Voluntary Euthanasia in New Zealand: An Analysis of Compassion, Autonomy, and Secularism in the Public Sphere

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Abstract

In the wake of the recent case of Sean Davison the question has resurfaced once again of whether voluntary euthanasia should be legally and morally accepted in New Zealand. This paper will survey the debate surrounding voluntary euthanasia as it has been presented in the media and by leading advocates. Arguments for compassion in the face of an inhumane medical practice, the right to self-determination to control one's death, and society's progression away from religious prohibitions receive particular attention. Drawing on the narrative traditions of "Jesus the healer" and their influence on medicine the arguments put forth by voluntary euthanasia advocates will be analysed in the attempt to show what contribution Christian theology could make to this public debate.

Introduction

As a relative amateur to this field I have been fascinated by how contested and controversial the topic of death has become. The topic of voluntary euthanasia appears to incite deep-seated questions about our convictions and understanding of human meaning. The questions of ultimacy embedded in the euthanasia debate – control and empowerment, the finite self, the gifted nature of life, suffering and compassion, and the good death – are all common questions of human meaning, and yet in the contemporary climate any societal consensus about these questions is fast disintegrating.[1] It is my intention in this paper to illuminate these questions of ultimacy embedded in the main arguments for the acceptance of voluntary euthanasia and then to question what this might mean for our human meaning.

Not surprisingly the most visible context of reflection on these issues throughout history has been within religious traditions.[2] As a Christian, my point of departure is to ask these questions from within the Christian tradition. The origin of reflection on medical ethics dates back to the earliest of Christian tradition. Allen Verhey describes how the early church's remembering of "Jesus the miracle healer" led them to reject the prevalent practices of magic and witchcraft in the pursuit of health, but instead saw in medicine the possibility for embodying the healing work of Christ. They "set medicine within the story of Jesus the healer" which made them "see care for the sick as a reflection of God's care for sinners and to see healing the sick as a token of God's triumph over sin."[3] Yet while viewing life and health as part of God's purpose for humanity they were not the *summum bonum* (highest good, ultimate goal). Verhey goes on to conclude that: "Christians regarded sickness and death as evils, as features of the disorder introduced by human sin, the disorder

[1] See, Courtney S. Campbell, "Religion and the Moral Meaning of Euthanasia," in *Core Readings in Medical Ethics*, ed. Ted Jagielo and Patrick Guinan, M.D. (Chicago: Catholic Physician's Guild of Chicago, 1996), 150.
[2] Courtney S. Campbell, "Religion and the Moral Meaning of Euthanasia," in *Core Readings in Medical Ethics*, ed. Ted Jagielo and Patrick Guinan, M.D. (Chicago: Catholic Physician's Guild of Chicago, 1996), 150.
[3] Allen Verhey, *Reading the Bible in the Strange World of Medicine* (Grand Rapids, MI: Eerdmans, 2003), 1-31, quote at 7.

that God in Jesus did and will put right. But sickness and death were not the greatest evils, not he *summum malum*. They were part of [a] larger evil."[4]

By placing medicine within the larger narrative of Christ's ministry, suffering, and victory over death, physicians, hospitals, and medicine came to be central features of civilisations influenced by Christianity. But this same narrative also gave rise to traditions that provided guidance on the appropriate goals and means of medicine. For example, to suffer from infliction or disease was widely regarded in the Greco-Roman world as the result of a lack of virtue or honour, or as the fate of the gods, or else as the consequence of sinful behaviour. These calculated accounts of suffering stripped a person of their integrity and dignity, which was physically reinforced through their being ostracised from human community. A honourable death required the absence, or at least the lack of recognition, of suffering; which is why if one's honour was about to be jeopardised a good death could well include suicide.

Yet Christian reflection transformed this mechanical view of suffering by placing it within the story of Jesus Christ. Jesus' presence among and healing of the sick and outcast not only brought about restoration to health and community, but also undermined the view that suffering was the result of one's actions, thereby the appropriate response should be care rather than banishment. Later reflection on the sufferings of Jesus on the cross led Paul of Tarsus to write that suffering was the result of living within a fallen creation, which is universally experienced. Yet for those who are in Christ their suffering needs to be understood as inscribed within the suffering of Christ, which produces in them fruits of the Spirit and a real hope for the end of all suffering. Placed within this story the purpose of medicine was not viewed as a battle against suffering, but rather as participation in the restorative work of Christ. This requires not simply an attitude of cure, but a presence that communicates care and humility.

[4] Ibid., 6.

Such accounts of the origin and development of medicine are often disregarded in the contemporary search for our moral responsibility towards those who are dying. The narrative traditions of Jesus the healer are by and large considered morally vacuous in our Enlightened, post-Christendom society, who now turn to the figures of Mill, Rawls, and Hume. The dominant attitude seems to accord with the author of this comment in the *Dominion Post* who argued that,

> Religion has no place in our society any longer. Why should Christians and any other Groups with vested interest have any say [on voluntary euthanasia]. Let New Zealanders decide.[5]

While I'm not sure whom the designation "New Zealanders" refers to in this statement, the appeal for secular society to conduct public debate insulated from communities of conviction is not unfamiliar.

Moreover, until very recently what passed as Christian ethics could also easily be couched within their secular counter-parts. This gave credence to the idea that Christians did not really have anything distinctive to contribute that could not just as well be said in a secular tongue. In order to retain some public influence Christians have had to disavow their native tongue and by way of translation adopt a universal and neutral language. The problem of course, as Jeffrey Stout points out, is that there is no such language of *Esperanto*.[6] The challenge before the Christian community therefore is to contribute to the topic of voluntary euthanasia from the perspective of God's self-disclosure in Jesus of Nazareth and of the creation of a community that is sustained by the gifts given it by God. Even if this community may not presume that public institutions will presuppose the truth of this perspective it cannot draw the inference that talk of God will be irrelevant to public life about such bioethical concerns.[7]

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[5] Online comment number 7 in Jessica Tasman-Jones, "John Key Supports Euthanasia Legislation Review," *Dominion Post*, 8 July 2011.
[6] As Jeffrey Stout evocatively puts it, there is no privileged vantage point "above the fray," Jeffrey Stout, *Ethics After Babel: The Languages of Morals and Their Discontents* (Boston: Beacon Press, 1988), 282.
[7] Ibid., 187.

I intend to constrain the limits of this paper to the context of New Zealand, and how the demand for voluntary euthanasia has framed its appeal in the public imagination. To do this I have carried out interviews with those who have had varying levels of public engagement on this issue, and I have particularly focused on the role of Christianity in this debate. This in turn has led me to structure my paper as an analysis of the three main appeals that appear to carry some weight for proponents of voluntary euthanasia. These are: compassion, dignity or autonomy, and secularism. I will spend the first half of this paper describing these appeals and why they appear to be gaining such momentum. The second half of this paper attempts to understand the implications and assumptions embedded within these appeals and what they say about our societal attitudes towards the vulnerable and the dying. So let me begin.

