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Sanctity in Death? An Exploration of Christian Ethical Considerations on

Medical Aid in Dying in Mature Minors

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Sanctity in Death? An Exploration of Christian Ethical Considerations on Medical Aid in Dying in Mature Minors

By

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B.A., Wake Forest University, 2023

Advisor: Jonathan Crane, PhD

An Abstract of
A Thesis submitted to the Faculty of the James T. Laney
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Abstract

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By Payton Dyksterhouse

This study investigates how Christian ethics views Medical Aid in Dying (MAID) in a specific pediatric population: mature minors, or minors who possess decision-making capacity. While ample literature on how Christian ethics sees MAID and other forms of assisted dying exists, there is little research on how Christian ethics views MAID in minors specifically. This project explores the current legislative landscape on MAID in minors, before discussing the secular bioethical considerations for MAID in MM. It then gives an overview of Christian ethics, focusing on a few prominent figures, and examines how notions like compassion, sanctity of life, and faith are used in Christian ethics literature to support and object to MAID in general. This project concludes that, from a Christian ethics perspective, MAID in mature minors is preliminarily ethically impermissible, as minors are afforded extra protection in Christianity and there is often a questionable ability to self-determinate. However, there will be circumstances where Christian ethics may allow, or advocate for, the use of MAID in mature minors.

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Introduction

Medical aid in dying (MAID) is the process of receiving or giving aid to a terminally ill or dying person to hasten their death. Many current bioethical and religious conversations surrounding MAID consider the permissibility of the intervention, including at the pediatric level. One subpopulation of this group is mature minors (MM), or minors considered to possess decision-making capacity. This thesis aims to inquire how Christian ethics views MAID in MM, and how that view aligns with the Christian viewpoints on MAID in adults, current legislation, and secular bioethics.

This thesis is meant to be informative, and potentially guiding, to those facing the questions that sparked this exploration: what are the ethical considerations for aid in dying in the MM population from a Christian ethics perspective? How do Christians love and care for MM dealing with the pain and suffering caused by illness? Are there differences in how Christian ethics views aid in dying in adults versus minors? The answers to these questions, as well as related ones, are difficult to ascertain and, in some ways, dependent on the personal relationship the Christian has with God. However, it is a worthwhile endeavor to struggle through these questions and the resulting tensions to ascertain the different ways Christian ethics views MAID in MM.

This thesis proceeds as follows. In chapter one, I outline current legislation and policies regarding assisted dying generally and with respect to minors in four countries. I also describe pediatric decision-making processes and explain the mature minor doctrine. In chapter two, I describe the secular bioethical arguments for and against MAID. Chapter three provides an overview of Christian ethics, including major thinkers and core concepts. In chapter four, I

explore Christian ethics arguments for and against MAID in general, that is, not with respect to MM in particular.

Finally, in chapter five, I analyze the Christian ethics perspectives in relation to MAID in mature minors and argue that, from a Christian ethics perspective, the ethical permissibility of MAID in MM is unclear. However, there are reasons to proceed in this population with extreme caution, namely, that minors are a part of a population afforded extra protections in Christianity and that Christianity offers multiple perspectives on whether minors have the ability to engage in self-determination. I ultimately conclude that MAID for MM is preliminarily impermissible from a Christian ethics perspective, but some Christians may find reasons grounded in their faith to pursue the practice.

Chapter 1: The Current State of Assisted Death for Mature Minors

Medical Aid in Dying Defined

Medical Aid in Dying (MAID) is often defined as the "process whereby a qualified clinician prescribes lethal medication to a patient who has requested medical assistance in ending their life."[1] For purposes of this thesis, I use the term MAID to describe situations in which patients who are terminally ill (with 6 months or less to live) and experience suffering choose to hasten their deaths by self-administering a prescribed medication.[2] Suicide, on the other hand, involves intentionally shortening one's life when death would not have otherwise been foreseeable.[3] Additionally, many patients using MAID are surrounded by loved ones and the death is peaceful, whereas suicide can sometimes be violent.[4] Assisted suicide may involve a patient self-administering medication that ends their life in the setting of perceived suffering without terminal illness.[5] Voluntary euthanasia is a deliberate act of a physician, "usually the administration of lethal drugs, to end an incurably or terminally ill patient's life" which differs from MAID in that it is administered by the physician rather than self-administered by the patient.[6] Assisted dying is an overarching term that includes MAID, assisted suicide, and

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[1] Sweet, Ashley L, and Charles D Blanke. "Medical Aid in Dying." Essay. In *Professional, Ethical, Legal, and Educational Lessons in Medicine*, edited by Kirk Lalwani, Ira Todd Cohen, Ellen Y Choi, Berklee Robins, and Jeffrey Kirsch, 240–45. New York, New York: Oxford University Press, 2024. p.240

[2] "Statement of the American Association of Suicidology: 'Suicide' Is Not the Same as 'Physician Aid in Dying." American Association of Suicidoloy, 2017. https://ohiooptions.org/wp-content/uploads/2016/02/AAS-PAD-Statement-Approved-10.30.17-ed-10-30-17.pdf. p.2

[3] *Ibid.*

[4] *Ibid*. p.4

[5] "Assisted Suicide." Legal Information Institute, 2024. https://www.law.cornell.edu/wex/assisted_suicide.

[6] Annadurai, Kalaivani, Raja Danasekaran, and Geetha Mani. "Euthanasia: Right to Die with Dignity." *Journal of Family Medicine and Primary Care* 3, no. 4 (2014): 477-478. https://doi.org/10.4103/2249-4863.148161. p.477. Again, some jurisdictions, like Canada, include this form of aid in dying in the MAID laws. The U.S., however, specifically makes distinctions between MAID and euthanasia.

voluntary euthanasia. It is important to note that legally permitted assisted dying varies across jurisdictions. Canada permits all forms of assisted death, including MAID, assisted suicide, and voluntary euthanasia, while others, like several states in the United States, limit assisted dying to MAID as I have defined that term in this thesis.

Throughout this thesis, particularly in chapter one, I use the term "assisted dying" to refer to the practices of MAID, assisted suicide, and voluntary euthanasia and—due to the variation across jurisdictions, as well as the nuances in how different ethicists, Christian and secular, refer to the intervention—will specify which practice when needed. The final chapters of this thesis discuss MAID specifically. A brief overview of these terms can be found below in Table 1.

Table 1: Assisted Dying Terminology as Used in this Thesis

Term	**Definition**
Assisted Dying/Death	Overarching term for medical assistance for shortening an ill person's life
Suicide	Intentionally causing one's own death
Assisted Suicide	Medical assistance, through a prescription by a clinician, self-administered by a patient to hasten death and relieve suffering
Medical Aid in Dying (MAID)	Medical aid, through prescription by a clinician, self-administered by a patient to hasten their approaching death and relieve their suffering in the setting of terminal illness
Voluntary Euthanasia	Medical aid, through a medication prescribed by a clinician, administered by an authorized clinician to hasten their death and relieve their suffering

Assisted Dying Across Jurisdictions

I begin with a description on how four jurisdictions, the United States, Canada, the Netherlands, and Belgium consider assisted dying for adults before moving into a discussion on how they consider it for children.[7]

The United States

The United States does not have federal legislation legalizing assisted dying, contrary to the other countries I will discuss. MAID, however, is legal in eleven jurisdictions throughout the country: Oregon, Washington, Vermont, Colorado, California, New Jersey, Hawaii, New Mexico, Montana, and Maine, as well as the District of Columbia.[8] The route that these jurisdictions took to legalize the practice includes both judicial rulings and legislation.[9] In the case of judicial rulings, such as in Montana, a judge rules in favor of allowing MAID in the circumstances that brought the case to court. Future cases with similar circumstances can then be brought to court and adjudicated based on legal precedent. Legislation, on the other hand, enshrines the right into state law; anyone in the state meeting the criteria can access and utilize MAID. The legislative approach is more common, with nine of the eleven jurisdictions authorizing MAID in this way.[10]

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[7] As you will see, the European legislation targets the clinicians providing MAID, to insulate them from liability, while the North American legislation targets the patients, to ensure those who qualify have the right to access MAID. There is much more exploration that can be done on these variations and nuances in legislation. However, that exploration is outside the scope of this thesis.

[8] Pope, Thaddeus Mason. "Medical Aid in Dying: Key Variations among U.S. State Laws." *SSRN Electronic Journal* 14, no.1 (2020:25-59. https://doi.org/10.2139/ssrn.3743855. There are some arguments that it is legal (or at least not criminalized) in North Carolina and/or Montana because there is no prohibition under the law so, if it is in congruence with standard medical practice, it is legal. I am not including them on this list because there are no explicit statutory or judicial rulings on MAID.

[9] *Ibid* p. 28

[10] *Ibid* p. 29

The eligibility criteria vary in each jurisdiction; however, there are some commonalities. Broadly, a person is eligible to utilize MAID if they meet these requirements:

a) Age 18 years or older

b) Resident of the state where the prescription is written[11]

c) Mentally capable of making and communicating an informed decision

d) Terminal illness with a prognosis of 6 months or less

e) Able to self-administer the prescribed medication.[12]

Furthermore, there must be two physicians (treating and consulting) who must ensure (i) the request is made voluntarily, (ii) the patient is fully informed, including understanding risks, benefits, and alternatives, and (iii) the patient is fully capacitated.[13] If there is any concern for the patient's mental capacity, then a third physician must complete a mental health assessment to confirm.[14] The MAID request must be made twice orally and once in written form, to confirm that the request is sustained.[15] There is a mandatory waiting period between requests. The common wait time between oral requests is fifteen days; however, this varies in some states. Oregon, for example, allows the fifteen days to be waived if the patient is particularly close to death.[16] Additionally, there is a waiting period of up to two days, depending on the jurisdiction, between the oral request and the written request. However, in Vermont, the written request can be made simultaneously with the oral request.[17]

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[11] This is no longer enforced in the states of Oregon or Vermont
[12] Sweet and Blanke, "Medical Aid in Dying." p.241
[13] Pope, "Medical Aid in Dying" p.32
[14] *Ibid.* p.33
[15] *Ibid*. p.40
[16] *Ibid.* p.41
[17] *Ibid.* p.43

Canada

Canada began its journey to legalize assisted death in a 2015 Supreme court decision, *Carter v. Canada,* invalidating sections of the country's *Criminal Code* which prohibited aid in dying. They then passed legislation in 2016 legalizing both clinician-administered and self-administered assisted dying:[18]

a) The administering by a medical practitioner or nurse practitioner of a substance to a person, at their request, that causes their death; or
b) The prescribing or providing by a medical practitioner or nurse practitioner of a substance to a person, at their request, so that they may self-administer the substance and in doing so cause their own death.[19]

Based on this language, Canada's assisted dying laws encompass both voluntary euthanasia and assisted suicide.

The current eligibility criteria for assisted dying dictate that a patient must

a) Be eligible for health services funded by a province or territory, or the federal government[20]
b) Be at least 18 years old and mentally competent
c) Have a grievous and irremediable medical condition
d) Make a voluntary request for medical assistance in dying, and
e) Give informed consent to receive medical assistance in dying[21]

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[18] Government of Canada, Department of Justice. "Canada's Medical Assistance in Dying (Maid) Law." Government of Canada, Department of Justice, Electronic Communications, July 31, 2024. https://www.justice.gc.ca/eng/cj-jp/ad-am/bk-di.html.
[19] *Ibid.*
[20] Eligibility is also extended to those who meet a minimum waiting period or residence period for their province.
[21] Government of Canada, Department of Justice, "Canada's Medical Assistance in Dying."

Additionally, the requirement of having a "grievous and irremediable medical condition" has its own criteria, requiring patient to:

a) Have a serious disease, illness, or disability,

b) Be in an advanced state of irreversible decline in capability,

c) Have enduring and intolerable physical or psychological suffering that cannot be alleviated under conditions the person considers acceptable.[22]

It is important to note here that the patient seeking assisted dying cannot solely experience a mental illness, though this restriction will be reconsidered in 2027.[23] Furthermore, the illness or disability that is causing the patient to experience physical and mental suffering does not have to be terminal or fatal.

Canada has put in place several safeguards, including (i) medical assessments by two different practitioners, (ii) a witnessed written request by the patient for assisted death, and (iii) discussion with the clinician regarding all other treatment options.[24] There is also a required ten-day waiting period, unless there is a risk of imminent loss of capacity, and the law requires one final consent when the medication is prescribed or administered.[25] For those without a foreseeable or terminal death, the waiting period is extended, unless loss of capacity is imminent.[26]

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[22] *Ibid.*

[23] Government of Canada, Department of Justice, "Canada's Medical Assistance in Dying." Additionally, Canada prohibits the consent to MAID through Advance Directives.

[24] Government of Canada, Department of Justice, "Canada's Medical Assistance in Dying." These general safeguards may be slightly different in each province, depending on their own laws, but must be met in some form. Furthermore, as part of disclosing all treatment options, patients must be made aware of palliative care options.

[25] "First Annual Report on Medical Assistance in Dying in Canada, 2019." Health Canada, 2020. https://www.canada.ca/content/dam/hc-sc/documents/services/medical-assistance-dying-annual-report-2019/maid-annual-report-eng.pdf p.34

[26] Government of Canada, Department of Justice, "Canada's Medical Assistance in Dying."

The Netherlands

The Netherlands legalized assisted dying, including both assisted suicide and voluntary euthanasia, in 2002.[27] The country's legislation protects a physician who has engaged in assisted death when the physician

a. Holds the conviction that the request by the patient was voluntary and well-considered,
b. Holds the conviction that the patient's suffering was lasting and unbearable,
c. Has informed the patient about the situation he was in and about his prospects,
d. And the patient holds the conviction that there was no other reasonable solution for the situation he was in,
e. Has consulted at least one other, independent physician who has seen the patient and has given has written opinion on the requirements of due care, referred to in parts a – d, and
f. Has terminated a life or assisted in a suicide with due care.[28]

Moreover, the patient requesting assisted dying must make the decision voluntarily, be in unbearable pain with no other practical solution, and must be examined and determined fit for the procedure by a second physician. Notably, the Netherlands permits assisted dying for patients

[27] Though it was legalized in 2002, MAID was being practiced and tolerated before the legislation. This added to the justification for legalization. It was decided that it was better to cement into law a tolerant practice than continue it to be tolerated and practiced but illegal.

