an states: *'Nay! Man will be a witness against himself [as his body parts (skin, hands, legs, etc.) will speak about his deeds]'* (75:14). Similarly, the Prophet Muhammad (pbuh) remarked: 'A servant of God will remain standing on the Day of Judgment until he is questioned about his (time on earth) and how he used it; and about his body and how he used it.'⁴⁵ Examples of evil deeds carried out by the body can include using the tongue, eyes, ears to express jealousy and envy, lie to others, exhibit arrogance and greed, listen to gossip and slander or 'backbite' others. In addition, the

⁴¹ Sachedina, *Islamic Biomedical Principles*, p. 143.

⁴² Sachedina, *Islamic Biomedical Principles*, p. 144.

⁴³ Imam Reza (A.S.), 'The Doctrine of Islam,' in *Imam Reza (A.S.) Network*, <<http://www.imamreza.net/eng/imamreza.php?id=5773>> (accessed 16 January 2010)

⁴⁴ Yusuf Ali believes that there is a broader meaning to this verse (81:7). He asserts that this verse makes a distinction between good traits or things and wicked traits or things. Whereas in the earthly life, good traits are mixed with bad traits, the life beyond this world will contain only good things (i.e. paradise, justice, peace, harmony, etc) or only bad things (i.e. hell, punishment, etc) (*The Meaning of The Holy Qur'an*, (Maryland: Amana Publication, 1997): p. 1607). Maulana Muhammad Ali has a different interpretation of verse 81:7. He reads this verse as the 'uniting of men' to create a single nation that is presumably good and obedient to God here on earth (*The Holy Qur'an with English Translation and Commentary*, (Ohio: Ahmadiyya Anjuman Isha'at Islam Lahore Inc, 2002): p. 762).

⁴⁵ Hadith Al-Tirmidhi, Hadith 148, in *Asma Ul Husna*, <http://www.asma-ul-husna.netne/> (accessed 19 December 2010).

hands and feet can be used to commit physical evil deeds such as murder or adultery. Similarly, we can include suicide and euthanasia as evil deeds towards one's own body since they are prohibited in Islam. On the other hand, good deeds done by the body may favour the believer such as helping orphans, widows and homeless people in addition to the practices of the body discussed above.

Lastly, the following Quranic verse suggests that both the body and soul experience the 'final destination' of Heaven or Hell. In the following example from the Quran, the believer's body and the soul encounter divine punishment for harm caused to others: *'Those who unjustly eat up the property of orphans, eat up a Fire into their own bodies: they will soon be enduring a blazing Fire'* (4:10). As one Hadith suggests, the body also incurs enduring punishment for its involvement in harm caused to oneself: 'Whoever purposely throws himself from a mountain and kills himself, will be in the (Hell) Fire falling down into it and abiding therein perpetually forever; and whoever drinks poison and kills himself with it, he will be carrying his poison in his hand and drinking it in the (Hell) Fire wherein he will abide eternally forever...'⁴⁶ Based on this information, it may be deduced that the individual is responsible for deeds committed by the body including euthanasia and suicide, and that the body plays a significant role in the events of the life that is to come following death.

In conclusion, based on the Qur'an, Hadith and contributions by Muslim physicians from scientific perspectives, it may be said that the body is significant in earthly life and the life beyond this world. During earthly life, the body should be protected from harmful activities such as suicide and euthanasia so it may fulfil its spiritual obligations. In addition, these spiritual practices can produce a number of spiritual and physical benefits—the latter of which can help to improve or strengthen the body thereby allowing the person to continue serving God. The body is also significant in the hereafter since it is involved in bearing witness to deeds committed through the body and experiencing eternal life with the soul. Therefore, it may be argued from an Islamic (and scientific) perspective that the body should be respected not only for the purpose of fulfilling spiritual practices during earthly life, but also because of its role in the life to come. This argument may specially apply to elder persons who may consider euthanasia or may be coerced into it by loved ones. Let us turn to this issue next.

⁴⁶ M. Muhsin Khan, translator, *Sahih Bukhari* Hadith Book 7, Number 670, Narrated Abu Huraira, <<http://www.iium.edu.my/deed/hadith/bukhari/index.html>> (accessed 23 November 2010); *Sahih Bukhari*, Book 23, Number 446, *Search Truth*, <http://www.searchtruth.com/book_display.php?book=23&translator=1&start=0&number=446#446> (accessed 2 December 2010).

Practices: Old Age and the Respect for the Elderly

In this study, John Paul has made the argument that caring for and showing respect to elderly people is a practice that should be preserved since it is a well established tradition and because elderly people possess wisdom and experience. Because of its rootedness in tradition, this practice can be considered *prima facie* justified. This duty implies that elderly people should not be compelled into euthanasia or suicide; nor should they be neglected. Abdulaziz Sachedina made a comparable argument that since the individual is linked to their family and/or community, end of life decisions should be made as a group rather than individually. This approach often serves to protect the welfare or well-being of the patient as well as uphold religious and cultural values. Other Muslim scholars support this and add that as a customary practice (*urf*) 'close family members often contribute significantly to the decision making process' since public interest takes precedence over personal decisions.⁴⁷ Moreover, these decisions should not involve aiming at death or abandonment.

In this section, we will construct an analogy to John Paul's perspective on respecting the elderly by further examining this topic from an Islamic perspective drawing on Islamic sources. According to the Qur'an and Hadith, adult children have a duty (*fard* or *wajib*) to care for their aged parents or relatives, speak softly to them, and be patient with them when they are frail, weak or cannot take care of themselves until natural death. As the Quran states: '*And We have enjoined man [to] respect his [elder] parents'* (31:14). This verse has also been interpreted or translated as being 'dutiful' or good to, or showing concern for, one's parents.⁴⁸ Similarly, the Prophet (pbuh) teaches: 'Those who do not respect the elderly and do not act kindly toward the young, are not one of us.'⁴⁹ This Hadith is supported by Imam Reza who states that respecting the elderly or one's elder parents is one of the cornerstone principles in Islam following the respect of *deen* (i.e. religion).⁵⁰ The duty of respecting one's aged parents or relatives also implies that they should not be forsaken, abandoned or coerced into euthanasia or suicide.

The duty of respecting the elderly or not abandoning them may seem to arise partly because this obligation is plainly laid down in the Qur'an and expressed in the Hadith, so this practice becomes a part of tradition and a duty. Therefore, another reason could be that the culturally sanctioned practice of caring for others within a family or community has been

⁴⁷ Mohammad Zafir al-Shahri and Abdullah al-Khenaizan, 'Palliative Care for Muslim Patients,' *The Journal of Supportive Oncology*, Volume 3, Number 6 (2005): p. 432.

⁴⁸ Translation of Quranic verse 31:14, in *Qur'an Explorer*, <<http://www.quranexplorer.com/Search/?q=parents&Sura=31&t=17>> (accessed 17 December 2010)

⁴⁹ Shaykh Abdul-Fattaah Abu Ghuddah, 'Social Manners with the Elderly,' in *Haq Islam*, <<http://www.haqislam.org/social-manners-with-the-elderly/>> (accessed 17 June 2010).

⁵⁰ Imam Reza (A.S.), 'Respect One of the Foundations of Faith in Islam,' in *Imam Reza (A.S.) Network*, <<http://www.imamreza.net/eng/imamreza.php?id=3121>> (accessed 20 June 2010).

preserved from generation to generation thus making it a part of tradition. But should a practice be implemented and maintained based on traditional status alone? In other words, should a practice have a rationale over and above preserving tradition?

Based on the Qur'an and Hadith, one reason for adult children caring for an elderly parent stems from the responsibility their parent exercised in caring for them when they were young children. In this context, caring can be regarded as a fitting recognition of the burdens parents, especially the mother, endured in order to give birth to, rear and raise the child to adulthood. As the Qur'an states, '*[And] his mother bears him with faintings upon faintings and his weaning takes two years*' (31:14). For this reason, when asked about good behaviour toward elderly parents the Prophet (pbuh) responded that the mother should be honoured three times over the father. 'Allah's Messenger, who amongst the people is most deserving of my good treatment? He said: "Your mother, again your mother, again your mother, then your father, then your nearest relatives according to the order."' ⁵¹ This view is similarly emphasized by I. A. Arshed, who argues that the mother has more rights than the father and deserves more respect. ⁵² In addition to child bearing, parents also fulfil their responsibility by cleaning, teaching, and financially and emotionally supporting their offspring with mercy and compassion when they could not sustain themselves. The parents did not abandon or give up the child, but rather had an obligation to care for their young children. So when adult children care for their parents, the roles are reversed and the obligation is reciprocated. In other words, the 'original favour' is paid back by 'returning the favour.'

According to the Qur'an and Hadith, the believer has an obligation to 'return the favour' by extending 'good' treatment to and caring for their parents to the best of their ability until natural death. As the next Hadith suggests, this obligation is second only to daily obligatory prayers and/or worshipping God. Al-Walid bin 'Aizar commented: "'I asked the Prophet, 'Which deed is loved most by Allah?' He replied, 'To offer prayers at their early (very first) stated times.' "Abdullah asked, "What is the next (in goodness)?" The Prophet said, "To be good and dutiful to one's parents."' ⁵³ And as the Qur'an states in a commandment-like form in two instances: '*You shall not serve any but Allah and (you shall do) good to (your) parents. And serve Allah and do not associate anything with Him and be good to the parents and to the near of kin*' (2:83, 4:36). The latter verse (4:36) has a broader interpretation, namely, treating all of God's creatures with respect, courtesy and dignity with an emphasis on practical action or public service for the common good rather than merely expressing

⁵¹ Siddiqui, translator, Sahih Bukhari, Volume 3, Book 32, Number 6181.

⁵² Dr. I. A. Arshed, 'Islam 101: Parent-Child Relationship in Islam,' in *Islam101*, 2006, <<http://www.islam101.com/sociology/parchild.htm>> (accessed 29 November 2010).

⁵³ Siddiqui, translator, Sahih Bukhari, Volume 8, Book 73, Number 1.

sentiment or intention.^{54 55} These sources clearly link care for elderly parents with prayer and worshipping God or divine teachings, which suggests that caring for one's parents is second only in importance to worshipping God. As Shah asserts, 'to render service to one's parents is made next to serving Allah.'⁵⁶ So after serving God's commandments through the Prophet Muhammad's (pbuh) teachings, care and respect of parents is next in importance.

However, like the care of a young child, respect and reverence towards one's aged parents or relatives involves more than just physical care taking. It also implies a moral system by which the adult child interacts with the elder. For example, one aspect of respecting the elderly may involve feeding them, cleaning/bathing them, spending quality time with them and taking care of their other needs, which are similar tasks to those the parents undertook when the child was young. But another aspect involves the social, psychological and emotional side which may imply speaking gently to them, being patient and fair with them, keeping their best interests in mind and supporting their social and emotional interests. As discussed, these aspects are reminiscent of a palliative care approach. As the Qur'an clearly states, '*Your Lord has commanded that you shall not serve (any) but Him, and show goodness to your parents. If either or both of them reach old age with you, say not to them (so much as) 'Ugh' nor chide them, and speak to them a generous word*' (17:23). Yusuf Ali comments that in this verse one's spiritual and moral duties are combined, or are affirmed at a similar level, to emphasize the importance of both worshipping God and serving one's parent.⁵⁷ In addition to this care, the adult child has a responsibility toward his parents even after their death. This responsibility entails praying for their parents' forgiveness and admittance into paradise as illustrated in the Quran: '*My Lord! forgive me and my parents. The gardens of perpetual abode which they will enter along with those who do good from among their parents; and the angels will enter in upon them from every gate*' (71:28, 13:23). According to Riaz Siddiqui, praying for one's parents after their death is considered 'a duty' similar to caring for them when they were alive.⁵⁸ According to one interpretation of verse 13:23, although the physical self of the parent has departed, praying for the parent can maintain the expression of love and affection a child has with the parent (or any relationship) until the two parties are reunited in paradise.⁵⁹

On the other hand, disrespecting or abandoning aged parents is considered a significant sin. This view is also expressed by Siddiqui who also cites the following Hadith to

⁵⁴ Abdullah Yusuf Ali, *The Meaning of The Holy Qur'an* (Maryland: Amana Publication, 1997): p. 196.

⁵⁵ According to Maulana Muhammad Ali, the neighbour need not only imply a relative or a Muslim neighbour, but can also include a person who is of another religion or no religion. The charity of Islam extends to all people, especially those in need (*The Holy Qur'an*, 2002).

⁵⁶ Sayed Sikander Shah, "Mercy Killing in Islam: Moral and Legal Issues," *Arab Law Quarterly*, Volume 11, Number 2 (1996): p. 108.

⁵⁷ Ali, *The Meaning of The Holy Qur'an*, p. 680.

⁵⁸ Riaz Siddiqui, 'Duty of children toward parents clearly defined,' in *Guide Ones*, 2003, <<http://www.guidedones.com/metapage/introislam/parents.htm>> (accessed 18 October 2009).

⁵⁹ Ali, *The Meaning of The Holy Qur'an*, p. 594.

emphasize the egregiousness of mistreating one's elderly parents.⁶⁰ As the Hadith suggests, disrespect to aged parents is a sin second only to polytheism: 'Allah's Apostle said thrice, "Shall I not inform you of the biggest of the great sins?" We said, "Yes, O Allah's Apostle." He said, "To join partners in worship with Allah: to be undutiful to one's parents.""⁶¹ And these actions can lead to divine punishment perhaps in this world and in the next as is evident in the following Hadith: "Despised and humiliated he is! Despised and humiliated he is! Despised and humiliated he is!" When his companions asked him to whom he was referring, the Prophet (pbuh) answered: "A person whose parents, or one of them, attain old age, living with him, and [the parent's supplications to God] do not cause [the person] to be admitted into heaven" due to their disrespect or disregard.⁶² These descriptions suggest the magnitude of the obligation to respect aged parents. These punishments are parallel to the consequences of committing suicide.

In sum, respect of the elderly including aged parents and relatives should be practised because it is good and important according to scripture and is for this reason a part of tradition (*urf*). From an Islamic perspective using the Qur'an and Hadith, this practice is good because it allows the child to appreciate the burdens and sacrifices associated with caring for someone who cannot sustain themselves. This practice is also fitting because the adult child is looking out for the elderly parent's best interests and their overall well-being. Adult children have the same burden of obligation toward their aged parents that most parents once had to them, and are required to return the care they received themselves, which also implies that adult children do not have the right to abandon or euthanize their parents.

Practices: Withdrawing Ineffective Treatment and Prolonging Life Indefinitely

As we discussed in the previous chapter, 'passive' euthanasia involves withdrawing or withholding futile life sustaining care in terminal, incurable or brain death cases. Some who favour the practice do not consider it a form of euthanasia because the intention to kill is not present. Instead, withdrawing treatment lets natural death occur as a result of the terminal disease or ailment. This practice is favoured by Muslim scholars in this study because the patient has the right to refuse or the physician may block ineffective treatment, it avoids fear associated with delaying death, it respects the intended moment of death, and treatment may be used for the care of other patients. This view is supported by Rahman who argues, based on his interpretation of the Quran, that prolongation at the end of life is not encouraged when

⁶⁰ Siddiqui, 'Duty of children toward parents clearly defined' (accessed 18 October 2009).

⁶¹ Siddiqui, translator, Sahih Bukhari, Volume 1, Book 4, Number 137.

⁶² Muslim, Ahmad and Al-Tirmithi relate on the authority of Abu Hurairah, in *Knowledge about Islam*, <<http://knowledgeaboutislam.weebly.com/dua.html>> (accessed 25 May 2009).

quality of life does not improve.⁶³ This notion indicates that quality of living is more important than, or just as important as, the mere duration of life.⁶⁴

As we have seen, this perspective can be defended from an Islamic perspective given the viewpoints of Sachedina and Zahedi et al. These viewpoints are that 'passive' euthanasia is permissible in Islamic Law when treatment cannot bring further progress or is considered more of a burden or when quality of life is deemed low or non-existent. Therefore, it may not be necessary to add anything new to this topic from an Islamic perspective since these viewpoints sufficiently acknowledge medical, theological and economic considerations. However, these considerations seem to be linked to preventing the needless prolongation of life, which requires further exploration.

From an Islamic perspective, prolonging life may challenge the intended moment of death by intentionally delaying death. However, according to the Qur'an, the moment of death is one part of divine providence since all phases of human existence occur at a predetermined moment; so it is impossible to obstruct regardless of a person's age, status or location. Numerous verses in the Qur'an support this notion relating to the timing of death. For example: *'Wherever you are, death will overtake you. When their time (of death)... arrives they cannot tarry for a single hour nor can they go ahead. It is He who gives life and brings death. The death from which you flee, that will surely overtake you...'* (4:78, 17:33, 40:68, 62:8). These verses reaffirm God's ultimate power over life and death, and that He is not limited by time or space or dependent upon beings or things.⁶⁵ Moreover, as discussed, death from an Islamic perspective is defined as the detachment of the soul from the body at predestined time.⁶⁶ Therefore, attempts to somehow resist the inevitability of death by prolonging life needlessly seem vain and defy reason. Still, opposition to this practice leaves open the question of the rationale behind needlessly prolonging life.

In Chapters II and IV, we highlighted Michael Banner's case for supposing that delaying death can originate from a fear of death. Alternatively, it was suggested that delaying death may stem from fear of divine punishment, concern over unfinished tasks or the well being of one's family, or an extraordinary affection for worldly life or for loved ones. Although fear, anxiety and love can be rational emotions at the time of death due to the uncertainties surrounding death for even the most devout believer, trust or reliance in God at the time of death may be lacking in such cases. However, the Islamic tradition teaches Muslims to

⁶³ Rahman, *Health and Medicine in the Islamic Tradition*, p. 109.

⁶⁴ Shahid Athar, 'Islamic Perspective in Medical Ethics,' in *Islamic Medicine*, 2008, <www.islam-usa.com/im18.html> (accessed 17 August 2009)

⁶⁵ Marmaduke William Pickthall, *The Meaning of the Glorious Qur'an* (Kazi Publications, 1996): 464 pages.

⁶⁶ Sachedina, *Islamic Biomedical Principles*, p. 146.

tenaciously trust (*tawwakul*) God in every aspect of their life, as the following verses suggest: *'Whoever trusts in God will find Him sufficient. Verily God will accomplish His purpose. I put my trust in Him alone, and all who trust should only trust Him'* (65:3, 12:67). These verses also indicate that trust is grounded in faith or belief that God knows what is best for the believer and is kind and forgiving, and that his Universal Purpose is always good no matter how negative the condition may be.⁶⁷

Why should a Muslim trust in God at the time of death? In the previous section, it was suggested that fear may reasonably arise from the possibility of divine chastisement for earthly sins. According to the Qur'an, while God is described as Just and Fair, He is also known as Forgiving, Merciful and Compassionate towards the person in spite of human transgression and sin (15:49). In fact, when Muslims begin any action, they are advised to say *'In the Name of God, the Beneficent, the Merciful.'* Based on this maxim, rather than feeling fear of death and the possibility of punishment, one may have trust in God that He will forgive one's transgressions if asked to do so with sincerity. These notions are clear in the following verse: *'Ask forgiveness of your Lord and turn unto Him: for my Lord is indeed Full of mercy and loving-kindness'* (11:90). In this way, asking and hoping for forgiveness of sins through genuine repentance can arguably be one form of trust in God and can reduce fear at the end-of-life and on the Day of Judgment. As the Qur'an suggests: *'And trust in Allah...O My servants! there is no fear for you this Day, nor shall you grieve'* (43:68). This verse suggests that one's faith or devotion to God should prevail over one's fears and insecurities with the conviction or acceptance that whatever He wills (at the end-of life) has positive nuance.⁶⁸ This is in contrast to repentance driven by fear alone at the last moments of death where the intention is to avoid punishment. According to Rahman's interpretation of the Qur'an, this approach is discouraged since the individual had a lifetime to seek forgiveness. As he states: *'[The Qur'an] categorically disallows intercession as well as repentance on deathbed when there is no more opportunity for a person to work and earn.'*⁶⁹ However, it may be argued that forgiveness on the deathbed may still occur by the ultimate discretion or will of God. According to a classical Hadith, when God created mankind, He declared that *'My mercy shall surpass my wrath.'*⁷⁰ Further support is evident in the next Hadith which states: *'Allah the Exalted said: "O son of*

⁶⁷ Aziz A. Shawana, 'The True Call, A Paradigm Shift,' in *Worldly Difficulties*, 2005, <<http://islam.thetruecall.com/modules.php?name=News&file=article&sid=173>> (accessed 17 September 2009); Ali, *The Meaning of The Holy Qur'an*, p. 1484.

⁶⁸ Ali, *The Meaning of The Holy Qur'an*, p. 1277.

⁶⁹ Rahman, *Health and Medicine in the Islamic Tradition*, p. 126.

⁷⁰ Khan, translator, *Sahih Bukhari*, Volume 2, Chapter 4, Book 37, Hadith 6626, 6627 and 6628, in *Search Truth*, 2011.

Adam! If your evil deeds reach the borders of the sky, and then you ask Me for forgiveness, I will forgive you.”⁷¹ Both of these sources may be applied to the end-of-life.

Withdrawing ineffective medical treatment respects the intended moment of death in addition to satisfying medical and economic concerns. The attempt to delay death may stem from fears involving divine judgment. Instead, the Qur’an states one should accept the inevitability of death by trusting in God to accept sincere repentance since God is Merciful and Compassionate. From an Islamic perspective then, ‘passive’ euthanasia is an accepted practice while prolonging life indefinitely is rejected. Just as Banner argues from a Christian perspective for trust in God and against delaying death due to fear, so here we can make a comparable case from an Islamic perspective using Islamic sources. Next, we will discuss two more practice-based topics in relation to the doctrine of double effect. These practices are linked to the topics just discussed because they do not aim at death, but rather principally intend to preserve life until the divinely intended moment of death.

Doctrine of Double Effect

The Doctrine of Double Effect (DDE) when applied to end-of-life situations implies that it can be licit to give medication with the intention of relieving pain, even if it is foreseen that death will occur sooner as a result. In this study, we highlighted two actions which conform to DDE, namely, martyrdom vs. suicide and palliative care. These practices respect bodily life and do not intend death. However, DDE can also be interpreted from an Islamic perspective since intention (*Niyyat*) is important in every action.

