

English

INTRODUCTION

The novel discoveries and impressive achievements of contemporary society in the field of biomedical sciences give rise to unfamiliar problems and challenges, generate questions that persistently ask for answers and create the need for specific guidance and deeper understanding of the existing values.

The new scientific and technological data touch upon the mystery of life and the sacredness of the human person, and affect interpersonal relations. Thus, they influence more and more the life of the faithful who constantly anticipate the guidance and support of the Church. At the same time, social carriers, legislative and parliamentary bodies as well as the medical world ask persistently for specific and well-justified ecclesiastical word.

The Bioethics Committee of the Church of Greece, after examining thoroughly and diligently the relevant bioethical issues from a theological, legal and medical aspect drew up an official document on euthanasia comprising of 54 basic articles which was approved by the Holy Synod of the Church of Greece in November 2002.

This document analyses in detail the issue of euthanasia. Its aim is not to restrict the faithful's freedom

within the limits of specific guidelines; but rather to contribute to the profound and detailed understanding of the various problems arising from euthanasia, which will, in turn, lead them to more responsible and mature decision-making.

Moreover, although the document has been approved by the Holy Synod, it has not been distributed yet officially to the clergy or the faithful. It is not a text of indisputable ecclesiastical word but its publication aims at initiating discussion on the issue of euthanasia. However, we believe that it maintains the accuracy of scientific and clinical reality and safeguards the relevant basic principles of Orthodox anthropology. The text is explicit, provides guidance to people, embraces man as an image of God and constitutes a witness of the Orthodox Christian ethos.

BASIC POSITIONS ON THE ETHICS OF EUTHANASIA

I. Introduction

1. On November 28, 2000, the Dutch Parliament voted for the legalisation of euthanasia. On May 16, 2002, the depenalisation of euthanasia was abolished in Belgium and later on it was also abolished in Australia and certain states in the US. In the past years, it has been the topic of discussion among legislative bodies, competent committees, the mass media, conferences and public debates.

The dilemma of euthanasia has begun to surface in daily clinical practice. There is great risk that this newly-emerged issue may affect our consciences and alter our ethical criteria. Quite often, people's sensitivities are guided by a logic and perception that demand the legalization of euthanasia or in the best case justify it, even though officially most countries still react to its enactment.

2. The modern social way of thinking, being primarily rationalistic, easily sacrifices the respect for life

and death in the name of hedonism and self-interest. Consequently, there is an imminent need on the part of the Greek Orthodox Church to express Her position on the matter.

3. By the term euthanasia we mean the hastening of the death of a person, who suffers or will suffer from an incurable and painful illness, with the active or passive assistance (omission or action) of a third person. The ill person, who may be either conscious or unconscious, should have expressed explicitly his wish that his life be terminated.

II. Life and death in the Orthodox theology and tradition

4. Our life constitutes the supreme gift from God, the beginning and end of which depends entirely on Him: *“in his hand is the life of every living thing”* (Job 12:10). It is within biological life that man's free will finds its full expression, encounters the grace of God and thus his salvation is being realised.

Every effort to determine the limits of life solely on the basis of human volition, decision or capability deprives life of its sacred character.

5. Man was created immortal by grace. Immortality is his natural state of being. However, pain, decay and death were introduced into the world through sin. Death was permitted by God so that evil does not become immortal.

6. Biological life does not determine the entire destiny of man. Man was created by God, having a body

and a soul in unbroken unity, which is, however, broken by the event of death. Although the body is dissolved by death, the soul is preserved so as to be united once again with the resurrected body.

7. The great importance of this present life is judged in connection with the potential for man's theosis and salvation through repentance. Without spiritual life, the preservation of man's biological life loses its importance; it lacks meaning and is entrapped by death.

8. From the moment of his conception, man experiences death, either through physical changes due to age, sickness, or through the loss of a loved one. Death and its consequences are surpassed through Christ who defeated death by His death (by death has He trampled down death).

9. Death is an event that is not only connected with the end of biological life, but also with the whole existence of man. Since life is prolonged after biological death, the way in which one lives and dies affects his eternal existence.

10. The contemporary secularised position on euthanasia views death as a right, and not as an event that transcends man; as something that can be determined within time, and not as a moment that is determined by God. Respect for our God-given life requires that it be protected in any way possible. This is expressed, on the one hand, by trying to preserve the quality of life, and on the other hand, by attempting to prolong life. According to the Orthodox Christian teachings, in no way can the duration of life and the moment death be determined by human rights.