[28] Termination of Life Request and Assisted Suicide (Review Procedures) Act. Vol 26 691, no 13.; (2002), https://wfrtds.org/dutch-law-on-termination-of-life-on-request-and-assisted-suicide-complete-text/. Chapter 2 Act 2.

solely experiencing mental suffering.[29] A candidate need not experience physical pain nor be deemed to have a terminal or life-threatening condition.[30]

Belgium

Belgium legalized voluntary euthanasia for adults in 2002, stating that the physician must ensure

a. The patient has attained the age of majority or is an emancipated minor, and is legally competent and conscious at the moment of making the request;
b. The request is voluntary, well-considered and repeated, and is not the result of any external pressure;[31]
c. The patient is in a medically futile condition of constant and unbearable physical or mental suffering that can not be alleviated, resulting from a serious and incurable disorder by illness or accident.[32]

Furthermore, the voluntary euthanasia candidate must be informed, not only about the procedure, but also about their condition to ensure that "there is no reasonable alternative to the patient's situation," and a second physician must be consulted to validate their unbearable suffering.[33] Importantly, for adults, though the patient must be suffering unbearably, they do not have to be terminally ill. However, if death is not expected, either a psychiatrist or specialist must be consulted to ensure the criteria for voluntary euthanasia are met.[34] A candidate can

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[29] Regional Euthanasia Review Committees. "Euthanasia code: Review procedures in practice." The Netherlands: RTE; 2022. https://english.euthanasiecommissie.nl/. §3.3. The term "medically" means that the condition has to have a medical component to it. This does not have to be a sole medical condition but can be from an aggregation of multiple conditions. The key aspect is that the present clinical picture is causing unbearable suffering.

[30] *Ibid.* §2.2

[31] This request must be in writing.

[32] "The Belgian Act on Euthanasia of May, 28th 2002" *Ethical Perspectives* 9 (2002):182-188. http://eol.law.dal.ca/wp-content/uploads/2015/06/Euthanasia-Act.pdf. Chapter 2, Section 3§2.

[33] *Ibid.*

[34] *Ibid.* Chapter 2, Section 3§3

request voluntary euthanasia in an advance directive, as long as the patient meets the other criteria and the condition causing the lack of capacity is irreversible.[35]

Informed Consent, Autonomy, and Decision-Making Capacity

A commonality between jurisdictions that endorse assisted dying is the expectation that the patient voluntarily gives informed consent. Consent is generally considered to be informed when a patient "1) has capacity to make the decision, 2) is adequately informed, that is, given all relevant information that a reasonable person would require to make a decision, and 3) the resultant decision [is] voluntary and free of coercion."[36]

Informed consent is crucial for any medical intervention and "serves ethical and legal purposes by safeguarding patient rights, fostering transparency, and promoting trust between healthcare professionals and patients."[37] It is imperative that clinicians do everything in their power to inform the patient in a way they will understand, especially when the intervention discussed has serious and irreversible consequences, like assisted dying. Additionally, informed consent ensures that the patient seeking assisted dying knows they have other options, such as comfort and palliative care.

Informed consent requires a patient to possess decision-making capacity (DMC). Capacitated patients are deemed to be able to "communicate a choice, to understand the relevant information, to appreciate the medical consequences of the situation, and to reason about treatment choices."[38] Possessing DMC allows the patient to make an autonomous decision

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[35] *Ibid.* Chapter 2, Section 4§1

[36] Coughlin, Kevin W. "Medical Decision-Making in Paediatrics: Infancy to Adolescence." *Paediatrics & Child Health* 23, no. 2 (2018): 138–46. https://doi.org/10.1093/pch/pxx127. p.138

[37] Shah, Parth, Imani Thornton, Nancy L Kopitnik, and John E Hipskind. "Informed Consent." StatPearls [Internet]., November 24, 2024. https://www.ncbi.nlm.nih.gov/books/NBK430827/.

[38] *Ibid.* p.1835

regarding their medical care. Autonomy, or self-governance, is a principle of medical ethics which communicates that patients have the ability to make their own decisions regarding medical treatments.[39] Informed consent respects patient autonomy by providing all the information of an intervention, and its alternatives, so the patient can exercise this self-governance.[40]

Assisted Dying for Minors

Pediatric Decision-Making

Minors, those under eighteen years of age, or the age of majority, are generally held as lacking decision-making capacity.[41] Thus, they lack autonomy and the ability to consent to any medical procedure. Instead, the minor's parent or legal guardian is responsible for providing the consent.[42] However, minors are involved in their own medical care, commensurate with their age and development.[43] Part of this involvement is the minor providing *assent*, or agreement, to medical interventions, along with consent from the parent or guardian.[44] Furthermore, for older adolescents, assent holds more weight, as adolescents may have a greater understanding of a medical intervention, as well as their own preferences.[45] The United Nations Convention on the Rights of the Child is often used in support for involving minors in decision-making, stating that

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[39] Varkey, Basil. "Principles of Clinical Ethics and Their Application to Practice." *Medical Principles and Practice* 30, no. 1 (2020): 17–28. https://doi.org/10.1159/000509119. p.19

[40] Shah *et al.,* "Informed Consent." The ethical backing behind this is that the decision would not be truly made autonomously if all of the information needed for informed consent is not provided.

[41] Ke, Ting. "The Development of Children's Autonomy and Reasonable Paternalistic Intervention." *Humanities and Social Sciences Communications* 10, no. 1 (2023): https://doi.org/10.1057/s41599-023-02395-2 p.7

[42] Kats, Aviva L., Robert C. Macauley, Mark R. Mercurio, Margaret R. Moon, Alexander L. Okun, Douglas J. Opel, and Mindy B. Statter. "Informed Consent in Decision-Making in Pediatric Practice." *Pediatrics* 138, no. 2 (2016):1-16. https://doi.org/10.1542/peds.2016-1484. p.1

[43] *Ibid.* p.8

[44] *Ibid.*

[45] *Ibid*. p.7

> States Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.[46]

This act highlights the importance of allowing and respecting a minor's views when they are deemed "capable." It does not, however, authorize the minor to *decide* based on those views. The UN convention supports a child's right to assent to a treatment plan, but not necessarily to consent; parents or guardians still have the ultimate authority.

The primary reason behind minors' lack of capacity is that they are thought, based on age, to be unable to perform the actions needed for capacity. For example, school-aged children may agree or disagree with a medical decision while showing signs they do not fully grasp the gravity of the situation. Furthermore, older minors and adolescents are often influenced by "psychosocial pressures, such as peer pressure, impulsivity, and risk-seeking behavior."[47] The concern, then, is that these pressures may impair decision-making, thus indicating the population's presumed lack of capacity. For instance, it can be imagined that an adolescent in severe short-term pain, though with a long-term illness, may request MAID as an alleviation of their immediate suffering, without truly recognizing the implications.[48]

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[46] "United Nations Convention on the Rights of the Child," opened for signature November 20, 1989. *United Nations treaty Series* no, 1577. Article 12. Children also have the right to be heard in any administrative proceedings and can be extrapolated to argue that they have the right to be heard in medical contexts, particularly if they are capable and able to form an opinion. Though used in support for decision-making in minors in many countries, the U.S. has not adopted the convention.

[47] Coughlin, "Medical Decision-Making in Paediatrics" p.139.

[48] Lyon, Christopher, Trudo Lemmens, and Scott Y. Kim. "Canadian Medical Assistance in Dying: Provider Concentration, Policy Capture, and Need for Reform." *The American Journal of Bioethics* 25, no. 5 (2025): 6–25. https://doi.org/10.1080/15265161.2024.2441695. p.7

Though minors are generally not deemed capable of providing informed consent on their own, there are exceptions. For example, there are laws in the United States that allow minors to consent to STI or HIV testing, with the majority allowing minors of age to do so.[49] Many states also allow minors to consent to STI or HIV prevention.[50] Additionally, minors who are pregnant are typically able to consent to medical care regarding their pregnancy.[51] Emancipated minors can also consent for themselves.[52] Emancipation is a legal designation that does "not address decision-making ability," however, once emancipated, the minor is considered by the law to be able to provide their own consent.[53] Finally, there are exemptions for a class of minors referred to as mature minors, the subject of this thesis.

Mature Minors

Mature minors (MM) are a subgroup of minors that have been deemed to possess decision-making capacity and are therefore allowed to make their own medical decisions in certain circumstances.[54] Minors can be deemed mature in varying ways, often with a mature minor doctrine. These doctrines dictate when and in what circumstances a child can be deemed mature, and jurisdictions have varying criteria for the occurrence of this designation.

In the United States, the mature minor doctrine is only recognized on the state level; there is no federal law that is used nationally to declare a mature minor. Furthermore, the mature minor doctrine can be either statutory, passed by a legislative body, or judge-made (common

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[49] Nelson, Kimberly M., Alexandra Skinner, and Kristen Underhill. "Minor Consent Laws for Sexually Transmitted Infection and HIV Services." *JAMA* 328, no. 7 (August 16, 2022): 674. https://doi.org/10.1001/jama.2022.10777. p.675. The other states have a minimum age set of 12-14.

[50] *Ibid.*

[51] English, Abigail. *State minor consent laws: A summary*. Chapel Hill, NC: Center for Adolescent Health & the Law, 2010. p.3

[52] Davis, Michelle, and Andrea Fang. "Emancipated Minor." StatPearls [Internet]., May 1, 2023.

[53] Katz, "Informed Consent." p.9

[54] Coleman, Doriane Lambelet, and Philip M. Rosoff. "The Legal Authority of Mature Minors to Consent to General Medical Treatment." *Pediatrics* 131, no. 4 (2013): 786–93. https://doi.org/10.1542/peds.2012-2470. p.787

law), that is, recognized in the courts. In states where the doctrine is statutory, the application is broader as it is not limited by the case in which the law was first made, as it is with common laws.[55] This doctrine is seen as an "exception to the standard requirement of parental consent" and there are only fourteen states that have a mature minor exception.[56] Nine of these states have broadly laid out the exception in a statute while the other five have established it through the courts.[57]

When a state recognizes the mature minor doctrine, a minor can be deemed capacitated "when parents or guardians are unavailable at the time medical decisions are being considered, when adolescents disagree with their parents or doctors about the course of their treatment, or more simply when adolescents express an independent view about that treatment."[58]

As I mentioned, the mature minor exception is state dependent. However, there are some similarities, patterns, and common caveats in the states that recognize the doctrine. One of these patterns focuses on age. Unlike some other countries, the U.S. has certain age requirements for a minor to be considered mature. The actual number varies, but the youngest any U.S. jurisdiction requires a potential mature minor to be is fourteen.[59] Additionally, states often permit a mature minor to make decisions only if parents or guardians are unavailable or unwilling.[60] Finally, states with a mature minor doctrine usually only apply it in cases of "general medical treatment," though there are times where the minor may be seen to have capacity to consent to extraordinary interventions, which assisted dying would fall under.[61]

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[55] *Ibid.* p.788
[56] *Ibid*. p. 787
[57] Salter, Erica K. "Conflating Capacity & Authority: *Why We're Asking the Wrong Question in the Adolescent Decision-making Debate*." *Hastings Center Report* 47, no. 1 (2017): 32–41. https://doi.org/10.1002/hast.666. p.33
[58] Coleman and Rosoff, "The Legal Authority of Mature Minors." p. 787
[59] *Ibid.* p.789
[60] *Ibid.* p.787
[61] *Ibid*. However, current U.S. MAID laws do not extend to MM.

For the remainder of this chapter, I will highlight how assisted dying legislation in the U.S., Canada, the Netherlands, and Belgium relates to the minor population.

The United States

Although MAID is legal in certain jurisdictions in the United States, none permit minors to access it. It is clear across the board that the patients seeking MAID must be at the age of majority. Additionally, some pediatric organizations have released statements conveying their distaste for the practice. For example, the American Academy of Pediatrics (AAP) states that "the AAP does not support the practice of physician-assisted suicide or euthanasia for children."[62] The organization instead promotes palliative care, which is meant to "optimize the quality of the child's experience rather than hasten death."[63]

The AAP does acknowledge that administering pain medications for appropriate symptom management can shorten a child's life.[64] However, such an incidental outcome is not the purpose of the intervention, as it is with MAID. Interestingly, the position of the AAP has not been updated since 2000. It may be that the organization's opinion has shifted. However, continued objection by fellows and members of the organization, along with a lack of an updated statement, suggests the organization continues to object to MAID in minors.[65]

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[62] Committee on Bioethics and Committee on Hospital Care. "Palliative Care for Children." *Pediatrics* 106, no. 2 (August 1, 2000): 351–57. https://doi.org/10.1542/peds.106.2.351. p.354

[63] *Ibid.*

[64] *Ibid.* This is sometimes known as the Principle of Double Effect. See McIntyre, Alison. "Doctrine of Double Effect." Stanford Encyclopedia of Philosophy, July 17, 2023. https://plato.stanford.edu/entries/double-effect/. The principle emphasizes the moral distinction between causing a grave harm as a side effect of a good end and causing a grave harm as a *means* to a good end. The principle is invoked when there is a foresee, but unintended, negative consequence of a treatment that is intended to bring about a positive result. Based on this principle, there is a moral distinction between giving a MM pain medication in order to relieve suffering and the child dying and giving a MM a dose of pain medication with the intention of ending their life. In the second scenario, the means of the good end (relief of suffering) is a morally grave harm (death), while in the first scenario, the means of the good end is pain medication, while death is merely a known, but undesired, potential harm (a double effect) from the use of the pain medication. Assisted dying is not considered as falling under the double effect principle.