We can make the assumption that every reasonable action has a motive, even if that action is just intended and not performed. Therefore, in the Islamic tradition, any action is assessed by God based on motive as suggested in the Quran and Hadith. As one verse states: ‘Allah will not call you to account for thoughtlessness in your oaths, but for the intention in your hearts; and He is Oft-Forgiving, Most Forbearing’ (2:225). And in the case of one who intends to perform a good deed but is not able to do so, God will assign that intended deed a positive credit.⁷² Another version of this Hadith explains: ‘The rewards of deeds depend upon the intentions, and every person will get the reward according to what he has intended.’⁷³ It may also be deduced that through an authoritative source like Hadith, intentions should be considered to understand whether the agent is culpable or not. Similarly, one who intends to

⁷¹ At-Tirmidhee (Shaikh Albanee rendered it as Hasan), in *Mission Islam*, cited and translated by Sheikh Nathim Hasan, 2005, <<http://www.missionislam.com/knowledge/oonofadam.html>> (accessed 19 June 2010).

⁷² Al-Bukhari, Muslim and An-Nasa'i also recorded this Hadith, in *Discover Islam*, edited by Al Jumuah Staff, 2007, page 11, <http://www.kalamullah.com/Books/en_DiscoverIslam.pdf> (accessed 7 November 2010).

⁷³ Khan, translator, Sahih Al-Bukhari and Muslim, Hadith #1; 'Umar bin Al-Khattab, Vol. 8, Book 78, Number 680, in *Search Truth*, 2011; Khan, translator, Sahih Bukhari Book 46, Number 706, in *Search Truth*, 2011.

commit an unlawful deed but does not because of a change of heart also receives a positive credit.⁷⁴ This approach implies that God knows an individual's intentions regardless of whether the action occurs and is evaluated on that basis. The intention to murder where there is no change of heart and the intention to donate would be measured differently, even if neither intention is implemented. Intention is also important because it is considered a core principle that shapes the process of formulating Islamic Law.⁷⁵ Applying the principle of intention in the process of Shariah Law, Kasule asserts that 'the law considers only the intentions behind human actions.'⁷⁶ With regards to euthanasia, ethical positions are formulated based on the presumption that the physician's intention ought to be to always do good. Since euthanasia is considered a desecration of human life, Islamic law has forbidden Muslim physicians from this practice and this is reflected in the Islamic Code of Medical Ethics (ICME).

Applying DDE in medical ethics from an Islamic perspective, the intention should never be to kill a patient regardless of 'motive' by active or assisted means in severe cases. As Aziz Sheikh affirms, 'What is important is that the primary intent is not to hasten death.'⁷⁷ Scholars deem such actions as impermissible based on Islamic Law and the ICME due to their contravention of principles given in the Qur'an and Hadith. As an alternative, palliative care should be applied to manage pain and retain the highest quality of life possible even if it results in death, since this was not the intention, as we will discuss in further detail next. Thus, the agent would not be held responsible. As Al-Jawziyya (d. 1350) asserts, 'A skilful physician who practices his craft properly, whose hand causes no harm, yet from his action there occurs injury to a life or loss of life, or the loss of some faculty. Such a man is not held responsible.'⁷⁸ Similarly, one should not aim at death with reference to martyrdom. Even if there is no intention to aim at death the action may be misinterpreted as murder and suicide, respectively, which are clearly prohibited acts in Islam. As the Quran affirms in two instances, '*And they were persisting in great sin (joining partners in worship along with Allâh, committing murder and other crimes). Do not kill yourselves, for surely God is merciful*' (56:46, 4:29). Although verse 56:46 mainly implies *shirk* or associating other deities with God, the verse can also suggest (prohibiting) other forms of major sins, including unlawfully killing others.⁷⁹ However, since the circumstances of death can be misconstrued in some cases, we concur with

⁷⁴ Khan, translator, Sahih Bukhari, Book 46, Number 706, in *Search Truth*, 2011; Al-Bukhari, Muslim and An-Nasa'i also recorded this Hadith, in *Discover Islam*, edited by Al Jumuah Staff, 2007, p. 11.

⁷⁵ Aasim Padela, 'Islamic Medical Ethics: A Primer,' *Bioethics*, Volume 21, Number 3 (2007): p. 174.

⁷⁶ Omar Hassan Kasule Sr., 'Euthanasia: Ethic-Legal Issues,' in *Mission Islam*, 2005, <www.missionislam.com/health/euthanasia.htm> (accessed 17 November 2010).

⁷⁷ Aziz Sheikh, 'Death and dying—a Muslim perspective,' *Journal of the Royal Society of Medicine* 91 (1998): p. 138.

⁷⁸ Ibn Qayyim al-Jawziyya, *Medicine of the Prophet*, Translated by Penelope Johnstone (Materia Medica, 1998), p. 150.

⁷⁹ Dr. Muhammad Taqi-ud-din Al-Hilali & Al-Muhammad Muhsin Khan, *Interpretation of the meanings of THE QUR'AN in the english & Arabic language* (Darussalam Publications, 2008): p. 662.

Brockopp that the individual's true intentions are only known to them and God. These intentions are especially important when differentiating martyrdom from suicide.

Practices: Martyrdom versus Suicide

In this study, Michael Banner and Jonathan Brockopp made the argument that there is a distinction between martyrdom and suicide (or euthanasia) based on intention. The intention in martyrdom should not be to bring about death even though death may be foreseen. By contrast, suicide or euthanasia involves a deliberate intent to terminate life. In this section, we will extend the discussion by first examining different interpretations of martyrdom and we will then discuss suicide from an Islamic perspective.

According to the Qur'an, a martyr (*shahid*) is considered a 'witness' to their faith by sacrificing their life to defend their religious convictions, for example, during combat, as we will discuss next (3:140). In addition, a person may be martyred when defending a social idea or conviction. Lastly, martyrdom may also be construed as defending oneself, defending one's property, or surrendering to disease such as plague or intestinal illness.⁸⁰

Martyrdom in Islamic literature is often described in the context of war and persecution. For example, if an enemy or aggressor threatens, suppresses, or infringes upon, the religious rights and freedoms of Muslims, they may lawfully retaliate through armed means or tactics. As the Qur'an sanctions, *'Permission (to defend) has been granted to those who have been fought against; they have been oppressed. Verily God has the power to help them. Those who were unjustly expelled from their homes for no other reason than saying: "God is our Lord"'* (22:39-40).⁸¹ Even in these conditions, the primary intention should be to reach a diplomatic solution with the opposition with the aim of avoiding loss of life, so war or killing are reserved as final options that must meet several strict criteria based on Shariah Law.⁸² As the Qur'an states, *'If they seek peace, then you seek peace. And trust in God for He is the one Who hears and sees all things'* (8:61). Based on this verse, some scholars believe that although peace should always be sought in cases of potential conflict, a conflict may be a way establishing peace or a new order or system, as opposed to fighting for the sake of fighting.⁸³ And if war must be initiated, there are also rules in Islam about engaging with the aggressor,

⁸⁰ Sheikh Ahmad Kutty, 'Types of Martyrs,' in *Islam Online*, 2008, <http://www.islamonline.net/servlet/Satellite?pagenamelslamOnline-EnglishAsk_Scholar/FatwaE/FatwaE&cid=1119503546> (accessed 9 November 2010); Rahman, 'Health and Medicine in the Islamic Tradition,' p. 126.

⁸¹ While some translators interpret this verse (22:39-40) as fighting against unbelievers, Marmaduke William Pickthall believes that this verse has a more passive meaning, namely, any group that creates conflict or chaos as a means of self-defence, so conflict in these cases may not have religious association (*The Meaning of The Glorious Qur'an* (Kazi Publication, 1996): p. 168.

⁸² Islamic-Dictionary.com, 'What does Islam say about War?,' in *Islamic-Dictionary.com*, 2005, <<http://www.islamic-dictionary.com/war.php>> (accessed 9 September 2010).

⁸³ Dr. Muhammad Taqi-ud-din Al-Hilali & Al-Muhammad Muhsin Khan, *Interpretation of the meanings of THE QUR'AN in the english & Arabic language* (Darussalam Publications, 2008): p. 412.

which does not primarily involve killing, but rather deterring the enemy or causing their retreat to prevent the loss of life (2:190). On the other hand, killing the enemy or aggressor to defend oneself or one's religious convictions may be considered the lesser of two evils to continuous violence, persistent persecution, renouncing one's faith, losing one's land or one's loved ones, as we will discuss. So in these cases, killing the enemy may be permitted, but only as a last resort. As the Qur'an states: *'War is a greater transgression, but to turn men from Allah, and to disbelieve in him, and to expel his people thence, is greater with Allah; for persecution is worse than killing'* (2:217). This type of self-defence is known as the lesser Jihad or physical Jihad, which was implemented especially in early Islam to protect its rising development and expansion from enemies and foreign invaders.⁸⁴

The struggle to preserve or defend the existence of Islam and/or avoid renouncing religious convictions can result in martyrdom. Since the belief or faith (*Iman*) of the believer, as the first pillar of Islam, centres on surrender or submission, dying to uphold faith in conflict implies the ultimate sacrifice and is an act which deserves reverence. This view is characteristic of the most pious believers. As the Qur'an states, *'Whoso obeyeth Allah and the messenger, they are with those unto whom Allah hath shown favour, of the prophets and the saints and the martyrs and the righteous. The best of company are they! And there is the type of man who gives his life to earn the pleasure of Allah...'* (4:69, 2:207). In addition to the martyr being recognized along with these other groups, the last verse indicates a supreme spiritual compensation for this sacrifice. This idea is confirmed in the following verse: *'[If] you strive hard and fight in the Cause of Allâh with your wealth and your lives, that will be better for you, if you but knew. (If you do so) He will forgive you your sins, and admit you into Gardens under which rivers flow, and pleasant dwellings in Paradise; that is indeed the great success'* (61:11-12). After the Prophets (peace be unto them) and their closest followers, the fate of the martyr clearly holds a significant station in Islam because giving up one's life and one's material possessions is outweighed by the everlasting value and reward of eternal life. In addition to these spiritual rewards, the martyr may also be venerated or admired by people.

A second related example of a martyr can be one who is killed protecting or defending their life, their property and/or their family from hostile or oppressive forces such as in cases of theft, rape or murder. According to Muslim scholars, one may intentionally kill another as an act of self-defence especially if one's life is in imminent danger.⁸⁵ However, if one's life is not at immediate risk, the intention should be to deter the attacker, which may result in

⁸⁴ M. Cherif Bassiouni, 'Evolving Approaches to Jihad: From Self-Defense to Revolutionary and Regime-Change Political Violence,' *Chicago Journal of International Law*, Volume 8, Number 1 (2007): p. 119-146.

⁸⁵ Shaykh Muhammad S. Al-Munajjid, 'Ruling on one who kills another in self-defence and dies – does he have to pay blood-money or offer expiation?,' Fatwa number 78978, in *Islam Question & Answer*, 1999, <<http://www.islam-qa.com/en/ref/78978/Killing>> (accessed 10 December 2010).

unintentional but foreseen killing.⁸⁶ This viewpoint is supported by Al-Munajjid: ‘The person who is attacked should not hasten to kill the assailant until after he has exhausted other means of warding him off, such as reminding him of Allah, scaring him and threatening him, seeking help from other people, or seeking the help of the police. But he may hasten to kill him if he fears that the aggressor is about to kill him.’⁸⁷ Like war-time killing, self-defence killing in domestic crime situations can involve a direct intention to kill, but only as a last alternative. And if the attacker is killed in the struggle, the victim need not face justice or punishment nor pay the attacker’s family blood money remuneration (*diyyah*) since the killing was not based on mutual hostility, according to Shariah Law.⁸⁸ However, if the victim is killed in the course of defending themselves, then the victim is considered a ‘martyr’ and the aggressor experiences divine punishment if killed.⁸⁹

A third interpretation of martyrdom related to self defence need not involve physical combat, but rather defending and dying for one’s ideas or convictions through social discourse or ‘standing up’ to hostile forces. For example, Martin Luther King (d. 1968) has been called a ‘martyr for justice’ and a ‘martyr for peace’ because he died defending his non-violent approach to social justice and racial equality.⁹⁰ Another example involves the martyrdom of a Polish Roman Catholic priest named Father Jerzy Popieluszko who was murdered in 1984 trying to defend his country from communism. In 2009, Pope Benedict XVI declared him a martyr to clear the way for his beatification and possible sainthood.⁹¹ The Pope remarked: ‘[Father Popieluszko’s] zealous service and his martyrdom are a special sign of the victory of good over evil.’⁹² Moreover, based on this translation and commentary of the Qur’an (specifically verse 4:69 cited above), Abdullah Yusuf Ali believes that a martyr need not only be

⁸⁶ Al-Munajjid, ‘Ruling on one who kills another in self-defence and dies...?’ in *Islam Question & Answer*, 1999; Ahmed Ibn Niqib Al-Misri, ‘Retaliation for Bodily Injury or Death,’ Section 7.0, in *Reliance of the Traveller and Tools for the Worshiper*, edited and translated by Sheikh Nuh Ha Min Keller, p. 240, <<http://www.shafiifigh.com/maktabah/relianceoftraveller.pdf>> (accessed 9 October 2010).

⁸⁷ Shaykh Muhammad S. Al-Munajjid, ‘Ruling on one who kills another in self-defence and dies...?’ in *Islam Question & Answer*, 1999. This religious opinion expressed by Shiekh Muhammad Al-Munajjid can be considered an example of an English Sunni Internet ‘e-fatwa’, which is a phenomenon that is gaining popularity due to its easy accessibility in providing Muslims globally with normative advice on a range of matters, such as the end-of-life. In their study on Sunni e-fatwas related to euthanasia, Stef Van den Branden and Bert Broeckaert state that almost all internet Muslim scholars examined in their study utilize some of the same principles and sources in forming their juridical opinions against all forms of active euthanasia as authors who express opinions in published manuscripts on Islamic bioethics. That is, the ideas of the sanctity of human life, divine predetermination of human life, and God’s ownership of human life, as well common Qur’anic verses (5:32, 2:195, 6:151 and 17:33) and Hadith passages on life and death (Stef Van den Branden and Bert Broeckaert, ‘Living in the hands of God. English Sunni e-fatwas on (non-) voluntary euthanasia and assisted suicide,’ *Medicine, Health Care and Philosophy* 14 (2011): p. 37).

⁸⁸ Al-Munajjid, ‘Ruling on one who kills another in self-defence and dies...?’ in *Islam Question & Answer*, 1999; Al-Misri, ‘Retaliation for Bodily Injury or Death,’ p. 240.

⁸⁹ Al-Munajjid, ‘Ruling on one who kills another in self-defence and dies...?’ in *Islam Question & Answer*, 1999.

⁹⁰ BBC News, ‘A martyr for justice,’ in *BBC News, World: Americas*, 4 April 1998, <<http://news.bbc.co.uk/1/hi/world/americas/72370.stm>> (accessed 2 December 2010); ‘Martin Luther King: A Martyr for Peace,’ <<http://www.oilempire.us/mlk.html>> (accessed 2 December 2010); Franklyn J. Balasundaram, ‘Martyrs in the History of Christianity,’ Chapter 11, in *Religion-Online.org*, <<http://www.religion-online.org/showchapter.asp?title=1570&C=1477>> (accessed 5 December 2010).

⁹¹ BBC News, ‘In Pictures: Polish Priest Beatified,’ in *BBC News*, 6th June 2010, <<http://news.bbc.co.uk/1/hi/world/europe/10249869.stm>> (accessed 10 December 2010)

⁹² BBC News, ‘In Pictures: Polish Priest Beatified,’ in *BBC News*, 6th June 2010.

one who was engaged in physical battle, but a martyr may also be a one who was devoted to the service of others through, for example, teaching and charity.⁹³ And a more current example involves the 2011 tension and uprisings in many Middle Eastern countries. For example, from the perspective of Egyptian Muslim and Christian protesters struggling for democracy, greater freedom and more economic opportunity, those who died for these causes were considered 'martyrs of the revolution.'⁹⁴ This type of view also seems to be what Joseph Fletcher is referring to when he interprets a martyr as the 'hero' or, one who symbolically takes a stand against (continued) pain and suffering by terminating it through euthanasia.⁹⁵ This view suggests that an aggressor need not take the form of a human or animal but could also be internal.

It is clear from these views that the idea of martyrdom can be derived from different forms of self-defence. And martyrdom, according to proper Islamic principles, may result in preservation of faith, eternal reward, worldly recognition or the continuation of global ideals. Alternatively, martyrdom may be shaped by a combination of motivations or consequences discussed above because they may bring about the most benefit for the martyr. At the same time, martyrdom can pose a challenge for the modern believer because of the way it involves sacrifice, motive, and consequence. For example, martyrdom may compel someone to reflect on the values or priorities of their life and their present overall state in relation to their faith, and what they are willing to give up in accepting martyrdom. Important and critical questions may arise during this evaluation: 'How important is my faith and the world to me?' and 'How important is it to uphold my faith?' These questions may help the believer to appraise the importance of the next life in relation to their current situation in this life. So if one believes, for example, that the next life is more important than earthly life, then one may be willing to give up one's worldly assets and become a martyr for a worthy cause. On the other hand, unwillingness to be a martyr does not mean that eternal life is not important, as there are other ways to gain paradise such as through acts of worship or respecting the elderly or serving one's parents, as discussed. However, martyrdom seems like the most direct way of attaining heaven since, according to Hadith, the martyr forgoes the 'questioning' phase after death perhaps because the martyr's sins are erased.⁹⁶ However, this willingness raises the question of motive and consequence. Is martyrdom intended to release oneself from one's present condition or to hurt others? Or is martyrdom a way of preserving one's spiritual convictions, respecting the 'goodness of bodily life' but, at the same time, gaining heavenly

⁹³ Ali, *The Meaning of The Holy Qur'an* (Maryland: Amana Publication, 1997): p. 205-206.

⁹⁴ BBC News, 'Egypt Crisis: Protests switch to demand on pay,' in *BBC News*, 11th February 2011, <<http://www.bbc.co.uk/news/world-middle-east-12448413>> (accessed 4 March 2011).

⁹⁵ Fletcher, *Morals and Medicine*, p. 191.

⁹⁶ Narrated by Ahmad (21970); classed as saheeh by Shaykh al-Albaani in *al-Silsilah al-Saheehah* (2558).

reward? In other words, is one aiming at death to attain heaven or does death occur as an unintended by-product of defending one's faith?

The benefits of martyrdom may motivate some to seek 'martyrdom' inappropriately by aiming at death. This concern is evident in Brockopp's perspective that martyrdom may be confused with suicide since these two practices are distinguished only by intent.⁹⁷ In cases when death occurs quickly or is unplanned, the intention may be unclear, unknown or misunderstood. Therefore, in these situations, unknown to others, death may be intended for the sake of the rewards only, as discussed above, or it may be misperceived as suicide when actually it was a case of martyrdom.

However, it may be argued that one who aims at death to achieve these benefits maligns the concept of martyrdom and is not really achieving martyrdom at all, but rather suicide, as we will discuss next. If martyrdom implies 'desiring death' or intent to die, this would conflict with, or negate, DDE because the intention in DDE should not be to die. If one wants to be a martyr as a means to attain the reward of paradise, then it may be contended that the real aim in martyrdom should be to act for the pleasure of God. This is supported in the Qur'an: '*Say (O Muhammad SAW): Verily I am commanded to worship Allah alone by obeying him and doing religious deeds sincerely for His sake only*' (39:11). This motive can be a means of receiving admiration from others, preserving their faith and receiving a heavenly reward.

Martyrdom may be differentiated from suicide. Several Christian and Muslim scholars in this study define suicide as deliberately killing oneself and condemn it as the purest kind of wrong act regardless of the person's condition, worth or quality of life. And they discuss some psychological, theological and sociological effects associated with suicide. In addition to the psychological aspects discussed, it may also be noted that suicide may often be perceived as a symptom of mental disturbance such as severe depression, schizophrenia or bipolar disorder. For example, up to 15 per cent of those who have untreated depression commit suicide.⁹⁸ In fact, elderly people (65 or older) have a higher risk of completed suicide than any other age group often due to feelings of hopelessness and depression that may arise from long-term illness as well as social and financial hardships.⁹⁹ Some scholars refer to this form of suicide as 'egotistical suicide,' or 'anomic suicide' when suicide is associated with an economic downturn

⁹⁷ Brockopp, *Islamic Ethics of Life, Abortion War and Euthanasia*, p. 187.

⁹⁸ All About Depression.com, 'All about Depression Overview: Suicide and Depression,' in *All About Depression.com*, <http://www.allaboutdepression.com/gen_04.html> (accessed 4 March 2011).

⁹⁹ Henry O'Connell, Ai-Vyrn Chin, Conal Cunningham and Brian Lawlor, 'Recent Development: Suicide in Older People,' *BMJ* 329 (2004): p. 895; Lebowitz BD, Pearson JL, Schneider LS, Reynolds III CF, Alexopoulos GS, Bruce ML, Conwell Y, Katz IR, Meyers BS, Morrison MF, Mossey J, Niederehe G and Parmelee P, 'Diagnosis and treatment of depression in late life: Consensus statement update,' *Journal of the American Medical Association* 278 (1997): p. 1186-90; Y. Conwell and D. Brent, 'Suicide and aging: Patterns of psychiatric diagnosis,' *International Psychogeriatrics* 7 (1995): p. 149-64.

or loss of meaning in life.¹⁰⁰ Suicide may also be a result of an overdose of antidepressants, as well as the person's feeling that they are a burden on others.¹⁰¹ And those with bipolar disorder are 15 times more likely to commit suicide when this illness is combined with alcohol abuse.¹⁰² Further, depression is generally accepted as a characteristic of suicide in schizophrenia in which the biggest danger of suicide comes during non-psychotic, depressed phases of the illness.¹⁰³ On the one hand, suicide is universally condemned in Islam for reasons already discussed, and can result in divine punishment as suggested in the following Hadith: 'A man was inflicted with wounds and he committed suicide, and so Allah said: My slave has caused death on himself hurriedly, so I forbid Paradise for him.'¹⁰⁴ However, one who acts illegally but without sound mind may be exempt from earthly and divine punishment as they are also exempted from their spiritual duties.¹⁰⁵

Another aspect of suicide relates to its sociological impact. In Chapter III we discussed how in Islam an individual is closely linked with their family or community, so patient autonomy is limited because major decisions are usually made in the best interest of the family as a group in consultation with the physician. On this approach an individual is still an important part of the community and may also play a major role therein. Furthermore, the values, beliefs and obligations of an individual may be a reflection of those of the society and vice versa.¹⁰⁶ In this way, there may be a reciprocal relationship, namely, the individual may have a responsibility to maintain and protect the community as the community similarly has a duty to care for its members. So what effect would one's decision of suicide have on others? On the one hand, individuals who belong to larger families or broader social networks are less likely to commit suicide perhaps due to greater overall support.¹⁰⁷ However, suicide (or euthanasia) can imply that one is not only forgoing pain and discomfort (or their current seemingly untenable situation) through suicide, but one is also abandoning one's social responsibilities like charity and serving others and deserting the community. Here suicide may reflect the fact that an individual is not able to properly carry on their duties due to their condition, and feel they are becoming a burden or 'dead weight' upon others. One's disabilities or weakness can also lead to depression and isolation, which may result in suicide, as

¹⁰⁰ Emile Durkheim, 'Suicide: A Study in Sociology,' *New York*, The Free Press, 1951. Referred to in notes as *Suicide*. HV 6545 D812; Ritzer, George, *Sociological Theory*, third edition, New York, McGraw-Hill, 1992. HM24 R4938.

