Executive Summary

This report was commissioned by Synod 2023, requesting "a definitive and comprehensive report on the practice of assisted suicide in all its forms" (*Acts of Synod 2023*, p. 981). We understand that the main question posed to the Assisted Suicide Task Force is as follows: *Given the growing availability and endorsement of medically assisted suicide, how should Christians think about this matter biblically, within the medical context, and in support of practical Christian living?* In this report we argue that Christian theology and pastoral-care practices encourage compassionate palliative care and support of suffering, disabled, and/or dying people and their families instead of acting to cause death.

In consideration of medically assisted suicide (MAS), we begin by reviewing a biblical view of human life. Life comes from God; it is a generous outpouring of his love for humans. By placing his image on humankind, God has imbued us with value and dignity that is intrinsic and enduring. The preciousness of life is not diminished by age, disability, disease, accident, or deformity. This is in contrast to a secular notion of human value and dignity as dependent on any other means, whether autonomy, ability, health, or wealth.

Suffering is part of being human. Jesus suffered greatly during his time on earth; he understands our suffering, and he walks with us when we suffer. Further, Scripture repeatedly ascribes value to suffering, producing perseverance, character, and hope (Rom. 5:3-4). However, we do not seek to suffer. Indeed many in the Bible and throughout human history have despaired of life itself in the midst of profound suffering or misery. A Christian response to suffering and existential fear is grounded in our call to love one another. "Carry each other's burdens, and in this way you will fulfill the law of Christ" (Gal. 6:2).

Indeed, a loving community plays a vital role in helping people to persevere in faith when they are suffering. We must acknowledge that we have often failed in our duty to care compassionately for each other in our suffering. James 1:27 calls us anew to care for people who are vulnerable and for those whom our society devalues or ignores, and to work to alleviate situations that cause their suffering. However, even in the most supported circumstance, suffering is real. Therefore an important aspect of our response to suffering is individual or communal lament. Like the psalmist, we lament the brokenness we experience on earth. Yet out of lament can arise profound expressions of faith and hope: "My heart and my flesh may fail, but God is the strength of my heart and my portion forever" (Ps. 73:26). This lament can and should take place in the context of communal worship, where we support each other and ask God for mercy.

MAS is available today throughout Canada and in several U.S. states. So in many cases when people are facing unbearable suffering, the health care system can provide either palliative care or medically assisted suicide (Appendix A outlines the history and current state of MAS). Whereas palliative care provides medicines and caring resources to optimize quality of life until a natural death, medically assisted suicide uses medicines to

purposefully cause the death of a suffering individual who has chosen to die. Importantly, the suffering that most often leads people to seek out MAS is *existential*: a person fears loss of control, loss of dignity, or loss of purpose as capability diminishes.

Palliative care has developed considerable expertise in addressing many elements of suffering to enhance comfort. A team approach provides personal, emotional, and spiritual care and addresses many physical symptoms contributing to suffering such as pain, shortness of breath, nausea/vomiting, bladder/bowel dysfunction, loss of energy and appetite, and so on. If suffering becomes unbearable, palliative sedation can be used (eliminating conscious awareness of pain, like an anesthetic during surgery)—the intent being to relieve of suffering, *not* to cause death. In contra-distinction, MAS addresses an individual's despairing of life due to suffering by offering medicine protocols designed to rapidly cause death—whether directly injected via an intravenous line (euthanasia) or prescribed and self-administered (assisted suicide)—thus ending the person's suffering.

When confronted with an illness in which their suffering is increasing without expectation of cure, a person faces decisions about whether to continue with health care's offer of life-prolonging treatment (Appendix C provides information for medical decision making). A positive view of the value of life within the context of a loving community would not typically lead to early abandonment of all medical care. However, believers who have entrusted their life to Christ should not feel required to pursue medically futile interventions but are free to decline treatment that might prolong but not enhance one's life. In this context of *allowing one to die*, we note that the term "passive euthanasia" is misleading and should not be used. We also distinguish between an individual who has lost hope, declining intake of food and water as a means to end their life, in comparison to an individual's declining nourishment in a terminal situation when it can no longer sustain their life.

Medically assisted suicide is not limited to the context of a reasonably foreseeable death. In Canada, "Track 2" MAS allows a person whose death is not reasonably foreseeable but who has intolerable suffering to receive MAS if they also have a disability. In a society where people with disabilities are devalued and experience high rates of social isolation and poverty, the church must work to understand the disabled person's experience and must respond with compassionate action. Indeed, a supportive community is particularly important in this context: we are called to serve by breaking down barriers that prevent communal participation, whether via physical, financial, technological, or other means.

While MAS presents an evolving ministry context for pastors and churches today, the Christian community is uniquely gifted to respond to and care for people who are hurting. Pastoral care is an important service for persons who suffer; caring Christians walk with these persons in matters of life and death. The power of *presence* through visitation and personal communication cannot be overstated (Appendix B offers suggestions to help equip laypersons for visiting persons who are dying). We are called to *persevere* in suffering through love, lament, and liturgy. We seek to *protect* each image-bearer, working compassionately. And we hold out the promises of the gospel: God's sustaining hand in the present, and the hope of our resurrection and eternal life in God's presence.

Finally, we recognize that many people today are caring for people who pursue MAS, both within and outside the church. Our survey and roundtable discussions with pastors have made this clear. In the body of our report we provide guidance on how to respond when someone is contemplating medically assisted suicide. We also discuss funeral proceedings after a medically assisted death. We note that MAS, while a grievous and tragic act, is not an unforgivable sin. We hold on to the promise that not even death can separate us from the love of God (Rom. 8:38-39). We acknowledge as well that those caring for an individual who proceeds with medically assisted suicide may experience moral injury and may also require pastoral support.

In conclusion, medically assisted suicide is accessible and endorsed across North America today. Suffering people are vulnerable to despair and may desire action that intentionally causes their death. Honoring God as the author of life, we point to *palliative care* as the proper service that health care provides to address suffering, and *pastoral care* as the church's duty in responding compassionately to suffering. We do not fear death; we wait for death in hope, trusting that "the one who raised the Lord Jesus from the dead will also raise us with Jesus. . . . Though outwardly we are wasting away, yet inwardly we are being renewed day by day" (2 Cor. 4:14, 16).