[65] Linebarger, Jennifer S., Victoria Johnson, and Renee D. Boss. "Guidance for Pediatric End-of-Life Care." *Pediatrics* 149, no. 5 (2022). https://doi.org/10.1542/peds.2022-057011. p. 8. There is a second, smaller and more

Canada

In Canada, "mature minor" status is conferred through either a legal process or by a healthcare provider.[66] This decision varies based on the province the minor is in; thus, there are differing criteria that a minor must meet. For example, in the province of Quebec, there is an age criterion: minors must be at least fourteen years old to be considered. Ontario, on the other hand, does not have an age that must be met; the minor's capacity is the only factor considered. In Newfoundland and Labrador, the minor is presumed to have capacity starting at age sixteen.[67]

In some provinces, even if a minor is deemed capacitated, a clinician must first determine that the proposed treatment is in the best interests of the child.[68] This is an interesting caveat because it clearly separates capacitated minors from capacitated adults, as adults can consent to a treatment that may not be in their best interests.[69] This may be due to the concern I described above, namely, that what a child deems to be in their best interest may be unduly influenced by social pressures or because they may not fully understand the situation.[70] Other provinces, however, do not have this caveat and MM can consent or dissent to the proposed treatment at will.

Canada does not currently extend assisted dying legislation to include mature minors. In 2023, a special joint committee of the Canadian Parliament recommended that future legislation

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conservative, pediatric organization, the American College of Pediatricians, who have released a more recent statement (2023) also objecting to assisted dying in minors. See: Vizcarrondo, Felipe E. "Assisted Suicide and Euthanasia in Pediatrics." American College of Pediatricians, 2023. https://acpeds.org/position-statements/assisted-suicide-and-euthanasia-in-pediatrics.

[66] Government of Canada, Department of Justice. "Article 12 of the Convention on the Rights of the Child and Children's Participatory Rights in Canada." I. Introduction: Scope of Paper, February 2, 2023. https://www.justice.gc.ca/eng/rp-pr/other-autre/article12/p1.html.

[67] *Ibid.* Those under sixteen, therefore, are assumed to not have capacity unless otherwise indicated by a clinician or legal professional.

[68] *Ibid.* New Brunswick and British Columbia are examples of these provinces.

[69] Or at least what the clinician considers is in the patient's best interest.

[70] However, it is also likely true that, in these situations, the minor may not be deemed "mature" in the first place.

be extended "to include minors deemed to have the requisite decision-making capacity upon assessment."[71] The government is currently studying the issue. Several safeguards have been proposed, including restricting MAID access to those MM who have a reasonably foreseeable death, establishing standards for capacity assessments, and potentially requiring parents to weigh in throughout the process.[72]

The Netherlands

The Netherlands does not have a specific mature minor doctrine. Instead, they divide minors into three age-ranges: under twelve, twelve to fifteen, and sixteen to eighteen. Minors under age twelve are not considered to be able to make informed healthcare decisions, and parental consent is required for treatment.[73] The second age group is believed to be developing autonomy and capacity, and the minor and the parent or guardian must both consent to an intervention.[74] Finally, those sixteen and older do not typically need parental consent for medical procedures, even though the legal age of majority is eighteen.[75]

Minors twelve and over can access assisted dying in the Netherlands and generally have to meet the same requirements as adults.[76] Adolescents twelve to fifteen are candidates for assisted dying if they are "deemed to have a reasonable understanding of [their] interests" and their parents or guardian provide consent…provided always that the parent or parents exercising

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[71] *Ibid.* p.61.
[72] *Ibid*.
[73] Brands, Wolter, Marieke Brands, and Gea Brands-Bottema. "Limited Rights of Minors in the Dutch Healthcare." *PubMed* 32 Suppl 1 (2014): 30–33. p.31
[74] *Ibid.* There are times, however, when the wishes of the child will be followed, particularly if the 12–16-year-old minor consents to a treatment but the parent does not, and the treatment is needed to prevent serious health issues.
[75] *Ibid.*
[76] Along with the act legalizing MAID for adults and certain minors, the Netherlands also enacted the "Groningen Protocol" which was a protocol for the euthanasia of infants with very poor prognoses and who are experiencing what is determined by clinicians to be unbearable suffering. As the focus of this thesis is MAID and MM, I will leave the investigation of this protocol to future works.

parental authority and/or his guardian agree."[77] Those aged sixteen to eighteen have slightly looser requirements as they do not need parental consent, though their parents or guardians do need to be involved.[78] Furthermore, minor patients who are at least sixteen can consent to assisted dying in advance by a written statement.[79]

Belgium

Belgium does not recognize a mature minor doctrine. However, children can be said to have "capacity for discernment."[80] The term originates from the UN Convention on the Rights of the Child and has been indicated as "a person's capacity to form his or her own views."[81] To be able to possess "capacity for discernment," a minor must demonstrate that they understand the intervention, as well as the benefits and harms of the intervention and its alternatives, appreciate the effects of it, and autonomously and "unambiguously communicate that decision."[82]

Belgium amended its voluntary euthanasia law in 2014 to include minors with the "capacity of discernment," by completely removing the age requirement for voluntary euthanasia.[83] If a minor has been deemed to possess "capacity for discernment," they can consent to voluntary euthanasia.[84] However, there are other criteria they must meet that vary from the original 2002 legislation. First, for a minor to qualify for voluntary euthanasia in Belgium, they

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[77] Regional Euthanasia Review Committees, "Euthanasia Code." §2.2

[78] Termination of Life Request and Assisted Suicide (Review Procedures) Act. Vol 26 691, no 13.; (2002), Chapter II Act II. https://wfrtds.org/dutch-law-on-termination-of-life-on-request-and-assisted-suicide-complete-text/

[79] *Ibid.*

[80] Van Assche, Kristof, Kasper Raus, Bert Vanderhaegen, and Sigrid Sterckx. "'Capacity for Discernment' and Euthanasia on Minors in Belgium." *Medical Law Review* 27, no. 2 (2018): 242–66. https://doi.org/10.1093/medlaw/fwy027. p.248

[81] *Ibid.* p.249

[82] *Ibid*. These requirements are very similar to the requirements for capacity in the U.S., as well as requirements for informed consent.

[83] Raus, Kasper. "The Extension of Belgium's Euthanasia Law to Include Competent Minors." *Journal of Bioethical Inquiry* 13, no. 2 (2016): 305–15. https://doi.org/10.1007/s11673-016-9705-5. p.306

[84] Van Assche, "'Capacity for Discernment.'" p.247

must make several voluntary requests *themselves.* This criterion, though it does not outline an age range, might disqualify younger children who "cannot request euthanasia themselves and even if they could, those requests would not qualify as voluntary and/or free from pressure."[85] Furthermore, minors cannot pre-consent to assisted dying [86] The request must be current, voluntary, and repeated. To request assisted dying, the minor must also experience "constant and unbearable physical suffering…that will, in a short period of time, result in death," unlike adults who can experience solely psychological suffering.[87]

The final difference between the original legislation and the 2014 amendment allowing minors is that all minors must be examined by both a second physician *and* a psychiatrist or psychologist to ascertain their capacity and to ensure they meet all criteria.[88] Additionally, the parent or legal representative must also consent. So, the parents, though they cannot consent *for* a minor, must consent with them.

Once a minor satisfies all of the requirements, namely, that 1) they are deemed capacitated, 2) are in a medically futile state with unbearable physical suffering that is also terminal, 3) repeatedly and voluntarily self-request the intervention, 4) pass inspection from a second physician and a psychologist, and 5) have parental consent (as well as provide consent themselves), they can utilize MAID. This is for all ages: a minor who is twelve has the same requirements as one who is seventeen, as long as they possess the "capacity for discernment."

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[85] Raus, "The Extension of Belgium's Euthanasia Law." p.307
[86] *Ibid.*
[87] Act amending the Act of 28 May 2002 on euthanasia, sanctioning euthanasia for minors. *Belgian Official Gazette*, number 2014009093:21053 (2014). http://eol.law.dal.ca/wp-content/uploads/2015/06/Law-of-28-May-2002-on-Euthanasia-as-amended-by-the-Law-of-13-February-2014.pdf. Chapter 2 Section 3§1
[88] Raus, "The Extension of Belgium's Euthanasia Law.". p.307

A summary of access to assisted dying for minors in the U.S., Canada, the Netherlands, and Belgium is included in Table 2. Interestingly, in both the Netherlands and Belgium, data suggests that aid in dying is rarely utilized in the minor population.[89]

Table 2: Access to Assisted Dying for Minors in Four Jurisdictions

Country	**National Legislation?**	**Form(s) of Assisted Dying Permitted**	**Access for Minors?**	**Mental Illness Only Permitted for Minors?**	**Terminal Diagnosis Required for Minors?**
The United States	No, state-dependent	MAID	No	N/A	N/A
Canada	Yes, in 2016	Assisted suicide and voluntary euthanasia	No, currently evaluating	N/A	N/A
Belgium	Yes, in 2002	Voluntary euthanasia	Yes, since 2014; any age as long as "capacity for discernment"	No	Yes
The Netherlands	Yes, in 2002	Assisted suicide and voluntary euthanasia	Yes, since 2002; over 12 years old	Yes	No

[89] Campbell, Sydney, Avram Denburg, Fiona Moola, Franco A. Carnevale, and Jeremy Petch. "Re-Examining Medical Assistance in Dying for Mature Minors in Canada: Reflections for Health Leaders." *Healthcare Management Forum* 36, no. 3 (2022): 170–75. doi:10.1177/08404704221134588. p.171

Conclusion

This chapter highlighted the definitions of many terms used in the paper, as well as the current legal landscape of assisted dying for minors. An intervention's legality does not mean it is ethical, or unethical. However, it is informative of how a society likely feels, morally, about the subject. The following chapter will spotlight a few of the secular bioethical arguments that are used to support and object to MAID's ethical permissibility in mature minors.

Chapter 2: Bioethical Arguments for Medical Aid in Dying in Mature Minors

There are many bioethical justifications that are relevant to the arguments for and against MAID in general and in this specific population. Some specific arguments that are particularly important in this question on the permissibility of MAID in MM include the ethical principles of autonomy, beneficence, and justice, as well as the negative implications of eugenics.

Autonomy

The principle of autonomy, as discussed in chapter one, is an important consideration in the designation of the MM. It is also often used as a justification for MM to end their lives through MAID.[90] Specifically, this argument is framed as *respect* for patient autonomy. To restate the definition of this ethical principle in medical practice, autonomy is generally considered as the right of a capacitated person to choose their own medical treatment.[91] In Western cultures, particularly the United States, autonomy is often a central principle of bioethics.[92]

Proponents of MAID will look to respect for autonomy as a natural argument in favor of the practice. From this perspective, if patients have the authority to make their own medical decisions, then they should have the ability to authorize and consent to MAID. The argument stems from the idea that any one individual knows themselves and their values and wishes the best. Therefore, they will be able to make the best decisions for themselves.

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[90] Dugdale Lydia, Barron H. Lerner, and Daniel Callahan. "Pros and Cons of Physician Aid in Dying." *Yale J Biol Med* 92, no. 4 (2019): 747-750. p.748
[91] Varkey, "Principles of Clinical Ethics." p.19
[92] Dugdale, "Pros and Cons." p.748

Since patients are normally considered to know themselves best and, therefore, make the best medical decisions for themselves, proponents of MAID argue that they can, and should, make decisions regarding MAID. Indeed, they argue that "patients accustomed to making their own healthcare decisions throughout life should also be permitted to control the circumstances of their death."[93] Why? Because, in their view, MAID is the best intervention to treat their suffering. Withholding MAID, therefore, violates a person's right to choose the medical intervention they believe is best for them and to control the circumstances of their death.[94]

The primacy of the autonomy argument in discussions about MAID raises the question of whether mature minors possess the autonomy that would make access to MAID ethically permissible. Minors are not typically viewed as possessing autonomy, mostly due to age and life experience. It is widely recognized that older adolescents are more likely to meet the decision-making capacity (DMC) requirements discussed in chapter one than younger children.[95] However, parental authority still requires parents to consent to care.

A key aspect of autonomy is that a patient's "choice is the result of correctly applying the skills needed to make a decision *based on their own values and beliefs* [emphasis added]."[96] Some would argue that minors, even mature ones, cannot meet this criterion. This is not because they do not understand or appreciate their circumstances, but because they have not fully

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[93] *Ibid.*

[94] *Ibid.* By "medical intervention," I am referring to a treatment proposed by a clinician in response to an illness or medical event. Informed consent requires clinicians to discuss appropriate medical interventions with the patient. It does not, however, require clinicians to inform the patient of interventions that will not address the medical issue at hand. A clinician is not required to provide MAID as an option unless it is medically appropriate. Proponents may argue that it will likely always be an appropriate intervention if or when the patient meets the qualifications in the jurisdiction. However, if the patient's request for requestion MAID does not meet those qualifications, or it is unclear whether they meet them, withholding the option is not disrespecting their autonomy, even if they ask for it.

[95] Ke, "The development of Children's autonomy." p.3-4

[96] Barutta Joaquin, Jochen Vollmann. "Physician-assisted death with limited access to palliative care." *Journal of Medical Ethics* 41, no. 8 (2015):652-654. doi:https://doi.org/10.1136/medethics-2013-101953 p.652

developed their own values and beliefs to the extent they will once they reach adulthood.[97] As discussed in chapter one, there is evidence that even older minors are still easily influenced by outside sources. Additionally, many minors have simply not had the opportunity to separate themselves from family beliefs.[98] Children often believe what their parents, or other adults in their life, do. This is not a necessarily problematic but may cause a MM to make a choice that they do not fully appreciate, or that later in life, once they come into their own stability of their values, they would not embrace, based not on their own determinations and beliefs but their parent or guardian's.

These aspects are reasons why one may argue minors should not be given an autonomous, mature, status where they can make their own medical decisions. For example, minors, even mature ones, have limited knowledge, experience, and perspectives to draw from when making decisions, and they may make one they do not fully appreciate.[99] Additionally, it is unclear that a mature minor fully understands the consequence of MAID, which is death. This limitation may be exacerbated in minors, for the reasons listed above, namely, that they may be unable to fully appreciate their own beliefs and values about death or about future opportunities, if there are any. Thus, it may be argued that MAID is ethically impermissible for a MM; they should not be deemed capacitated and, therefore, autonomous, in this circumstance.

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[97] Of course, there are also adults that also lack personal understanding. It is outside the scope of this thesis to inquire deeply, but perhaps a response to this objection lies in arguing that these adults should not be deemed capacitated or autonomous in situations where their medical decision is dependent on that understanding.