¹⁰¹ E. Townsend, K. Hawton, L. Harriss, et al., 'Substances used in deliberate self-poisoning 1985-1997: trends and associations with age, gender, repetition and suicide intent,' *Soc Psychiatry Psychiatr Epidemiol* 36 (2001): p. 228-234.

¹⁰² E.C. Harris and B. Barraclough, 'Suicide as an outcome for mental disorders,' *British Journal of Psychiatry* 170 (1997): 205-228.

¹⁰³ K. Minkoff, E. Bergman, et al., 'Hopelessness, Depression and Attempted Suicide,' *American Journal of Psychiatry* 130 (1973): 73.

¹⁰⁴ Khan, translator, Sahih Bukhari, Book 23, Hadith #445, in *Search Truth*, 2011.

¹⁰⁵ Omar Hasan Kasule Sr., '0301 Prayers and Spirituality in Health,' in *Islamic Medical Education Resources*, January 2003, <<http://omarkasule-03.tripod.com/id740.html>> (accessed 17 March 2011)

¹⁰⁶ Emile Durkheim, 'Suicide: A Study in Sociology,' edited by George Simpson, translated by John Spaulding (New York: The Free Press, 1951 and renewed in 1979), p. 67.

¹⁰⁷ Anthony Giddens, *Capitalism and Modern Social Theory: An Analysis of the Writings of Marx, Durkheim and Max Weber* (Cambridge: Cambridge University Press, 1971), p. 101.

discussed. By contrast with the perspective noted above, Durkheim found that suicide rates among the elderly increased during times when social interaction was the greatest and when social tasks were most rigorous, such as the spring and summer seasons.¹⁰⁸ In this way, suicide of the weak could be interpreted as a social service or favour. This is referred to as 'altruistic suicide' in which one may 'feel it is their duty' to eliminate oneself in the interest of the community.¹⁰⁹ Moreover, a suicide may be especially distressing for those closest to the individual if another community member aided in the suicide like in physician-assisted suicide. In this way, suicide can destroy oneself, one's spiritual connection with God by rejecting God's control over life and death, and it can also sever one's close link with the community.

We will now further discuss suicide from an Islamic perspective. Suicide also raises moral questions as to whether society should intervene to prevent it. Does the Muslim *ummah* or community have a moral obligation to prevent suicide? If so, how far does that obligation extend (e.g. persuasion, force, changes in policy, risk to one's own life, etc.)? Or does the Muslim have a moral right to kill himself/herself on the grounds of autonomy? If the Muslim community has an obligation to prevent harm based on the Islamic principle of helping others, then it may be argued that actions which prevent suicide should form part of the social policy of the *ummah*. This, in turn, may shape social views toward suicide, which may also suggest that the limits of autonomy from an Islamic perspective would prohibit acts that deliberately infringe upon the sanctity of life and God's control over life and death. This perception is evident in many Middle Eastern countries where social guidelines that are established on suicide (or any other matter) are based on its vehement prohibition by the Qur'an and Hadith.¹¹⁰ Suicide can have at least an indirect effect on family and the community at large. So it may be inferred that killing oneself or others is like killing a community as the Qur'an suggests: '*If anyone killed a person not in retaliation of murder, it would be as if he killed all mankind*' (5:32).¹¹¹

It is important to also highlight a second more modern and troubling sociological consequence from an Islamic perspective. Not only can suicide impact friends and family overall, but it can also impact the wider community particularly when one resorts to violence (e.g. 'suicide bombings') to kill others and oneself. These activities are often distortedly hailed as 'martyrdom' operations. This view is supported by Muhammad Tantawi who uses analogy

¹⁰⁸ Durkheim, 'Suicide: A Study in Sociology,' p. 68.

¹⁰⁹ George Ritzer, *Sociological Theory*, third edition (New York: McGraw-Hill, 1992), p. 267.

¹¹⁰ Sayed Sikander Shah, 'Mercy Killing in Islam: Moral and Legal Issues,' *Arab Law Quarterly* 11 (1996): p. 110.

¹¹¹ This verse (5:32) bears similar meaning to the story of Cain and Able in the Old Testament. When one kills another, he is not only terminating the victim physically, but he is also (perhaps more importantly) extinguishing the ideal(s) and value(s) of which that victim stands for and represents, as a part of the wider society. So killing one person is symbolically indicative of killing an entire society (Dr. Muhammad Taqi-ud Din Al-Hilali and Dr. Muhammad Muhsin Khan, *Interpretations of the Meanings of the Holy Qur'an in the English Language* (Darussalam, 1998): p. 234).

(*qiyas*) to affirm that suicide bombings and other extremist activities are not only forbidden in Islam but are clearly distinguishable from just-war and martyrdom 'like the earth and the sky.'¹¹² Similarly, Muhammad Tahir ul-Qadri issued a legal ruling through the use of *Ijtihad* vehemently condemning *all* forms of violence associated with extreme forms of Islam and commented that they should absolutely not be confused with martyrdom.¹¹³ As Ul-Qadri affirms in his statement: 'I didn't leave a single, minor aspect that, in the mind of radicals or extremists, can take them to the direction of martyrdom.'¹¹⁴ Declarations like these can have a positive impact on future extremist activity as well as public welfare (*maslahah*).¹¹⁵ It may also alter one's view of Islam and influence a third, more universal sociological effect of suicide. This effect involves a continued perception of Islam by the media and the general population as a possibly violent faith due to the acts of a minority in Islam.

Martyrdom is clearly a righteous, honourable and respectable act in the appropriate situation such as when it involves defending oneself and/or Islam. But it is equally important to not aim at death to become a martyr, because that could be construed as suicide. Suicide in the form of killing oneself and others to achieve so-called 'martyrdom' may have very damaging consequences. Therefore, it should be re-affirmed that martyrdom and suicide are morally distinct actions in virtue of their differing intention(s), and should not be confused. Since humans may find it difficult to establish whether death was a result of martyrdom or suicide, Brockopp's idea that precise intentions and exact type of death are only known to God and the deceased may be re-iterated here.¹¹⁶ This thought is also reinforced in the Qur'an as one verse in the Qur'an, for example, states: '*Know they not that [only] Allâh knows their secret ideas, and their Najwa (secret counsels), and that Allâh is the All-Knower of the unseen*' (2:78). It is arguable that this supposition is true in any case of intent. Like martyrdom, the practice discussed in the next section seeks to avoid aiming at death.

Practices: Palliative Care

The Christian and Muslim scholars in this study who oppose euthanasia support hospice and palliative care as a form of comprehensive support for an individual in the final phases of life. This is because hospice care serves to avoid needlessly prolonging life or intentional killing. This approach was upheld as an appropriate way of respecting the body. In contrast, euthanasia and suicide involve a direct intention to hasten death thereby preventing death at

¹¹² Shaykh al-Azhar Dr. Mohammed Tantawi, 'An invitation he just couldn't resist-Attending the King's Court,' *Q News International*, June 1997, p. 23.

¹¹³ Kiran Khalid, 'Some experts see fatwa as significant blow to terrorist recruiting,' in *CNN News Online*, 3 March 2010, <<http://www.cnn.com/2010/WORLD/asiapcf/03/03/terror.fatwa.analysis/index.html?hpt=C2>> (accessed 17 February 2011).

¹¹⁴ Khalid, 'Some experts see fatwa as significant blow to terrorist recruiting,' in *CNN News Online*, 3 March 2010.

¹¹⁵ Khalid, 'Some experts see fatwa as significant blow to terrorist recruiting,' in *CNN News Online*, 3 March 2010.

¹¹⁶ Brockopp, *Islamic Ethics of Life, Abortion War and Euthanasia*, p. 186.

the divinely intended moment and compromising the dignity of human life. In this section, we discuss from an Islamic perspective how palliative care can be viewed from a medicinal and non-medicinal viewpoint.

One major resource of hospice care involves using medicine to alleviate discomfort associated with terminal illness. From an Islamic perspective, this approach is favourable based on the assumption that God created all forms of illness and all forms of relief as the ultimate healer. As one verse in the Qur'an suggests: '*And when I am sick, He restores me to health*' (26:80). This implies that if God afflicts an individual with sickness or creates disease, then only He has the power to relieve the individual through some remedy or bring about death. The use of medicine and the process of healing as integral to religious practice are also emphasized in the following Hadith: 'Is there then some value in medicine, O Messenger of God? He (pbuh) replied: "The One Who sent down illness also sent down medicine. Indeed God sent down both illness and medicine, and for every illness He gave a remedy—except for death. So carry out medical treatment, but do not use therein anything unlawful."¹¹⁷ Since euthanasia is a form of suicide, and both are prohibited in Islam, the last statement may be interpreted as using medicine with the intention of shortening the patient's life or causing unnecessary harm. Otherwise, in end-of-life cases, medicine has historically been utilized to alleviate pain, combat illness and reasonably extend life until death occurs. This means that medicine or treatment is applied provided it benefits the patient. This objective is reflected in, for example, the works of Ibn Sina (d. 1037 C.E.) who discussed methods of scientific experimentation, signs and symptoms to identify diagnoses, and ways to classify and quarantine various diseases and pathogens as well as curative and therapeutic remedies.¹¹⁸ And due to the advances in medical science, modern clinical medicine also encourages the use of medicine in end-of-life cases. For example, the ICME categorically states that palliative care or other end-of-life forms of treatment can help to mitigate all forms of pain thereby invalidating all forms of intentional self-killing like euthanasia or suicide. The Code contends that 'there is no human pain that cannot be conquered by medication,' which indicates that palliative care is supported in Islam particularly in end-of-life cases. And based on the Qur'anic and Hadith excerpts above, the ICME view also signifies trust and hope in God that He will provide relief from pain or cure illness, if He wills.

However, palliative care need not be limited to conventional hospital medicine. The Oxford dictionary (2002) defines palliative care as 'anything used to alleviate pain, anxiety, etc.' Therefore, it may be argued that dietary practices and natural remedies can also be

¹¹⁷ Malik, *Muwatta'*, Ayn, 12 from Ibn Qayyim Al-Jawziyya, *Medicine of the Prophet*, 1998: p. 101; Abu Dawud, *Tibb*, 11 from Ibn Qayyim Al-Jawziyya, *Medicine of the Prophet*, 1998: p. 117.

¹¹⁸ David W. Tschanz, 'Arab Roots of European Medicine,' *The Journal of The Gulf Heart Association* 4 (2003): p. 69-81.

another form of palliative care. These alternatives were also supported by the Prophet (pbuh) through his consumption of specific foods that possess healing powers to keep the body healthy and prevent disease. Like standard methods of palliative care, this method may be another way of respecting the body from an Islamic perspective. Examples of these foods included meats, black cumin and honey, according to al-Shahri and al-Khenaizan's view of Islam and health issues.¹¹⁹ As Ibn Qayyim Al-Jawziyya (d. 1350) asserts, 'The Messenger of God (pbuh) liked sweetmeats and honey. These three—meat, honey, sweetmeats—are among the most excellent of foods and the most beneficial to the body, the liver and organs. Nourishment from these brings great benefits in preserving health and strength, and no one can be harmed by it.'¹²⁰ Other examples included fruits and vegetables. As one source states: 'The Prophet (pbuh) used to eat the fruit of the land when it was in season, and did not refrain from it. This too is among the greatest means of preserving health.'¹²¹ Similarly, to alleviate illness the Prophet (pbuh) consumed boiled barley soup since barley helped to cleanse the stomach, reduce body temperature, quench thirst, and reduce coughs.¹²² Natural remedies included olive oil, dates or unripe grapes, pomegranate, fig, barley, and vinegar to fight skin infections, sores, septic ulcers and hives.¹²³ And many modern dieticians endorse these types of natural remedies as well as fruits and vegetables because they can prevent diseases such as heart disease, diabetes and stroke thereby increasing one's life's span.¹²⁴ These practices also support what was discussed earlier in the practices of the body section concerning the need to keep the body internally pure with lawful food and drink, not only to keep the body healthy but also to engage in acts of worship.

Palliative care in its modern sense is a way of respecting the body from an Islamic perspective. But palliative care can be viewed in other ways, namely, daily nutritional practices outside the hospice care setting that also serve to respect the body by improving health and preventing disease. According to the following Hadith, these elements are the best divine gifts one can receive in earthly life: 'Whoever awakes with good health of body, safe in his mind, possessing the food for that day, it is as if the world is granted to him [because] no one is given any better than health.'¹²⁵

¹¹⁹ Al-Shahri and Al-Khenaizan, 'Palliative Care for Muslim Patients,' *The Journal of Supportive Oncology* 3 (2005): p. 432.

¹²⁰ Ibn Qayyim Al-Jawziyya, *Medicine of the Prophet*, 1998: p. 162.

¹²¹ Al-Jawziyya, *Medicine of the Prophet*, 1998: p. 163.

¹²² Muhammad ibn Abī Bakr Ibn Qayyim al-Jawziyyah, Imam Ibn Qayyim Al Jauziyyah and Abdul Rahman, 'Healing with the Medicine of the Prophet,' *Darussalam* (2003): p. 286.

¹²³ Muhammad ibn Abī Bakr Ibn Qayyim al-Jawziyyah, et al., p. 276-277.

¹²⁴ Elizabeth M. Ward, 'Ageing well, Eating healthily for longevity,' in *WebMD* feature, 2009, <<http://www.webmd.boots.com/diet/guide/ageing-well-eating-right-for-longevity>> (accessed 14 March 2010).

¹²⁵ Al-Jawziyya, *Medicine of the Prophet*, 1998: p. 159.

The next section of this perspective will discuss some topics in Islamic anthropology as they relate to euthanasia including: suffering and the mercy of God, the purpose of earthly life, the sacredness of human life, and the act of killing a human being.

Suffering and the Mercy of God

In the previous chapters, we examined different aspects of the teachings on suffering advanced by Abdulaziz Sachedina and John Paul. From this analysis, we concluded that although hospice care is encouraged as a way of respecting the body in terminal cases, the opportunity to experience suffering may also be favourably viewed. Sachedina argued from an Islamic perspective that suffering can be a test of one's faith and can result in the absolving of sins. Therefore, we contended that suffering need not be viewed as 'evil,' negative or burdensome in every case. In this section, we will extend the discussion on suffering from an Islamic perspective by discussing how suffering can be a means of enhancing one's relationship with God through spiritual purification and by providing an opportunity to assess one's faith in adversity. Suffering within moderate or tolerable limits is worth enduring because it has value and serves a purpose, so one should not eliminate such suffering by euthanasia or suicide. Let us now further explore this view.

Given human nature and the nature of suffering, we may (initially and understandably) perceive suffering as destructive, restrictive or even as a karma-like retributive punishment since nobody should want or welcome suffering (at least in normal circumstances). This negative reaction is anticipated in the Quran: *'But whenever He tries him by straightening his means of life, restricting his subsistence, [say not]: My Lord despises me'* (89:16).¹²⁶ Suffering may cause one to protest, ask 'why' one is suffering, and to become anxious and discontent, which can affect one's quality of, and outlook on, life as well as one's faith and one's relationships with others. As the Qur'an states, *'Truly man was created, very impatient, fretful when evil touches him'* (70:19-20).¹²⁷ And in certain cases it may be especially reasonable to ask 'why,' for example, where a child suffers from leukaemia, or those who are seemingly good or moral suffer from genetically-acquired illnesses or unforeseen diseases. Does God play a role in these forms of suffering, and if so, to what extent? Does suffering happen for a reason or purpose in every case? Do we need to suffer? These are hard questions which do not have simple answers. As a way out of foreseen prolonged suffering, or one's current unpleasant and deteriorating state, one may consider suicide or euthanasia. However, end-of-lifesuffering

¹²⁶ This verse (89:16) implies God testing one by what He has provided the individual. Sometimes the individual may lament that they have not received what they wanted or expected, but rather what they needed, or that another has received or been granted more (*The Meaning of The Holy Qur'an* (Maryland: Amana Publication, 1997): p. 1646).

¹²⁷ God intended to create human beings as the best of creation, and He also gave them free will in order to prosper, but the erroneous usage of free will can create impatience and hastiness from their own responsible actions (Yahya Emerick, *The Meaning of the Holy Qur'an in Today's English* (Create Space Publishers, 2010): p. 628).

is not considered a 'legally-defined hardship' that warrants euthanasia or suicide, if these options were permissible in Islam.¹²⁸

Instead, it may be argued that (end-of-life) suffering in Islam may be considered a deeper transformative good for the Muslim, which can ultimately foster a more intimate relationship with God. The Prophet Muhammad (pbuh) suggested that suffering may have beneficial divine origins, and can be a means of correction in one's spiritual status or one's relationship with God: 'When Allah intends good, He makes [the individual] to suffer from some affliction.'¹²⁹ Something that may be considered negative or random may actually turn out to be constructive if one seeks to understand why suffering is present. As the Qur'an states, '*But you may dislike something which is good for you, and you may like something which is bad for you. God knows while you do not know*' (2:216). Thus, the proper response to suffering, as we will discuss later, is patience, trust and dependence on God's mercy for relief, in addition to the use of medical treatment. As the Qur'an dictates: '*Seek help in patience and prayer; and truly it is hard save for the humble-minded*' (2:45).¹³⁰ As the verse indicates, this experience may understandably still cause one to complain and ask 'why' suffering is present. However, embracing the mentality that suffering may occur for some positive reason may allow one to understand its possible meaning or lesson, rather than resorting to euthanasia or suicide.

One purpose of suffering at the end-of-life may be to serve as a process of spiritual purification. As the Qur'an confirms: '*See they not that they are put in trial once or twice every year (with different kinds of calamities, disease, famine)? Yet, they turn not in repentance, nor do they learn a lesson (from it)*' (9:126). More specifically, this verse suggests that purification is linked to atonement for transgressions, and also the reform of one's policies, habits or behaviours. This verse urges the believer to repent (*Tawba*) or seek forgiveness by supplication (*Istighfar*) particularly during times of suffering. In this context, when God desires something positive or good for the believer, such as the cleansing of sins, He causes them to suffer, as discussed above. As one Hadith implies, the Prophet (pbuh) asserted that during the course of any suffering, however minimal, at least some sins are forgiven: 'Nothing strikes a Muslim – no fatigue, illness, worry, grief, hurt nor sorrow; not even a prick of a thorn – except

¹²⁸ Omar Hassan Kasule Sr., 'Euthanasia: Ethic-Legal Issues,' in *Mission Islam*, <www.missionislam.com/health/euthanasia.htm> (accessed 17 March 2011).

¹²⁹ Sahih Al-Bukhari, Kitab al-Marda, 7:209, Hadith 5. Source: Abdulaziz Sachedina, *Islamic Biomedical Ethics*, (Oxford: Oxford University Press, 2009), p. 93.

¹³⁰ Patience can have several connotations in this verse (2:45) as a form of instruction or recommendation in certain situations. For example, patience can imply being thorough and not hasty, being steadfast and consistent toward one's purpose or goal, and accepting defeat, resignation and suffering. However, patience need not imply being passive with the expectation that God will provide without one making significant preparation, effort and sacrifice (Marmaduke William Pickthall, *The Meaning of The Glorious Qur'an* (Kazi Publication, 1996): p. 78).

that Allah wipes off due to it some of his sins.¹³¹ Such a process naturally seems to suggest less or no punishment in the hereafter. As a result, one may die sinless by virtue of repeated periods of suffering: 'A Muslim, male or female, continues to remain under trial in respect of his life, property, and offspring until he faces Allah, the Exalted, with no sin record.'¹³² However, does this mean that if one does not suffer, one will not repent, and will not be forgiven, or that one has not sinned? Or is there a greater probability of reform, repentance and forgiveness when one suffers? Does suffering in these cases automatically pre-suppose that the individual is sinful or has greatly sinned, or indicate the need for a change in lifestyle, as possibly implied by verse 9:126? These types of questions invite further investigation as to the nature and purpose of suffering.

In addition to forgiveness, remembering God (*dhikr*) is also beneficial during challenging times as when suffering as the Qur'an indicates: '*And whosoever is conscious of Allah, He will make a way for him to get out (from every difficulty)*' in the most unexpected way (65:2). This information suggests that suffering should not be viewed as burdensome or oppressive or a reason to consider euthanasia or suicide. As the Qur'an affirms: '*Allah does not wish to place you in a difficulty, but to make you clean...*' (5:6). Rather, since humans are imperfect and prone to commit errors, a major objective of affliction from an Islamic perspective seems to be to serve as a means of absolving sin to achieve a form of religious purity. Furthermore, suffering may allow one to fortify one's personal relationship with God, as we will discuss later.