III. The meaning of pain

11. The Church acknowledges the weakness of human nature. Consequently, She embraces those who are ill, in pain and affliction and compassionately asks for deliverance “*from all affliction, wrath, danger and necessity*”, and prays that the end of life may be “*painless, shameless, peaceful*”¹ and that in certain cases patients in the agony of death may soon be reposed (prayer for those in agony of death).

12. Nevertheless, She recognises that behind every pain there is a blessing. Pain in human life, as well as any other trial, is “a collaborator to man's salvation” and oftentimes is “even better than health itself”² for that purpose. Natural as well as existential pain is beneficial because it widens the limits of existence. Pain could form a means of ascesis in humility, patience and love, and can become an opportunity for preparing ourselves for eternity.

13. We do not pursue pain. However, when it occurs we ought to try in every way to cope with it. In case it persists or remains incurable, enduring it with patience, faith and hope proves to be both beneficial and supportive. The positive or negative impact of pain depends greatly on man's personal stance towards it. Learning to bear even the most difficult circumstances in life constitutes the best preparation for dealing with pain.

1. In almost all services of the Orthodox Church (Vespers, Matins, Divine Liturgy etc.).

2. Saint Gregory Palamas. (1985). Thessaloniki: EPE (Greek Fathers of the Church) Vol. 9, p. 264.

IV. Medical treatment of pain

14. Contemporary medical science is in a position to confront successfully most forms of pain with the proper analgesic treatment. For this reason, it is imperative that physicians be constantly scientifically trained and updated. At the same time, however, the care of the medical and nursing staff as well as the relatives' support is inestimable to the patient when dealing with pain.

15. In case patients do not respond to therapy, it is advisable to administer sedatives. Love compels us to alleviate the patient in every way possible. We should not allow patients to be in pain by depriving them of the required dose of sedatives. Perhaps, it is better to pass away while sleeping.

The Church welcomes and blesses the attempts of physicians who relieve through therapeutic methods the patients' pains until the last moment of their earthly life.

V. Consequences of modern medical technology

16. Modern medical technology has greatly contributed to curing various diseases. At the same time, however, the intrusion of technology in medicine produces unprecedented forms of death or conditions of painful survival incompatible with life that lead to new dilemmas and bring forth unanswered questions.

17. Medical advancement may cause tragic and problematic living conditions, which give rise to the

following question: is it permitted to shorten the life of a human being, or is it more correct to prevent his death? Medical and pharmaceutical technology does not only prolong life but often it also delays the very process of death.

18. On the other hand, despite the impressive progress of diagnostic and preventive medicine, no one can ever be certain about the incurable character of a disease. There is always the possibility for an erroneous medical appraisal, or for an unforeseen outcome of the disease, or even for a miracle.

VI. The medical mission

19. Since the years of Hippocrates, the medical mission was identified with the provision of therapy and offering of life, and was incompatible with any participation in causing death. According to his famous oath, the physician promises that *“he will never give anyone a deadly medicine, even if he asks for it, nor will he advise him to take it”*.

20. In case the physician cannot provide a cure, he can help the patient by trying to alleviate his pains, relieve him of his ailments, ease his agony and assist him in enduring his trials, so that he can live the last moments of his life with dignity.

VII. Social and psychological causes of euthanasia

21. The more profound reason that makes euthanasia a very popular and widely discussed subject is the

fact that nowadays a purely materialistic, transient and hedonistic perception and practice prevails. In addition, health has acquired a strong financial character and man is regarded on purely mechanistic and ephemeral terms.

22. Our modern consumerist society regards terminally ill people as persons unable to participate actively in society and, therefore, they are considered to be unproductive for the advancement and development of the social system as well as a hindrance to other people's well-being and happiness. This is why society's willingness to support terminally ill individuals is limited.

23. Moreover, we cannot overlook the psychological causes that lead someone to request euthanasia. These usually are: despair due to natural discomfort, cowardice before natural pain, disappointment due to the weakening of physical strength and the fear that he may become a burden to his relatives.

24. If the patient could ascertain that one or all of the above could be alleviated by the love and concern of physicians, nurses, relatives and friends, he would not easily choose euthanasia. This is something that contemporary society should take into consideration.

25. The request for euthanasia usually comes from individuals that are in a state of depression. This means, firstly, that the conditions under which they ask for euthanasia do not guarantee the soberness of their decision; and secondly, that it would be possible for the same individuals to desire a different outcome for their future, following proper psycho-therapeutic support and treatment.

The incurable and painful illness affects the patient's mental balance to such a degree that we could allege that it is almost impossible for the patient to express his will lucidly and with correct judgment.