[98] For example, many children growing up in a Christian church will leave the church when out of the home, symbolizing that, with experiences separate from their childhood, they believe different things. It is also important to note, however, that it is also not uncommon for these individuals to return to the faith.

[99] One might inquire about the ability for MM to consent to the withdrawal or withholding of treatment. It could be argued that minors should also not have the authority and autonomy to make this decision. The result is the same: death, though it takes a different path. However, the ethical distinction lies in the fact that aid in dying directly intervenes with the dying process by hastening it. It is an act of commission. Withdrawing or withholding treatment is an act of omission; the clinician is omitting the treatment that was or could have been given. Furthermore, withdrawing or withholding treatment does not necessitate death, though death will often result, where aid in dying does (given the patient takes the prescription).

However, others will argue that mature minors can understand and appreciate their values and that MAID can, therefore, sometimes be an appropriate choice. Indeed, the mature minor doctrine operates as an exception to the view that all minors lack autonomy. Older adolescents likely have a clearer understanding of their own values, perhaps even diverging from surrounding adults, and may be better able to demonstrate MAID's alignment with those values. On this view, when MM meets the DMC and informed consent criteria, they should be permitted to autonomously choose, or refuse, MAID. Proponents argue that if a minor patient is determined to have capacity and, therefore, be able to exercise their autonomy, then that patient has the right to consent to MAID no matter the age.[100]

Beneficence and Nonmaleficence

The principles of beneficence and nonmaleficence are also used as arguments for and against MAID. Beneficence dictates that medical professionals are meant to act in the best interests of their patient and "promote their welfare."[101] The term beneficence highlights acts or qualities of "mercy, kindness, generosity, and charity," and the principle derived from this term "refers to a normative statement of moral obligation to act for the other's benefit, helping them to further their important and legitimate interests, often by preventing or removing possible harms."[102] Nonmaleficence obligates the clinician to prevent and remove harm to the patient, in order words, "do no harm."[103] When working together, these two principles are meant to ensure that the patient's welfare and good are promoted to the fullest extent possible in any given

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[100] Campbell, "Re-examining." p.173

[101] Varkey, "Principles of Clinical Ethics." p.18

[102] Beauchamp, Tom. "The Principle of Beneficence in Applied Ethics." Stanford Encyclopedia of Philosophy, February 11, 2019. https://plato.stanford.edu/Entries/principle-beneficence/#ConcBeneBene.

[103] Varkey, "Principles of Clinical Ethics." p.18. The nuance between these two principles is that beneficence has positive language while nonmaleficence has negative language (for example, do not kill, do not harm).

situation. Interestingly these aspects, when taken separately, can be used to defend and decry MAID.

Proponents of MAID argue that relieving the pain and suffering of the patient will benefit them.[104] For the patient seeking MAID, the suffering is often perceived as so great that they then believe that death is in their best interests. Therefore, in order for these best interests to be met, MAID should be utilized. Furthermore, even when a minor may be deemed to lack DMC or not be entitled to autonomy, beneficence could justify the intervention for the patient anyway, given the relief of harm and suffering that MAID offers.

Though many proponents of MAID cite beneficence and the relief of suffering as a justification for MAID, opponents see beneficence and nonmaleficence as arguing in favor of their view.[105] Here, opponents argue that MAID is violation of the Hippocratic Oath requiring medical professionals to not use their abilities "to injure or wrong" a patient."[106] Opponents argue that MAID is directly against the welfare of the patient, because a patient's welfare cannot be promoted if the result of the intervention is death.[107] In other words, death is never in a patient's best interests.

This argument denies the idea that what constitutes "harm" or "best interests" should be defined by the patient.[108] Certainly, MAID will lead to a sort of bodily harm to the patient as it will end their life, and, for some, this fact is enough to justify that it is acting against the overall welfare of the patient. However, if the patient does not view death as a harm, or as great a harm

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[104] Dugdale, "Pros and Cons." p.748

[105] Fontalis Andrea, Efthymia Prousali, and Kunal Kulkarni. "Euthanasia and assisted dying: what is the current position and what are the key arguments informing the debate?" *J R Soc Med* 111, no. 11 (2018):407-413. doi:10.1177/0141076818803452. p.410

[106] "The Hippocratic Oath." *British Journal of Medicine* 317, no. 7166 (1998):1110. https://pmc.ncbi.nlm.nih.gov/articles/PMC1114108/.

[107] Dugdale, "Pros and Cons." p.748

[108] Khawaja, "The Ethics of Dying." p.7

as their circumstances, and views relief from pain and suffering as a benefit, then a proponent will argue that MAID benefits the patient and prolonged interventions will in fact harm the patient. Which way the principles of beneficence and nonmaleficence cut on this issue can depend on whether one views benefits and harms through the lens of the patient or the clinician.

There is little difference between the arguments for and against MAID in general and MAID in MM through the lens of beneficence and nonmaleficence. Unlike autonomy, which is questionable in MM, every human being deserves to have their welfare promoted, especially in the medical setting. MM considering MAID are likely experiencing intense pain and suffering and may be convinced that MAID is the only intervention that benefits them. In their eyes, MAID is the action harming them the least and giving them the most benefit.[109] However, there is the question of long-term versus short-term benefits. It may be very true that MAID will give these MM the most short-term benefit but will cut them off from any future potential welfare as they will no longer exist.[110] However, many will argue that death does not mean nonexistence. For instance, later in this thesis I will discuss Christian ethics, in which salvation and belief in a life after death plays a large role.

Furthermore, an opponent of this viewpoint may counter that, because of the mostly terminal nature of the MM's condition, they may not have an ability to have any future welfare, or any future benefit will be diminished. Therefore, it would be better to focus on the short-term benefit MAID can provide through relief from their suffering. But there may be cases where that is less true. For example, if the MM is not terminal, as in the Netherlands, then they very well might have a continued future potential for increased benefit. Of course, depending on the

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[109] *Ibid.*

[110] This may lead into a question of if non-existence is better than existing in a state of pain. While this is an extremely pertinent question to the MAID debate, it is out of the scope of this thesis, and I will leave its exploration to others.

circumstance, if continued life does not correlate to continued or increased benefit, then the MM may still contend that MAID is the preferable choice.

Justice

The final principle that needs to be considered when weighing the moral permissibility of MAID is justice. One distributive justice-related concern regarding MAID for MM is that people have different levels of access to MAID alternatives depending on their geographic location and insurance coverage. For example, in places where there is a scarcity of pediatric palliative care resources, a MM may be influenced or pressured to choose MAID rather than continued palliative care because of resource constraints.[111] Indeed, barriers to access for pediatric palliative care are well known[112] A MM may be offered MAID not as a last resort and, being in a state of suffering, may feel as if it is their only option. As noted by a participant in a qualitative study about MAID in Canada, "generally speaking, we don't want people to say 'yes' to MAID because they don't think there are other options[113] This concern may not be as important in jurisdictions where there are adequate pediatric palliative care resources. However, it still needs to be considered when dealing with a vulnerable population as it could lead to distributive justice issues and, from an autonomy perspective, undermine true informed consent.[114]

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[111] Khawaja, "The Ethics of Dying." p.4

[112] Holder, Pru, Lucy Coombes, Jane Chudleigh, Richard Harding, and Lorna K Fraser. "Barriers and Facilitators Influencing Referral and Access to Palliative Care for Children and Young People with Life-Limiting and Life-Threatening Conditions: A Scoping Review of the Evidence." *Palliative Medicine* 38, no.9 (2024):981-999. https://doi.org/10.1177/02692163241271010.

[113] Brassolotto Julia, Alessandro Manduca-Barone, Monique Sedgwick. "Placing MAiD: A qualitative study of medical assistance in dying in rural Alberta." *Health & Place* 83(2023):1-9 doi:https://doi.org/10.1016/j.healthplace.2023.103073. p.7

[114] Varkey, "Principles of Clinical Ethics;" Khawaja, "The Ethics of Dying p.7

Formal justice requires that like individuals should be treated alike.[115] Pursuant to this conception of justice, there is an argument that minors are discriminated against by *lacking* access to MAID[116] This argument posits that when a MM qualifies for MAID, other than the age criterion, then not allowing them access is discriminatory.[117]

Eugenics

It would be remiss to discuss MAID in the MM population without considering eugenics. Eugenics, or "good genes" is the practice of purifying the gene pool to eliminate genes or characteristics considered bad or undesirable.[118] There is a dark history of eugenics when it comes to assisted death for minors, including the Nazi Regime's child euthanasia program, which killed over 10,000 children.[119]

MAID is different from this euthanasia program, as it is ostensibly a voluntary practice. *Involuntary* euthanasia has historically been used for eugenics purposes and is considered murder.[120] Patients seeking MAID, including mature minors, would be required to give consent.

Additionally, even though MAID for MM would be unlikely to be used for eugenic purposes given that such MM would, by definition, be terminally ill, and therefore unlikely to

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[115] Varkey, "Principles of Clinical Ethics." p.20, Velasquez, Manuel, Clare Andre, Thomas Shanks, S. J., and Michael J Meyer. "Justice and Fairness." Santa Clara University. Markkula Center for Applied Ethics. August 1, 2014. https://www.scu.edu/ethics/ethics-resources/ethical-decision-making/justice-and-fairness/

[116] Cuman, Giulia, and Chris Gastmans. "Minors and Euthanasia: A Systematic Review of Argument-Based Ethics Literature." *European Journal of Pediatrics* 176, no. 7 (June 1, 2017): 837–47. https://doi.org/10.1007/s00431-017-2934-8. p.844

[117] *Ibid.*

[118] United States Holocaust Memorial Museum. "Euthanasia Program and Aktion T4." Ushmm.org. United States Holocaust Memorial Museum. October 7, 2020. https://encyclopedia.ushmm.org/content/en/article/euthanasia-program.

[119] *Ibid.* This program targeted disabled children and eventually required any infant or child who was thought to show signs of having a disability to be euthanized. The program initially targeted infants and toddlers and ended up widening to include all children up to 17 years of age. Based on this program, the Nazi regime began the T4 program, which included adults.

[120] Grodin, Michael A., Erin L. Miller, and Johnathan I. Kelly. "The Nazi Physicians as Leaders in Eugenics and 'Euthanasia': Lessons for Today." *American Journal of Public Health* 108, no.1 (2018):53-57. https://doi.org/10.2105/ajph.2017.304120. p.54.

pass down their genes, the specter of eugenics and historical abuses against children may influence some people's perspective on the permissibility of MAID. The history of eugenics in assisted dying for minors, as well as the other justice concerns in this chapter, does not mean MAID in this population is ethically impermissible, particularly because the safeguards and criteria that minors must meet for MAID likely ensure that involuntary euthanasia will not occur. However, this possibility may be used as a check against those arguing for MAID's ethical permissibility in minors, along with other bioethical arguments discussed in this chapter.

Concluding Thoughts

As I have demonstrated in this chapter, there are many bioethical arguments that can be made for and against the use of MAID in MM. These bioethical arguments also tie into Christian ethics arguments. In the final chapters, I will explain and analyze the Christian ethics arguments used to justify or condemn MAID in MM and how they relate to and diverge from secular bioethics.

Chapter 3: An Overview of Christian Ethics

Assisted dying is a trending topic within legal and ethical discourse today. However, it has also been a pervasive bioethical issue throughout history, from Jack Kevorkian (Dr. Death) in the United States in the late twentieth century to ancient texts.[121] One such ancient text is the Christian Bible. Within Biblical Scripture, there are many descriptive accounts of death and dying. One such example, which closely resembles current assisted dying practices, is the death of an Old Testament king of God's people, the Israelites: Saul.[122] King Saul was greatly wounded during a battle with one of the Israelites enemies, the Philistines. Scripture records his death in the book of 1st Samuel.

> The battle pressed hard against Saul, and the archers found him, and he was badly wounded by the archers. Then Saul said to his armor-bearer, "draw your sword, and thrust me though with it, lest these uncircumcised come and thrust me through, and mistreat me." But his armor-bearer would not, for he feared greatly. Therefore Saul took his own sword and fell upon it. (1st Samuel 31:3-4, ESV).

However, at the beginning of the following Biblical book, 2nd Samuel, this description changes.

> "Then David said to the young man who told him, "How do you know that Saul and his son Jonathan are dead?" And the young man who told him said, "By chance I happened to be on Mount Gilboa, and there was Saul leaning on his spear, and behold, the chariots and the horsemen were close upon him. And when

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[121] Brody, Howard. "Kevorkian and Assisted Death in the United States." *BMJ* 318, no. 7189 (1999):953-954. https://doi.org/10.1136/bmj.318.7189.953.

[122] Spielthenner, Georg. "Analogical Reasoning in Ethics." *Ethical Theory and Moral Practice* 17, no. 5 (2014):861-874. https://doi.org/10.1007/s10677-013-9484-6. As described in this article, analogies can be important guides for ethical deliberation when there is not a concrete example of the exact ethical issue at hand, such as with MAID in scripture.

> he looked behind him, he saw me, and called to me. And I answered. 'Here I am.' And he said to me 'Who are you?' I answered him, 'I am an Amalekite.' And he said to me, 'Stand beside me and kill me, for anguish has seized me, and yet my life still lingers.' So I stood beside him and killed him, because I was sure that he could not live after he had fallen. (2nd Samuel 1:5-10, ESV).

These passages are descriptive of a scene, rather than prescriptive of a way to act and highlight that, like most current bioethical topics, the Bible is not explicit in instruction on the morality of assisted dying. In fact, these passages show characters acting in opposite ways; in one description the armor-bearer refuses, and in the second the Amalekite grants Saul's request for assisted dying, specifically voluntary euthanasia. Though there is no explicit instruction on MAID in the Bible, examining Scripture and other Christian sources of authority provides analogous cases and relevant principles that Christians must then use to contemplate the ethical permissibility of current medical practices, based on the stories, history, and instruction they do have. Before I examine the arguments that current Christian ethicists use for and against MAID, I will first give a brief snapshot into some of the different ways Christians define and approach Christian Ethics.