Understanding the contemporary interest in Voluntary Euthanasia in the New Zealand context

Relief from Suffering: The Appeal from Compassion

On the way to his trial to face charges of inciting and procuring the death of his mother, Sean Davison told the media that voluntary euthanasia was "one of the greatest challenges facing humanity."[8] Such a declaration puts voluntary euthanasia in that category of moral and ethical issues that jeopardises what it means to be humane. Given Davison's background in South Africa of working to identify abuses under the apartheid regime he was perhaps thinking that this issue should elicit the same kind of response as New Zealand's protest of the Springbok tour in 1981. But why is voluntary euthanasia presented as the litmus test of our humanity? Again, Sean Davison tells us from his own experience when after being pronounced guilty he declared: "I did the *compassionate thing* by helping my mother to her death. I believe *any humane*

[8] Anonymous, "Scientist Returns to Face Murder-Bid Trial," *New Zealand Herald*, 9 October 2011.

person would have done the same thing."[9] Or again, "If I committed a crime, it was a *crime of compassion* to help my mother."[10]

We are told that in order to be humane, compassion requires us to accept voluntary euthanasia. This is a strong charge, especially given that without compassion it would indeed be difficult to say that society is humane. Not surprisingly Davison's plea for compassion incites strong sympathy, listen to this letter to the editor in the *ODT*,

> What sort of a sick, medieval society do we live in that we have to pursue a man through the so-called justice system because, *acting out of love and compassion*, he assists in ending the misery of his terminally ill mother? Why should anyone have to suffer extremely and needlessly to 'justify' the personal prejudices and religious superstitions of an *uncaring public*? People have the right to elect to die with dignity, and *those that deny them this right are evil*.[11]

The appeal to compassion has arguably arisen because the nature of our dying has changed. Advances in medical practice has resulted in people living a lot longer, and when the time comes to die it is often a prolonged and agonising process. We are told of agonising pleas for release – release from the torturous interventions of medical practitioners. For example, listen to this report in the *Marlborough Press* from Ann David:

> As I write this, I am thinking of an elderly friend who is slowly dying of incurable cancer. He has been given between one and three months to live. He knows that the end will be frightful as he loses control of his bodily functions and suffers the humiliation of having to be wiped and nappied like a baby, vomiting, choking, losing breath. There will be extreme pain, exhaustion, terror and nausea. There is absolutely no hope of reversal of his disease. He would like his doctor to help him die peacefully, right now, in the

[9] Editorial, "Euthanasia Debate will get more Pronounced," *The Press*, 5 November 2011, italics mine.
[10] Nigel Benson, "Davison Maintains Stand on Euthanasia," 10 January 2012, italics mine.
[11] Trevor Adams, Letters to the Editor, *Otago Daily Times*, 9 November 2011, pg. 16, italics mine.

> arms of his wife while he still has his humanity and dignity intact, but the law does not allow this. Instead, he will be forced to endure prolonged physical, emotional and mental agony until he reaches his tortured end.[12]

Now if such a description does not incite sympathy for the cause of voluntary euthanasia – and compassion for this cancer patient – then I don't know what would.

There are other reasons why the appeal to compassion has such potency in our public imagination. Traditional moral systems based in principles, duties, or rules are deemed too abstract, too intellectual, and too distant from the concrete everyday experience of moral choices. This is usually combined with a general scepticism towards the idea of moral truths, which results in a strong pull towards moral relativism. In such an environment our emotions, feelings, and 'personal values' are the best indicators of what is right and wrong.[13]

This is particularly the case on the topic of voluntary euthanasia, for not only does the impending death of the patient present us with a grey area in regards to our moral compass, but the patient in question is usually a loved one – perhaps a family member – who cannot but incite our deepest emotions. In Davison's journal that he wrote during his care for his mother, and later published as *Before I Say Goodbye*, except with the omission of this section, he details the soul searching before he killed his mother. He writes, "To kill is to kill, no matter how sweet and right it is. I am committing a premeditated killing."[14] Despite this moral reflection on the course of his actions Davison's deep loyalty and affection for his mother would prove to be a far greater moral imperative than the principle that all killing is always wrong.

The story of Sean Davison is obviously one that pulls us in, that arouses our compassion and makes us ask questions of ourselves and the kind of society we

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[12] Ann David, "Debate Needed on Voluntary Euthanasia," *The Marlborough Press*, 10 February 2011.
[13] Edmund D. Pellegrino, M.D., "Compassion is Not Enough," in *The Case Against Assisted Suicide: For the Right to End-of-Life Care*, ed. Kathleen Foley, M.D. and Herbert Hendin, M.D. (Baltimore: John Hopkins University Press, 2002), 43.
[14] Nicola Shepheard, "Son Confesses: I Killed My Mum," *New Zealand Herald*, 5 July 2009.

live in; that is why I have included it here. It is also the kind of story that journalists and their media outlets know will sell. It is not difficult to present a story like Davison's and know that people will want to read it. Tragic and sensational cases of someone suffering a difficult death are always more interesting than the mundane and ordinary stories of those who die peacefully. That is why we probably also know about the story of Margaret Page in Wellington who starved herself for 17 days and all the while refused treatment. One article in the *New Zealand Herald* had the headline, "Starving Woman '*Lacked Humane Support*,'"[15] even though Ms Page was always offered food and water and it was her own decision to starve herself. The kind of humane support in question is the support she requested to help her die.

So often we are told of a victim who just wants to die, thus igniting our compassion; and then the oppressor, an inhumane medical practice that dogmatically works to prolong our lives, even if that means enduring more pain and suffering. This has led the popular imagination to question whether there is such a thing as a 'natural death.' Ann David likened death to a scene of torture in her article. In fact, a number of people I interviewed believed it was "nonsense" to believe in something called a natural death due to medical treatments and interventions. The Rev John Murray said that as a Christian he could no longer offer reassuring statements at the bedside of the dying, like "you'll be alright, God is in control," because it is no longer God but the "medical profession who is in a place of dominance." Murray calls for nothing less than a complete revision of the church's understanding and acting in relation to the dying, which he argues should include assisted-death.[16]

In sum, a humane society would heed the voice of compassion within us, and so release those who are dying from the torturous end of medical procedures.

While the argument from compassion is probably the more universal and the more appealing, there is another – perhaps equally as strong – argument for

[15] Andrew Koubaridis, "Starving Woman 'Lacked Humane Support,'" *New Zealand Herald*, 1 April 2010, italics mine.
[16] Interview with Rev John Murray, 14 December 2011, Wellington, New Zealand.

voluntary euthanasia, an argument that is almost irrefutable in Western post-Enlightenment society. This is the argument from autonomy.