A second purpose of (end-of-life) suffering may be to provide the opportunity for a type of spiritual examination. To begin with, a spiritual examination or spiritual 'trial' can be linked to the idea of spiritual purification above, as evident in verse 9:126. This means that suffering may be considered a test where this may lead to the forgiveness of sins. Further, a spiritual examination can be interpreted in another way. The Qur'an and Hadith do not limit suffering to physical pain, but also include misfortune that may produce concern or anguish, as suggested in the excerpts above. Suffering of these kinds can also serve to test the strength of one's conviction or *iman* in God during difficult times by how one reacts or responds to suffering. On the one hand, as we discussed, trials of suffering may cause one to complain, or question, doubt, or even leave, one's faith, especially if they are perceived as some form of punishment or castigation. However, suffering can also serve to fortify or enrich the person's faith.

¹³¹ Sahih Bukhari Book 70, Volume 3, Number 545, in *Search Truth*, 2011, #545, <http://www.searchtruth.com/book_display.php?book=70&translator=1&start=0&number=544#544> (accessed 18 March 2011).

¹³² Al-Tirmidhi, [At-Tirmidhi] *Riyad-us-Saliheen* Volume 1, Number 4

Although suffering such as in natural disasters or personal illness may result in scepticism, distrust or renunciation of one's faith, these events may be trials which serve to assess the believer's conviction in God, rather than being a means of destruction, loss or self-annihilation. This view is supported by Abdul al-Qadar Jilani who rejects the negativity of the suffering experience: 'O my son, disaster has not come in order to destroy you, but it has only come to examine your patience and your faith.'¹³³ And as the Quran confirms: '*And surely we will test you with something of fear and hunger, and loss of wealth and lives and crops, but give glad tidings to the steadfast. Nay it is only a trial, but most of them understand not*' (2:155, 39:49). If God causes suffering in these ways, then it may be deduced that He can remove suffering (10:117). Therefore, it may be argued that one ought to react to suffering with patience and perseverance with the help of God.

A prime example of this trial and response is evident in the story of Job, a prominent figure in Judaism, Christianity and Islam who is symbolic for his virtue of patience under exceptional adversity. In addition to being the central character in the Book of Job in the Hebrew Bible, he is also mentioned in the Epistle of James (5:11) of the New Testament. Like these sources, the Qur'an describes Job as afflicted with grave losses to his health, wealth and family as a way of testing his faith in God. However, instead of abandoning this test by resorting to suicide, Job seemed to 'understand' or approach this encounter as a trial and made a concerted effort to remain 'steadfast,' patient and dependent on God for mercy and relief as implied in the verses above. Thus he is distinctly venerated in the Qur'an: '*Commemorate Our servant Job, Behold he cried to his Lord: "The Evil One (Satan) has afflicted me with distress and suffering!"*' (38:41).

This trial was not meant to destroy Job or cause him to criticize or question his conviction in God's purpose, but rather to trust in, and wait for, God's help. Since he turned to God for help during this experience, Job's trust in God seems to have been sustained and fortified. Furthermore, the Qur'an indicates that one is not exempt from being tested even if one has belief in Islam and declares oneself 'Muslim.' The Qur'an questions the believer: '*Do men imagine that they will be left (at ease) because they say, We believe, and will not be tested with affliction?*' (29:2). This suggests that suffering can affect anybody regardless of their level of faith or conviction and/or stage in earthly life. Faith is practically tested in the 'up and down' circumstances of life, as the individual strives to continuously persevere through these episodes and accepts the will of God as good and just.¹³⁴ How one perceives suffering is important in shaping how one responds to it. So, in addition to serving as a means of spiritual

¹³³ Al-Jawziyya, *Medicine of the Prophet*, p. 146.

¹³⁴ Ali, *The Meaning of The Holy Qur'an*, p. 987.

purification, a second purpose of end of life suffering from an Islamic perspective may be to examine one's level of trust or faith in God or conviction.

This purpose and the account of Job may yield some worthwhile lessons for the modern Muslim sufferer that may allow them to draw closer to God. This is evident from the Qur'anic verse above (9:126) which suggests that in addition to prompting the believer to seek forgiveness, trials are meant to underscore some form of 'lesson' or spiritual moral. One possible lesson cited earlier entailed changing or improving one's habits, behaviour or overall lifestyle to possibly avoid further suffering or sin. A second lesson can involve acknowledging that since suffering comes from God in different way for the purposes of spiritual purification and/or testing faith, only God can remove it if He wills. As the Qur'an clearly asserts, *'If Allah touches you with hurt, there is none can remove [hurt] but He'* (10:107). Therefore, one should respond to suffering by (re-)developing a state of reliance upon God to obtain His mercy like in the case of Job. As the Qur'an affirms, *'These [people] depend on guidance from their Lord. These are the successful [ones]'*(5:5). This need not imply that one remain in passive resignation waiting for God's help, or abdicating one's responsibility to understand suffering. Rather, reliance may be exemplified by being actively patient for God's help, making personal supplication (*dua'*) to understand the meaning of suffering and seeking physical and mental comfort. As the Qur'an clearly states in any situation which involves need: *'Call upon Me and I will answer you'* (40:60). For example, when Job was tested, he sought God's help and received mercy by having his suffering relieved.

And Job, when he cried unto his Lord, (saying): Lo! adversity afflicted me, and Thou art Most Merciful of all who show mercy. Then We heard his prayer and removed that adversity from which he suffered, and We gave him his household (that he had lost) and the like thereof along with them, a mercy from Our store, and a lesson for the worshippers (21:83-84).

In addition, one may also persevere in suffering by seeking lawful medical remedies, as discussed, which implies not seeking solutions that intentionally hasten death. However, it may be questioned that if God is Good, Merciful and Beneficent, and suffering can be viewed as bad, evil, punishing, or at least undesirable, then how can God cause, or be associated with, suffering? This question is central to the issue of theodicy in at least Islam and Christianity, which seems to focus on the question of the authorship of suffering, a question that humanity has attempted to understand for centuries.¹³⁵ It seems that if we view suffering from a good or beneficial point of view only, and suppose that God does not desire it for itself, then we can rightly attribute suffering to God's Goodness. On the other hand, familiar questions resurface: If God is Good, why does a child sufferer from leukaemia? What is God's role in this form of

¹³⁵ Sachedina, *Islamic Biomedical Ethics*, p. 85.

suffering? Why does a seemingly good, moral, or honest person suffer? How do we explain suffering that is caused by an illness that is genetically acquired?

Through these various spiritual methods, the mindset of the believer is grounded in trust in God's mercy for recovery or overcoming illness. And based on the Qur'an, this is the correct approach in any situation. This idea also supports the fact that human beings are imperfect and are in unconditional need of God, whereas God is Self-Sufficient and without need and want, yet He still provides for creation out of His limitless beneficence and mercy: '*O Mankind, it is you who stands in need of Allah [for guidance, provision and success], But Allah is Rich (Free of all needs)...*' (35:15). Related to dependence, (end-of-life) suffering can also stress the lesson of humbleness or modesty of lowering oneself before God particularly in times of tribulation, which is also a reminder of God's omnipotence. As the Qur'an states: '*Before thee We sent (Messengers) to many nations, and We afflicted the nations with suffering and adversity that they might learn humility*' (6:42).¹³⁶ Humility implies recognition of the frailty or weakness of human nature, the temporary nature of one's existence, the limits of one's supposed independent endurance and the minuscule influence one commands over one's own body. This further supports the notion that God controls all things like suffering as the Qur'an confirms, for example, in the story of Joseph's tribulations: '*And God has full power and control over His Affairs, but most of men know not*' (12:21).

However, this lesson is something that one may not acknowledge or appreciate if one were always healthy or if suffering did not exist. If one did not experience suffering, one might not feel compelled or inclined to beseech God for mercy. Hence, trusting in, or depending on, God's mercy to relieve or manage suffering during a trial can be an effective spiritual method of acquiring the 'goodness' which suffering makes possible. This approach carries with it a greater lesson than suffering as 'just experiencing physical pain.' This approach also implies that the principle of mercy is not a tool that should be utilized to kill. If God's mercy can be interpreted in the Qur'an as a way of bringing respite to the sufferer and improvement of their condition, then it should not be misinterpreted as a licence for humans to cause harm. This notion is clearly evident in, for example, Job's appeal to God for comfort because He is merciful (21:83) rather than making a request to kill himself. Therefore, Joseph Fletcher's application of mercy through the use of scripture (Matthew 5:7) and Jonathan Brockopp's use of Fakhr al-Din al Razi (d. 1209) to argue that suicide (or euthanasia) can be considered an act

¹³⁶ Suffering, when viewed appropriately, can be considered a source of wisdom, divine blessing or gift, because suffering can be a remedy to current practices or habits that may not be religiously suitable, and in need of reformation. Yusuf Ali relates this verse (6:42) to the Psalms (94:12) which states: 'Blessed is the man whom Thou chastenest, O Lord!' (*The Meaning of The Holy Qur'an* (Maryland: Amana Publication, 1997): p. 304)

of mercy are disputable. On the other hand, as we will see in the next section, suffering, perhaps more importantly, can lead to, or help re-develop, a more intimate spiritual relationship between God and the believer.

So far, we have discussed the idea that end-of-life suffering from an Islamic perspective does not occur by chance. Rather, suffering seemingly comes from God and has a purpose, namely, as a way of helping the believer attain spiritual purification by removing past sins or transgressions and as a means of testing their faith in the form of trial. Hence, one should respond to suffering by entrusting oneself to God's mercy for relief rather than react by intentionally hastening one's death. In this way, suffering may be considered a gift, because it allows one to draw closer to God.

In examining the possible spiritual purposes of suffering at the end of life, it is worth reflecting on a possible overall reason for an individual to undergo trial and/or spiritual purification. Perhaps the most important objective of suffering from an Islamic perspective is to (re-)develop a more intimate relationship with the divine. This does not imply that suffering occurs so God can come closer to the individual since God is always close to His creation. Instead, suffering exists so the individual may draw nearer to the divine presence through remembrance of Him and personal supplication. As the Qur'an states: *'We verily created man and We know what his soul whispereth to him, And We are nearer to him than his jugular vein (by Our Knowledge).¹³⁷ [So] when my servants ask thee (O, Muhammad) concerning Me, tell them I am indeed close (to them). I listen to the prayer of every supplicant when he calleth on Me'* (50:16, 56:85). Moreover, unlike mortal creatures, God is inextricably connected to an individual's identity or consciousness like, for example, one's shadow during every stage in life. Yet, the individual may envision God as a detached or unfamiliar figure especially during times of adversity or difficulty. However, one should remember God not only in times of hardship, but in all situations to maintain one's relationship with God. As the Prophet (pbuh) underscores: *'Remember Allah in times of ease, and He will recognize you in times of distress.'*¹³⁸ Similarly, the Quran asserts: *'Therefore remember Me, I will remember you,'* which is another reminder that this practice can be applied in any condition particularly 'in times of

¹³⁷ The two jugular veins (and the two carotid arteries) are the main sources that transport blood and nutrients from the heart to (and from) the head. Therefore, this verse (50:16) can be interpreted as God being close enough to the individual to know (better than the individual) their innermost thoughts, desires and motivations that involve the mind and heart (Majid Fakhry, *An Interpretation of the Quran: English Translation of the Meanings* (NYU Press, 2004): p. 327).

¹³⁸ The Story of Yunus, Hadith narrated by Abu 'Abbas 'Abdullah, in *The Story of Yunus*, 2011, <http://abdurrahman.org/qurantafseer/ibnkathir/ibnkathir_web/37.44333.html> (accessed 19 March 2011).

distress' (2:152). Remembrance in this scriptural context can imply praising frequently, mentioning, celebrating or commemorating, or cherishing.¹³⁹

By way of spiritual purification, 'times of distress', like suffering at the end-of-life, may ultimately serve to restore one's understanding that God is always present within the individual as a source of direction and compassion. In addition to the 'prayer of every supplicant,' the Qur'an, as a representative Word of God, is a clear example of this direction. As the Quran affirms: '*These are revelations of the wise Scripture, a guidance and a mercy for the good*' (31:2-3). Consequently, the experience of suffering may give one a valuable and essential opportunity to revitalize one's intimate relationship with and draw closer to God. The value of this opportunity suggests that euthanasia and suicide should not be justified from an Islamic perspective.

After examining the intended purposes of end-of-life suffering from an Islamic perspective it may be deduced that moderate forms of suffering may be worth enduring. We know that suffering exists and that it need not be limited to end-of-life anguish, and can be considered more than just superficial physical pain. There is a deeper meaning that requires greater personal reflection. Why is suffering afflicting the sufferer? How does this affliction affect one's relationship with the Creator? Affliction of this type allows an individual to establish a meaningful link with the divine source that creates suffering. It compels the individual to strengthen their rapport with God. In this way, suffering helps produce recognition that managing and overcoming it necessitates help from and dependence upon the divine, confirming one's finite and limited abilities. In this way, suffering becomes a poignant journey that is meant to empower a spiritual form of awakening. Therefore, a Muslim's suffering is a mysterious gift that should be embraced to unlock its hidden secrets of mercy. And it may be suggested that events like suffering may also prompt an individual to explore the reasons for their earthly existence.

Purpose of Earthly Life

When examining the purpose of earthly life from an Islamic perspective, the question of why humanity exists or was created is crucial. What is the purpose of human life? Why was human life created? The central purpose of some people's lives may be to survive and thrive in a fertile earthly environment via abundant God-given material resources. But the main reason for the creation of humankind, according to the Qur'an, is to believe in, understand and worship the God who created mankind and to adhere to divine guidelines as a means to earthly success and eternal happiness. One who intentionally hastens their own death

¹³⁹ Ali, *The Meaning of The Holy Qur'an*, p. 62.

through euthanasia or suicide would be acting against this conception of the good or successful human life.

Human beings exhibit various inclinations, tendencies, and ambitions shaped by their genetic and environmental endowments that can help to create a vision of what they desire in earthly life. This notion is supported by the Quran: *'And let those aspire, for those who have aspirations'* (83:26). Such aspirations may include acquiring a sustainable livelihood and material goods as well as producing fulfilled prosperous offspring. For some, achieving these aspirations would mean the fulfilment of their life purpose or goal. According to Muhammad S. Al-Munajjid, there is nothing wrong with these activities provided they are undertaken in moderation and through legal (*halal*) channels.¹⁴⁰ And some of these goods (e.g. housing, food, clothes, etc) can be considered basic necessities which are required in order to maintain human life from a bodily point of view. Yet, from an Islamic perspective, the aspirations of earthly life should, more importantly, be subsumed under a supreme goal that lies beyond death. This is evident in the following verse: *'And know ye that your possessions and your progeny are but a trial; and that it is Allah with whom lies your highest reward'* (8:28). This suggests that material wealth can be a transient form of satisfaction and comfort, but also a distraction from the real purpose of earthly life. Earthly benefits or provisional goods are therefore temporary and short lived, whereas the good of right relationship to God is permanent and everlasting.¹⁴¹

As stated, according to the Qur'an, the *raison d'être* of the human person is to remember and serve God as an expression of gratitude for being created, and as a way of attaining earthly success, righteousness and the spiritual status necessary to reach paradise. Therefore, one's main aspiration during earthly life should be to worship and submit to God. As the Qur'an clearly affirms: *'And I did not create the Jinn and mankind except to worship Me. And strive to please thy Lord'* (51:56-58, 94:8). This view is supported by Khalid Yaseen who states that one's purpose in life is to acknowledge God, to be thankful to God, to submit oneself to God, and to comply with His divine laws.¹⁴² For Yaseen, these acts imply that worshipping God in the inherent purpose of one's life.¹⁴³ This requirement laid upon human beings is inherently grounded in the belief in the Oneness of God and His sole worthiness to be worshipped. This is, of course, a part of the central monotheistic message of Islam which

¹⁴⁰ Al-Munajjid, 'What are haraam types of jobs? How did the Sahaabah earn a living? What is the best way to earn a living?' in *Islam Questions & Answers*, Fatwa 107144, <<http://www.islam-qa.com/en/ref/107144/ways%20to%20earn%20a%20living>> (accessed 2 April 2011).

¹⁴¹ This is how Abdullah Yusuf Ali interprets verse 83:26 above: (*'And let those aspire, for those who have aspirations'*). In other words, 'aspirations' should not be directed at procuring material possessions, but rather at gaining eternal reward and blessing (*The Meaning of The Holy Qur'an*, p. 1619).

¹⁴² Khalid Yaseen, 'The Purpose of Life,' (excerpt of lecture given in Saudi Arabia in 1994), <<http://www.sultan.org/articles/purposeoflife.htm>> (accessed 16 June 2010).

¹⁴³ Yaseen, 'The Purpose of Life,' (excerpt of lecture given in Saudi Arabia in 1994).

pronounces that there is no Deity but God that is worthy of worship and Muhammad (pbuh) is His messenger. This was the same message that was bequeathed to the prophets of nations before Islam beginning with Adam. For example, Noah declared to his people: *'O my people! Lo! I am a plain warner unto you (Bidding you): Serve Allah and keep your duty unto Him and obey me'* (71:2-3).

These observations raise the question of how God should be worshipped. Serving God and observing one's duty to Him can be achieved in the form of acts of worship. As we discussed, these acts include the five daily prayers, fasting during Ramadan, charity, pilgrimage to Mecca and other forms of remembering God exclusively for God or His pleasure. As the Qur'an commands His messenger (pbuh) to proclaim to mankind: *'Say (O Muhammad SAW): "Verily, I am commanded to worship Allâh (Alone) by obeying Him and doing religious deeds sincerely for His sake only'* (39:11). Shaykh 'Ubaid Ibn Abdullah bin Sulaiman al-Jaabiri believes that worshipping God for His sake only emphasizes sincerity which, in addition to knowledge, certainty, acceptance, submission, truthfulness and love of God and the Prophet Muhammad (pbuh), is one of the 7 conditions of being a Muslim or accepting the Shadaha (i.e. testimony of faith).¹⁴⁴ These acts or good deeds not only serve to achieve the main purpose of one's earthly existence but carry the immense reward of eternal paradise. As the Quran maintains, for example, in three separate references: *'Whatsoever good you send before [death] for your souls, you will find it with Allah, better and greater in the recompense. 'O my people! Worship Allâh, and hope for (the reward of good deeds by worshipping Allâh Alone, on) the last Day (i.e. the Day of Resurrection). He is the Best to reward and the Best to give success'* (73:20, 29:36, 18:44). Any good that an individual does elevates their status and dignity.¹⁴⁵ Therefore, the purpose of earthly life should first be to serve God by fulfilling the obligations He has laid upon human beings, and second to pursue material or earthly goals, where this second goal is always to be subordinated to the first.

However, if one were to intentionally hasten death or commit suicide, naturally one would not be able to fulfil these duties. Such acts can be interpreted, therefore, as contrary to God's will. This idea is reinforced by the following Hadith: 'Hammam b. Munabbih said: "Abu Huraira narrated to us a Hadith from Allah's Messenger (pbuh) and out of these [Hadith] one is that Allah's Messenger said: None amongst you should make a request for death, and do not call for it before it comes, for when any of you dies, he ceases (to do good) deeds and the life

¹⁴⁴ Shaykh Ubaid Ibn Abdullah bin Sulaiman al-Jaabiri, 'Facilitation by Allah in explaining the evidences of the condition of 'La Ilaha Illa Allah,' in *Al Mustaqeem, Conditions of the Shahdah*, November 2006, <<http://al-mustaqeem.tripod.com/id83.html>> (accessed 19 May 2011).

¹⁴⁵ Ali, *The Meaning of The Holy Qur'an*, p. 1555.

of a believer is not prolonged but for goodness.”¹⁴⁶ ‘Good deeds’ here can be interpreted as serving God as well as engaging in lawful materialistic pursuits in order to achieve ‘goodness’ or success. This implies that one should endure pain and suffering with the aid of medicine and continue to worship God until the intended moment of death. Only by serving God to the best of their ability until natural death can the Muslim be successful in this world and in the hereafter. In addition, as discussed, the consequence of suicide or any form of it like euthanasia can include divine punishment.¹⁴⁷ Based on multiple texts in the Qur’an and Hadith, it may be concluded that euthanasia and suicide are forbidden in Islam and should be avoided in order to serve and worship God, so one may be successful in one’s earthly life and eternal life.

It has also been argued by Muslim scholars in this study that euthanasia is forbidden because human life is sacred. The next section will look at some further aspects of earthly life that may also be considered particularly sacred.

Sacredness of Ideas, Material Objects and Spaces

We have seen that similar conclusions concerning the sacred significance of human life can be derived from scriptural verses, in both the Qur’an and the Bible, and the writings of John Paul and Zahedi et al. What is interesting about this discussion from an interfaith point of view is that the Christian and Islamic perspectives in this study use different reasons to make their argument. John Paul made the argument that human life is sacred because it made in the image of God. We argued that this reasoning is not transferable to Islamic thought due to the traditional Islamic association of image and idolatry. Although the notion of ‘image’ was not-transferable, it was found that human beings’ mental qualities can function as a sign, and that these qualities give human beings the distinctive capacity to read other signs like natural phenomena. However, there was no convincing link between signs and sacredness from an Islamic perspective. Rather, Zahedi et al. made the argument that human life is sacred because God is directly involved in every phase of human life including the predetermined time of death. Human beings are entrusted by God to act as stewards to protect life until this time. Like the idea of signs, pre-determination and stewardship implied that human life is distinct from that of other creatures and these ideas also appeal to the Christian approach.

It is clear from the Islamic and Christian perspectives in this study that the relationship between sacredness and human life suggests that human life has special value or dignity.

¹⁴⁶ *Hadith – Sahih Muslim*, Book 35, Number 6485, in *Search Truth*, <http://www.searchtruth.com/book_display.php?book=35&translator=2&start=10&number=6480> (accessed 17 October 2010).

¹⁴⁷ *Hadith – Sahih Bukhari*, Book 23, Number 445, in *Search Truth*, (accessed 18 October 2010).

Human life is worthwhile because it is grounded in God's historical presence or creative activity on earth. In other words, human life is good because God is good. This is evident in the New Testament and the Qur'an. As the Qur'an states: *'And you have no good thing except but it is from Allah'* (16:53). Similarly, the Bible states: *'For everything created by God is good'* (1 Timothy 4:4) and *'He can know and do the will of God which is good'* (Romans 12:2). And since human life is a fundamental good, it should therefore be preserved and protected from ill-treatment like euthanasia and suicide. While the idea of the sacredness of human life is firmly established in Christian and Islamic traditions, this general approach can also be related to other features of earthly life. This section will briefly examine how sacredness can be associated with other things such as places of worship, certain Islamic periods, divinely inspired texts and inanimate objects. As with human life, it may be argued that these or any aspect of earthly life may be considered sacred because they are associated with God, the Creator of all good. Thus, all efforts should be made to protect or preserve these things. Although this section does not have direct relevance to euthanasia, the tendency to assign sacredness to the human person can be linked to a broader or larger body of ideas, material objects or spaces that are also considered sacred in Islamic thought.