Christian Ethics Defined

Christian ethics is, in its most general sense, morality grounded in the Christian God and the Biblical Scriptures, which are believed to be breathed out by God (2nd Timothy 3:16-17). For Christians, God is omniscient, omnipresent, and omnipotent, but he is also a Triune God, meaning there are three people in the one person of God: God the Father, often known as Lord,

God the Son, or Jesus Christ, and God the Holy Spirit.[123] Christians consider all three persons to be God in various forms, which is important to Christian ethics because many ethicists point to Jesus Christ as the source, meaning they are still pointing to God, just in that certain form.

Despite God's triune unicity, Christian ethics is not monolithic. This is due to many reasons, including personal viewpoints about faith and differences in how varying denominations and traditions interpret Scripture and apply the Word of God to moral decision-making. In this chapter, I examine three different viewpoints on Christian ethics, in order to, first, get a more comprehensive view of Christian ethics generally and, second, understand why some Christian ethicists may be inclined to allow the practice of MAID and why some do not. I focus on three Christian ethicists in this chapter, not to claim that these are the only relevant Christian perspectives to MAID, as I will discuss many other Christian ethicists in the following chapters, but simply to give a survey of how different people think about ethics and religion, which may be helpful to readers in interpreting arguments for and against MAID.

Dr. Tristram Englehardt

One prominent Christian ethicist of the Eastern Orthodox Christian tradition, Dr. Tristram Englehardt, provides a comprehensive account of a more traditional Christian ethic, one that, he argues, has been misplaced by a lot of contemporary Christians. His overall view of Christian ethics is that it is a morality that seeks, foremost, the kingdom of God and God's righteousness, by acting in and through God's perfect love. He claims that "the justification and motivation for morality can be grounded in the being of God Himself, who is the Source of all

[123] Throughout this thesis, when I refer to "God," I am referring to the entire trinity of persons. I will specify in the text when required.

being."[124] Morality and ethics are meaningless apart from God, since without God there is no meaning. The reasoning behind this, to Dr. Englehardt, is God's transcendence, his existence outside of the world and outside any other thing.[125] This belief is contrasted with perhaps a less traditional, what Dr. Englehardt calls "post-Christian," viewpoint in which God is viewed as immanent, or that he permeates all earthly things. The two views can be harmonized, however, Dr. Englehardt takes a firm stance that there is a notable difference in a transcendent God and an immanent God. To summarize,

> Traditional Christianity recognizes that morality, human community, and spirituality must conform to the demands of a unique and very personal God. In contrast, Christianity understood in the immanent terms of the liberal cosmopolitan ethos appreciates God and religious experience only within the concerns, hopes, and aspirations of humans.[126]

Traditional Christian ethics is, therefore, a morality measured against God, rather than against humanity and, "invites the contemporary world to be transformed by a message millennia old" and is an ethics that "will be first and foremost associated with seeking 'the kingdom of God and His righteousness' (Matthew 6:33), a kingdom not of this world (John 18:36)."[127] Christian ethics, in Englehart's view, and derivatively, Christian bioethics, is "first and foremost a matter of faith, repentance, and grace."[128] Morality grounded in the transcendent God means having

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[124] Engelhardt, H. Tristram. *The Foundations of Christian Bioethics*. Lisse (Netherlands): Swets & Zeitlinger, 2000. p.79. As seen in this quote, many Christians capitalize pronouns regarding God. In this thesis, I do not capitalize these pronouns (particularly he/his), except when directly quoting another source.
[125] *Ibid.* p.3
[126] *Ibid.* p.148
[127] *Ibid.* p.160, 163
[128] *Ibid.* p.164

faith in God's commands and his desires, repenting when faith strays, and being confident in the saving grace of Jesus Christ. Every Christian act hinges on these things.

For Englehardt, the relationship a person has to God is what is at stake in morality.[129] In this relationship, the human agent strives to pursue God's righteousness, which will necessarily deepen that relationship.[130] Therefore, a right action is one which displays the righteousness and glory of God and secures "the most good possible for oneself and for those whom one loves."[131] To reiterate, the "good" is God's righteousness. In this sense, Christian ethics harmonizes right actions with good actions, at least, good in the Christian sense.[132]

In an effort to pursue the righteousness of God, one must strive to complete the actions that God himself would complete, knowing that they may fail. This can "be achieved by loving God and others as oneself."[133] Everything emanates from God's perfect love. It is because God loves humanity that he has given Christians the tools to freely choose to follow him and work to live like Jesus has taught us through Scripture. The greatest tool, therefore, to pursue God's kingdom and righteousness, is love. This is not love for self but a deliberate "turning away from self-love to love of God and one's neighbor so as to experience God.[134] When Christians seek the kingdom of God, they choose love for God over love for self or world; the right action, therefore, is the one which promotes this kingdom and posture towards God.

This viewpoint puts Christian love as a secondary goal. It is because Christians seek God's kingdom that they act in his perfect love, which is how Christians can pursue God's

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[129] Engelhardt, H. T. "Physician-Assisted Suicide Reconsidered: Dying as a Christian in a Post-Christian Age." *Christian Bioethics* 4, no. 2 (1998): 143–67. https://doi.org/10.1076/chbi.4.2.143.6908. p.145
[130] Englehardt, *The Foundations*. p.78
[131] *Ibid*.
[132] *Ibid.* p.79
[133] *Ibid.* p.78
[134] *Ibid.* p.163

righteousness, further their own relationship with God, and advance God's kingdom. Other Christian ethicists take this further, holding that love, and charity in particular, is the highest good to be pursued.

Dr. Edmund Pellegrino

Dr. Edmund Pellegrino was a member of the Roman Catholic Church, and he dedicated his life to furthering philosophical and moral discourse, often from a Catholic perspective. He views Christian ethics as "an agapeistic ethic" or as "a love-inspired ethics," and takes a virtues-based approach, claiming that Christian ethics is driven by the virtue of charity, and is exemplified by actions of compassion and love.[135] "Agape" is a type of love that is "unconditional…the love of choice, the love of serving with humility, the highest kind of love," and agapeistic ethics is an ethics inspired by this love and, in particular, the charity that evolves from it.[136] Dr. Pellegrino views charity as the paramount virtue "of a Catholic and Christian perspective on the moral life" because it "consists in disposing moral judgments to their right end through love for God and the human family He has created. Charity fuses the qualities of both mind and heart, of reason and faith – a fusion without meaning in a nonagapeistic ethic."[137] But why are charity and love at the forefront of Christian ethics for Pellegrino? Because it is a New Testament commandment given by Jesus Christ. In the Gospel of Mark, it is written,

> "Which commandment is the most important of all?" Jesus answered, "The most important is, 'Hear, O Israel: The Lord our God, the Lord is one. And you shall love the Lord your God with all your heart and with all your soul and with all

[135] Pellegrino, Edmund D, David C Thomasma, and David G Miller. *The Christian Virtues in Medical Practice*. Washington, D.C.: Georgetown University Press. 1996. p.72
[136] "Love-Agape (Greek Word Study)," Precept Austin, 2023. https://www.preceptaustin.org/love-agape.
[137] Pellegrino, *"The Christian Virtues*." p.29, 73

> your mind and with all your strength.' The second is this: 'You shall love your neighbor as yourself.' There is no other commandment greater than these." (Mark 12:28-31, ESV).[138]

Biblical Scripture lists many rules or commandments. For example, the Ten Commandments Moses wrote on the stone tablets in the book of Exodus, or the teachings included in the parables of Christ or in the Sermon on the Mount in the gospel of Matthew. To Pellegrino and many other Christian ethicists, these commandments are embedded in this greatest commandment, love God and neighbor. If Christian ethics is morality derived from Jesus, the moral action is, in any given circumstance, the one that is the most loving or charitable because Jesus fulfilled this commandment throughout his life, and thus "we are shown the meaning of the virtue of Christian charity."[139]

Charity is the guiding virtue of Christian ethics and *compassion* "is the concrete evidence that the virtue of charity is at work."[140] When someone is suffering, whether that be from illness or in everyday life, compassion is "a willingness, desire, and intent to help, to make some sacrifice, to go out of one's way, as the Good Samaritan did."[141] Having compassion on those suffering is one way to love our neighbor, to care for them. For ethical questions not clearly addressed, including MAID, charity and compassion may provide a guide to determining what to do, based on Christian principles.

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[138] *Ibid. p.33*
[139] *Ibid.* p.47
[140] *Ibid.* p.86
[141] *Ibid.* p.86. The story of the Good Samaritan can be found in Luke chapter 10, and tells of how a Samaritan, a people group often looked down on by the Jewish population at that time, stopped and helped a Jewish man when the man's own people would not. It is often cited today as someone going out of their way to help someone else, possibly even at their own expense.

Catholic and Protestant Perspectives

So far in this chapter, I discussed two of the more traditional perspectives on Christian Ethics, from the Catholic and Eastern Orthodox traditions. I will now turn to a discussion of a Protestant denomination of Christianity. This branch of Christianity developed after the Protestant Reformation began in the 16th century.[142] The main differences between Protestantism and Catholicism or orthodoxy is that most Protestant Christians view the Bible as the recognized source of scripture and that salvation comes through faith alone (Ephesians 2:8, ESV). Catholicism in general affirms that good works are needed for salvation in addition to faith, and places emphasis on other ancient texts in addition to the Bible as well as religious traditions.[143] There are other differences between the faith traditions, of course; however, what is important for this thesis is simply that, though many of the core doctrines and beliefs are congruent, there are divergences that often impact moral decision-making.

Dr. David Gushee

In his book, *Introducing Christian Ethics: Core Convictions for Christians Today*, Dr. Gushee, a post-evangelical Christian ethicist, writes that "Christian ethics obviously begins with Jesus Christ, his person and work, his moral instruction and example."[144] He sees Jesus as the ultimate moral source and encourages Christians to emulate Christ in their decision-making. For Dr. Gushee, this includes reading the Bible, turning to other sources of Christian authority, like

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[142] Becker, Sasha O., Steven Pfaff, and Jared Rubin. "Causes and Consequences of the Protestant Reformation." *Explorations in Economic History* 62 (2016): 1-25. https://doi.org/10.1016/j.eeh.2016.07.007. p.1

[143] DeYoung, Kevin. "Protestant and Catholic: What's the Difference?" The Gospel Coalition, September 12, 2017. https://www.thegospelcoalition.org/blogs/kevin-deyoung/protestant-and-catholic-whats-the-difference/#:~:text=Catholic%20teaching%20rejects%20the%20Protestant,imputed%20righteousness%20through%20faith%20alone.

[144] Gushee, David P. *Introducing Christian ethics: Core convictions for Christians Today*. Canton, MI: Front Edge Publishing, 2022. p.24. Post-evangelicalism is a movement away from the strict evangelical tenets of Christianity, characterized in part by being more inclusive in the church and turning to other sources of authority other than the Bible.

theologians, traditions, and faith leaders, and discerning next steps through prayer and supplication to the Holy Spirit. It is important to note that Dr. Gushee, and many other Protestant Christian ethicists, does not believe that faith leaders, theologians, and traditions are the *ultimate* source of moral authority, but a derivative source from the Bible and Jesus' teachings. Other sources of authority aid Christians in interpreting and struggling with the complexities of Scripture and the tenets of Christianity.[145]

In variation to Drs. Pellegrino and Englehardt, Dr. Gushee does not necessarily promote love as the most relevant principle, arguing that "even love needs moral structure around it."[146] For Dr. Gushee, the Christian ethicist must always "look to Jesus first…Jesus offers a path forward, in which goals, rules, consequences, responsibilities, community, and character all find a place."[147] Jesus, simply, characterizes all of the best parts of the multitude of moral theories that ethicists and everyday people use to try to figure out the world. Furthermore, Jesus

> "lived by moral commands which he believed came from God and yet he never lost sight of the big picture – the reign of God, the deliverance of the oppressed, the priorities of justice, mercy, and love. The way of Jesus makes actual demands on people. But those demands are never just pointless rules or religion for religion's sake. They are always clearly grounded in a bigger picture of God's purposes in this world."[148]

Though Dr. Gushee views Jesus as our moral source, he varies from many other Protestant Christian ethicists as he "can no longer accept the central evangelical claim that just

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[145] *Ibid.* p.41
[146] *Ibid.* p.53
[147] *Ibid,* p.64
[148] *Ibid.*

reading the Bible resolves all questions related to the Christian moral life."[149] The reasoning behind his claim is that, though Christians believe Scripture is breathed out by God, humans are the interpreters of that word and humans are "always fallible."[150] When Christians have a moral question, therefore, we must turn to Jesus, who is infallible; "our preeminent moral source is not a text, tradition, or practice, but a Person, not just someone we read about but the Savior who redeems us and the Lord to whom we pledge our very lives."[151] This means approaching the moral question as Christ would, by reading Scripture through a "prophetic" lens rather than a "cultic/legalistic" lens, wrestling with traditionalism, and focusing on issues of social justice and oppression.[152]

One path to doing this is relying on the Holy Spirit, who is part of the Trinity and was bequeathed to humans, namely Christians, with the death of Christ. Dr. Gushee highlights the importance of asking the Spirit for guidance, praying, worshiping, and fellowshipping with other Christians to attempt to discern the correct decision.[153] However, because humans are fallible, we often fall prey to false words and choose poorly. This perspective on Christian ethics emphasizes that Christians will make ill-advised and wrong decisions; it is in human nature. However, a way to try to wrestle with and come to a right conclusion means aiming to respond to a moral question as Jesus would and this version of Christian ethics emphasizes how difficult moral deliberation is, even when we have sources to turn to.

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[149] *Ibid.* p.72
[150] *Ibid.*
[151] *Ibid.* p.74
[152] *Ibid.* p.75-76
[153] *Ibid.* p.79

The Importance of Faith

The notion of faith, or strong belief and trust in God, weaves throughout these descriptions of Christian ethics. This faith includes trust in the belief of the Triune God, the Biblical texts, as well as the doctrines and principles of the religion. “Faith is the assurance of things hoped for, the conviction of things not seen…And without faith it is impossible to please him, for whoever would draw near to God must believe that he exists and that he rewards those who seek him” (Hebrews 11:1,6, ESV).