My Body My Choice: The Appeal for Autonomy

Advocates of voluntary euthanasia argue that we have lost control of how we die. Modern medicine has so usurped the natural process of death, practicing instead what Burgess calls "biological idolatry" (making biological life an absolute value without respect for the values and concerns of the individual) that the time has come to reassert our autonomy.[17] The suffering that comes with illness and dying as it is now experienced is such a profound assault on our sense of integrity that we are now compelled to honour that integrity by recognising the right to self-determination to end our life. As Callahan puts it, if nature is no longer able to perfectly assure us of a peaceful death, then "we must shape, by our choice, a death of our own making."[18] For after all, it is "my body, my choice."

Given such a description the appeal for voluntary euthanasia appears humanising, a contribution to our personal autonomy. This is why it is framed as the demand for *dignity* in dying – or as the proposed legislature have put it, "Death with Dignity." In this context dignity is understood as the need to have control over and to be able to manage one's dying.[19] In short, dignity is about recognising the right to self-determination,[20] when this right is lost then life itself has ceased to be of meaning – simply a burden to be relieved of.[21]

The persevering belief that self-determination is not only a fundamental right but is the cornerstone of human existence is so characteristic of the modern impulse that it is not a surprise voluntary euthanasia is gaining such acceptance. Indeed, as Callahan puts it: this movement represents the last "definitive step in gaining full individual self-determination."[22] After having banished death to

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[17] John P. Burgess, "Can I Know that My Time has Come?: Euthanasia and Assisted Suicide," *Theology Today* 51:2 (1994): 205.
[18] Daniel Callahan, "Reason, Self-determination, and Physician-Assisted Suicide," in *Case Against Assisted Suicide*, 57, (quote at) 53.
[19] Campbell, "Religion and the Moral Meaning of Euthanasia," 152.
[20] Dr David Richmond, "Ethical Objections to Euthanasia," *Touchstone* (June 2009): 7.
[21] Callahan, "Reason, Self-determination, and Physician-Assisted Suicide," 57.
[22] Ibid., 52.

the margins because it represented the biggest scandal to our modern sensibilities, we are now in the position to achieve self-mastery over death and so cross the last frontier of the human condition.[23]

Making voluntary euthanasia into a right to be realised follows the long-standing modern tradition of making rights prior to and superior over the good. The Copernican Revolution that led to man being the centre of the universe, with his reason being the vehicle of knowledge and enlightened values, has provided a conception of the individual person that is prior to, and ultimately superior to the collective. With the collapse of any enduring account of what is considered "good," justice has become the procedural realisation of individual rights. As one journalist of the *Southland Times* put it: "Society may never get over its squeamishness, even revulsion, at the prospect of assisted death, but in time it will have to accept that *the needs* (read – 'rights') *of the individual are sometimes greater*."[24]

This is why the availability of voluntary euthanasia has become for some a cause in the name of justice or rights, regardless of whether such an option is acted upon. Death-on-demand is akin to a commodity that we as rights bearing individuals should have access. It is not denied that having such a product on the market would pose a risk to certain others, but that should not deter its availability. Thus, Dr Nitschke was praised as a "moral leader" by the Victoria University philosopher, Dr Stuart Brock, when he came to promote his death machine in New Zealand. Dr Brock went on to say: "As a society, we should care about the wellbeing of those in our society… And the way we do that is by facilitating the possibility that people get what they want, and they are as happy as they can be. Philip Nitschke is facilitating that possibility."[25]

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[23] The Auckland-based sociologist, McIntosh, argues that mainstream Western culture has always banished death to the margins, because death represents the "'biggest scandal' to our modern sensibilities; it is the ultimate slap in the face of our desire to control life." Nicola Shepheard, "Pleading Case for Death with Dignity," *New Zealand Herald*, 7 June 2009.

[24] "A Question of Compassion," *The Southland Times*, 29 January 2003, pg 6, italics mine.

[25] David Eames, "'Dr Death' is Moral Leader – Academic," *New Zealand Herald*, 9 February 2008.

Christians no less than atheists can end up advocating for voluntary euthanasia on these secular-liberal grounds. In an article titled "The Christian Case for Voluntary Euthanasia," the Rev John Murray and Keith Carley write that "we believe very deeply that not only as a human right but also as part of our Christian faith, God gives each of us the choice of how we choose to live and how we would choose to die."[26] God is the guarantor of our individual rights, and this is the freedom to which Jesus Christ has called us. Thus, in my interview with Rev Murray he declared that it is "a human right, that it is the gospel, that is freedom," that should he get motor neuron disease he should not be made to keep on living. To take away that right because it may have a corrupting influence on society is to deny the gospel, and is instead to begin with the law. The "law" in this respect are the conventional norms and authorities that once represented the good of society.[27]

The elevation of autonomous rights among right-to-die advocates does not necessarily mean collective assent is not present. For while it is true that a core belief within the right-to-die movement is that a person's dignity, integrity, and meaning, rest within their ability to be self-determining agents, and that there are some forms of suffering that are so destructive to this sense of integrity that the only solution is to end a patient's life; a belief that is now bolstered by appeals to human rights and the gospel.[28] Yet in order to translate this belief into democratic policy is to introduce the value judgment that some forms of suffering are meaningless, not just to be accepted but to be actively opposed.[29] This requires our collective consent and activity to ensure that no one should ever have to face this kind of suffering.

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[26] Very Rev John Murray and Rev Dr Keith Carley, "Ethical Objections to Euthanasia – a Reply," *Touchstone* (August 2009): 6.
[27] Very Rev John Murray and Rev Dr Keith Carley, "The Christian Case for Voluntary Euthanasia," *Touchstone* (September 2009): 6.
[28] This belief is often argued in spite of obvious social factors. For example, those cases where aid is provided to those who have a history of depression, such as the case of Audrey Wallis (Jonathan Milne, "The Last Wish," *Listener*, 15 October 2011: 22) or some of Dr Nitschke's patients (New Zealand Press Association, "Anger over Role of 'Dr Death,'" *New Zealand Herald*, 3 February 2008). Or when the right-to-die is extended to those who do not have a terminal illness, such as the Christchurch tetrapalegic that shaped Peter Brown's 2003 bill. Or even to those who have yet to learn how to use their autonomy wisely, such as Michael Laws' predictions about children being included in his 1995 bill.
[29] Callahan, "Reason, Self-determination, and Physician-Assisted Suicide," 56-57.

The Secularisation of Death

The third, and final, reason for why voluntary euthanasia has become increasingly popular can be traced to what has been described as the secularisation of bioethics, a development that has been particularly prevalent since the 1970's.

Two developments occurred in the twentieth century that radically altered the nature of our dying, and with it the worldview that related God to our death. The first development can in some way be attributed to the development of penicillin, which after World War II led to a host of medical advances and with it an array of questions about the appropriate use of medicine. This was also a time when the horrific stories from the Nuremburg Tribunal were becoming known, and how the power of medicine was used to satisfy the curiosity of the Nazi government. Medicine appeared to be a power that could offer novel solutions to the limitations that were hitherto always thought to be part of the human condition, and at the same time could be used with wanton regard for its patients. Within the new field of bioethics there arose the question of whether a medicine that promises death should be conceived as a viable alternative to suffering.