VIII. Social consequences of euthanasia

26. The implementation of euthanasia vests physicians and relatives with extra authority and rights which have uncontrollable consequences. The description of the patient's condition depends on the physician. The decision depends on the relatives whose motives could at times be ambiguous. Their character, mentality, and mood at the specific moment, as well as their philosophical and religious beliefs, or even their personal interests could play a decisive role in someone's decision to request to shorten his life.

27. So far the physician's role has been to support people in their struggle for health and survival. His active involvement in the procedure of hastening death injures gravely the relationship between physician and patient and alters the value of life as the utmost good.

28. The so-called "right to death" that legally protects euthanasia could develop into a threat for the life of patients who are unable to respond financially to the demands of their therapy and hospitalisation. Our autonomy is limited by the fact that we are social entities.

29. In essence, by opening the way to euthanasia, on the one hand, illegal interests are facilitated and, on the other hand, the preconditions for a racist and eugenic society are created, in which the healthy, young,

wealthy and successful will be given priority. When our behavior towards our ill fellowmen is based only on the logic and ethics of committees, resolutions and rights and lacks love in Christ, then it leads to the debasement of man.

30. The implementation of euthanasia in certain countries creates the risk of causing direct side effects and problems to other countries, one of which is the so-called “death trading” that helps the illegal transportation of those people who wish to bring an end to their life (for example, the Netherlands and Switzerland).

IX. Legal remarks on life

31. The value of man has an absolute character and its basic expression, which is human life, is absolutely protected, irrespective of its quality and the will of its bearer. In other words, the right to take an end to one’s life is not recognised.

This is documented by provisions that penalise participation (encouragement or assistance) in suicide (article 301 of Penal Code) or homicide with the consent of the terminally ill patient (article 300 of Penal Code); moreover, the consent of the patient to a dangerous or serious physical damage does not negate the punishable act.

32. The probable upgrading of the right to end one's life to an absolute degree will eventually affect the system of absolute protection of life and will open up the way to other persons’ rights, such as relatives or physi-

cians when the right to end one's own life cannot be exercised.

33. If euthanasia of the “dying patient”, namely the hastening of the expected death is legalised, it will form the starting point for the legalisation of euthanasia of “the terminally ill patient” whose death is not always that close. In this case, the state becomes involved in judgements and choices on assessing the value of the given life.

34. The Penal Code of Greece is considered as one of the best and most complete in Europe. Let us leave it the way it is. Articles 300 and 301 of Penal Code can form a satisfactory guide for every case of euthanasia.

35. The objection of the physician to the “persistent and significant” request of the patient for euthanasia is inviolable. The so-called right to life of a person cannot lead him to demand to be killed by his physician.

X. The proposal of the Church

36. The deeper spiritual causes that lead to a positive viewpoint on euthanasia usually lie in extreme materialism; man's spiritual poverty; the consideration of pain and disease as misfortune or injustice; the belief that life is not sacred and that it is only connected with external and physical beauty and financial prosperity; and the consideration of death as a fatal event and not as an intermediate stage of man's course.

In such a society, concepts such as sacrifice, patience, perseverance and endurance are unknown,

while those of mercy, compassion and sympathy are misinterpreted.

37. While euthanasia is justified in a secular sense as “dignified death”, its active form constitutes assisted suicide, namely a combination of murder and suicide. For this reason, it is considered a decadent social phenomenon of human debasement.

38. The moments of life that are connected with its beginning and end, as well as the moments of our trials, weaknesses and pain conceal a unique sacredness and constitute a mystery that ought to be deeply respected by the relatives, physicians, nursing staff and the entire society. If we handle these moments spiritually by praying, they may generate humility and the seeking of God, and offer man the opportunity to experience God’s grace and witness a miracle.

39. Moreover, these moments favour human relationships, the communion of love, and the manifestation of compassion and mercy. When certain patients demand euthanasia, they actually ask us in return to express our love and our wish to remain close to us. During these moments, one can experience both the grace of God and the love of others.

40. The Church acknowledges the illness of human nature and that “*death is better than a miserable life and eternal rest than chronic sickness*” (Sirah 30:17). Consequently, She is very understanding towards those who break down before unbearable pain and death. Her word of truth is always philanthropic and Her philanthropy is rich with the truth.

41. Love by nature is not just an emotion, but it is partaking in the pain and the cross of our fellowmen. To love someone does not mean to free him from the burden of life. It means to carry the weight of his pain or offer him our own life, or even more so, offer him the truth and love of God. Love is understood only in truth.