Christians hold that God (and Jesus, being one with God) is omnipotent, omniscient, and sovereign (Colossians 1:16-17, Jeremiah 29:11, Proverbs 16:9). Faith in God is, therefore, faith in his sovereignty, his supremacy, as Lord. It is faith in God’s nature and who he is, in what he has done and taught through Scripture and doctrine, and in what he is currently doing in the lives of Christians (Job 42:2, Proverbs 16:4).

Jesus was “the exact imprint of his nature” (Hebrews 1:3, ESV) and, thus, revealed God’s nature through the way he lived and died, namely, by setting his mind and intention on the Spirit, rather than the world (Romans 8:5, ESV). Therefore, Christians, in their quest to emulate Christ, seek God, and strengthen their faith, are also instructed set their minds on the Spirit, on the heavenly kingdom of God, and on the good works God does through his people on earth. Part of this quest includes how Christians act and what decisions they make, as well as who they are making the decision for.

There is a cliché catchphrase used among Christian culture: “What Would Jesus Do.” Asking this question is a start to determining a moral course of action. The answer written on wristbands and social media posts is, “He Would Love First.” Love, threaded all throughout this chapter and Christian ethics, brings Christians back to Jesus Christ and the glorification of God and his kingdom.

Conclusion

As these three ethicists illustrate, Christian ethics is broad, with varying opinions on the details. Many Christians do not have an explicit "Christian ethics" that they adhere to, but rather, through teachings, prayer, and Scripture have formed an amalgam of these themes in varying ways. Some, like Dr. Pellegrino, may promote love as the guiding factor. Others may hold more firmly to commandments or parables. However, the themes mentioned in this chapter are what distinguish CE from other religious and secular ethics. These include emphasis on the Triune God: the Holy Trinity of God the Father, God the Son, and God the Holy Spirit; emphasis on the Scriptures as the main source of moral authority; and seeking God's righteousness and glorifying his name and doing all of this through Christian love for the Lord and others.

I began this chapter with the story of the death of Saul, an example of the silence of Scripture on the ethical permissibility MAID. That is not the only story depicting assisted death. The book of Judges tells the stories of many judges, or rulers, of the ancient Israelites as they cycle through periods of prosperity and pain. One such ruler, named Abimelech, was a wicked ruler who oppressed his own people. He died when trying to capture a city and was assisted by his armor-bearer:

> And Abimelech came to the tower and fought against it and drew near to the door of the tower to burn it with fire. And a certain woman threw an upper millstone on Abimelech's head and crushed his skull. Then he called quickly to the young man his armor-bearer and said to him, "Draw your sword and kill me, lest they say of me, 'A woman killed him.'" And his young man thrust him through, and he died. (Judges 9:52-55, ESV).

Abimelech's death provides additional evidence that the Bible does not explicitly claim the morality of MAID. There is no supplementary commentary describing that the means of his

dying were right or wrong. Like many contemporary ethical questions, Christians must take the ethics they use and determine their own conclusions regarding its supportability. Notice here I say that Christians use their *ethics* to determine their conclusion, not use their desired conclusion to determine the ethics they use as justification. The latter statement is often considered cherry-picking: using specific Biblical text or doctrine to support a desired decision.[154] I am not endorsing this practice, though it does happen, often subconsciously. Christians, when choosing a specific Christian ethical approach to decision-making, for example, one of the three listed in this chapter, should apply that approach universally to their decisions, rather than having a desired conclusion and looking for answers afterwards. This approach to decision-making is difficult. There is an ease in having an intuition about an ethical question and then finding desired justifications.[155] The challenge is not to find the ethics to support a decision, such as MAID, but to ascertain how the ethical approach may view the supportability of a decision. This may be especially difficult in cases like MAID where Christian ethics does not give a clear answer. However, there are arguments that stem from different Christian ethicists and theologians that are used to support or object to MAID. The following chapter will lay out those arguments, both in support and opposition of the intervention.

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[154] "Cherry-Pick Definition & Meaning." Merriam-Webster. Accessed July 3, 2025. https://www.merriam-webster.com/dictionary/cherry-pick.

[155] Though it may be that the intuition regarding a question is, subconsciously due to the ethics a Christian holds. Still, it is a good exercise to examine and deliberate to ensure that cherry-picking or false conclusions do not occur.

Chapter 4: Current Christian Ethics Viewpoints on Medical Aid in Dying

In this chapter, I consider the justifications that different Christian ethicists use to argue for and against MAID. The arguments they raise are compassion and love, the sanctity and dignity of life, self-determination, and faith in the sovereignty of God.

Compassion and Love

The Christian ethics arguments for and against MAID often stem from similar justifications. To begin, compassion is a valued notion in the Bible, both the Old and New Testaments (Exodus 33:19, Isaiah 49:13, Psalm 103:13, 2nd Corinthians 1:2-4, Colossians 3:12). In Matthew 14, where Scripture records Jesus feeding over 5,000 people, the author states, "he went ashore he saw a great crowd, and he had compassion on them and healed their sick" (Matthew 14:14, ESV). As discussed in chapter three, Christians often try to emulate and model their actions on Jesus, since he reveals God's character, which includes embodying what he values. There is much evidence throughout Scripture that he, and God the Father, values compassion and love, and Christians are thus instructed to act according to these principles. This is why many Christian ethicists, like Dr. Pellegrino, focus on love, charity, and compassion as the defining principles of Christian ethics.

Compassion, as defined by Merriam-Webster dictionary, is "sympathetic consciousness of others' distress along with a desire to alleviate it."[156] The desire to relieve suffering means it goes beyond mere empathy. Furthermore, compassion and love often go hand-in-hand. Because we love someone, when we have compassion for them, we are moved to act. Jesus had compassion on his followers and, because he loved them, did what he could to alleviate their

[156] Merriam-Webster. "Definition of Compassion." Merriam-Webster.com. 2025. https://www.merriam-webster.com/dictionary/compassion.

pain and distress. Whether this was healing the sick, bringing the dead back to life, or simply sharing a meal with them, he was driven by his love to act on his compassion. Therefore, to act like Jesus, Christians should also not only feel empathy for others who are suffering but also be moved to ease their suffering. How that happens is dependent on the particular circumstances.

Proponents of MAID often use compassion as justification for its ethical permissibility. In fact, there are entire websites endorsing MAID as compassionate care.[157] Christian advocates are not an exception. It is difficult to watch loved ones undergo pain and suffering. When we have a way to alleviate that pain (MAID), why would we hesitate to use it? Thus, for proponents, there is little to no reason to not use the means at our disposal to reach the desired (and arguably good) end: relief of suffering.

Joseph Fletcher, a philosopher and ethicist of the Episcopalian Christian tradition, was one of the biggest Christian supporters of MAID. One of his arguments for why MAID is sometimes, if not always, permissible, is compassion. He asks the question: "what, then, is the real issue? In a few words, it is whether Christians can morally justify taking it into our own hands to hasten death for ourselves (suicide) or for others (mercy killing) out of reasons of compassion."[158] He goes on to argue that, yes, compassion is a reason for the moral justification of MAID. Fletcher was the designer of a Christian approach to decision-making called "situation ethics," where "Christian action should be tailored to fit objective circumstances, the *situation*."[159] This is an opposition to legalism, where "not just the spirit but the letter of the law reigns."[160] Fletcher argues that moral decision-making is extremely situation-dependent, so why

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[157] Anon. "Compassion & Choices Home." Compassion & Choices. n.d. https://compassionandchoices.org/. This an example US-based website with information, resources, and involvement possibilities for different states.
[158] Fletcher Joseph. "Ethics and Euthanasia." *The American Journal of Nursing* 72, no. 4 (1973): 670-675. doi:https://doi.org/10.2307/3422978. p.673
[159] Fletcher Joseph. *Situation Ethics : The New Morality*. Westminster John Knox Press. 1966. p.14
[160] *Ibid* p.18

are we trying to come up with moral theories that try to be applicable to every circumstance? Take Kant's maxims, for example. Kant was of similar belief to many that it is ethically wrong to lie. But then, he runs into the problem of the axe-murderer, where a person would be unable to lie to save a life. Suddenly, there is a legalistic problem. Fletcher's position is that, though it is usually wrong to lie, there are times where the situation calls for it. We follow the spirit of the rule "do not lie" rather than the letter. And why may we sometimes override the maxim to not lie? Because of love. Fletcher states

> "The situationist enters into every decision-making situation fully armed with the ethical maxims of his community and its heritage, and he treats them with respect as illuminators of his problems. Just the same he is prepared in any situation to compromise them or set them aside *in the situation* if love seems better served by doing so."[161]

So, in the case of MAID, when there are times where love is better served by compassionately ending a life, Fletcher asserts that Christians can put aside the commandments and maxims to act in love. A former Archbishop of Canterbury in the United Kingdom, Lord George Carey, also touts compassion as the reasoning behind why he supports MAID. He questioned why Christians are more concerned with command and doctrine over compassion, benevolence, and dignity.[162] He writes that "it is, of course, profoundly Christian to do all we can to ensure nobody suffers against their wishes."[163] In his book, *Is there a Christian case for Assisted Dying*, Paul Badham

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[161] *Ibid* p. 26

[162] Keown, John. "Desmond Tutu, George Carey and the Legalization of Euthanasia: A Response." *Christian bioethics: Non-Ecumenical Studies in Medical Morality* 28, no. 1 (2021):25-40. doi:https://doi.org/10.1093/cb/cbab001. p.28

[163] BMJ. "George Carey: Former Archbishop Says Christians Should Support Legal Physician Assisted Dying - the BMJ." The BMJ. 2020. https://blogs.bmj.com/bmj/2020/02/07/so-many-christians-support-legal-assisted-dying-not-because-they-see-life-as-unimportant-but-because-compassion-demands-it/.

reinforces this point by contending, "when people's sufferings are so great that they make repeated requests to die, it seems a denial of that loving compassion, which is supposed to be the hallmark of Christianity, to refuse to allow their requests to be granted."[164] As these examples highlight, compassion is a compelling Christian (and secular) argument; why would we want to prolong or potentially increase suffering?

Additionally, Christian proponents may bring forth the very real times where "we are often confronted with a moral dilemma when two or more applicable commandments or principles seem to prescribe different and even contradictory actions."[165] MAID presents a good example of these dilemmas. On one hand, you have the 6th Commandment telling you not to murder (Exodus 20:13, ESV). On the other hand, there is the commandment to "love one another as I have loved you" (John 15:12, ESV).

It is here that I want to discuss an important language distinction, namely, the difference between killing and murder. This is important not only to the discussion on MAID, but also because different translations of the Bible use different words for the commandment laid out in Exodus 20:13. For example, the King James Version, writes this verse as "Thou shalt not kill" (Exodus 20:13, KJV). The English Standard Version and the New International Version, however, say that the commandment is "you shall not murder" (Exodus 20:13, ESV, NIV). The more accurate translation to the original Hebrew is the ESV and NIV language: murder instead of killing.[166] But does the difference between these two words matter morally? Yes, they do. To "kill" something or someone is simply to cause the death of that person or thing.[167] Murder, on

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[164] Badham, Paul. *Is There a Christian Case for Assisted Dying? : Voluntary Euthanasia Reassessed*. London, England: SPCK, 2009. p. 156

[165] De Villiers, Etienne D. "May Christians request medically assisted suicide and euthanasia?" *HTS Teologiese Studies / Theological Studies* 72, no. 4 (2016):1-9. doi:https://doi.org/10.4102/hts.v72i4.3397. p. 4

[166] De Villiers, "May Christians request." p. 3

[167] "Kill Definition & Meaning." Merriam-Webster, 2019. https://www.merriam-webster.com/dictionary/kill.

the other hand, is a more specific term that is defined as killing a person "unlawfully and unjustifiably with premeditated malice."[168]

The use of the word "unjustifiably" in the definition of murder is important, particularly for our discussion on MAID. It highlights that a cause of death may be lawful, but may not, based on some, likely arbitrary, criteria, be justifiable. A Christian proponent may very well believe that MAID is no longer unjustifiably killing a person as the intention to relieve suffering and love the patient *are* the justification for the act. Additionally, there is no premediated malice to the act. So, now, this is a case of killing rather than murder, which is not in contention with the 6th commandment.

Compassion and love are very often used to support the ethical permissibility of MAID. These values can also be used to *oppose* the practice from a Christian perspective. Phillip Reed is one of these Christian ethicists. He discusses that compassion often "is equated with doing what a patient requests and/or merely relieving the patient's suffering."[169] Reed argues that "it has always been included in traditional understandings of compassion that the person exercising compassion must *suffer alongside* the person who is the object of compassion."[170] Having compassion for a suffering loved one or patient means not only trying to alleviate it, or some cause of the suffering, such as using palliative care to relieve pain, but also sharing in it. Now, this does not mean that if a friend breaks their arm, you have to break your arm too. That accomplishes nothing. The intention behind this definition of compassion is that sharing in the suffering means being with them through it and giving consistent comfort. As David Gushee

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[168] "Murder Definition & Meaning." Merriam-Webster, 2019. https://www.merriam-webster.com/dictionary/murder.
[169] Reed, Philip A. "Physicians, Assisted Suicide, and Christian Virtues." *Christian bioethics: Non-Ecumenical Studies in Medical Morality* 27, no. 1 (2021):50-68. doi:https://doi.org/10.1093/cb/cbaa021. p. 59
[170] *Ibid* p. 60

states, "our human task, we have believed, is to bear the dying through that last dark night, to accompany them until they take their last breath, without us doing anything to hasten it."[171]

As discussed above, a former Archbishop of Canterbury, Lord Carey, cited compassion as a reason behind why he supported MAID. Contrasting that argument, a later Archbishop, Justin Welby, contended that "true compassion can be shown through care, through expending time and resources on those suffering and through offering hope even in the darkest of circumstances."[172] It goes beyond relieving pain and suffering that are afflicting the patient and includes helping the patient "understand the meanings of suffering – the opening it offers to reconciliation, atonement, and sharing of Christ's suffering on the cross," which is a part of compassion and care that is left out of secular definitions, according to this argument.[173] Compassion, from this perspective, does not call for helping a patient undergo MAID to relieve their suffering, but rather to *understand* why they are suffering and offer hope, that is, hope in God.