The second development came sharply into view in the 1970's when the field of bioethics became increasingly secular by disavowing its earlier roots in theological traditions that had long provided a sense of vision for medicine.[30] Bioethical concerns now sought to identify and apply moral principles that all people can and must hold on the basis of reason alone, and then apply these to increasingly narrow and circumscribed quandaries, which in turn formed the basis of public policy. Moral principles had to be universal in scope rather than depending on a particular community or history. Thinking and talking in bioethics had to be done "as if God were not a given – as if God did not exist

[30] For a few decades the direction of bioethics towards moral dilemmas was largely shaped by theological traditions, which occasioned a "renaissance" in theological reflection on old-age issues of suffering and death, the sanctity of life, the fidelity of physicians towards their patients, and so on. See, Leroy Walters, "Religion and the Renaissance of Medical Ethics," in *Theology and Bioethics: Exploring the Foundations and Frontiers*, ed. Earl E. Shelp (Dordrecht, Netherlands: D. Reidel, 1985), 3-16.

or, if God did exist, did not matter."[31] Along with a suspicion of particular religious traditions there was a resurgence of confidence placed in unqualified reason and the progress of science to solve all medical quandaries – furthering the vision for medicine developed by Francis Bacon.[32] Individual autonomy was celebrated over-against the old authorities of priest, king, and the new figure of arbitrary dominance, the physician. The parameters of "a good death" were thereby increasingly set by the goal of maximising autonomy and personal choice.

Discussion about death and dying has thus become, at one level, increasingly specialised and technical, and at the same time, increasingly privatised. Both of these developments have made Christian discourse increasingly irrelevant in respect to the meaning of death. Christianity relates to private morality and values, whereas physicians and their patients are determined by the public truth of scientific-objective fact. Christianity can only be tolerable if they adopt the language of moral and spiritual minimalism. Advocating for the protection of individual rights and individual meaning so long as such rights and meaning does not impinge on the autonomy of another individual. There is barely anything distinctively Christian or religious about this stance, which is as it should be, because such an appeal must be applicable to any and every reasonable person. Attempts to reassert something more distinctively religious is met with outrage from our more enlightened neighbours.

Representative of this worldview is the *New Zealand Herald* editorial where upon hearing of the Sean Davison verdict opened with the line that this "came nowhere near serving the needs of justice." By which was meant that the judgment passed acted according to a "black-and-white sense of right and wrong, not to mention a very hard heart." And then in an effort to galvanise New Zealand's progressive secularist spirit the editorial went on to say, "in a

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[31] Verhey, *Reading the Bible*, 18.
[32] Ibid., 326-27. Francis Bacon argued that medicine should have as its most noble goals the "preservation of life." Physicians were told to no longer accept resignation in the face of those "overmastered by their disease," for such resignation legitimates neglect and inattention and ignorance. Yet in the search to defeat all illnesses a new form of neglect and inattention has been procured. Medical care and the project of healing has been reduced to cure, with the care of patients being marginalised in pursuit of knowledge to power over nature.

secular society the discussion on the right of the terminally ill to end their own lives has progressed *beyond religion* into areas of ethics, liberty and human rights."[33] The editorial reflects the view that justice for the terminally ill is on the side of the secularist impulse away from black-and-white, hard-hearted religion, and towards autonomous liberty and rights.

Or again, *The Press* editorial, which tries to take a conciliatory tone, ends up confirming the dominant attitude:

> Greater understanding of the human condition, the decline of formal religion, and concern about the ability of medicine to prolong life beyond its natural span have made many people reconsider fundamental issues – not the least how we produce life, nurture and end it. One of the results of that reconsideration is the widespread conviction that people should be allowed to exit this world at a time and means of their own choosing. The opponents of that view almost invariably rest on the assertion that only the Christian God has the right to terminate life which they believe is created and sustained by him. They may be right but they have no fiat to impose their views and suppress discussion of them.[34]

In this view, secularism and the decline of religion has led to a greater understanding of the human condition, which is expressed in the belief that individual choice is the ethically enlightened position and must not be called into question by those religious others.

This is one reason why the debate over voluntary euthanasia appears so polarised. A secular environment strives for the maximum amount of choice in order to facilitate whatever meaning individual's want to attach to their life, and so whenever social concerns about the value and purpose of human life are voiced they are immediately tied to an irrelevant religious framework. Thus, we are presented with a fatalistic dichotomy, either be reasonable and progressive by advocating for personal choice, or risk being irrational and

[33] Editorial, "Suicide Case a Challenge to us all," *Herald on Sunday*, 27 November 2011, italics mine.
[34] Editorial, "Lifting the Shroud," *The Press*, 12 May 2008.

antiquarian by trying to protect a particularistic conception of human meaning. The inevitable result in such secular societies is not only an increased toleration of voluntary euthanasia but its absolute acceptance in the name of progress.

I have thus far shown how the voluntary euthanasia debate has been presented in the public sphere. Having appealed to the arguments from compassion, autonomy, and secularism, the advocates of voluntary euthanasia describe this practice as true to our emotions, our reason, and our societal worldview. The challenge now remains to respond to these arguments. To question the assumptions and framing of these arguments, and see what truth the Christian drama will bring to bear on this issue.

Analysis of the Debate

Compassion

In 2003 when the MP Peter Brown was presenting his "Death with Dignity Bill" before parliament he appealed to Christians saying, "Don't let your faith blind your compassion."[35] Perhaps it was well meaning, but I am going to take another route and ask how faith might illuminate compassion. Perhaps the most publically recognisable story about compassion comes from Jesus' parable of the Good Samaritan. While the context for the story – Jesus' dispute with a legal scholar – and the actual actions taken by the Samaritan might not be readily recitable, at least the invocation of a Good Samaritan will lead to some recognisable appeal for a compassionate act to a potential stranger who is under some duress. The Good Samaritan has achieved the status of a moral exemplar in Western society, showing us what it means to display neighbourly love for one another, even if it requires some real sacrifice. The story makes apparent that true compassion is not just an emotional reality, but requires some practical outworking, it requires the doing of mercy. Thus the definition of compassion from Chris Marshall's forthcoming book *Just Compassion*:

> Compassion may be defined as *an experience of emotional pain and moral concern occasioned by the awareness of, and identification with,*

[35] Helen Tunnah, "Right-to-die law lost in narrow vote," *New Zealand Herald*, 31 July 2003.

