

Review: Vaughan Roberts, *Assisted Suicide*, The Good Book Company, Surrey, UK, 2017

Pages: 71

Considered Analysis of a Difficult Topic

Given modern society's inexorable fascination with death (from the cradle [abortion] to the grave [euthanasia]), and the seismic social shifts in the family unit and life-extension technologies, a discussion of assisted suicide is important to have.

While sympathetic to some cases of mercy killings (e.g. due to severe accidents or Alzheimer's disease), it ultimately holds to the sure standard that killing is wrong, both as a violation of the Sixth Commandment, and that as creations of God men are not dignified by their economic value, but by divine fiat.

Two important scriptures to balance are I Peter 1.24 and Exodus 20.13:

“For all flesh *is* as grass, and all the glory of man as the flower of grass. The grass withereth, and the flower thereof falleth away.”

“Thou shalt not kill.”

Euthanasia is the painless killing of a patient suffering with a terminal illness or disease or in an irreversible coma.

The Hippocratic Oath says a medical provider will not administer any deadly medicine nor counsel on their use.

I) A Complex Problem (pp. 13-20)

One mercy killing case was Francis Inglis in 2008 who injected her brain-damaged, doubly incontinent and unresponsive son with heroin. She killed him with “love in her heart”.

She was convicted of murder but served only five years.

Safeguards may be circumvented by “shopping” for like-minded doctors under incentivised family members.

Key terms are *suicide, assisted suicide, euthanasia, voluntary euthanasia, involuntary euthanasia, physician-assisted suicide, palliative care, and hospice.*

II) A Growing Problem (pp. 21-28)

Death is a shadow lurking behind everyone.

Fifty years ago most people died in their homes assisted by family members. Today, this is less than twenty percent with most dying in a hospice or hospital. Importantly, this has removed the reality of death from people’s minds (most never even see a dead body!).

Even people in their eighties get shocked when they receive a terminal diagnosis.

Family fragmentation has caused a social crisis in aged care (in the past large families would be able to care for one another).

While medical advances have extended life, the extension quality is often poor. This is *the* driver for assisted dying.

A 2013 report stated that sixty-one percent of people who chose assisted suicide did so as they believed they were a burden on family and friends.

In the Netherlands in 2015, 56 suicided due to ‘insufferable’ mental illness.

III) The Right to Die (pp. 29-36)

Supporting arguments are pain; freedom (*Whose life Is it Anyway?* and the slogan “my life, my death, my choice”); life quality (e.g. the 1-in-3 chance of developing dementia beyond age seventy); dignity (Friedrich Nietzsche, “I want to die proudly when it is no longer possible to live properly.”, also Terry Pratchett’s (d. 2015) assisted suicide documentary about a dementia sufferer who went to Switzerland’s Dignitas clinic); cost (the ‘oldest old’ is the fastest-growing demographic in the decaying West).

These strong arguments have led to a 71% public opinion in favour of assisted dying.

IV) The Case Against (pp. 37-52)

The case against includes the God-given value and dignity of human life from scripture (regardless of economic worth); noble interdependence in caring (“no man is an island”); suffering is not the greatest evil; eliminate external coercions; not cheapen life; slippery-slope down to lower ages; avoid β -errors (false-positives) of misdiagnoses; healthcare practitioners become corrupted as death merchants.

V) Facing Death (pp. 53-71)

In the UK, one in six elderly feel isolated and 72% of those over 85.

Infanticide and euthanasia were common in the ancient world.

There is a fine line between “intention” and “foresight” regarding assisted suicide and palliative care respectively.