Sanctity and Dignity of Life

A second argument that both proponents and opponents of MAID use is the sanctity of life argument. Sanctity of life is defined as "a concept from moral theology that life is sacred, creating an ethical obligation to God not to violate that life."[174] Interestingly, the sanctity of life doctrine is not used by name in ancient texts. Rather, it is based on Biblical concepts that humans are made in God's image and God extending his sacredness to his people (Lev. 22:32, ESV),

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[171] Gushee, *Introducing Christian Ethics.* p.453

[172] Welby Justin. "Helping People to Die is Not Truly Compassionate." The Times & The Sunday Times, July 13, 2014. https://www.thetimes.com/life-style/health-fitness/article/helping-people-to-die-is-not-truly-compassionate-qh8ffcllrbk?region=global

[173] Pellegrino, *The Christian Virtues.* p.87

[174] McCullough, Laurence B. *Historical dictionary of medical ethics*. Lanham, Maryland: Rowman & Littlefield, 2018. p.269

thus sanctifying them.[175] But what does it mean to be "sacred?" Being considered sacred is being in a state that is connected to God, since humanity is created in God's image.

However, there are nuances to the Christian ethical concept of sanctity of life. For example, the term is often used as I have thus far explained it: all humans are made in God's image and connected to God in that way, therefore, all human life is sacred. I will call this the *vitalist* definition. A different interpretation casts the term in a new light. Perhaps the concept should instead be viewed as "a life lived in dedication to God" where the sanctity of life is not a general connection to God but is the process of a person becoming Holy through right conduct and belief in Christ.[176] I will call this the *performance* interpretation. The difference between these two definitions of the ethical concept "sanctity of life" maps well onto the ways ethicists use the term to support and object MAID. On the one hand, there is a definition saying that it is an "obscure *property* of physical life" and on the other hand, it is "a *mode of acting*."[177] I will refer to the two definitions of the doctrine of the sanctity of life as the vitalist and performance interpretations.

Before I discuss the exact ways Christian ethicists use the concept of sanctity of life for MAID, I want to provide one last piece of foundation for the term. This is simply that, in Christianity, humans have an inherent dignity that must be promoted, protected, and respected, justified in the fact that we are made in God's image. However, there are differences in exactly *how* ethicists think we should be promoting, protecting, and respecting this dignity, as exemplified with MAID.

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[175] Baranzke, Heike. "'Sanctity-of-Life'—A Bioethical Principle for a Right to Life?" *Ethical Theory and Moral Practice* 15, no. 3 (2012): 295-308. doi: https://doi.org/10.1007/s10677-012-9369-0. p.299
[176] *Ibid.* p. 301. Known as the Christian doctrine of Sanctification.
[177] *Ibid.* p.296

I will start by highlighting the arguments in favor of MAID through this lens. One proponent of MAID who holds this view is the former Anglican Archbishop of Cape Town, South Africa, Desmond Tutu, who was a revered theologian and human rights activist. In a 2014 article in *The Guardian,* Tutu asks the very question that drives many to MAID: "Why is a life that is ending being prolonged?"[178] He continues with the story of Nelson Mandela's death. Tutu claimed that "what was done to Madiba (Nelson Mandela) was disgraceful…you could see Madiba was not fully here…it was an affront to Madiba's dignity."[179] It is here that Tutu turns to our topic at hand: the promotion of human dignity.

The prolongment of painful death and suffering can diminish one's dignity. Therefore, Christians should respect humans and keep their dignity intact by allowing them to choose a dignified death (MAID), one without pain, one that they choose. Tutu states that "in refusing dying people the right to die with dignity, we fail to demonstrate the compassion that lies at the heart of Christian values," effectively tying this discussion on human dignity to the arguments I laid out in the previous section on compassion.[180] Joseph Fletcher underscores this point by arguing, "it is harder to morally justify letting someone die a slow and ugly death, dehumanized, than it is to justify helping him escape from such misery."[181]

Additionally, Tutu makes the claim that he respects the sanctity of life, "but not any cost."[182] Lord Carey makes a similar claim, contending that supporting the sanctity of life at all

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[178] Tutu, Desmond. "Desmond Tutu: A Dignified Death is Our Right – I am in Favour of Assisted Dying | Desmond Tutu." The Guardian. July 12, 2014. https://www.theguardian.com/commentisfree/2014/jul/12/desmond-tutu-in-favour-of-assisted-dying

[179] *Ibid.*

[180] Tutu Desmond. "Archbishop Desmond Tutu: When my time comes, I want the option of an assisted death." The Washington Post. October 6, 2016. https://www.washingtonpost.com/opinions/global-opinions/archbishop-desmond-tutu-when-my-time-comes-i-want-the-option-of-an-assisted-death/2016/10/06/97c804f2-8a81-11e6-b24f-a7f89eb68887_story.html?noredirect=on

[181] Fletcher, "Ethics and Euthanasia." p.670

[182] Tutu, "When my time comes"

costs may promote pain, anguish, and diminished dignity.[183] It seems that, in their arguments, Tutu and Carey are using the vitalist definition of sanctity of life, where life should be protected and promoted because humans are made in God's image and therefore connected to him.[184] If this is the definition in mind, then these theologians are correct. There is no Christian obligation to extend life at any cost.[185] David Thomasma, another Christian ethicist of the Catholic faith, agrees with this point: "for it is a brutality to the sacredness of human life to extend it unduly, to deny its origins and its ends, and to manipulate it in the person of the dying for the sake of legal fears, new and unusual interventions, and technological misperceptions."[186] Therefore, if a person is in a place of immeasurable pain and suffering as they die, having an extremely low quality of life, we have no obligation to preserve that life. The important word Thomasma uses in his statement is *unduly.* When interventions are no longer warranted, no longer acceptable to the patient or their loved ones, the preservation of life is no longer required.[187] The medical circumstances that lead patients to consider MAID likely fall under this category, where further treatment is now improper. Furthermore, because of the Christian emphasis on love, compassion, and human value, a potential response to the clinical picture described is MAID. Thus, it is argued that Christians should not encourage preserving suffering which causes diminished dignity and unwarranted pain when they have the means to relieve the suffering.

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[183] Carey, Lord. "Lord Carey, Former Archbishop of Canterbury on why assisted suicide must be legal." Mail Online. August 16, 2015. https://www.dailymail.co.uk/debate/article-3199663/Why-did-Joan-poison-best-friend-garage-Former-Archbishop-Canterbury-reveals-tragic-tale-persuaded-assisted-suicide-legal.html

[184] Keown, "Desmond Tutu." p. 31

[185] *Ibid.* p. 31

[186] Thomasma, David C. "Assisted Death and Martyrdom." *Christian Bioethics: Non-Ecumenical Studies in Medical Morality* 4, no.2 (1998):122-142. doi: https://doi.org/10.1076/chbi.4.2.122.6905. p.139

[187] Of course, this leads to a larger idea that what is "acceptable" to a person will differ greatly depending on that person and their circumstances. The full exploration of this idea is outside the scope of this thesis.

Opponents of MAID use this argument in the exact opposite way. They argue that the sanctity and dignity of human life is exactly why it is unethical to utilize MAID. Those using the vitalist definition may argue that it is wrong to hasten one's death and that human life should be promoted. As discussed, sanctity of life, in its definition, does not entail the preservation of life through all possible means. However, as John Keown points out, "it does prohibit the intentional shortening of life."[188] The word "violate" in the definition above encompasses this idea. MAID violates, or infringes, upon the sanctity of life, opponents argue, *because* of the sacredness and inherent dignity of life that the concept signifies. Furthermore, the Christian concept of human dignity can be further defined as "grounded in being created in the image and likeness of God."[189] Therefore, it does not go away in circumstances labelled by society as undignified. It is inviolable and intrinsic to being human.[190]

Since humans are intrinsically valued and dignified, then, according to thinkers like Keown, humans should want to promote their existence, because "there is a deep and inseparable connection between our regard for something's value and our regard for its existence…if we act to render something nonexistent, we are necessarily demonstrating that we do not regard the thing in itself as having value."[191] And since humans are *intrinsically* valued, there is no chance for this value to cease. Now, this argument does raise questions about the indefinite preservation of life; if humans have unceasing value, then must they always accept medical interventions? Perhaps this is the downfall of the argument, and the use of the vitalist definition, because there

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[188] Keown, "Desmond Tutu." p. 31

[189] *Ibid* p. 31

[190] Though, of course, this could mean that MAID would also not violate human dignity.

[191] Goligher, Ewan C. *How Should We Then Die?: A Christian Response to Physician-Assisted Death.* Bellingham, Washington: Lexham Press. 2024. p.31

is less room for withholding or refusing treatment at the end of life.[192] However, from this argument, humanity's intrinsic dignity and value is the exact reason why MAID is unethical; it signifies that humans are not valued for themselves, that we do not matter, or that we do not matter enough to continue existing. "Assisted death devalues people."[193] MAID denatures the inherent dignity and worth of a person, gifted to us by God, into a conditional feature that can be taken away in the presence of indignities.

Another argument against MAID relates to the second interpretation of sacredness and sanctity of life, the performance definition.[194] This is the process of sanctification, which, for Christians, is a lifelong process where they give themselves over to Christ and work to live like him. Suffering, ordained by God, is a part of this sanctification.[195] This does not mean that suffering is intrinsically good. Instead, it is used instrumentally. 1st Peter 4:1 says, "since therefore Christ suffered in the flesh, arm yourselves with the same thinking, for whoever has suffered in the flesh has ceased from sin" (ESV). When Christians suffer, they are reminded of the limitedness of their control and turn to Christ for comfort and hope. The last verse in 1st Peter 4 sums it up nicely: "therefore let those who suffer according to God's will entrust their souls to a faithful Creator while doing good" (1st Peter 4:19, ESV).

Christians are not promised that sanctification is an easy process. However, the Apostle Paul confirms that suffering can be instrumentally useful, and that Christian's should "rejoice in our sufferings, knowing that suffering produces endurance, and endurance produces character,

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[192] Further explanation on this question, while interesting, is outside the scope of this thesis. What is important is the justifications Christians use to oppose MAID with this line of thinking.

[193] *Ibid.* p. 35

[194] Baranzke, "Sanctity of Life." p.301

[195] Hall, M. Elizabeth Lewis, Jason McMartin, David Wang, Laura Shannonhouse, Jamie D. Aten, Eric J. Silverman, and Lauren A. Decker. "The Christian Sanctification of Suffering Scale: Measure Development and Relationship to Well-Being." *Mental Health, Religion & Culture* 24, no.8 (2021): 796–813. doi:10.1080/13674676.2021.1884670. p.14

and character produces hope, and hope does not put us to shame." (Romans 5:1-5a, ESV). This hope is hope in God, and suffering is a tool that can be used to re-center Christians to Christ.[196] When interpreting sanctity of life in this way, "the idea that someone's life could be so irredeemably wretched that it would be better for that person to be killed ignores the Christian recognition of the redemptive power of suffering…suffering can help us in our struggle towards virtue in a life turned wholeheartedly towards God."[197] MAID, then, infringes on the performative interpretation, and should not be utilized. Tristram Englehardt uses this argument, stating, "through accepting tribulation, pain, suffering, and death as God's will, one unites oneself ever more closely to the will of God and to his saving grace. In that turn to God, one's faith can grow stronger…afflictions play an instrumental role in our spiritual self-discipline but are not in themselves valuable."[198] Part of the sanctification process involves suffering and that suffering is useful, not in itself, but as an instrument to turn to God and his will. MAID, on this view, focuses on the self, rather than God, and may be dangerous because the primary goal is no longer the will of God but the will of the self.

Self-determination

A third argument that is often used in favor of MAID stems from the inherent dignity and value of human life that I discussed: self-determination and the freedom of choice.[199] Humans

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[196] There is a larger question here about how this argument would appear to a person with chronic pain. I cannot fully explore this question, but I can imagine that these individuals would disagree with this interpretation of suffering and the sanctity of life and turn to other arguments for or against MAID instead.

[197] Cherry, Marj J. "Physician-Assisted Suicide and Voluntary Euthanasia: How Not to Die as a Christian." *Christian bioethics: Non-Ecumenical Studies in Medical Morality* 24, no. 1 (2018):1-16. https://doi.org/10.1093/cb/cbx021.p. 5. "Turned wholeheartedly towards God", as Cherry puts it, matches onto the interpretation being used of sanctification: striving towards a life of dedication to God.

[198] Engelhardt, Tristram H. "The Orthodox Christian View of Suffering," in Ronald M. Green, and Nathan J. Palpant (eds), *Suffering and Bioethics*. New York, 2014; online edn, Oxford Academic, https://doi-org.proxy.library.emory.edu/10.1093/acprof:oso/9780199926176.003.0012.

[199] Merrill Childs, James. "Medical assistance in dying and the trust of faith." *Dialog* 61, no.4 (2023):288-295. doi: https://doi.org/10.1111/dial.12776. p. 291

have free will; God does not force obedience, he desires it.[200] The Scriptural basis for free will comes from the very beginning of the Bible. In Genesis 3, the author tells the story of what is now referred to by Christians as the fall into sin of Adam and Eve, the first humans.

> "He said to the woman, "Did God actually say, 'You shall not eat of any tree in the garden?'" And the woman said to the serpent, "We may eat of the fruit of the trees in the garden, but God said, 'You shall not eat of the fruit of the tree that is in the midst of the garden, neither shall you touch it, lest you die.'" But the serpent said to the woman, "you will not surely die…" so when the woman saw that the fruit was good for food, and that it was a delight to the eyes…she took of its fruit and ate, and she also gave some to her husband who was with her (Genesis 3:1b-6, ESV).

When creating humans, indeed all of life, God, being omnipotent, had the ability to force obedience. Instead, as exemplified by this story, he gave humanity the freedom to go against his commands. If he had forced obedience, Adam and Eve would have been unable to be tricked by the serpent, which is also under God's control. The New Testament reinforces this notion of human freedom: "for you were called for freedom, brothers. Only do not use your freedom as an opportunity for the flesh, but through love serve one another" (Galatians 5:13). Paul, the author of Galatians, emphasizes our freedom along with a warning that with self-determination comes the potential for poor choices.