> *another subject's suffering or unhappiness*… [Such vicarious suffering plays a critical role in] guiding moral discernment, creating moral community, and motivating moral performance.[36]

Yet what compassion does not make clear is the kind of normative moral guidance that follows from this emotion. Thus, in my interview with Chris Marshall he certainly agreed that compassion can involve the attempt to end or alleviate a person's suffering, but that in no way legitimates every possible means to achieve that goal, especially if that means ending the life of the sufferer.

The Samaritan in Jesus' parable is commended because he sacrificially carried the man and his burdens to a place where peace and restoration could be found. His compassion made him *identify with* the innocent suffering of the stranger, which was *acted upon* by placing the burden of care on him self. We're not even told in this parable if the beaten man survived the ordeal, which again reveals that regardless of the outcome we are commended to show compassion by tending to the very real needs of those who suffer.

Having begun with the story of Sean Davison to highlight how voluntary euthanasia has become a question of compassion I must state that I am not putting on trial the authenticity and loyalty of Sean Davison's relationship to his mother. That is not in doubt. The question is whether in experiencing the compassion of vicarious suffering it is morally justified to act on that emotion by assisting the sufferer to die. I want to raise three initial questions about such a justification; but first, a point of clarification. Dr Richard Egan highlights that in New Zealand we already have a world-class palliative care system that means people do not have to die in physical pain.[37] This means that compassionate euthanasia must be treated as a response to those who want to

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[36] Christopher Marshall, *Just Compassion* (Cascade, forthcoming), chap 10, italics original; drawing on the work of Martha Nussbaum, *Upheavals of Thought: The Intelligence of Emotions* (Cambridge: Cambridge University Press, 2003).

[37] Interview with Dr Richard Egan, 19 December 2011, Dunedin, New Zealand "People who want to kill themselves or be killed generally don't have good enough hospice or palliative care. It's often because of physical pain, and if people are in physical pain at the end of life then health care system has let them down."

die because of their suffering, whether emotional or existential. This distinction often goes unclarified, as in the case of Phil Goff's comments last year when he conflated pain-relief with physician-assisted suicide.[38]

First question, does compassionate euthanasia continue on the unnecessary divorce between reason and emotions in public deliberations? There has been a dominant strand of thought in Western intellectual history where emotions were believed to be a barrier to establishing a public sphere built on truth and justice. Reason alone it was argued must govern our public deliberations, and emotions along with religion belongs to that ethereal subjective world of our private matters. Yet it became increasingly evident that our reason is as subjective as our emotions. Yet rather than elevating emotions alongside reason as crucial to the establishment of public justice the dichotomous relationship is simply reversed in the case of compassionate euthanasia. Compassion *qua* compassion is the new categorical imperative.[39]

This new imperative, where emotions are disengaged from moral reasons, ends up distorting compassion, because it has no way of deliberating between the different emotions that arise within different moral agents. Compassion, like emotions in general, are subject to change, and they manifest themselves in multiple and various ways in different people. For some, compassion looks like this comment left on a *Dominion Post* online article:

> I work with disabled children, some for which there is no hope. The parents are saddled with them until their old age. Euthanasia should be an option for the parents and their (secular) doctors to debate. All religious personal and PC academics to be barred from the discussion.[40]

[38] Derek Chang, "Goff Supports Dying with Dignity," *New Zealand Herald*, 11 November 2011.

[39] It was Immanuel Kant who argued that reason alone should establish our "categorical imperatives" in the area of ethics.

[40] Comment number 8 in Andrea Vance, "Euthanasia Issue Should be Discussed: Key," *Dominion Post*, 3 November 2011.

Compassion may lead some to relieve parents of their anguish, frustration, and emotional exhaustion by accelerating the death of the disabled, yet this will surely conflict with those who also out of compassion seek to cherish the disabled as valuable members of the human community. What is needed is moral reasoning that helps us understand why some people regard the disabled as hopeless. Without such reasoning an emotive ethic of compassion can give moral legitimacy to nonvoluntary and involuntary euthanasia just because we experience that emotion.[41]

Second, does compassionate euthanasia gives up on the purpose of compassionate solidarity, which is to uphold the sufferer as a valued member of the human community in the midst of their suffering? In the case of the Good Samaritan such solidarity hopefully resulted in the beaten man being restored to full health, yet even if this isn't the case such solidarity will hopefully communicate that those who suffer are never beyond the reach of our care.[42]

Is this solidarity is lost when we offer the possibility of an assisted-suicide or leave the lethal drugs at the bedside of the dying? Will it communicate the message that the patient's condition is too difficult for them to face, and too difficult for us to accompany them on?[43] Does it assuage our own emotion of co-suffering by hastening the death of the sufferer, as well as contributing to the patient's suffering by reinforcing their desperate plea for release by any means?[44] Society's basic duty to care for our elderly can be at serious risk when we present the option of voluntary euthanasia so quickly.

In a recent article in the *Dominion Post* about the increase in elderly suicide the journalist quoted Age Concern chief executive, Ann Martin, who responded to the surge of elderly suicide rates by saying that older people are concerned about "social loneliness, elder abuse, being able to afford the basics, and getting

[41] Pellegrino, "Compassion is Not Enough," 46.
[42] Ibid., 51.
[43] See, Michael McCabe, "Compassion: Beyond Constraint," *The Nathaniel Report*, no. 4.
[44] Pellegrino, "Compassion is Not Enough," 50-51.

the care they need."[45] An ethic of compassion would surely motivate a response of care and addressing these needs, including that of isolation. Instead the journalist moved straight into discussing voluntary euthanasia as a potential solution to the plight of the elderly. Again, this is not compassion but a confirmation of the devaluation of the elderly, placing them beyond the reach of our compassionate solidarity.

Third, does compassionate euthanasia remain naïve about the partiality of its scope? The experience of compassion is most potent towards those we love or feel some affinity with, who bring out within us strong obligations and a deep-seated resistance to the acceptance of suffering. It is more difficult to extend compassion to those who are different from us, particularly those who we regard as our enemies. Yet the true test of compassion is how well it does in fact extend to the Other. Consider again the Good Samaritan, who extended his empathy not to a fellow brother, nor even to a fellow Samaritan, but to a Jew, the very people who hated and ridiculed his own kind. This is contrasted to the priest and scholar who did not extend compassion to their own kin because, by being brutalised, he was classified as unclean and near dead.

For voluntary euthanasia advocates the test of their compassion should not be measured against their feelings towards family and friends, but should rather be measured against their concern for the outsider and the vulnerable in our society. Despite the constant plea that those who are depressed, lonely, and who lack care will be most affected by the introduction of voluntary euthanasia, this does not appear to seriously disturb many of its advocates. This is what led John Kleinsman to argue that one can be personally in favour of voluntary euthanasia, but because of its likely negative consequences on the most vulnerable will oppose its legalisation.