According to the Qur'an, the Ka'bah within the Grand Mosque in Mecca is considered unconditionally sacred in Islam. As the Qur'an states, *'Allah made the Ka'bah the Sacred House, an asylum of security for men'* (5:97). According to Islamic tradition, the Ka'bah is considered sacred because it is the structure which was re-built by Abraham (pbuh) and his son Ismail (pbuh) to signify and establish a centre for prayer and worship of the One God. As the Qur'an clarifies: *'Behold! We gave the site, to Abraham, of the (Sacred) House¹⁴⁸ (saying): "Associate not anything (in worship) with Me; and sanctify My House for those who compass it round, or stand up or bow or prostrate themselves (therein in prayer)'"* (22:26). As such, the Ka'bah stands as the epicentre for worship towards which all Muslims face for their five daily prayers. As the Qur'an states, *'Turn then thy face in the direction of the Sacred Mosque'* (2:144).¹⁴⁹ And due to its sacredness, the Qur'an dictates that no physical conflict shall take place within the Ka'bah's vicinity or the hunting of animals, presumably to preserve its sanctity and uphold its significance. This is what the Qur'an seemingly implies when it refers to the Ka'bah as an *'asylum of security for men'* (5:97).

¹⁴⁸ Unlike the Temple of Solomon, which was only for the Jewish people (or the people of Israel), the Ka'bah is considered universal or for (Muslim) people of all races (Muhammad Khan, *Interpretations of the Meaning of The Noble Qur'an* (Darussalam, 2000): p. 268).

¹⁴⁹ Prior to the early Muslim community facing Makkah for the daily prayers, they turned toward Jerusalem. Facing Makkah also re-established Islamic ties to Abraham in antiquity, the founding father of monotheism, according to Islamic tradition.

Peace and the prohibition of killing are especially enforced during the last month of the Islamic calendar (*Dhu al-Hijjah*), which is one of the four months in the Islamic calendar that is considered sacred. As the Qur'an explains:

The number of months in the sight of Allah is twelve (in a year) — so ordained by Him the day He created the heavens and the earth; of them four (1st, 7th, 11th, 12th) are sacred; that is the straight usage. They ask you concerning fighting in the Sacred Months. Say, "Fighting therein is a great (transgression) but a greater (transgression) with Allâh is to prevent mankind from following the Way of Allâh, to disbelieve in Him, to prevent access to Al-Masjid-Al-Harâm (at Makkah)" (9:36, 2:217).

Dhu al-Hijjah is considered sacred because this is the time when Muslims perform the *Hajj*. As the Qur'an states: '*Such (is the Pilgrimage): whoever honours the sacred rites of Allah, for him it is good in the sight of his Lord*' (22:30). During the *Hajj*, Muslims circulate the Ka'bah and visit adjacent areas originally established by Abraham and re-established by the Prophet Muhammad (pbuh) as an act of 'cleansing' the sanctuary of idol worship. As chapter 2, verse 125 of the Qur'an continues from above: '*And We commanded Abraham and Ishmael that they should purify My House (the Ka'bah at Makkah) for those who are circumambulating it, or staying (I'tikâf), or bowing or prostrating themselves (there, in prayer).*' In addition to the Ka'bah, an adjacent area also considered sacred is *Muzdalifah* (Sacred Monument) because it is where the Prophet (pbuh) prayed to God and was instructed to remember God during the *Hajj*. As the Qur'an states: '*Then when ye pour down from (Mount) Arafat, celebrate the praises of Allah at the Sacred Monument, and celebrate His praises as He has directed you...*' (2:198).

From this information, a number of conclusions can be drawn. The way the *Ka'bah* is described in the Qur'an and its connection to two major pillars of Islam, prayer and pilgrimage, and to Abraham indicate the sheer importance of this area. It may be argued that the last month when the *Hajj* is performed and the areas involved in the *Hajj* are considered sacred because of their association with the *Ka'bah*, a place linked to the worship and remembrance of God. So these times and places are considered good because they are a part of the religious history of the *Ka'bah* that glorifies God's presence. From this argument, it may be reasoned that anything related to the *Ka'bah* may also be considered sacred or good. And since the origins of Islam are fundamentally grounded in this location, the *Ka'bah* therefore represents the very identity of Islam. As Kutty affirms: 'By facing toward the *Ka'bah* in our prayers, we are stressing the unity of humankind under the Lordship of the One and only God. Moreover, by facing toward the *Ka'bah*, we are stressing the idea of centrality of God in our life.'¹⁵⁰

¹⁵⁰ Sheikh Ahmad Kutty, 'Significance of the Ka'bah,' in *Islam Online*, 2 January 2005, <http://www.islamonline.net/servlet/Satellite?pagename=IslamOnline-English-Ask_Scholar/FatwaE/FatwaE&cid=1119503546246> (accessed 19 November 2010)

Lastly, other areas regarded as sacred in the Qur'an include: *Tuwa* in the Sinai Peninsula where God communicated with Moses (pbuh) to warn Pharaoh of God's wrath for enslaving the Israelites and considering himself a deity; The Prophet's Mosque in Medina, which was the first mosque built in this area following the emigration from Makkah; and The Dome of the Rock in Jerusalem where the Prophet Muhammad (pbuh) ascended to the heavens during the Night Journey. Like the places above, these locations are sacred because they are associated with the calling to worship God especially at certain specified times. Since the message can be considered good, and by association the place where it was received, both aspects should be preserved and protected from desecration similar to human life.

It was noted above that the 12th month in the Islamic calendar is sacred because of the Hajj. According to the Qur'an (9:36), three other months, namely, 1st, 7th and 11th are also considered sacred. Past events that make the 1st month (*Muharram*) sacred include: Moses delivering his people from Pharaoh based on the *Tuwa* message, Noah settling in Mount Judi after the flood, the birth of Adam, the cure of Job and the martyrdom of Prophet Muhammad (pbuh)'s grandson.¹⁵¹ It is also believed that the Day of Judgment will occur in this month.¹⁵² The 7th month (*Rajab*) is significant because it is when the Prophet Muhammad (pbuh) experienced the Night Ascension journey and received instruction for the five daily prayers.¹⁵³ Lastly, the 11th month (*Dhul Qa'dah*) is important because it marks the beginning preparation of the Hajj.¹⁵⁴ So these months are sacred due to the occurrence of notable theological events both prior to and during the Islamic era. Moreover, these events are seemingly significant because they similarly involve an advancement of God's willpower towards spreading His universal message through humans and continuation of His worship. As with human life, since these months are created by, or associated with, God, they are considered good. Therefore, these months are to be preserved or remembered through practices like fasting, similar to the preservation of the *Ka'bah* and *Muzdalifah*.

Thus far, we attempted to link sacredness to various locations and times and ultimately concluded that both are sacred because they are linked to the worship of God. Next, we will attempt to link the idea of sacredness to the Qur'an (54:43) and draw some parallels with other divinely inspired books. The Qur'an is sacred to Muslims for several reasons. First, it is regarded as the culmination of the divine message that was first revealed to Adam, then Moses, David, Jesus and finally to the Prophet Muhammad (pbuh). So the Torah, the Psalms and the Gospels may be regarded as continuations of this sacred message and

¹⁵¹ Islamic Society of Greater Richmond, 'Islamic Months,' in *Islamic Society of Greater Richmond*, 21 June 2001, <<http://www.isgr.org/islammonth.htm>> (accessed 25 November 2010)

¹⁵² Islamic Society of Greater Richmond, 'Islamic Months,' 21 June 2001.

¹⁵³ Islamic Society of Greater Richmond, 'Islamic Months,' 21 June 2001.

¹⁵⁴ Islamic Society of Greater Richmond, 'Islamic Months,' 21 June 2001.

hence, are appropriately recognized in the Qur'an, which is an affirmation of the previous scriptures. As the Qur'an states: *'And this Qur'ân is not such as could ever be produced by other than Allâh, but it is a confirmation of the revelation which was before it [i.e. the Torah, and the Gospel], and a full explanation of the Book - wherein there is no doubt from the the Lord of the Alamin'* (10:37). This would imply that the revelations of the Qur'an are not authored by humans but rather transmitted by a messenger (*Wahi*). Second, and perhaps most importantly, the Qur'an verifies the purpose of human existence, which is to acknowledge and worship the one God, as discussed. As the Qur'an states, *'Verily in the (Qur'an) is a Message for people who would (truly) worship Allah'* (21:106). This Qur'an reiterates a universal 'message' to all people, as part of its affirmation of the previous scriptures, which also conveyed this message. Third, it is a source that provides comprehensive guidance on distinguishing good actions from bad actions, encourages justice, compassion and equality, and informs humans that they will be tested with hardships and suffering. As the Qur'an states, *'These are revelations of the wise Scripture, a [practical] guidance and a mercy for the good'* (31:2-3). The outcome of these tests and the divine judgment of every individual's actions ultimately determine the person's eternal fate, as the Qur'an clearly warns. Lastly, the Qur'an includes accounts of events from past nations and narratives from past prophets to emphasize certain moral lessons (e.g. Job) and to reinforce the overall message.

The sacredness of the Qur'an, and similarly the Gospels and the Torah, are arguably grounded in the fact that they are embodiments of God's will and expressions of God's mind. Although introduced to mankind at different times, these books provide similar content related to the divinely ordained significance of human life. Since the scriptures are directly associated with God in these ways, they are good. Therefore, the Torah, the Gospels and the Qur'an should be protected from any form of desecration through the practice of recitation and reflection.

Lastly, we will discuss the relationship between sacredness and relics. As we saw in Chapter II, relic veneration is discussed from a Christian perspective by Michael Banner as an example of respecting or protecting the body. From an Islamic perspective, relics may belong on one's person or may be one's personal possessions. For example, relics may include personal possessions and/or various parts of the body such as hair, a tooth, a written letter, slippers and the sword belonging to the Prophet Muhammad (pbuh). Some sources label these relics as 'sacred' including the Topkapi Palace in Istanbul, Turkey which houses many of

the relics listed.¹⁵⁵ Even if relics are considered sacred, they would not be owed worship as this would involve idolatry (*shirk*). However, relics may be viewed as valuable or sacred historical religious artefacts because they shed light on or signify the historical development of Islam.

Some of these relics were used in some capacity to spread the message of worshipping God. For example, the Prophet's (pbuh) slippers allowed him to travel to spread the word. A similar example of a communicative relic would be the letter he (pbuh) wrote to the ruler of Bahrain inviting him to Islam. A third example may include the sword he (pbuh) used to defend Islam. In this way, it may be argued that these relics were involved in propagating and enacting the will of God. At the same time, it may be argued that items not used to spread the message (e.g. tooth, hair, mantle, footprint) may still be considered sacred because they belonged to, or were on the person of, the Prophet (pbuh) because he (pbuh) was considered the perfect exemplar of divine worship. So instead of being worshipped, these sacred relics may be venerated as a channel that resulted in the worship of God or as the belongings of a person who was charged with spreading the message to worship God. And worshipping God, as discussed, is the primary obligation of human beings.

In this section, we have examined how the idea of sacredness can be connected to locations, certain time periods, divine texts and relics in Islamic history. So sacredness need not be limited to human life nor need it imply worship. Rather, sacredness, or the property of bearing some close relation to the creative activity of God, can clearly obtain in various contexts. Sacredness is a core component in each of these examples because they bear a specially close relationship, or serve in a special way as a medium of, God's purpose or manifestation through human life. As with human life, this would arguably make the things which display these different kinds of sacredness good. Therefore, as we have made the argument that human life is sacred and should be protected from euthanasia and suicide, so too can we make the argument that these sacred places, months, texts, and relics should be safeguarded or preserved because they are in some specially intimate way related to God and/or to the worship of God as is everything, if interpreted from a religious viewpoint. So the discussion of this section has allowed us to understand the idea of sacredness, as it functions in Islam, more fully, by seeing how the idea applies in a range of contexts.

¹⁵⁵ A. Enis Cetin, 'The chambers of the Sacred Relics,' in *Topkapi Web Page*, 2005, <<http://www.ee.bilkent.edu.tr/~history/topkapi.html>> (accessed 2 December 2010).

Extending our consideration of the sacredness of human life, the next section will discuss some further examples of innocent persons who should not be killed as well as cases when human life may be lawfully terminated.

The Act of Killing a Human Being

As a general principle, the act of taking a human life without legal justification would presumably be considered in any civilized society a form of murder or self-murder and may imply legal and/or divine punishment. Thus far, we have made the overall argument that certain forms of killing human beings such as euthanasia and suicide are forbidden in Islam from a legal and moral standpoint. In this section, we will construct an analogy to John Paul's Christian perspective on the 'Thou shall not kill' commandment, by discussing from an Islamic perspective other examples of killing innocent people, in addition to euthanasia.

From an Islamic perspective, euthanasia and suicide are considered unjust according to the Qur'an because they imply taking innocent life that is made by God, degrading the sacredness of human life and intentionally hastening death before its divinely intended time.¹⁵⁶ As the Qur'an instructs, '*Take not life which Allah has made sacred save in the course of justice and law*' (6:151).¹⁵⁷ More specifically, the ICME states that euthanasia is unjust because human life has unconditional value during earthly life and the afterlife. As the Code 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.'¹⁵⁸ This attitude can be linked to that of the Christian scholar Michael Banner who similarly views secular medical ethics as attaching insufficient value to human life. Thus, euthanasia is prohibited under any circumstance including what may be described as 'painful hopeless illness.'¹⁵⁹ Moreover, although traditional Shariah Law does not specifically address practices of euthanasia, Shah states through the use of Shariah Law, *Ijtihad* and *Qiyas* that hastening death is equivalent to the Islamic legal definition of homicide: 'To kill someone deliberately by act or omission because he is suffering from an unbearable painful illness or injury, or because he is too old and has lost all usefulness and prays for death, or his illness is declared incurable, amounts to culpable

¹⁵⁶ Aminah Molloy, 'Attitudes to medical ethics among British Muslim medical practitioners,' *J. of Medical Ethics* 6 (1980): p. 139.

¹⁵⁷ Abdullah Yusuf Ali translates the latter part of verse (6:151) as 'justice and law', but states that this part of the passage may also be interpreted as 'right, truth, what is becoming, etc.' Moreover, it is not only that human life is sacred, but that all life is sacred, and to kill animals for ritual purposes, for example, is lawful by invoking the name of God, without diminishing its sacredness (*The Meaning of The Holy Qur'an*, p. 339).

¹⁵⁸ Islamic Ethics, 'Islamic Code of Medical Ethics, The Sanctity of Human Life,' in *Islamset*, 2004, <<http://www.islamset.com/ethics/code/sancti.html>> (accessed 3 December 2010).

¹⁵⁹ Islamic Ethics, 'Islamic Code of Medical Ethics, The Sanctity of Human Life,' in *Islamset*, 2004.

murder unless pardoned by the next of kin of the victim.¹⁶⁰ And if one is convicted of ‘murder,’ then according to Sharia Law, the sentence could be execution or an indemnity settlement (diya) to the victim’s family.¹⁶¹ As we will see, the idea of not killing innocent life can also be linked to the treatment of elderly, women or children.

Although it is plausible to agree with Shah that self-killing may be interpreted as a form of self-murder from the Islamic perspective, one part of his view can be challenged. Shah states that ‘pray[ing] for death’ is wrong because it is equivalent to ‘murder.’¹⁶² However, according to the next Hadith, the Prophet advised the suffering believer to ‘pray for death’ if there are no other options: ‘On the authority of Anas b. Malik, God be pleased with him, the Prophet, God’s blessings and peace be upon him, said: “Do not any of you desire death out of any need which oppress you. If there is no way out, then say: Oh God, revive me if life is better for me, or take me away if passing away is better for me.”’¹⁶³ Praying for death and killing oneself (or killing another person voluntarily) are not the same not least because the former still acknowledges God’s sovereignty over life, because the believer asks God to take his life and does not take the matter into his own hands. By contrast, helping to kill someone because they prepare for, and aim at, death can be considered murder in Islam, like in physician-assisted suicide, because the agent takes an active hand in bringing about the patient’s death.

As discussed, in recognition of the significance of the body and the purpose of suffering, the Qur’an and Hadith encourage the use of medical intervention to reasonably save and prolong life and subsequently bring about a comfortable death. This is reflected in the ICME which directly contends, ‘There is no human pain that cannot be conquered by medication.’¹⁶⁴ Therefore, according to the Code, intentional hastening of death is never justified from an Islamic perspective.¹⁶⁵

There are other forms of killing that may pose similar ethical issues to those which arise in relation to euthanasia. From his Christian perspective, John Paul made an argument through the ‘Thou shall not kill’ commandment that one has a duty never to intentionally kill an innocent human being. Although the commandment implies that one should never kill, John Paul places particular emphasis on not killing those who are vulnerable, weak and/or incompetent, such as the young and elderly, when making his argument against euthanasia.

¹⁶⁰ Shah, ‘Mercy Killing in Islam: Moral and Legal Issues,’ *Arab Law Quarterly*, Volume 11, Number 2 (1996): p. 107; Al-Misri, ‘Retaliation for Bodily Injury or Death,’ p. 240.

¹⁶¹ Al-Misri, ‘Retaliation for Bodily Injury or Death,’ p. 240.

¹⁶² Shah, ‘Mercy Killing in Islam: Moral and Legal Issues,’ p. 107.

¹⁶³ Muttaqun OnLine, *Hadith – Sahih Muslim* Number 6480, in *Muttaqun OnLine*, 2003, <<http://muttaqun.com/suicide.html>> (accessed 5 December 2010).

¹⁶⁴ Islamic Ethics, ‘Islamic Code of Medical Ethics, The Sanctity of Human Life,’ in *Islamset*, 2004.

¹⁶⁵ Islamic Ethics, ‘Islamic Code of Medical Ethics, The Sanctity of Human Life,’ in *Islamset*, 2004.

However, he seems to support killing in capital punishment and just warfare cases, as a last option. Similar arguments can be made from an Islamic perspective.

Unlike the Old Testament, the Qur'an does not seem to have an explicit commandment which instructs a Muslim that 'one should not kill.' However, Islam considers the killing of children, women, elderly and the handicapped as murder or as taking the life of an innocent person especially during times of conflict. According to Islamic tradition, these types of practice were common during the *Jahiliyah* or pre-Islamic pagan period. So after witnessing the killing of women during one battle, for example, the Prophet (pbuh) categorically prohibited the killing of these groups of people, as expressed in many Hadith.¹⁶⁶ As one Hadith affirms, 'Yahya related to me from Malik from Nafi from Ibn Umar that the Messenger of Allah (pbuh) saw the corpse of a woman who had been slain in one of the raids, and he disapproved of it and forbade the killing of women and children.'¹⁶⁷ And as another Hadith similarly expresses: 'Set out for [war] in the name of Allah and for the sake of Allah. Do not lay hands on the old verging on death, on women, children and babies.'¹⁶⁸ Al-Qaradawi (b. 1926) supports this view by stating that 'Islam deals strictly with such a matter of bloodshed. It forbids the killing of innocent people who have nothing to do with wars. The religion is set against taking the lives of innocent people just for mere suspicions.'¹⁶⁹ These views suggest that these groups of people are considered innocent bystanders and should not be intentionally killed even though killing may be a foreseen result of conflict such as in battle crossfire.

The killing of innocent people need not occur only during times of conflict and may also involve some social or psychological factors. For example, Shah notes that many traditions would allow the killing of elders 'who were no longer socially or economically useful' by testing their strength as to how long it would take one to climb a tree and hang on to its branches when it was shaken. Those that fell from the tree were killed.¹⁷⁰ This exercise may indicate that some elders may be a burden on the community or may be unable to care for themselves. However, following the advent of Islam, the Prophet (pbuh) also banned these practices and established the definition of unjust killing to protect these groups of people.

¹⁶⁶ Bassam Zawadi, 'The Prophet Prohibited The Killing of Women and Children: But What About Those Night Raids?,' in *Answering-Christianity*, 2005, <http://www.answering-christianity.com/bassam_zawadi/did_prophet_muhammad_kill_innocents.htm> (accessed 23 January 2011)

¹⁶⁷ Muttaqun OnLine, *Hadith –Al-Muwatta* 21.9 (Similar proofs in 21.8, 21.10, and 21.11), in *Muttaqun OnLine*, 2003.

¹⁶⁸ Abdul Hamid Siddiqui, 'What Islam really says about Killing the Innocent,' from Introduction to *The Book of Jihad and Expedition*, <<http://www.muhaabah.com/reallysays.htm>> (accessed 3 March 2011).

¹⁶⁹ Essam Talima, 'Islam Forbids Kidnapping, Killing Civilians: Qaradawi,' in *Islam Online*, 10th September 2004, <<http://www.islamonline.net/English/News/2004-09/10/article03.shtml>> (accessed 15 March 2011).

¹⁷⁰ Shah, 'Mercy Killing in Islam: Moral and Legal Issues,' page 105.

As discussed, euthanasia may involve fear of (continued) pain or suffering. Similarly, the Quran also urges the believer not to kill children out of fear of destitution, harm or orphanage. For example, infanticide, especially of females, was also common practice during the *Jahiliyah* period due to the preference for boys, the inability to financially support children or the concern about children becoming orphans. In fact, the pre-Islamic Arabs were 'addicted' to the killing of female infants, because the daughter was a source of weakness, and often had greater financial demands or burdens, whereas the son was a source of strength often in battle.¹⁷¹ And according to some scholars, this practice is not uncommon today in some countries.¹⁷² The Qur'an also addresses these archaic practices as senseless and killing of the most innocent: '*And when the female (infant) buried alive (as the pagan Arabs used to do) is questioned. For what sin was she killed?*' (81:8-9). As with the killing of elderly people, the Prophet overturned this practice following divine revelation based on the idea that God is the ultimate provider, which also relates to trusting God. As the Qur'an states: '*Do not kill your children for fear of poverty; We give them sustenance and yourselves (too); surely to kill them is a great wrong*' (17:31). In a similar way, the killing of unborn babies is not permitted unless the mother's life is in danger.¹⁷³ The Prophet's (pbuh) change of policy regarding the killing of the various groups of people seems to reflect a broader change he (pbuh) introduced from the standard *Jahiliyan* way of life in the Arabian Peninsula towards a more moral and just Islamic culture.