42. The Orthodox Christian Church believes in the immortality of the soul; the resurrection of the body; the eternal perspective and reality of man; in pain as “*the marks of Lord Jesus*” on our bodies (Gal. 6:17); in trials as causes and opportunities for salvation; in the prospect of growing loving communion and mutual support. Therefore,

a. She proclaims that our life is exclusively in the hands of God and that everything that happens to us is in our own interest and we have no right to correct the plan of God, and

b. She rejects every death resulting from human decisions and choices as being an insult to God -no matter how “good” it may be called. Moreover, the Church condemns as unethical and insulting for the medical profession, every medical act, which does not contribute to the prolongation of life, but, instead, provokes the hastening of the moment of death.

We, human beings, ought to pray, not to decide about life and death.

43. The Church proposes the transcendence of death as an alternative to the contemporary form of euthanasia that hastens and provokes death. Good life and good death (euthanasia) for the Church mean life

and death with meaning and perspective. When the choice of death comes from the denial of God's will it is considered a sin. On the contrary, when yearning to die springs from the love of God, it constitutes a unique blessing and an exceptional virtue "*my desire is to depart and be with Christ*" (Phil 1:23).

44. The Church's tradition includes many examples of saints who did not wish to resort to doctors or medicines for therapy, but instead they totally relied on God's providence. Nevertheless, there are some ascetics who resorted to the use of medicine or other medical means, but then considered their act as a deviation from the road of perfection.

This fact does not imply the Church's ambivalent position on the matter, but indicates Her absolute respect for man's freedom and the significance of his innermost intention.

Therefore, behind the patient's words we ought to discern the deeper state of his soul that interprets his wishes and choices. When an ascetic refuses therapy in a hospital and instead retreats to his hermitage, he does not desire euthanasia. On the contrary, when someone that has no hope or patience refuses medical support and assistance, then he culpably shortens his life span.

45. The provision of medical attendance and therapy, from a legal viewpoint, does not constitute an independent medical right but only an obligation, to the extent that the patient requests it. Moreover, the occurrence of death caused by the "omission" of a suggested treatment due to the refusal of a fully conscious pa-

tient to receive medical assistance does not constitute homicide or participation in suicide. Nevertheless, the doctor has the moral obligation to assist the patient to consent to the effort being made to keep him alive.

46. In case the patient is unconscious but can be cured, the physician is obliged to assist in keeping him alive in every way he can.

47. When the patient is unconscious and there is definitely no hope for treatment, then the conscience of the physician and the relatives replaces the patient's conscience. This is why there is an imperative need for a refined conscience on the part of the physicians. Sometimes, the physician, based on his knowledge, sense, experience and love for the patient as well as his faith in God, feels that he ought to avoid the use of aggressive means that do not provide therapy to the patient, but instead make him suffer. In this case, the physician cannot be considered unethical.

48. The use of medical intervention should be extended to the point where the emerging complications and additional problems alleviate the patient's pain and do not prolong his suffering. God is the one Who allows pain; therefore, it should be neither generated nor intensified by medicine. The prolongation of life and alleviation of pain should coincide with the volition of God; it should not become an end in itself.

49. The doctor should neither be led to nor consciously act to prolong artificially the natural limits of life through exaggerating therapeutic means. For these may result in the loss of the patient's dignity, which in

turn may affect his immediate environment financially as well as psychologically.

50. The following cases are found on the narrow line between passive euthanasia and active euthanasia:

a. When artificial support is already being applied without the prospect for recovery, is it allowed to interrupt nutrition by a positive action?

b. Painkillers are consciously administered that eventually hasten death.

In the first case, the positive action burdens our conscience with guilt for participating in the patient's death, while in the second case, the absence of the immediacy and certainty of the occurrence of death does not burden our conscience. Actually, the patient's relief is immediate and certain.

51. It is not possible to justify active euthanasia and, therefore, neither is its legalisation under any conditions ethically permissible.

Politicians and legislators cannot appoint themselves as managers of life and death.

52. The growth of healthy relationships of love and communion strengthen human beings so that they may confront death and pain. Consequently, they also assist in dealing with trials and transforming them from a personal agony to an opportunity for healthy sharing and communion.

53. In case a patient is in a state of panic and is tempted to request euthanasia, the Church may give him hope and comfort through Her consoling words, Her effective prayer, the sacrament of Holy Oil and Her love which are stronger than the fear of pain and

desire of death. Then, euthanasia will not only be absent from the Church's way of thinking, but it will also be excluded from the patient's choices.

54. During moments of crucial decisions and trials, the Church should not wait for the patients to ask for Her support. She ought to go near them by making Her presence felt discreetly and effectively in the hospitals. Therefore, on the one hand, She should support the institution of hospital chaplaincy and, on the other hand, proceed to the organisation of volunteer groups in hospitals aiming at the spiritual support of terminally ill patients. If neglect leads to euthanasia, then love, support and true hope intensify the love for life.