The story of the Good Samaritan I believe helpfully points out the shortcomings of compassionate euthanasia, but this is not the kind of story that most often informs our moral imagination. As I already mentioned the mass media

[45] Christopher Harress, "Suicide in Elderly Highest in 10 Years," *Dominion Post*, 20 November 2011.

generally follow the sensationalist stories in order to capture viewer's attention, which usually results in anti-euthanasia arguments being omitted or being presented in a not so compelling light. Moreover, as Margaret Somerville argues in her book *Death Talk*, those who work in the mass media are most often civil libertarians who regard rights to autonomy and self-determination as absolute, which leads them to shape the debate over euthanasia as a relatively simple matter of personal choice.[46] This was confirmed by the spokesperson for the Voluntary Euthanasia Society of New Zealand, who said that the media helps their cause by advocating for greater personal freedom in dying, and their membership usually rises after the reporting of some tragic story.[47]

The power of the mass media to influence public opinion by filtering and presenting stories in a certain light should not be underestimated.[48] Rod MacLeod, the only palliative care professor in New Zealand, attributed New Zealanders' relatively high anxiety about death to this power of the mass media. For despite New Zealand having one of the world's better palliative care systems the mass media continually provides us with numerous stories about people dying in agony and who just want their life to end. There is almost a complete disregard of the actual experiences of those who opt for palliative care; instead, the media creates an emotivist ethic in the public that misses out philosophical arguments and which bases its gut reaction in the belief that dying is a terrible and agonising process. This is confirmed by polls in New Zealand, like the Massey University Survey of 2009, which is often cited as proving that 70% of New Zealander's are in support of voluntary euthanasia, but this survey only reveals that people do not want to suffer a long, drawn out, painful death; which is the image they get from the mass media.

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[46] Margaret Somerville's chapter "Euthanasia in the Media: Journalists' Values, Media Ethics, and 'Public Square' Messages," in her *Death Talk: The Case Against Euthanasia and Physician-Assisted Suicide* (Montreal & Kingston: McGill-Queen's University Press, 2001), 289-98.

[47] Interview with Pat Hubbard, 13 December 2011, Wellington, New Zealand.

[48] Dorothy Nelkin sums up the media's power to influence our values on medical issues: "The media can move issues to centre stage or keep them out of public view. They serve as filters through which people receive news and interpretations of events. The information they convey, their visual and verbal images, and the tone of their presentation can define the significance of events, shape public attitudes, and legitimate – or call into question – public policies." Quoted in Somerville, *Death Talk*, 291-92.

Autonomy

The apostle Paul writes to the church in Galatia declaring that: 'For freedom Christ has set us free. Stand firm, therefore, and do not submit again to a yoke of slavery (5:1).' The slavery against which he speaks is related to those practices that humans construct to feel in control, whether that be the *quid-pro-quo* religious game we play to exact god's favour or any other form of deceptive self-mastery. Such strategies fail to appreciate the deeper reality of freedom to which humans can participate. The attempt to control our life is really but an illusion according to Paul, because life can never be striped of the powers and relationships that make-up what it means to be human. Freedom is rather to be found in a social reality where relationships and structural realities are transformed. Thus Paul goes on to describe the shape of this freedom as visible in the community that practices self-sacrificial love for one another (v13).

I begin with Paul's statements in his letter to the Galatians because it helpfully describes why freedom and its opposite are both in fact two spheres of social existence. Freedom is not something that we exercise from a neutral standpoint, detached from the powers and relationships that shape our lives, but rather must incorporate these realities. The shape of the moral life that flows from these spheres is also inherently social. Thus, even though its advocates present voluntary euthanasia as a simple issue of personal choice that need not affect anyone else, I would argue that at least for Paul and those who follow after him such a description cannot be accepted.

Presenting voluntary euthanasia as an issue of personal choice follows the logic that freedom is to be found in maximizing individual rights up to the point where they do not impinge on the rights of another individual. Entering into this kind of debate where the right of expanded choice is pitted against claims about the value and social fabric of human life only leads to the familiar political polarisation that such parameters make unavoidable.[49] As progressives we are either for personal choice or as conservatives we believe there are some

[49] Campbell, "Religion and the Moral Meaning of Euthanasia," 149.

collectivist values that need to be protected. I will touch on the inevitable outcome established by such parameters in the next section, but for now I want to illuminate Paul's statements about freedom by asking what kind of social model does voluntary euthanasia establish.

If we assert that our exercise of choice or responsibility is never in fact autonomous, but is always made within a network of relations, then we have to ask what effects voluntary euthanasia would have on this social network. We are models for each other's lives, witnesses to the kind of life made possible by our practices. This raises the question whether the acceptance of voluntary euthanasia will produce a certain kind of model for society that we do in fact want to endorse. As Callahan brilliantly suggests, whether as a society we accept voluntary euthanasia as a model of self-determination in the face of some forms of suffering, or whether there is a perceived duty to bear our suffering as a form of mutual support or solidarity, thus showing our neighbours that all misery and despair can be endured.[50]

Take suicide as an example. Most people would rightfully view suicide as a tragedy, regardless of the circumstances. Even though suicide when successful is usually an act carried out in isolation we know that suicide has a profound social effect. The chances of subsequent suicides are greatly increased, sometimes for years to come, and particularly on the anniversary of a suicide. This is because suicide becomes a model for others who reach a similar point of despair. The tragic becomes an example for others to imitate. This is why even though we do not further criminalise a person who commits suicide we do not legally endorse such a social model, indicated by the fact that we are still legally allowed to assault such a person in the effort of preventing them from committing suicide.[51] And in a fuller sense we stand against the social model of suicide by bearing our suffering, showing that death is not the only way out.

In this sense it is eminently reasonable to ask along with the journalist Rosemary McLeod whether voluntary euthanasia is really just "suicide with

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[50] Callahan, "Reason, Self-determination, and Physician-Assisted Suicide," 67.
[51] Cameron Stewart, "Recent Developments," *Bioethical Inquiry* 7 (2010): 143.

better manners."[52] Would we be tacitly legitimating a way of coping with suffering; foregoing that delicate balance of neither endorsing nor adding more injury to the act of suicide, and replacing it by morally, medically, legally, and socially accepting the view that death is sometimes the only way out?[53] Does it further entrench the view that we are an island unto our self, that we enter death alone, and that the supposed meaninglessness of our suffering is to be born by us alone?

The kind of autonomous freedom that goes under the banner of personal choice carries with it deeply held values that reflect societies moral framework. We must learn to see voluntary euthanasia as a social ethic that carries with it assumptions about suffering and human worth, which would eventually ingrain itself into our society if it were accepted. In short, it is a social question that would have consequences for us all. This is no less the case today as it was in 1930's Germany when euthanasia became socially accepted and so fuelled certain presumptions about those who were considered less than human.[54] In her award-winning article, Barbara Sumner Burstyn does not exaggerate when she describes the reality of euthanasia as having the potential to become the ultimate solution to the problem of society's human burdens.[55]

As our country faces an increased elderly population and an increased investment required to care for the sick voluntary euthanasia could all too easily be used as the "ultimate solution" to society's problems. As John Kleinsman has noted, "the 'right' to die [could] all too quickly become a 'duty' to die."[56] The tremendous amount of weight placed on the *voluntary* nature of euthanasia would be at risk of erosion as patients become victim to utilitarian calculations.