In addition to these groups of people, Islam also opposes the killing of non-Muslims provided that they are living in harmony with Muslims. Killing non-Muslims in times of peace is considered a significant offence or a violation of a peace treaty that non-Muslims may have with Muslims.¹⁷⁴ Also covered by this regulation are non-Muslims involved in the service of God including Christians. According to Anthony O'Mahony, the early developing Muslim community made treaties with their Christian neighbours in Arabia which involved Christians paying a special tax (*jizyah*) in return for protection from Muslims, in accordance with the Qur'an.¹⁷⁵ Moreover, Abu Bakr, the first caliph of Islam after the Prophet's (pbuh) death according to the Sunni tradition, established 10 rules of war following the Prophet's (pbuh) guidance.¹⁷⁶ One of these rules, as discussed, included the requirement not to kill women,

¹⁷¹ Ali, *The Meaning of The Holy Qur'an*, p. 682.

¹⁷² Ali, *The Meaning of The Holy Qur'an*, p. 682.

¹⁷³ Abdul Majid Katme, 'Killing and Abortion, Killing of Unborn Babies through Abortion is Prohibited in Islam!', *Radiance Views Weekly*, Volume XLVII, Number 37 (2009): p. 62.

¹⁷⁴ Shaykh Muhammad S. Al-Munajjid, 'Killing non-Muslims,' Fatwa no. 11406, in *Islam Question & Answer*, 1999, <<http://www.islam-qa.com/en/ref/11406/Killing>> (accessed 2 April 2011).

¹⁷⁵ Anthony O'Mahony, 'Christians and Muslim-Christian Relations: Theological Reflections,' in *Christians and Muslims in the Commonwealth: A Dynamic Role in the Future*, edited by Anthony O'Mahony and Ataulah Siddiqui (London: Altajir World of Islam Trust, 2001), p. 102.

¹⁷⁶ Islam is Peace, 'Killing Innocent,' in *Islam is Peace: Promoting Peace, Love and Understanding*, <<http://stoptheviolence.blog.com/killing-innocent/>> (accessed 15 April 2011).

children or the elderly. The second was not killing those involved in monastic service like Christian monks and preserving places where God is worshipped and remembered, such as monasteries, churches and synagogues (22:39-40). This rule may have been part of an extension of a Muslim treaty with Christians following the Prophet's (pbuh) death.¹⁷⁷ Lastly, Islam forbids the destruction of nature, wildlife (e.g. cutting down trees) and killing animals without good reason.¹⁷⁸

So although the Qur'an does not have a literal 'thou shall not kill' command, in Islam all innocent creatures should be protected from harm or killing, especially the weak, the vulnerable or those unable to care for themselves. Since Islam does not condone indiscriminate killing, this discussion may help to clear up the misconception that Islam allows the killing of innocent people and/or non-Muslims. This part of the discussion also suggests that the requirement not to kill innocent people need not only cover the case of euthanasia, but may also apply to those who are not terminally ill or who do not want to die. So if there were a commandment like 'thou shall not kill' in Islam, it may be most comparable to the Vatican's directive of: "'Do not slay the innocent and the righteous" since it degrades the dignity of life,' as such a directive is similarly expressed in the Qur'an (6:151).¹⁷⁹ Such similarities suggest that Christianity and Islam are in fundamental agreement on these questions.

Although euthanasia, suicide and the killing of other innocent persons may be considered unjust from an Islamic viewpoint, there are some forms of killing which may be permitted in specific conditions or circumstances. As the Qur'an indicates: '*And do not kill any one (human being) whom Allah has forbidden, except for a just cause*' (17:33). The instances of 'just cause' killing that were discussed in the 'Martyrdom versus Suicide' section were the struggle to preserve Islam, to defend an idea or principle, or to protect one's family or property.

Another example of 'just cause' killing would be capital punishment. But in capital punishment killings, the main issue does not seem to involve whether the guilty party's life is sacred or not. Some proponents of euthanasia have questioned why some religions like Christianity and Islam support capital punishment if religious commentators argue that human life is sacred.¹⁸⁰ Rather, it seems that one of the main concerns in capital punishment is to secure justice for the innocent (*Al-Qisas*). Islam has a comprehensive judicial system based on

¹⁷⁷ O'Mahony, 'Christians and Muslim-Christian Relations: Theological Reflections,' p. 102.

¹⁷⁸ Al-Munajjid, 'Killing non-Muslims,' Fatwa no. 11406, in *Islam Question & Answer*, 1999, <<http://www.islam-qa.com/en/ref/11406/Killing>> (accessed 3 April 2011).

¹⁷⁹ Catechism of the Catholic Church, Part 3, Section 3, Chapter 2, 'Legitimate Defense,' 2261, <http://www.vatican.va/archive/ccc_css/archive/catechism/p3s2c2a5.htm> (accessed 4 April 2011).

¹⁸⁰ Warnock and Macdonald, *Easeful Death*, p. 69.

the guidelines of the Qur'an, Hadith and Shariah Law. The system functions to hold individuals accountable for an alleged unlawful act and to punish those who are found guilty. In this way, punishment is a means of defending and protecting the innocent as well as restoring or maintaining civil order.

For the purposes of this discussion, we will focus on capital punishment in Islam as it relates to murder of an innocent person. According to Islamic scholars, a competent person who is found guilty of murder on the basis of evidence which establishes their guilt beyond reasonable doubt for any reason except self-defence may be executed. As Siddiqui argues, 'The court of law may pass a death sentence against a person as a punishment for some crimes such as premeditated murder or other serious crimes.'¹⁸¹ This punishment is a licit form of retribution according to Shariah Law if the perpetrator is not forgiven by the victim's family or they do not pay blood money (*diyya*) as a form of reparation.¹⁸² However, an execution verdict can only be implemented when the victim has been killed, on the grounds that the punishment should be proportionate to the crime.¹⁸³ In other cases, prison time may be an appropriate form of sentencing.¹⁸⁴

This sort of 'eye for an eye' approach suggests the wrongness in taking an innocent life and recognizes the value of, or upholds the memory of, the life which has been eliminated. This approach may also deter a would-be killer from killing or harming another person. And besides acquiring justice for the victim, this approach may prevent illegal forms of retribution and secure justice for the victim's family, leading to emotional closure in time. In this way, capital punishment may result in favourable legal and social outcomes. Since these ideas are also supported in some Christian sources, these matters may be of mutual interest in the interfaith dialogue. In addition to a possible interfaith interest, this approach can also appeal to secular ethics. For example, Islamic ethics scholar Seyed Mohammad Ghari S. Fatemi conducted a comparative study between Kantian ethics and Shi'ite teachings as it relates to euthanasia and death. One similarity Fatemi found was that executing a murderer is an action that is warranted in both the orthodox interpretation of the Kantian system as well as the jurisprudential interpretations of Islamic teachings.¹⁸⁵ However, it may be disputed that although capital punishment ensures justice, killing the murderer will not bring back the victim

¹⁸¹ Muzammil Siddiqui, 'Is Euthanasia allowed in Islam?', in *Islam Online*, 14th November 2006, <http://www.islamonline.net/servlet/Satellite?pagename=IslamOnline-English-Ask_Scholar/FatwaE/FatwaE&cid=1119503543386> (accessed 23 April 2011).

¹⁸² Al-Misri, 'Retaliation for Bodily Injury or Death,' page 240.

¹⁸³ Al-Munajjid, 'Accepting diyah instead of qisaas in the case of deliberate killing,' Fatwa number 104855, in *Islam Question & Answer*, 1999, <<http://www.islam-qa.com/en/ref/104855/punishment%20for%20killing>> (accessed 3 April 2011).

¹⁸⁴ Al-Munajjid, 'Accepting diyah instead of qisaas in the case of deliberate killing,' Fatwa number 104855.

¹⁸⁵ Seyed Mohammad Ghari S. Fatemi, 'Autonomy, Euthanasia and the Right to Die with Dignity: A Comparison of Kantian Ethics and Shi'ite Teachings,' *Islam and Christian-Muslim Relations* 18 (2007): p. 347.

and execution would presumably not give the victim's family any pleasure and may not give them closure.

Through the use of Qur'an, Sunnah, *Ijtihad*, *Ijma* and *Qiyas*, we can deduce that Islam permits certain forms of killing that involve upholding justice and honouring the innocent. However, these forms of killing do not include any form of 'merciful' self killing in situations of pain and suffering or killing others who are young, frail or defenceless. So the attitude commended here is similar to John Paul's attitude to killing. Euthanasia would be considered a form of suicide and a direct attack on the sacredness of human life since pain and suffering may be alleviated by hospice care. So voluntary euthanasia and suicide can be deemed universally unlawful in Islam. It may be argued that such a ruling may also prevent other forms of euthanasia.

The third section discusses two consequentialist issues from an Islamic perspective, namely, the slippery slope phenomenon and 'living' vs. 'merely existing'.

The Slippery Slope Phenomenon

As we discussed, from an Islamic perspective, VAE and PAS can imply: a) taking innocent life, b) degrading the value of human life, c) a means of interfering or trying to interfere with the divinely appointed time of death. From this perspective, a Muslim is prohibited from seeking to intentionally hasten death even if it is with consent or voluntary, regardless of the person's condition or circumstance.

Due to their governance by Sharia Law or laws that promote the preservation of human life, justice, fairness and equality most, if not all, Islamic countries at least forbid voluntary active euthanasia (VAE) and suicide for the reasons already discussed.¹⁸⁶ Besides the reasons discussed above that underpin the prohibition of VAE, it may also be suggested that if VAE were introduced in principle, this would make it possible for VAE to slip into non-voluntary (NVE) and involuntary euthanasia (IE). However, if VAE (or anything else) is considered a bad practice overall, then the principle of VAE would likely not be permitted legally. As Warnock acknowledges: 'There is no danger of sliding down to the bottom slope if you never allow yourself even to contemplate approaching its top.'¹⁸⁷ And since VAE cannot be justified in principle from an Islamic standpoint due to the reasons discussed above, this would imply that NVE and IE would also be prohibited and prevented in a medical context or otherwise. This is primarily because NVE and IE are considered forms of murder or homicide similar to VAE

¹⁸⁶ Shah, 'Mercy Killing in Islam: Moral and Legal Issues,' p. 110.

¹⁸⁷ Warnock and Macdonald, *Easeful Death*, p. 69.

according to Sharia.¹⁸⁸ So the legal punishment (*Qisas*) for these forms of killing may involve execution among other penalties, unless pardoned by next of kin.¹⁸⁹ This, it seems, is the idea that is reflected in the Qur'an when it states that killing another, unless justified, is symbolically like killing all of mankind, which suggests that all humans are a part of a common humanity created by God (5:32). If killing oneself or voluntarily killing one's patient or others is wrong in Islam based on this verse and the reasons discussed above, then it would be fair to argue that a slippery slope relating to euthanasia would be unlikely in an Islamic context. Put differently, since VAE would not be introduced in principle in Islam, it is doubtful that a slide toward (other) illegal forms of killing would occur.

But what if VAE were legal and not considered a form of murder? Could NVE and IE still occur, or could VAE be controlled so IE and NVE remain prohibited, in such a way that the prohibition is effective? On one side, it can be argued that only those competent to give consent should be allowed to intentionally hasten their death. This regulation could plausibly curb a slippery slope and may deter one from engaging in risky forms of (self) killing. As Miller et al. state: 'In order to ensure that physician-assisted death is voluntary, which is the inviolable cornerstone of this policy, only adults with decision making capacity should be eligible for physician assisted death.'¹⁹⁰ As we discussed in Chapter II, Warnock also expressed similar views. In addition, Warnock argued that the prohibition of VAE could lead to the rise of other, more dangerous, unlawful methods of killing or desperate attempts at suicide.¹⁹¹ It may be contended that if laws permit VAE only, these laws may make NVE and IE less likely, but this does not guarantee that NVE or IE will never occur or have never occurred, as is evident in the Netherlands Rummelink Report.¹⁹² Furthermore, although he does not provide evidence, Kasule claims that legalizing 'euthanasia can indirectly lead to the violation of the purpose of preserving progeny by cheapening human life thus encouraging suicide, homicide, and genocide.'¹⁹³ The legalization of VAE need not increase NVE and IE, but it may not completely remove the risk of forms of killing which can be considered more serious and egregious at least from an Islamic legal point-of-view.¹⁹⁴

From an Islamic perspective, there is no doubt that killing oneself, voluntary or non-voluntary killing of one's patient, or involuntary killing of a group of innocent people are wrong because they degrade the inherent value of human life. These practices should arguably be

¹⁸⁸ Shah, 'Mercy Killing in Islam: Moral and Legal Issues,' page 110; Al-Misri, 'Retaliation for Bodily Injury or Death,' page 240.

¹⁸⁹ Shah, 'Mercy Killing in Islam: Moral and Legal Issues,' page 110; Al-Misri, 'Retaliation for Bodily Injury or Death,' page 240.

¹⁹⁰ F. G. Miller et al., 'Regulating Physician Assisted Death,' *New England Journal of Medicine* 331 (1994): 119-123.

¹⁹¹ Warnock and Macdonald, *Easeful Death*, p. 69.

¹⁹² Euthanasia.com, 'Rummelink Report,' in *Euthanasia.com*, 1991, <<http://www.euthanasia.com/hollchart.html>> (accessed 19 May 2011)

¹⁹³ Kasule Sr., 'Euthanasia: Ethic-Legal Issues,' in *Mission Islam*, 2005.

¹⁹⁴ Warnock and Macdonald, *Easeful Death*, p. 69.

rejected by the Muslim physician on the basis of Islamic principles that strive to preserve innocent human life and prevent unnecessary harm, to uphold the image of the medical establishment as well as the physician's personal reputation and values, and to avoid the risk of a slippery slope.¹⁹⁵ The importance of not killing was reflected in the previous Qur'anic verse (5:32). This is why Islamic law and the ICME also prohibit any forms of VAE. And if VAE is strictly prohibited in Islam, then it may be reasoned that NVE and IE are even less likely to be approved. Along the same lines, we concur with Biggar's viewpoint that laws like those in the UK (or elsewhere) which prohibit VAE should remain to prevent a slide towards unsanctioned killing. On the other hand, Fatemi argues that the 'professional fallibility' of physicians is a 'major reason' to keep the slippery slope phenomenon in consideration, because the slightest doubt(s) (like that which is similar to Biggar's discussed in Chapter II) related to issues of life and death justify serious concern.¹⁹⁶ While there may be aberrant cases of a Muslim physician involved in NVE and IE, based on the literature and the law, the majority of Muslim physicians are likely to seek alternative means that prolong life and eliminate suffering in accordance with Islamic guidelines.¹⁹⁷ Through this approach, it would seem that saving one life from intentional killing is like saving all of mankind (5:32).

'Living in Life' versus 'Existing in Life'

In Chapter II, we discussed two different viewpoints on the idea of quality of life as it relates to euthanasia. On one side, scholars like Joseph Fletcher and Nigel Biggar among others make a distinction between those who possess mental capacity and those who do not. Mental capacity, they similarly argue, or the qualities that make up mental competence, allow one to enjoy various goods (e.g. pleasure, family, good health). Besides mental capacity, physical ability or freedom is also important. The ability to enjoy or experience these goods thereby gives life value or makes life worth living. So, from these perspectives, the worth or value of one's life is almost entirely determined or shaped by one's mental and physical state. For these scholars then, the absence of capacity or 'low' quality of life bolsters the argument for active euthanasia on the grounds that a life lacking in value understood in these terms is not worth living.

¹⁹⁵ Sachedina, *Islamic Biomedical Ethics*, p. 169.

¹⁹⁶ Seyed Mohammad Ghari S. Fatemi, 'Autonomy, Euthanasia and the Right to Die with Dignity: A Comparison of Kantian Ethics and Shi'ite Teachings,' *Islam and Christian-Muslim Relations* 18 (2007): p. 351.

¹⁹⁷ Shah, 'Mercy Killing in Islam: Moral and Legal Issues,' p. 110.

On the other hand, Patterson disputes the notion that 'quality of life' should determine one's overall worth in life.¹⁹⁸ Instead, like Beauchamp and Childress, he argues that the appropriateness of treatment should be measured by the benefits of treatment.¹⁹⁹ A treatment would be considered helpful if it allows one to pursue one's goods or what one values and, by contrast, a hindrance if it does not. Still, if treatment is a hindrance, Patterson believes that the patient should not be intentionally killed because even with 'low' quality of life, one may be able to still experience these goods.²⁰⁰ Besides this, he asserts that life is sacred even in these conditions, a view which sets him apart from Nigel Biggar. He concludes that withdrawing burdensome treatment is appropriate because it is a proper way of respecting life.

Drawing on these perspectives, we may now consider a more in-depth Islamic approach to the quality of life issue. We have observed from both sides of the discussion that quality of life involves the ability to pursue a range of goods. And in a 'low' quality of life state, it is fair to argue that it would be more difficult to achieve these goods, but not impossible. In addition to enjoying goods such as pleasure, family life and good health, let us also consider the ability to engage in, or interact with, goods of a theological nature. These religious goods may include seeking spiritual knowledge, interpreting or reflecting on the signs of God and practices related to the worship of God like prayer, fasting, charity and pilgrimage. Let us first consider these latter practices.

As we noted in the practices of the body section earlier, these practices serve to strengthen the body to continue worship. In addition to this physical component, these practices, arguably like almost all other tasks, require mental capability for correct execution. So, for example, in relations with family or social engagements, physical ability and mental faculties would allow one to effectively interact with others. In this way, quality of life is at least indirectly linked to mental capacity to effectively pursue this good of relationships.

In the same way, it may be argued that one needs to be mentally conscious and have relevant cognitive capacities to engage in worship and build a relationship with God. Sharia Law outlines certain qualities one must possess to be mentally competent, which include intellect, knowledge, puberty and freedom.²⁰¹ These attributes are interestingly similar to Fletcher's and Biggar's definitions of 'personality' and 'biographical life,' respectively. Furthermore, mental competence also involves the capacity for abstract thinking and rational

¹⁹⁸ Paterson, *Assisted Suicide and Euthanasia*, p. 107.

¹⁹⁹ Beauchamp and Childress, *Principles of Biomedical Ethics*, p. 136.

²⁰⁰ Paterson, *Assisted Suicide and Euthanasia*, p. 107.

²⁰¹ Omar Hasan Kasule Sr., 'The Mental State and the Shariah,' in *Islamic Medicine Forum*, May 2008, <<http://www.islamicmedicines.com/forum/islam-psychology/478-mental-state-shariah.html>> (accessed 17 May 2011).

reflection.²⁰² To support this argument, Al-Ghazali and Al-Razi assert that what is 'first of all and most essentially required' prior to Islamic scholarship is the 'intellectual capacity to make deductions.'²⁰³ So, in the context of worship, mental competency might involve, for example, possessing a proper awareness and understanding of how, when, where, and perhaps most importantly, why to pray five times a day or perform the pilgrimage. Similarly, the same types of question may be applied to an individual who must be aware of the requirement not to eat or drink during the fast. So if, for example, one has 'low' quality of life and some level of competency exists, then it may be argued that such goods would be difficult, but not impossible, to achieve. In these cases, one may attempt or struggle to attain these goods since intention (*niyyah*) is important in Islam. However, in cases where one is considered mentally incompetent (e.g. in cases of dementia) or does not have the mental capabilities to understand the guidelines of worship, it is arguable that one may not or should not be required to perform these tasks. This is supported by *Sharia* regulations. For example, as Kasule states:

In complete loss of consciousness, there is no obligation to pray. In semi-coma, syncope, or stroke the patient tries to pray as much as they can. Stroke patients must be careful not to fall down during *salat* due to the limb paralysis or paresis. A dozing person stops *salat*, sleeps, and resumes when conscious of what he is reading. In fright or inability to concentrate, *salat* is shortened. A person who forgets and eats in Ramadan just resumes fasting and completes the day. The obligation of fasting is dropped if the patient is in coma or is fully unconscious. Hajj is delayed if consciousness is impaired.²⁰⁴

This statement clearly suggests that an individual is not required to worship God in Islam when physical or mental capacity is acutely compromised, as in cases of brain death, coma or a persistent vegetative state. So such guidelines clearly indicate that the presence of mental capacity is a crucial element in engaging in worship. Thus, it seems that one should not engage in worship related practices just for the sake of it. In other words, when engaging in worship, one must come out of it with some understanding of what one has performed and what it implies for one's spiritual life. This understanding may be drawn from reflective questions such as: 'Why am I praying everyday and what is the purpose behind it?,' 'What is my intention in fasting for these days in Ramadan?,' 'What is my approach toward fulfilling the obligations to God?' and 'Do I even understand my obligations to God?' From this statement then, it is clear that deficiencies or lapses in mental capacity can indeed affect the applicability of requirements to worship. As such, it would make sense that mentally incapacitated individuals are exempt from fulfilling these duties in accordance with *Sharia* Law.

Moreover, this argument need not be limited to having the mental capacity to understand worship. It may also be applied in a natural sciences context from an Islamic point

²⁰² Kasule Sr., 'The Mental State and the Shariah,' in *Islamic Medicine Forum*, May 2008.

²⁰³ Rahman, 'Concepts Sunnah, Ijtihad, and Ijma in the Early Period,' p. 169.

²⁰⁴ Omar Hasan Kasule Sr., '303 Prayers and Spirituality in Health,' in *Islamic Medical Education Resources*, January 2003, <<http://omarkasule-03.tripod.com/id740.html>> (accessed 19 May 2011)

of view, which can be connected to worship. Take for example the physical creation of God such as in the form of mountains, the growth of crops and the alternation of day and night. The Qur'an makes many references to these phenomenon as 'signs' or 'proofs,' which validate divine existence and allow humans to subsist and prosper, as we discussed in Chapter IV. Hence, worship is appropriate as an expression of appreciation for these signs, among other reasons. As the Quran states, for example,

It is He Who sends down rain from the sky: from it ye drink, and out of it (grows) the vegetation on which ye feed your cattle. With it He produces for you corn, olives, date-palms, grapes, and every kind of fruit: verily in this is a Sign for those who give thought. He has made the Night and the Day; the Sun and the Moon; and the Stars are in subjection by His Command: verily in this are Signs for men who are wise. And the things on this earth which He has multiplied in varying colours (and qualities): verily in this is a Sign for men who celebrate the praises of Allah (in gratitude) (16:10-13).

The lack of mental capacity may affect a person's capacity to understand these 'Signs for men.' So, it may be argued, one who is mentally incompetent may not be able to fully understand or appreciate the significance of these signs. And such an inability to reflect can affect how one approaches worship. For example, if one can understand the signs of rain and sun from God to feed the crops, then it is plausible that one is more likely to 'celebrate the praises of Allah (in gratitude)' or express appreciation for one's quality of life. Lastly, besides its role in understanding natural signs and performing worship, mental capacity is also required to acquire knowledge (*'ilm*) and reason (*aqhl*), which are major components of understanding Islam and the world, and implementing the Islamic way of life. As the Prophet states in one Hadith, 'Seeking knowledge is incumbent on every Muslim.'²⁰⁵ Another version states: 'You should be a scholar, or a student, or a listener, lover of *'ilm*.'²⁰⁶ In some cases, the Prophet (pbuh) maintains that gaining knowledge often outweighs serving God. As the Prophet (pbuh) states, 'The excess of *ilm* is better than the excess of *ibadah* (worship).'207 Clearly, it would be more difficult to gain knowledge when one 'merely exists.'

In this way, it may further be argued that if physical hardship (e.g. handicap, disability) and mental incompetency make it difficult or impossible to perform these duties, then there is an important distinction between one who is competent, or one who possesses the qualities needed to participate in these religious goods or worship, and one who is 'merely existing' (e.g. in a condition of brain death, PVS or permanent coma). In other words, 'Living in life' and 'merely existing' are not equivalent states because the ability to effectively pursue these, or other, goods is grounded in mental capacity and may shape one's quality of life. In this way, quality of life may be determined by one's abilities. Indeed, competency is required to

²⁰⁵ Ibn Hajar Al-'Asqalani, Al-Matalib al'Aliyah, Hadith #1, compiled by Ssad Nimer Assad Nimer Busool. <http://www.geocities.com/islamicwayz/20_of_40_hadith_on_the_superior.htm> (accessed 15 August 2010).

²⁰⁶ At-Tabarani; Al-Bazzar, Hadith #5, compiled by Ssad Nimer Assad Nimer Busool.

²⁰⁷ At-Tabarani, Al-Awsat; Al-Bazzar, Hadith #3, compiled by Ssad Nimer Assad Nimer Busool

perform almost any task appropriately on a daily basis. So one who 'merely exists' may arguably be neither able nor obligated to worship and interpret the natural signs, because religious goods also seem to depend on competency, which suggests the importance of mental capacity to lead a functional life. Therefore, with regards to their distinction argument, Fletcher and Biggar make a defensible and sound argument.

On the other hand, should quality of life determine the absolute worth of life? Does 'low' quality of life mean that a person's life is less sacred or not sacred at all? And does 'low' quality of life imply that such individuals may be intentionally killed? While it is a fair argument that physical inability and mental incapacity would make it difficult to enjoy what one values, complete worship-related tasks, read natural signs and procure knowledge, this need not imply that the overall value of life has been lost altogether. This view also does not mean that a person who is, for example, brain dead or 'merely existing' should be needlessly kept on a ventilator so putting quantity of life before its quality. Worth should not be squarely determined by one's abilities or quality of life because there is more to life than engaging in worthwhile activity. For example, a dementia or Alzheimer's patient can still have meaningful experiences through his relationships with, and his impact on, others. An individual may still have some access to these goods when capacity is not significantly or fully compromised like in a brain death situation. Since worth need not be lost or reduced when capacity is damaged or restricted, one's death should not be intentionally hastened in these cases.

The issue of worth may be linked to the idea of sacredness. It is arguable that losing quality of life need not imply loss of worth of life because human life is sacred, and since human life is sacred, it is worthwhile regardless of context. So, even cases involving total lack of mental capacity or the complete inability to experience goods should not alter the sacred value of human life. The fact that one's life is human implies an ineradicable sacredness because it is made by God and is made differently from all other creation. Therefore, while it may be a reasonable argument that a person who 'merely exists' or has 'low' quality of life cannot or would not be fully able to achieve various goods, Biggar's assertion that sacredness is lost in these cases may be disputed. The intention to kill would be harmful, contrary to what Biggar argues. Moreover, it may be concurred with Paterson that an individual should not be intentionally killed in these cases, even if the intention is not harmful. Like the ICME, the Qur'an clearly commands, *'Do not take life which God has made sacred, except for just cause'* and terminal illness do not qualify as 'just cause' (6:151). As discussed, killing individuals with 'low' quality of life or in terminal disease is outside the domain of 'just cause' (e.g. war, self-defence, capital punishment). Furthermore, by killing these individuals, one would be

disregarding the inherent goodness that each human life possesses regardless of their condition.

At the same time, however, it is clearly not feasible to continue supporting a life which displays little or no clinical signs of progress or has no quality of life (e.g. cases of brain death, coma or persistent vegetative state). Through this approach, life may be needlessly prolonged and treatment may not be most effectively used. Therefore, in such cases, it is appropriate to follow Paterson's recommendation and that of the scholars in this study who oppose euthanasia. That is, when treatment becomes more of a hindrance than help, it should be withdrawn because it is unlikely that it would contribute to improving the patient's quality of life or reverse their incapacitated state. Through this approach, we are evaluating the appropriateness of continuing treatment according to the role treatment plays in upholding the patient's capacity to enjoy goods or engage in worship, rather than supposing that low quality of life implies the loss of worth or sacredness. Such an approach may also be reasonably reflected in the practice of the Muslim physician, as we will discuss in the next section.

The Role of the Muslim Physician

Islamic medical practice is arguably grounded in a theological tradition as opposed to secular medical practice. This implies that a Muslim physician serves the patient within Islamic ethical guidelines that emphasize, for example, distinguished professional standards, moral character and preservation of human life. Since VAE and PAS would contradict these important principles, it follows, once again, that euthanasia is categorically forbidden in Islam regardless of medical or social condition. Instead, Islamic ethics instructs the patient to endure suffering with patience while seeking medical treatment like palliative care under the supervision of a health care professional whose intention it should be to reduce pain and reasonably prolong life. And if the individual is advised not to end their own life, then an external agent should equally not play a role in ending the patient's life like in physician-assisted suicide. As the following Qur'anic verse explicitly states: *'And do not kill yourselves (nor kill one another), surely God is Most Merciful towards you'* (4:29).

Muslim physicians embrace several professional duties to their patients, their colleagues and the medical community at large. This viewpoint is supported by Arafa who applies the Qur'an and Hadith to state: 'The medical profession has been characterized by the

tremendous responsibilities its practitioners shoulder.²⁰⁸ In addition to commanding adequate and broad medical knowledge, the Muslim physician is, for example, obligated to supplement this knowledge with a rigorous professional ethic. Muslim physicians may be guided more by an ethical approach that is shaped by Qur'an, Hadith, and Islamic Law.²⁰⁹ According to Rahman, early post-Islamic sources, for example, discuss this ethical approach as linking knowledge to respectable practice, superior morals, virtuous character and appropriate behaviour based on the character of the Prophet Muhammad (pbuh).²¹⁰ This approach is supported by a Hadith in which the Prophet (pbuh) states: 'I have been sent so that I may perfect good manners and ethical conduct.'²¹¹ And while it may be argued that this approach is potentially universal in its application, its meaning is specially grounded in an Islamic context by reference to the Qur'an and Hadith to shape the essential element of Islamic character.²¹² As such, this approach is a form of a special branch of Islamic literature known as *Adab* which means to act in a morally upright manner, and may also be interpreted as *ilm-ul-Akhlaq* implying 'the science of ethics.'²¹³

A prime example of *Adab or ilm-ul-Akhlaq* in Islamic medicine is the Islamic Code of Medical Ethics (ICME), which is a major contemporary source of guidance for Muslim physicians to help them develop and maintain a standard of personal and professional Islamic conduct toward others that promotes good health and good relations.²¹⁴ This conduct includes an overall responsibility to do good, for example, treat disease, alleviate pain, avoid harm, prevent further sickness or unnecessary pain, and act righteously and judiciously with all patients. In fact, although Islam promotes the protection and respect of human life, Fatemi believes that this idea is a 'primary rationally self-evident norm' based on human reason, and can stand independent of scriptural support or scholarly opinion, implying that Muslim and non-Muslim patients should be treated equally irrespective of condition.²¹⁵ As a healer, the Muslim physician may also be considered a pillar or symbol of (reasonable) hope and encouragement for their patient whilst being sympathetic and caring to their condition and values or views. Moreover, a physician's responsibility will also include being aware of current medical issues, dilemmas, or challenges that affect society. Physicians have traditionally been

²⁰⁸ Hossam Arafa, 'Ethics of the Medical Profession from the Islamic Viewpoint,' in *Islam Online*, 2006, <http://www.islamonline.net/servlet/Satellite?c=Article_C&cid=1157962464793&pagename=Zone-English-HealthScience%2FHSELayout> (accessed 2 February 2011)

²⁰⁹ V. Rispler-Chaim, 'Islamic medical ethics in 20th century,' *Journal of Medical Ethics* 15 (1989): p. 203.

²¹⁰ Rahman, 'Health and Medicine in the Islamic Tradition,' p. 91.

²¹¹ Musnad Ahmad 8952 Hadith, in *Mission Islam*, 2002, <<http://www.missionislam.com/knowledge/fearallah.html>> (accessed 23 January 2011)

²¹² Hossam Arafa, 'Ethics of the Medical Profession from the Islamic Viewpoint,' in *Islam Online*, 2006.

²¹³ Aasim Padela, 'Islamic Medical Ethics: A Primer,' *Bioethics*, Volume 21, Number 3 (2007): p. 170; Edwin Brown Firmage, Bernard G. Weiss and John W. Welch, *Religion and Law* (1990), p. 202-3.

²¹⁴ Padela, 'Islamic Medical Ethics: A Primer,' p. 170.

²¹⁵ Fatemi, 'Autonomy, Euthanasia and the Right to Die with Dignity: A Comparison of Kantian Ethics and Shi'ite Teachings,' p. 348.

respected and influential figures within the community.²¹⁶ A Muslim physician can play a major role in the Muslim community by informing them about, for example, the benefits of diet and exercise, the advantages of quitting smoking (or refraining from other noxious substances), preventing domestic abuse, managing stress, and detecting the symptoms of diseases such as stroke and diabetes.²¹⁷ This type of education may arguably carry greater weight when it is conveyed from an Islamic perspective by emphasizing what the Qur'an and Hadith state about health and wellness.

This attitude represents a commitment by the Muslim physician to society which is encapsulated in the 'Oath of the Doctor' within the ICME which states: 'Protect human life in all stages and under all circumstances, doing [one's] utmost to rescue it from death, malady, pain and anxiety. To be, all the way, an instrument of God's mercy, extending... medical care to near and far, virtuous and sinner and friend and enemy.'²¹⁸ In this way, the Muslim physician is also upholding the classical four principle approach in medical ethics consisting of autonomy, beneficence, justice and non-maleficence.²¹⁹ However, this emphasis also comes with awareness that God is the supreme healer or may decree death, if it should be His will.²²⁰ These practices may be interpreted as proper applications of *Adab* or *Akhlak* in end-of-life cases.

Physician responsibility also includes knowing what is morally and religiously forbidden. In the context of euthanasia, this would imply not supporting a patient to intentionally hasten death, whether out of patient request, a sense of mercy for the patient, a duty to end the patient's suffering or external pressure from others. Aramesh and Shadi apply the ICME and *ijma* to argue that 'a physician should not take an active part in terminating the life of a patient...even if the reason is severe deformity.'²²¹ This view is also supported by Sachedina who states: 'Decisions about ending the life of a terminally ill patient...are beyond the moral and legal purview of a Muslim physician.'²²² However, in a study conducted by Molloy, a minority of Muslim physicians surveyed were 'sympathetic and disturbed...in extreme cases, one admitting that this may one day drive him to practise euthanasia.'²²³ Moreover, Ahmed et al. found that 15% of Sudanese physicians left open the possibility for voluntary euthanasia, while 23.4% of final year medical students at Khartoum University

²¹⁶ Atighetchi, *Islamic Bioethics: Problems and Perspectives*, p. 48; Jonsen et al., *Clinical Ethics*, p. 50.

²¹⁷ Shahid Athar, 'The Role of Muslim Physicians in an Islamic Community,' in *Islam USA*, 2008, <http://www.islam-usa.com/index.php?option=com_content&view=article&id=352&Itemid=319> (accessed 3 March 2011)

²¹⁸ Abdallah S. Daar, A. Binsumeit Al Khitamy, 'Bioethics for clinicians: 21. Islamic bioethics' *JAMC* 164 (2001): p. 61.

²¹⁹ Beauchamp and Childress, *Principles of Biomedical Ethics*, p. 136.

²²⁰ Huda Younis, 'Islamic Bioethics' *O&G Magazine*, Volume 10, Number 2 (2008): p. 24; Abdallah S. Daar and A. Binsumeit Al Khitamy, 'Bioethics for clinicians: 21. Islamic bioethics,' p. 60.

²²¹ Kiarash Aramesh and Heydar Shadi, 'Euthanasia: An Islamic Ethical Perspective,' *Iran Journal of Allergy, Asthma and Immunology* 6 (2007): p. 37; Kasule Sr., 'Euthanasia: Ethic-Legal Issues,' in *Mission Islam*, 2005.

²²² Sachedina, *Islamic Biomedical Ethics*, p. 167.

²²³ Molloy, 'Attitudes to medical ethics among British Muslim medical practitioners,' *Journal of Medical Ethics* 6 (1980): 142.

supported active euthanasia in terminal cases that involved severe and unmanageable pain and suffering.²²⁴ In a similar study, among a sample of Turkish University Health Science and Liberal Arts students surveyed (n=878), 48% of them were open to the idea of euthanasia in similar medical conditions, while the rest opposed euthanasia mainly on religious grounds.²²⁵

On the other hand, Shah argues that Sharia Law does not take such feelings into account because the act is still fundamentally wrong.²²⁶ Mercy should not motivate killing because killing is wrong regardless of mercy. And due to possible legal and divine punishment, the law and ICME therefore counsel the Muslim physician to seek legal alternatives as appropriate expressions of mercy.²²⁷ Still, even if euthanasia was valid in theory based on mercy, there seems to be no supporting evidence for euthanasia from an Islamic point of view since VAE is principally banned in Islam due to its foreseen consequences. Euthanasia would involve disregarding the idea of pre-destined death, inappropriately applying the idea of mercy, and a failure to protect innocent human life under all circumstances, thereby violating a fundamental duty of the Muslim physician according to the ICME. Killing an innocent person can also result in legal repercussions like execution or eternal punishment according to Shariah Law, disbarment from the medical profession as well as a tarnished personal image from a social perspective.²²⁸ Since this practice clearly contradicts the ICME, the Qur'an and appropriate professional conduct, it should unequivocally be avoided.

A second anthropologically-related case against euthanasia involves the unconditional sacredness of human life. This stance is echoed by the majority of Muslim ethicists and is similar to John Paul's proposal that 'human life is always good.'²²⁹ As the Qur'an states, '*Do not take life which God has made sacred except in the course of Justice*' (6:151). Euthanasia would imply a devaluation of human life through active and illegal means. This viewpoint is supported by the ICME and its use of the Quranic verse (5:32) to affirm: 'Human life is sacred and should not be wilfully taken except upon the indications specified in Islamic jurisprudence, all of which are outside the domain of the Medical Profession.'²³⁰ In addition, PAS can imply divine punishment since, as the above statement suggests, taking the life of another without justified cause is illegal in Islam. As Al-Qaradawi asserts, '[Euthanasia] is an act of killing, and

²²⁴ Stef Van den Branden and Bert Broeckaert, 'Living in the hands of God. English Sunni e-fatwas on (non-) voluntary euthanasia and assisted suicide,' *Medicine, Health Care and Philosophy* 14 (2011): p. 39.

²²⁵ Ummuhan Bas Aslan and Ugur Cavlak, 'Attitudes Towards Euthanasia among University Students: A Sample Based on Turkish Population,' *Journal of Medical Science* 7 (2007): p. 396.

²²⁶ Shah, 'Mercy Killing in Islam: Moral and Legal Issues,' p. 110.

²²⁷ Shah, 'Mercy Killing in Islam: Moral and Legal Issues,' p. 110.

²²⁸ Al-Misri, 'Retaliation for Bodily Injury or Death,' page 240.

²²⁹ Pope John Paul II, *Evangelium Vitae*, 25 March 1995, Section 34.

²³⁰ Islamic Ethics, 'Islamic Code of Medical Ethics, The Sanctity of Human Life,' in *Islamset*, 2004.

killing is a major sin and thus forbidden in Islam, the religion of pure mercy.²³¹ This indicates that no medical forms of killing can be justified under Islamic law making euthanasia forbidden. With these reasons in mind, Muslim physicians have an obligation to morally support patients during their end of life ordeals away from euthanasia. As the Qur'an advocates: '*Save those who believe and do good words, and exhort one another to truth and exhort one another to endurance*' (103:3). If the physician learned the practice of medicine to, for example, only heal himself/herself, then they would not be fulfilling their professional and spiritual duty as healers. Whatever good the physician (or anybody else) has learned, they have a duty to bestow on others as a way of encouraging health and wellness and increasing firmness in faith.

These Islamic arguments are similar to those that may be derived from Christian anthropology. The question of the legitimacy of euthanasia is common to both religions. As Fatemi contends, the sanctity of human life argument, for example, in both Islam and Christianity, makes the permissibility of active euthanasia 'extremely difficult', especially where religious values influence end-of-life decisions.²³² So it is reasonable to argue that principles against euthanasia in the ICME may appeal to Christian physicians who work with Muslim patients. For example, the UK Islamic Medical Association (IMA) and the Roman Catholic Church jointly fought to block a 2007 law that gave patients the right to request euthanasia in terminal cases.²³³ Abdelmajid Katme, a spokesperson for the IMA stated in regards to working with Christians who also criticized the law: 'It was a blessing to work with Catholic doctors who believe in pro-life, even some non-Muslims are willing to be treated by Muslim doctors to save their lives.'²³⁴ A shared ideal such as this can be beneficial not only in the interfaith dialogue setting but also in the clinical setting to bring about greater collaboration among Christian and Muslim health care professionals, as well as other religious medical professionals with similar views.

As well as having common views on euthanasia, it is arguable that Christian and Muslim physicians share a responsibility to put their greatest effort into attempting to reasonably prolong life until further treatment is futile. This suggests that palliative care is a feasible alternative to diminish pain and preserve the sacredness of human life in accordance with an appropriate Islamic approach. And according to the ICME and Kasule, there is no pain

²³¹ Islam Online, 'Islam's Stance on Euthanasia,' in *Islam Online*, 22nd March 2005, <http://www.islamonline.net/servlet/Satellite?pagename=IslamOnline-English-Ask_Scholar/FatwaE/FatwaE&cid=1119503544774> (accessed 9 February 2011).

²³² Fatemi, 'Autonomy, Euthanasia and the Right to Die with Dignity: A Comparison of Kantian Ethics and Shi'ite Teachings,' p. 351.

²³³ Rasha Dewedar, 'Living Will or Killing Will? Legalizing Euthanasia in the UK,' in *Islam Online*, 10th October 2007, <http://www.islamonline.net/servlet/Satellite?c=Article_C&cid=1190886266778&pagename=Zone-English-HealthScience%2FHSELayout> (accessed 19 January 2011).

²³⁴ Rasha Dewedar, 'Living Will or Killing Will? Legalizing Euthanasia in the UK,' in *Islam Online*, 10th October 2007.

that cannot be alleviated by 'medication or suitable neurosurgery' or 'further scientific research.'²³⁵ This stance is similar to Biggar's position on palliative alternatives. Therefore, in incurable cases where pain becomes intense or discomforting, treatment in appropriate measures should be implemented, even if it results in unintentional but foreseen death. This opinion is supported by Sachedina who states, 'Pain-relief treatment that could shorten life, but which is administered to relieve physical pain..., is permitted in Islamic law simply because the motive is regarded as a sufficient justification.'²³⁶ In this way, the Muslim physician is also adhering to the Oath and Islamic ethical principle by decreasing suffering and protecting the patient from avoidable harm.

In addition to issues posed by euthanasia, the Muslim or religious physician face many other challenges and changes. One such challenge is adjusting to a rapidly changing technological world. A possible response to this challenge involves integrating traditional religious doctrine with the practical circumstances of a case to promote Islamic ethical values. Due to the novelty of the case, this process may require the method of *Ijtihad* and *Ijma* as well as analogy (*Qiyas*) followed by scholars of the relevant disciplines within the framework of Shariah Law, instead of austere following classical Islamic principles. A second related challenge involves the idea of necessity or making exceptions to traditional rules in unusual or atypical circumstances, such as a male physician interacting with a female patient in an emergency situation.

A third related challenge is being more open and tolerant of patients of various backgrounds and views. In an increasingly multicultural society, this challenge calls for more awareness of sensitive religious and ethnic issues to promote impartial and thoughtful service. Examples of issues that may require greater awareness on the part of non-Muslim doctors include appropriate interactions with Muslim female patients, or customs or procedures involving post-mortem Muslim patients. Similarly, a Muslim physician needs to be aware of issues and customs of non-Muslim patients. As Padela explains in his historical interpretation of 'ethics' and 'morality' from an Islamic perspective, health care professionals who are 'culturally competent' can be open to patients who have different viewpoints to offer effective health care without threatening their own beliefs.²³⁷ Health care professionals have an obligation to understand the patient's Islamic values, so as to appreciate a patient's request in a religious context, where appropriate. Moreover, health care professionals treating Muslim patients should also recognize their own responsibilities and obligations and how the spiritual

²³⁵ Islamic Ethics, 'Islamic Code of Medical Ethics, The Sanctity of Human Life,' in *Islamset*, 2004; Omar Hassan Kasule Sr., 'Euthanasia: Ethic-Legal Issues,' in *Mission Islam*, 2005.