[52] Rosemary McLeod, "Euthanasia is Really Suicide with Better Manners," *Dominion Post*, 26 August 2010. A similar social precedent is being established in relation to assisted suicide, where those who assist in the death will not receive a weighty punishment, but some minor penalty is given so that society recognises that this social model is not endorsed by the authorities.
[53] Callahan, "Reason, Self-determination, and Physician-Assisted Suicide," 60.
[54] See Kyle Jantzen's chapter titled "Clerical Responses to Euthanasia and Anti-Semitism" in his, *Faith and the Fatherland: Parish Politics in Hitler's Germany* (Minneapolis: Fortress Press, 2008), 91-109.
[55] Barbara Sumner Burstyn, "A Civilised Society Should Care for its Weakest Members," *New Zealand Herald*, 12 April 2004.
[56] Editorial, "Time for a New Look at the Right to Die," *Dominion Post*, 2 August 2010.

No longer could life be accepted as a given, but certain people would have to justify their right to live.[57] This would appear to be the case with the Dutch example, where the Dutch Attorney General was led to conclude that even with 'safeguards' in place legislation is powerless against the social factors that make involuntary and nonvoluntary euthanasia inevitable.[58]

Futhermore, even straightforward cases of actual voluntary euthanasia does not support the view individual choices are made autonomously. Anita Ho points out in her article "The Individualist Model of Autonomy and the Challenge of Disability," that truly autonomous decisions are not possible when they are abstracted from the social context of a person's life. So even though we may introduce 'safeguards' that emphasis the competency of the patient to make a voluntary decision, we have to recognise that such decisions are actually made within a network of care support and personal values. Meaning that people may opt to end their life not according to their values, rather because they recognise that no one wants to care for them or they recognise that their condition means that their value will not be cherished. This is not a free choice, but rather choices made under the duress of a particular cultural framework.[59]

What I am trying to show is that presented as the autonomous choice of individuals voluntary euthanasia is likely to become captive to powers that cannot be controlled. This is because autonomy and the right to self-determination naturally leads to the abolition of any external conditions upon which euthanasia may be regarded as acceptable. Autonomy asserts itself as an

[57] Dr David Richmond quotes a group of handicapped adults who submitted a statement to the Holland Parliamentary Committee for Health Care and Justice when first considering making euthanasia legal: "We feel our lives threatened… We realise that we cost the community a lot… Many people think we are useless… Often we notice that we are being talked into desiring death… We will find it extremely dangerous and frightening if the new medical legislation includes euthanasia." Dr David Richmond, "Why the Elderly Should Fear Euthanasia," *Nathaniel Report* 35 (2011): 7, citing Fenigsen R. A case against Dutch Euthanasia. *Ethics and Medicine* 1990: 6: 11-18.

[58] See the comments by Prof Emeritus David E. Richmond, "Shortcomings of Law on Euthanasia Decried," *Otago Daily Times*, 19 November 2011, pg. 34, citing *The Lancet* vol. 338 (1991): 669-674.

[59] Anita Ho, "The Individualist Model of Autonomy and the Challenge of Disability," *Bioethical Inquiry* 5 (2008): 193-207.

end in itself, regardless of the consequences it reaps.[60] The acceptance of voluntary euthanasia would buck the long-developing trend of limiting the occasions of legally sanctioned killing: such as capital punishment and access to personal handguns.[61] Fifteen years ago the House of Lords acknowledged the potentially serious risks of changing to the law to include voluntary euthanasia.[62] They believed it would open the door to a new form of legally sanctioning killing where no guarantees could be placed on how to control such a practice.

In sum, I agree with Campbell's assessment of how we must exercise our personal and social choices. Because we are fragile and vulnerable creatures, we must make our choices in the context of "finitude displayed in limited knowledge and limited control, rather than supporting pretensions of omniscience and omnipotence." Our choices should be "constituted by our *fallibility* and propensity for making mistakes, the magnitude of which is enormously heightened in a practice of euthanasia, because any mistake is irrevocable."[63]

In this light the freedom of autonomy appears as the attempt to be free of the human condition of finitude and contingency. This perhaps describes why there is such current public interest in voluntary euthanasia, because we are drawn to those who choose death as a way of defying their contingency, defying the power of death itself.[64] Interestingly Grant Gillett noted an Australian study that surveyed voluntary euthanasia advocates and concluded that they have a relatively high proportion of people who would be described as having a "controlling personality type."[65] In defiance of the wisdom that the experience of pain and suffering, of confronting our contingency, of simply not being in control, is in fact the norm of what it means to be human; those who

[60] This is why the New Zealand Catholic Bishop's make the statement that by allowing euthanasia for some, the reasons for confining it to just that group would eventually be seen as arbitrary, "The Dangers of Euthanasia: A Statement from the New Zealand Catholic Bishops," *Nathaniel Report* 35 (2011): 5.
[61] Callahan, "Reason, Self-determination, and Physician-Assisted Suicide," 61.
[62] Interview with Prof Jonathan Boston, 13 December 2011, Wellington, New Zealand.
[63] Campbell, "Religion and the Moral Meaning of Euthanasia," 155.
[64] Burgess, "Euthanasia and Assisted Suicide," 213.
[65] Interview with Prof Grant Gillett, 8 December 2011, Dunedin, New Zealand.

choose death have, in Gillett's words, enshrined intellectual rationality as providing the definitive limits of human life.[66] By the power of their thinking organism they have predetermined when life no longer has any worth.

But is this not a gross attenuation of our human worth, believing that our rationality can deliver us from our human condition of finitude. Can we really know when life has ceased to be of meaning? Or does the emphasis in such conversations about worth simply turn to what people can do? As Rod MacLeod argues, we consistently fail to discuss the deeper issues of "the meaning of life and the value of individuals" and so come to appreciate what it means to be "human *beings*;" and instead only place worth on our being "human *doings*."[67] The difficulty in discussing questions of meaning and the substance of our being human *beings* comes sharply into view when we evaluate the claims of secularist rhetoric to which I will now turn.

Secularism

I described how the secular turn in bioethical discourse has enshrined philosophical and legal concepts of universal rights, individual self-determination, and procedural justice, in order to systematically deny distinctively religious notions of a common good or common *telos*. Religious convictions are suppressed to the realm of the personal, being too particular and existential to inform public consensus on moral issues. Instead the language of universals is said to secure for us a public peace; we are first and foremost rights-bearing individuals.