²³⁶ Sachedina, *Islamic Biomedical Ethics*, p. 170.

²³⁷ Padela, 'Islamic Medical Ethics: A Primer,' p. 169.

requests of their patients may conflict with the physician's morals. These challenges are therefore an opportunity for scholars and health care professionals to openly discuss relevant issues and arrive at a religiously, culturally and ethically acceptable solution.

We can conclude that a Muslim physician has a moral and professional obligation to reasonably save and prolong life in end of life situations. Euthanasia, on the other hand, hastens death before the intended time and diminishes the value of human life. Principles of this type can be of interest to Christian and Muslim health care professionals who may subscribe to similar ethics in end-of-life situations, thereby generating greater understanding and collaboration.

Conclusion to Western Sunni Islamic Perspective

This chapter has attempted to construct an expanded Western Sunni Islamic perspective on euthanasia as an original contribution to the literature in Islamic ethics. The chapter was constructed by examining a range of topics related to euthanasia that are seemingly underdeveloped or not researched by the Islamic ethics scholars discussed in this study. The approach to these topics involved the application of various religiously informed methods, including traditional proof-texting, as well as anthropological and consequentialist types of arguments, which have been drawn from Western Christian scholars in this study.

The sources used to generate these arguments included the Qur'an, Hadith, Shariah Law, *Ijma*, *Qiyas* and *Ijtihad*. The first three sources are seemingly the root for the others and are the basis for almost all Islamic ethical statutes (e.g. ICME). We also considered other authors within the contemporary Islamic ethics literature. In many cases, it seems that proof-texting, which directly refers to Qur'an and Hadith, was the only method applied to form Islamic opinions, supporting Sachedina's claim in the introduction. However, in other cases, it seems that commentators have attempted to construct a more broadly grounded position by applying scholarly interpretation and legal opinions based on reason and Shariah Law in addition to proof-texting by reference to the Qur'an and Hadith. In other words, an attitude toward euthanasia is often based on the use of *Ijma*, *Qiyas* and *Ijtihad*, which is grounded in an understanding of the Qur'an and Hadith. This suggests that any legitimate discourse regarding Islamic medical ethics must include some reference to Shariah Law because many legal rulings seem to be ethical in intent, making frequent references to public good and customary practices. Furthermore, in some cases, scholars used sources similar to those others used and to those in this Islamic perspective. In other cases, different methods were applied to arrive at similar conclusions. This indicates that while many scholars may still resort only to proof-texting methods, the 'flexible' use of various classical religious methods by others, often in

collaboration with other methodologies, may be becoming more common with the rise of modern issues in the Western world. This approach is supported by Sachedina who was cited in the introduction as stating that 'normative sources of Islamic ethical reflection provide a variety of opinions and resolutions to each ethical dilemma in biomedicine.'²³⁸ Similarly Rahman believes that the Qur'an, for example, 'displays a situational character', implying that it is important to consider history as well as contemporary issues so long as the view reached does not contravene the Qur'an (and Hadith).²³⁹

Based on the use of these methods in this chapter, it may be concluded that active euthanasia and physician-assisted suicide prevent one from discerning the value of suffering and carrying out the purpose of earthly life; harm the body; devalue the sanctity of human life; and may contribute to unregulated forms of killing. Euthanasia infringes religious values because it involves violating the divine authority over life and death. As the master of all life, God gives and takes life, implying that humans must recognize their limits. Since VAE and PAS seems to cause more harm than good from an Islamic point of view, they should be/remain prohibited. However, when there is little indication of recovery, ineffective treatment may be withdrawn because the intention is not to kill, but only to remove excessive or burdensome treatment. Although I oppose all forms of active euthanasia, I agree with Seyed Fatemi that euthanasia 'is not a linear issue.'²⁴⁰ In other words, euthanasia is not a simple 'open and shut' issue, but rather involves a range of complex life and death related questions, concerns and matters that may keep the permissibility of active euthanasia open, at least in principle, in rare cases.

This approach has drawn on arguments and perspectives that were developed in some of the Western Christian perspectives in this study. Therefore, the approach of this chapter may reasonably appeal to Western Christian and even Western Jewish scholars in theological ethics on the basis of their shared ethical principles, interpretation of vocabulary and methodological stance. In addition, this chapter may also help to highlight differences in approach between the monotheistic traditions from a Western perspective. Similarly, reflection on the methods used in this chapter and in other perspectives presented in this study may facilitate fresh intra-faith exchange among Sunni and Shiite Muslim scholars, as well as among non-Muslim scholars, which is arguably needed to address and accommodate new changes and concerns in Islamic medical ethics. However, for new concerns to be addressed within an appropriate framework, it is arguable that an identifiable and systematic sub-field must also be established that brings together Islam and medical ethics.

²³⁸ Sachedina, 'Defining the Pedagogical Parameters of Islamic Bioethics,' p. 242.

²³⁹ Rahman, 'Concepts Sunnah, Ijtihad, and Ijma in the Early Period,' p. 11.

²⁴⁰ Fatemi, 'Autonomy, Euthanasia and the Right to Die with Dignity...', p. 352.

In 1987, Fazlur Rahman accurately stated: 'Problems of bioethics...belong to the contemporary age and in the Muslim world have not...yet become the subject of overt and systematic discussion.'²⁴¹ So where are we in the discussion at this point in time? The discussion has advanced a long way in 20 and more years since that time to generate new perspectives on issues like euthanasia and abortion. However, many other emerging ethical issues remain unexplored by Islamic scholars, or in dispute or unresolved and still pose serious moral, spiritual and legal questions. Moreover, Islamic customs linked to professional practice and the requisite sensitivity toward Muslim patients are not familiar to some secular and non-Muslim health care professionals, risking a clash with the wishes of the Muslim patient (and family). Moreover, the nature of medical technology, which affects the way health care functions, is ever-changing. Yet, according to the literature, Islamic Medical Ethics (IME) does not exist as a distinct discipline or has not been acknowledged as a legitimate field.

For these reasons, it may be argued that IME has a necessary role to play in understanding human character and ethical reasoning within clinical medicine and institutional teaching programs. In addition, IME needs to be studied for its similarities and differences in approach to secular ethical approaches. IME is distinct from secular ethics because it depends on religious texts and divinely-inspired law, and attempts to draw on historical teachings and incorporate rational human reasoning (*Ra'y*) to form a universal moral code. However, even allowing for this, IME remains an emerging field and a standard methodological approach, such as the one used in this chapter, has yet to be universally identified and adopted. Besides being required for intra-faith dialogue, a system like this is needed to generate sensible ethical resolutions or suggestions for new ethical issues. This development can help IME to: investigate new ethical cases, generate more awareness of socio-ethical issues, create greater collaboration among scholars of various disciplines, guide dynamic technological advances by fundamental religious principles and cater for the diverse needs and views of the Muslim patient. In this way, IME is firmly grounded in an anthropological cultural framework that is largely shaped by location, history, language, personal identity and modern questions. Therefore, Islamic medical ethics has the opportunity to become, and needs to become, an active and fully recognized branch of ethics which is capable of responding vigorously and with appropriate nuance to future challenges.

²⁴¹ Rahman, *Health and Medicine in the Islamic Tradition*, p. 106.

Conclusion

This thesis has sought to develop an expanded Western Sunni Islamic account of euthanasia by bringing the established Western and Eastern Islamic literature on euthanasia into dialogue with the literature on euthanasia in Western Christian ethics and moral philosophy. Following a general introduction to the topic of euthanasia, the following chapters surveyed and compared Christian and Islamic approaches to euthanasia based on their use of sources such as scripture, tradition, reasoning and experience. The information gathered from these chapters was then used to create a more comprehensive Western Sunni Islamic perspective on euthanasia. For instance, the thesis considered whether certain methodological strategies of argument similar to those employed in the Western Christian and Western philosophical literature can also be developed in Islamic terms from a Western perspective. Respecting the body provides one example of a practice discussed by Western Christian ethicists which can also be examined fruitfully in a specifically Islamic context. Such an approach can help to strengthen Western interfaith and intra-faith dialogue on ethical questions, and also the encounter between religious and secular ethical perspectives. In this conclusion, we will briefly review our findings as well as discuss how these results contribute to the overall dialogue within religious ethics.

Chapter I of this thesis addressed some of the main contested issues in the debate on euthanasia, such as its definition and that of associated concepts, the 'killing' vs. 'letting die' question, and the central arguments in the debate between supporters and opponents of euthanasia that are addressed in later chapters. Chapters II and III examined contemporary English-language theological perspectives on euthanasia that specifically applied traditional religious and Western principles and values. Chapter II specifically considered the views of a variety of Western Christian scholars, including Michael Banner, the late Pope John Paul II, Joseph Fletcher and Nigel Biggar. Chapter III looked at a range of Western and Eastern Muslim and non-Muslim Islamic scholars in medical ethics including Jonathan Brockopp, Farzaneh Zahedi, Bagher Larijani and Javad Tavokoly Bazzaz (Zahedi et al.), and Abdulaziz Sachedina.

The purpose of these chapters was to examine these scholars' use of sources such as scripture, tradition, reason and experience. These sources inform religious anthropology and thereby lead to a view on questions such as the significance of human life in an end-of-life situation, and what makes human life worthwhile. This method of enquiry may generate a Western-oriented deontological or consequentialist perspective on euthanasia. On the one hand, Western perspectives on euthanasia are not compared with Eastern perspectives on euthanasia in this study using this strategy. Furthermore, historical perspectives and

viewpoints conveyed in foreign languages on euthanasia, such as Latin, Arabic or Persian, were excluded from this study. However, since we are discussing a range of Christian and Muslim viewpoints from a Western perspective, Chapters II and III also serve to promote greater intra-faith discussion in the West by examining how the resources of a given tradition may be used in a variety of ways to reach comparable or distinct conclusions or viewpoints.

For example, Michael Banner presents a strong Western anti-consequentialist stance against euthanasia that is rooted in a distinctive Christian anthropology, by the use of scriptural verses which emphasize not fearing death and trusting God at the time of death, and tradition-based practices such as asceticism and martyrdom that stress respect for and preservation of the body. In *Evangelium Vitae*, John Paul II develops an absolutist Western deontological approach against euthanasia which underscores the idea that the human person maintains a special relationship with God in all circumstances, because human life is unconditionally sacred. Although John Paul believes that this relationship cannot be removed by any variations in physical or mental condition, he opposes euthanasia because it can morally degrade the relationship. In addition, he emphasises the value of suffering as a part of sharing in the redemptive suffering of Christ. Besides these dogmatic principles, John Paul also supports certain traditional moral practices such as respecting persons of old age, and he upholds the 'thou shall not kill' commandment as a way of protecting vulnerable people such as the disabled and incompetent from euthanasia.

In his contrasting Western consequentialist perspective, Joseph Fletcher applies a combination of theological and philosophical ideas to conclude that euthanasia should be permissible when quality of life diminishes due to terminal suffering or extreme pain, or when one cannot serve others. In these cases, euthanasia would serve to eliminate suffering, preserve dignity and decrease dependence on others. Fletcher also criticizes the Church's position on euthanasia and contends that if, for example, capital punishment is sanctioned, then euthanasia should certainly be allowed, because euthanasia can be considered an act of mercy. Moreover, he rejects the idea that human life should be preserved at all costs and questions the DDE principle by arguing that in practice the aim when administering pain relief known to shorten life is actually to kill. However, he believes intentional killing should involve strict legal regulations, so as to prevent an overly quick or uninformed decision. Finally, Nigel Biggar applies both Western Christian anthropological and secular consequentialist methods of argument to argue that because human life loses its sacred value in cases of terminal suffering or extreme pain, euthanasia may be permissible in principle. In addition, extreme suffering is not redemptive, because it inhibits one from expressing Christ-like traits of forgiveness and compassion. However, Biggar believes that moderate or tolerable suffering may be

redemptive, and that it also presents an opportunity for spiritual growth by enabling the development of character-strengthening qualities. While Biggar considers euthanasia in principle in extreme cases, he believes that euthanasia should ultimately not be allowed in practice. He concludes that there should be no changes in current UK laws due to the potential degradation of moral values that may result from a growing number of (voluntary) euthanasia requests, the risk of the slippery slope phenomenon, and a repetition of Nazi-like practices.

In his Islamic perspective, Jonathan Brockopp employs a Western utilitarian approach that involves scripture, tradition, reason and experience to argue that since the purpose of death, namely, to attain paradise, is more significant than the means by which death occurs, 'active' and 'passive' euthanasia may be permissible in certain cases. And since what he terms 'passive' euthanasia is also accepted by most Islamic scholars and Muslim physicians in brain death cases, for example, Brockopp believes that not all forms of euthanasia are prohibited in Islam. Moreover, based on his interpretation of scripture and scholarly viewpoints, he asserts that the practice of suicide in extreme suffering cases can be considered a legitimate act of mercy. However, he believes that suicide should be differentiated from martyrdom based on intention, even if this is in practice difficult when circumstances surrounding death are unclear. In their case-based, Eastern Shiite consequentialist perspective, Zahedi et al. also use Western based sources such as scripture, tradition, reason and experience to argue that if the burdens of treatment outweigh its benefits, or if the treatment is ineffective, it should be withdrawn or withheld, rather than needlessly prolong life. The decision to refuse ineffective treatment as reflected in an advanced directive or living will as a part of one's end-of-life planning, the scholars believe, can also serve to enhance patient autonomy. However, Zahedi et al. assert that patients do not have the autonomy to hasten their death regardless of condition, mainly because human life is considered unconditionally sacred.

Lastly, Abdulaziz Sachedina uses scripture and tradition-specific reasoning to formulate a Western anti-consequentialist perspective on euthanasia. Sachedina opposes euthanasia in suffering cases, because suffering can be a form of spiritual 'trial' or 'test,' a source of spiritual 'purification,' or divine punishment. While Sachedina supports an approach to suffering that involves patience and perseverance, he also does not rule out the use of treatment or remedy. Although he opposes 'active' euthanasia, he believes that 'passive' euthanasia may be permissible in the form of withdrawing or withholding treatment in terminal cases, or administering pain relief which unintentionally but foreseeably results in death, because the aim does not involve killing or harm.

The issues discussed in Chapters II and III can be grouped within various categories or themes that may be common to both faiths. These themes may include religious anthropology or anti-consequentialism, which can be grounded in faith-based practices and dogmatic principles, and consequentialist ideas that may focus on the physical and physiological aspects of euthanasia and death such as quality of life and pain. Although these themes are specifically discussed from a Western vantage point in this study, they need not be limited to this scope, as these themes may also be applied from an Eastern or historical religious or secular perspective. However, there are some Christian perspectives that are tradition-specific and not readily transferable, but may still be of interest to Muslims, and vice versa. This account was helpful in comparing and contrasting Christian and Islamic approaches to euthanasia in Chapter IV in the interest of advancing the interfaith dialogue in the Western world. For example, a comparison of practice-based perspectives or themes such as palliative care, suffering, respect for the elderly and withdrawing and withholding treatment found several key similarities in viewpoint. Moreover, our comparison of the sacredness of human life idea in the two traditions found links as well as interesting differences relating to how the idea is grounded or conceived in Christianity and Islam. The last section in Chapter IV explored the idea of mercy from a Western consequentialist Christian and Islamic point of view and also found many parallels in thought which supported euthanasia and suicide based on shared interpretations of scripture and the human suffering condition.

Chapters III and IV were also useful in evaluating which topics, issues or concerns in Islamic Medical Ethics may need further discussion or development. It was a contention of this thesis that compared to the literature in Western Christian ethics on euthanasia, some euthanasia-related issues or concerns may invite fuller discussion in Islamic terms from a Western viewpoint. Therefore, Chapter V sought to compose a more comprehensive and extended Western Sunni Islamic perspective on euthanasia using a range of sources and partly informed by the discussion in Western Christian ethics of topics that can relate to Western Islamic thought. Based on the information discussed in this chapter, it was concluded that 'active' euthanasia and physician-assisted suicide should remain forbidden in Islam due to the abundance of negative considerations associated with euthanasia. In this way, Chapter V sought to make an original contribution from a Western point-of-view to the developing discipline of Islamic Medical Ethics, as well as provide a new perspective on the existing intra-faith and interfaith dialogues on euthanasia and religious ethics. This study has demonstrated how it is possible to apply methodology that is used in one religious tradition to develop a perspective from another religious tradition, giving greater merit or weight to the interfaith dialogue. Moreover, due to the way this study was designed, it may specifically appeal, but

not be restricted, to a Western or English speaking readership that seeks to gain a greater understanding of how one's religious tradition plays a role in the formulation of an ethical perspective. We will conclude with some reflections on how this thesis can contribute to the dialogue in religious ethics.

Religious ethics set the benchmark for what is and what is not acceptable behaviour in theological terms. Christian ethics in general has tended to emphasize the need for love, grace, mercy and forgiveness as traits exhibited by Jesus Christ. Islamic ethics is generally grounded in the idea of moral responsibility and proper expression of one's faith and humanity as it relates to submitting to the will of God, as demonstrated in the Qur'an and personified by the Prophet Muhammad (pbuh). Many of these ideals can be applied or transferred to issues in bioethics or medical ethics like euthanasia. Although important foundational doctrinal beliefs distinguish the two religions, the survey conducted in this thesis of Christian and Islamic approaches to euthanasia has shown significant common ground between the two traditions. Scholars in the two faiths seem to share many basic ethical values such as respecting the dignity of all persons and avoiding harm and preserving human life, and they raise similar concerns regarding euthanasia and prolonging life. Similarly, other Islamic and Christian scholars raise common concerns related to prolonged suffering and quality of life. Yet it is possible to generalise about the methods adopted in the two traditions despite the differences in intra-faith approaches. For example, Islamic ethics has mainly focused on the Qur'an, Hadith, scholarly consensus and reasoning while Christian ethics has concentrated on the New Testament, traditional practices, reasoning and experience. For Muslims, the life story and actions of the Prophet Muhammad (pbuh) (as well as his companions) are a 'live' dynamic source of guidance when addressing ethical issues, and for Christians, Jesus Christ, and his teachings and actions (as well as those of his disciples) play a similar role.

Christianity and Islam are both Abrahamic monotheistic faiths, and each rests upon fundamental theological beliefs that are grounded in a conception of God which derives from the message of their respective leaders. Christian monotheism involves dogmatic ideas such as the Incarnation and the Trinitarian God of Father, Son and Holy Spirit, while for Muslims, these ideas are disputed due to their endorsement of the absolute Oneness of God. However, these differences need not imply that interfaith dialogue is futile or illogical and should be abandoned. On the contrary, there is a certain degree of overlap in the approaches taken by the two traditions, implying that their methods and core principles are not simply exclusive or tradition-specific, but can contribute to a common theistic ethical perspective. Based on this overlap, Christian and Muslim scholars generally seem to uphold comparable understandings of the divine, humanity and the world drawing on their respective scriptures, as well as

favouring similar types of practices and experiences. Moreover, given the range of perspectives on euthanasia endorsed by religious scholars in this study, it is plausible that liberal, moderate or conservative thinkers in one tradition may have more in common with like-minded members of the other tradition than with other members of their own tradition on some ethical questions. Two key examples of this phenomenon include the rather conservative deontological viewpoints of John Paul II and Abdulaziz Sachedina and the more liberal teleological perspectives of Joseph Fletcher and Jonathan Brockopp. By contrast, Nigel Biggar occupies a more 'moderate' position that is not matched to any Islamic scholar in this study, though this position may still have some appeal for Islamic scholars, as it has appealed to this author.

These varying views are of some importance because they serve to enhance and expand not only the intra-faith discussion, but also the interfaith one as well. Varying viewpoints relating to euthanasia (or any other issue) can be a way for members of different traditions to learn from each other and can help a person to clear up misconceptions, increase their awareness of different views and gain a deeper understanding of their own tradition and perspective, as well as a broader picture of the ethics discussion. Interfaith dialogue is, by no means, a simple task, nor has it ever been.¹ Religio-ethnocentric identities grounded in centuries of dogmatic belief can serve as seemingly insuperable barriers to fruitful exchange. But interfaith dialogue need not imply abandonment or invalidation of one's religious identity, but rather a verification of its evolution as well as its significance to advance the exchange of ideas in the contemporary era.²

Although both sides have been embroiled in periods of conflict over the centuries, both sides also have a responsibility that has been evolving for centuries to understand and learn from 'the other side,' not least because Christians and Muslims face several common challenges in the 21st century. By taking up this responsibility, perhaps 'the other side' may come to seem less foreign, distant, different or hostile. For example, since the broader ethics discussion concerns novel and always changing bioethical issues such as cloning, human genetic engineering, repro-genetics and stem cell research, among others, future research using a similar comparative religion paradigm to address such issues would be interesting and worthwhile. Christian-Muslim dialogue today subsumes more than just theological and

¹Anthony O'Mahony, 'Christians and Muslim-Christian Relations: Theological Reflections,' in *Christians and Muslims in the Commonwealth: A Dynamic Role in the Future*, edited by Anthony O'Mahony and Ataullah Siddiqui (London: Altajir World of Islam Trust, 2001), p. 126.

²Anthony O'Mahony, 'Christians and Muslim-Christian Relations: Theological Reflections,' p. 91 and 95.

historical issues and extends also to questions which are bio-technological, anthropological, ethical, political and economic, internationally and domestically.

It is my sincerest hope that in a tumultuous time in history, this thesis can help Christian and Islamic ethics learn from one another, and that this learning will foster greater collaboration and mutual support for the common good and the improvement of the world not only on pressing issues in bioethics, but on ethical issues more generally. As O'Mahony succinctly advocates, 'There must be on all sides a desire, a wish for sympathy and intellectual fairness, an anxiety to understand precisely the other's thought. And perhaps, in doing this, we shall see more than once the dialogue breaking off in favour of a common task of philosophical exploration.'³ For as the Qur'an states: '*O you Men! Surely We have created you male and female, and made you (different) tribes and families that you may know each other (and not despise one another)...*'(49:12).

³ Anthony O'Mahony, 'Christians and Muslim-Christian Relations: Theological Reflections,' p. 125-126.

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