It is thereby not surprising that leading opponents of voluntary euthanasia like the Nathaniel Centre believe that efforts to legalise the practice will forever be pursued in a secular society.[68] Bereft of a context where death can hold a meaning that transcends the individual there is little to stop death being

[66] My appreciation to Grant Gillett for his help in framing the question of rational suicide in this way, which he describes as a form of hubris. Interview, 8 December 2011, Dunedin.
[67] Naomi Larkin, "The Right to Die: Whose Decision?" *New Zealand Herald*, 9 June 2000.
[68] Interview with John Kleinsman: "At the end of the day I think in New Zealand, given that we are living in a secular society… this issue won't be decided upon religious, spiritual, transcendent, or ideological grounds… it will come down to whether in fact its possible to put adequate safeguards in place if and when we legalise euthanasia," 14 December 2011, Wellington, New Zealand.

controlled by a culture shaped by the value of autonomous self-determination.[69] Yet the results of this secularist turn in bioethics has not been unanimously greeted with enthusiasm. Daniel Callahan widely regarded as among the first and among the best of bioethicists, lamented this secularisation of bioethics even though he himself has foregone his religious faith. His lament is encapsulated in what he describes as the "triple threat:"

> [Secularism] leaves us, first of all, too heavily dependent upon the law as the working source of morality… It leaves us, secondly, bereft of the accumulated wisdom and knowledge that are the fruit of long-established religious traditions… It leaves us, thirdly, forced to pretend that we are not creatures both of particular moral communities and the more sprawling, inchoate general community that we celebrate as an expression of our pluralism.[70]

There are two consequences that I want to point out from this discontent with secularism. First, by discarding the moral and narrative traditions of religion and medicine secular society has lost the ability to place any substantial limits on medicine and to ensure physicians view their vocation within the context of care and healing. I noted at the beginning of this paper how the tradition of medicine has been significantly shaped by the narrative traditions of Jesus the healer. Until the 1970s these traditions served medicine and physicians well, helping them to appreciate questions of meaning embedded within their responses to death and dying. Secularism's confidence in the law has arguably not been able to provide this kind of vision for a caring profession. This is due to the obvious reason that the law is only able to tell physicians what they can't yet do, and is not truly capable of describing what is commendable or right. Not surprisingly many of the people I interviewed working in the field of end-of-life care are attempting to reintroduce "spirituality" as a category to discuss questions of meaning with patients and physicians, which they believe holds the

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[69] See also William Stempsey, "Religion and Bioethics: Can We Talk?" *Bioethical Inquiry* 8 (2011): 343.

[70] Callahan, "Religion and the Secularization of Bioethics," *Hastings Center Report*, A Special Supplement, "Theology, Religious Traditions, and Bioethics" (1990): 4.

same regard for the inviolability of life.[71]

We can see this effect in how medicine has become driven by the impatient desire to prolong life as an end in itself, promising more than it can or should on the basis of its confidence that every illness or disease must be treatable. This goes both ways, the prolonging of life regardless of the suffering caused, and in the name of relieving suffering kills the patient. Stanley Hauerwas and Charles Pinches challenge this view of medicine as the result of no longer being formed by the traditional Christian virtue of patience. Being so formed is to be trained in the knowledge that "the enemy is neither illness nor the death that it intimates, but the enemy is all that would tempt us to be impatient or fatalistic in the face of our 'bad luck.'"[72]

The second consequence arises from secularism's abstraction of the individual from their moral community with the result that individuals are forced to rely on a procedural bureaucratic State to arbitrate between their autonomous choices. By having to deny their particular *telos* and the language that shapes their moral convictions religious agents are forced to adopt a supposedly universalistic language of rights, duties, and results. Such language has arguably not furthered the conversation on voluntary euthanasia very much, because both deontological and consequentialist arguments can be mounted in support of either side of this debate.[73] This moral debate intentionally avoids the questioning of the means or goal of medicine and death, which is why Callahan argues that it simply serves to legitimate the way things are by way of "ethical tinkering and casuistical fussiness."[74]

"The way things are" is an absence of any moral discourse that enables people to discuss the deeper issues of death and dying. In my interviews almost all participants lamented New Zealand's often-shallow moral reflection on issues like voluntary euthanasia. Therefore, to protect us from the wanton abuse of a

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[71] Interview with Gillett, Egan, and Rod MacLeod.
[72] Stanley Hauerwas and Charles Pinches, "Practicing Patience: How Christians Should Be Sick," in *On Moral Medicine*, 368.
[73] See Gilbert Meilaender, "Euthanasia and Christian Vision," in *On Moral Medicine*, 655-62.
[74] Callahan, "Religion and the Secularization of Bioethics," 4.

legitimised form of killing participants like Kleinsman and Marshall noted that we will be forced to turn to the bureaucratic authority of the State.[75] Only the authority that exists in the name of protecting us from each other can secure for us a peace that needs no recourse to religious convictions. Even though this may well be a peace between wary strangers it is at least better than having a public sphere where religious differences would no doubt produce destructive battles.

What I have traced here is but another example of how "religion" has become a category produced by secular assumptions to justify bureaucratic authority over matters of life and death.[76] I do not mean to imply that there are some strategists within the government that have masterminded such a plan. Rather I simply intend to point out that by asserting a dichotomy between religion and the secular, and rendering the former as both private and potentially violent, the latter serves to legitimate State authority. Our salvation rests not upon God's valuation and purpose for human life, nor upon the narrative of Jesus the healer who establishes a vision for true humanity, but rather our salvation comes from the power of the State to determine that our life is valuable enough to protect. This should not only be a problem for those of the religious conviction that the State all too easily forges an idolatrous role over our lives, but physicians and patients should also be wary of a power that is drawn to determine the limits of human life.

By drawing us to such a point I hope to have shown why the debate surrounding voluntary euthanasia is incredibly important to both believers and non-believers, young and old, sick and healthy. For in this debate we confront some of the core issues of what it means to be humane, to be human, and to be free of hubris. The tradition and narratives of Christian theology have I believe something valuable to offer those outside of the community of faith; a moral commitment to the place and purpose of medicine, a challenge to the excesses

[75] Interview with Marshall and Kleinsman.
[76] William Cavanaugh compellingly argues that the dichotomy between religion and politics established in the eighteenth century continues to serve the purpose of legitimating nationalism as the only political authority in the Western world, *The Myth of Religious Violence: Secular Ideology and the Roots of Modern Conflict* (Oxford: Oxford University Press, 2009).

of our human emotions and rationality, a suspicion of powers that claim ultimacy over issues of life and death, and a commitment to reckon with our differences by foreswearing the use of threats or violence. I have tried to bring these contributions to bear on the voluntary euthanasia debate and in so doing have found the arguments for a self-directed death to be unconvincing. Yet this will not silence those who disagree with my conclusions, and so in a spirit of amicable disagreement I invite other perspectives to test us into become a more caring and truthful community towards those who are dying or who desire their own death.