Archbishop Desmond Tutu extends his argument for MAID about promoting human dignity to having this freedom of choice, stating,

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[200] There is a much larger question on what is meant by "free will" in Christianity which is outside the scope of this paper. For this project, I will be referring to "free will" as the ability to freely choose, or self-determinate.

> Just as I have argued firmly for compassion and fairness in life, I believe that terminally ill people should be treated with the same compassion and fairness when it comes to their deaths. Dying people should have the right to choose how and when they leave Mother Earth. I believe that, alongside the wonderful palliative care that exists, their choices should include a dignified assisted death.[201]

To be more technical about the language, Tutu's question is less asking about control over *death* and more about control over *dying.* Which is a choice that is still made while living and capacitated.[202] Therefore, it can easily be argued that, since Christians have self-determination in the choices they make throughout their lives, including other medical decisions, then they should have choice to die with dignity through MAID, because of the undignified circumstances and suffering that are being experienced. Joseph Fletcher agrees with this line of thinking, writing:

> Choice and responsibility are the very heart of ethics, and the *sine qua non* of a man's moral status…it is this fundamental truth about our human existence which sets us apart from the rest of the animal order…in moving beyond brute existence man…has had only two biological advantages with which to emancipate himself from nature's irrational limits and habits. One, and the more important one, is the higher intelligence to help him choose between ends, as well as between means.[203]

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[201] Tutu, "When my time comes"

[202] For the few countries that allow MAID consent through an advance directive, they are still originally consenting to the practice while possessing DMC. The question on if consent to MAID in this way is an entirely different research question.

[203] Fletcher, Joseph. *Morals and Medicine : The Moral Problems of the Patient's Right to Know the Truth, Contraception, Artificial Insemination, Sterilization, Euthanasia.* Princeton, New Jersey: Princeton University Press. 1954 p.10

The most important thought in this quote to the current discussion of MAID is the final one, where human intelligence and self-determination allows us to not only choose any particular end, but also how we get to that end, the means. Therefore, on one Christian view of self-determination, a terminally ill person should have the ability to choose the desired end (end of suffering) through the desired means (death through MAID).

Choice is fundamental to Christianity and Christian ethics, since God wants Christians to freely choose to follow him and his tenets. However, what the means *are* should still be decided based on the Christian ethics approach one endorses, as discussed at the end of chapter three. The ability to self-determinate does not indicate that every decision is supportable in Christian ethics. It simply indicates that Christians are free to make that choice, or a different one. For example, if a Christian uses an ethical approach like Dr. Englehardt's, where decision-making is kingdom-focused, they may conclude that MAID is not supportable, even though they can decide otherwise.

As self-determination can be used to argue for the use of MAID, so it can be used against it. This argument is simply the reverse of the supporting argument: since humans can self-determinate, they are also able to choose to not utilize MAID to hasten their death. The importance to this argument is not that MAID is permissible or impermissible based on a Christian doctrine, rather that since Christians have the ability to self-determinate, they should be given the choice.

The Faith Argument

At the end of chapter three I discussed one of the common threads in Christian ethics: faith in the Triune God and his sovereignty. The doctrine of faith can result in an argument that MAID is ethically impermissible because it communicates a lack of faith and trust in God’s

sovereignty over life, death, and suffering. 1st Corinthians 6:19-20 says, "you are not your own, for you were bought with a price" (ESV). This verse, targeted towards believers, emphasizes that Christ's death on the cross paid for their sin and purchased Christians for God. Thus, for believers, God is the one with authority over their bodies, over death and dying. Therefore, a Christian's faith, and their ethical approach to decision-making based on their faith, may lead a Christian to forego MAID, instead to trusting that whatever comes during the dying process is from God and for their good. Dr. Pellegrino reinforces the importance of faith in medicine:

> when hope flags… faith restores hope, even in the face of an incurable illness, not because the cure of the illness is less a good but because faith promises more than a cure. It invites belief in a good even higher than cure because God has promised that higher good to those who suffer.[204]

As I have mentioned elsewhere, the pain and suffering that comes in life is not necessarily good in itself. But God uses everything to enact his will and to work to strengthen his relationship with Christians and, more importantly, a Christian's faith in him: "the challenge of human suffering is the ultimate challenge to faith in a good and all-powerful God…while misfortune challenges faith, it is only faith that can give hope and meaning to human suffering and dying."[205] Furthermore, this faith reminds the Christian because they "know that for those who love God all things work together for good, for those who are called according to his purpose" (Romans 8:28, ESV).

This reasoning against MAID argues that those who undergo MAID are championing and glorifying their own preferences and worldly views over their faith and trust in the Lord,

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[204] Pellegrino, *The Christian Virtues.* p.52
[205] *Ibid.* p.44

championing love of self over love of God.[206] This can be seen, though not explicitly, in Scripture. Apart from the Israelite judge Samson, every single suicide or MAID-esque death in Scripture is done by an enemy of God or God's people.[207] For example, Abimelech and Saul, discussed in chapter three, were both wicked rulers of the Israelites, and Saul had been replaced by God because of his sin. Additionally, Judas, the man who betrayed Jesus Christ in the New Testament, killed himself because of his actions. Though not saying anything directly regarding MAID, it is still telling that not even one of God's people, people who had faith in him, completed the act, leading to the argument that, for those who have faith in God and his sovereignty, MAID is impermissible.

David Gushee endorses this overall argument from faith, discussing that hastening one's death, even in the midst of pain and suffering, communicates an unbelief in the sovereignty of God and a trust in his plan for our lives.[208] He writes, "where that belief fades, the moral norm against hastening death also fades."[209] This is why, from this perspective, MAID is still unjustified killing and why some Christian ethicists do not endorse MAID.

I have shown that MAID can communicate a lack of faith in God's sovereignty over death, thus objecting to its use. However, there are cases where faith can be used to support the intervention. Specifically, by using the faith of martyrs as an example.

A martyr is a person who is killed for the beliefs they hold, beliefs that are usually political or religious in nature.[210] Some examples of famous martyrs throughout history include

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[206] Englehardt, *The Foundations*. p.163. To recall Englehardt, the Christian ethicist should choose actions that reflect a love of God over love of self.
[207] Samson's story can be found in Judges 16, and it is often argued to be different from other suicides in MAID because his goal is less his own death and more the death of the Philistines, who were an enemy of God's people.
[208] Gushee DP. *Introducing Christian Ethics.* p.456
[209] *Ibid.*
[210] "Martyr Definition and Meaning." Merriam-Webster, Last Updated: May 21, 2025. https://www.merriam-webster.com/dictionary/martyr

Joan of Arc, Gandhi, and Martin Luther King Jr. For Christians, a martyr is thus killed because of their belief in Christ, or a related religious belief. The attitude underlying their death is that they are unyielding in their beliefs, unwilling to submit to the will of anyone but God. A commonality between Christian martyrs throughout history was their "disregard for one's life in light of a higher principle of conscious love of God and the Church."[211]

David Thomasma capitalizes on this quality in his essay *Assisted Death and Martyrdom* by discussing how some martyrs have, historically, used assisted dying or willed death for this higher principle, namely conscious faith and love for God and others.[212] Thomasma gives the examples of two Catholic saints: St. Perpetua, who guided her killer's hand to her throat, and St. Sebastian, who encouraged his killers to shoot him with arrows.[213] In both these cases, Thomasma argues that these saints are either assisting in their own death, as in the case of St. Perpetua, or allowing another to assist, for St. Sebastian, in part because they believed their death would be a good thing, and that the redemptive power of God removes the "evil" out of the act.[214] Therefore, it may be permissible for Christians who also believe that their death will be a good, perhaps because of the amount of pain and suffering they are in, to undergo assisted dying, especially if their motivating factor is faith and Godly love.[215] Again, to underscore the moral significance of these instances, there is a "redemptive and courageous motive of giving up one's life for one's faith."[216]

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[211] Thomasma, "Assisted Death." p.135
[212] *Ibid* p.138. In his paper, one example he uses is of Jesus himself, arguing that he willed his death and did nothing to prevent it.
[213] *Ibid.*
[214] *Ibid.* p.132. Though death here is a "good thing" in relation to Christ and their faith.
[215] *Ibid.* 131
[216] *Ibid.* 138

Now, the difference in the stories of these saints and the argument posited by their deaths is that in neither case was the person actively dying, unlike the earlier stories of King Saul and Abimelech who, even without their assisted death, would soon die anyway. Additionally, the use of St. Sebastian as an example is less compelling, as the saint reportedly did not die from the arrows.[217] He still died later for his faith, but it was not at the time when he encouraged the archers to shoot him. However, this argument states that if the motive of the person seeking MAID is congruent with Christian martyrdom, i.e., having faith in God and the seeking of the "higher principle of conscious love of God" and others, then they may be permitted to utilize MAID, or perhaps assist someone else in death.[218]

Concluding Thoughts

As demonstrated in this chapter, there are many arguments that can be made for or against the supportability of MAID, even from the same biblical teachings. Scripture is silent on this topic. Therefore, different theologians, Christian ethicists, and laypersons have tried to piece together an ethical justification for or against MAID. The ones listed in this chapter are not exhaustive, rather illustrative of some Christian ethics viewpoints. In the final chapter of this thesis, I will evaluate these arguments specifically for the MM population and introduce a final Christian ethics argument against MAID in MM.

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[217] "Who Is St. Sebastian?" The website for St. Sebastian Roman Catholic Church. 2014. https://saintsebastianwoodside.org/who-is-st-sebastian/.
[218] Thomasma, "Assisted Death." p.135

Chapter 5: Christian Ethics and Medical Aid in Dying in Mature Minors

In the previous chapter, I highlighted several Christian ethics arguments both supporting and objecting to medical aid in dying. These arguments are general in nature; they apply to MAID as a whole rather than to a specific population. I will now analyze these arguments in the mature minor population and conclude that though the ethical permissibility of MAID in MM from a Christian ethics standpoint is not clear, there are reasons to proceed in this population with extreme caution, namely, that minors are a part of a population afforded extra protections in Christianity and that minors have unclear self-determination. These cautions lead to MAID being preliminarily impermissible in this population from a Christian perspective, though there will be cases where it can be endorsed.

The Christian Ethics Arguments for MAID Analyzed in Mature Minors

Compassion

To begin, I want to briefly analyze the arguments supporting and objecting to MAID previously discussed in the MM population. I will start with the arguments that stem from the principle of compassion. To recall, compassion is a desire to alleviate the known distress of others, and this desire comes from the love that God has for us and exemplifies Christian charity.[219] Christian compassion, charity, and love is not restricted to a particular population; it extends to all people, regardless of age. Therefore, the arguments posited in chapter four from the perspective of compassion include compassion for mature minors. For example, if a child breaks their arm, it seems ridiculous for the parent of that child to not do all they can to minimize

[219] Pellegrino, *The Christian Virtues.* p.86.

their pain. If we do this for small aches, pains, and sufferings, then why not do all possible, including MAID when appropriate, for minors suffering from terminal illness, especially if they can make their own decisions and are advocating for MAID? For example, it is not compassionate to deny MAID to a seventeen-year-old who is given mature minor status (thus has decision-making capacity) and meets all MAID criteria while permitting an eighteen-year-old in the same circumstance to use it. If one uses compassion as their argument for MAID, it encompasses all those who meet the criteria, including mature minors.

The same goes for the compassion argument objecting to MAID; where compassion is taken as suffering *alongside* the patient rather than simply alleviating it, giving consistent comfort. The actions involved in executing this form of compassion can be done for a terminally ill patient who is seventy-five and one who is fifteen.[220]

Sanctity and Dignity of Life

The second Christian doctrine used to consider MAID stems from the Christian belief in the sanctity of life. There are two interpretations of the sanctity of life: the vitalist interpretation and the performative interpretation. Both of these interpretations of the doctrine impact mature minors. The vitalist definition extends to all human life and the performance definition includes Christian mature minors who are on the lifelong journey of sanctification. Additionally, mature minors possess the same inherent dignity as adults. Therefore, depending on whether these arguments are being used for or against implementing MAID, mature minors who qualify for MAID should (or should not) be able to utilize the intervention for the same sanctity of life reasons as adults. For example, take the argument used by Joseph Fletcher, that "it is harder to morally justify letting someone die a slow and ugly death, dehumanized, than it is to justify

[220] Reed, "Physicians, Assisted Suicide." p.59

helping him escape from such misery."[221] In what ways is it justified to allow an adult to escape the "slow and ugly death" but not a mature minor, or really, any minor? Or take the argument that "assisted death devalues people."[222] Is a minor less valued than an adult, or will their death through MAID devalue them less than an adult, from this perspective? The answer to all these questions is no, highlighting that the arguments resulting from the sanctity of life doctrine extend to mature minors.

The Faith Argument

The argument from faith is more difficult to analyze in the mature minor population, as both the objecting and supporting arguments require a degree of faith that many adults may not even reach in their lifetime. An older minor who does have this level of faith and truly holds the tenets of Christianity may find the argument that MAID is impermissible because it communicates a lack of faith as a compelling reason to abstain from MAID.[223] However, other Christian arguments might be better positioned to argue why MAID is or is not permissible for younger minors who are less aware or unable to fully appreciate their faith. If the young minor does believe in God's sovereignty over life and death, and approaches Christian ethics and decision-making through this lens, then they may oppose utilizing MAID. Therefore, in these circumstances, the faith argument may be a compelling argument for them against MAID.

One reason that these arguments are difficult to analyze in mature minors, or any population, is because a Christian's faith, their relationship with God, is personal. A MM may be in a place in their faith where their faith is strong, but they may not. Therefore, rather than including all minors deemed "mature," this argument includes minors who approach Christian

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[221] Fletcher, J. Ethics and Euthanasia. 1973. p.670
[222] Goligher, *How Should We Then Die.* p.31
[223] I expand of this notion below in the self-determination section.

ethics through the lens of faith in God's sovereignty and belief that he, rather than the Christian, is who has control over death and dying. A minor who uses Christian compassion as their guiding lens in moral decision-making, for instance, may come to a different conclusion regarding MAID.

There is also the possibility that a parent of a child might counter a MAID proposal by saying that they will trust in God's sovereignty and timing over hastening death. Therefore, the minor, even if mature, may not have access to the intervention since their parent or guardian typically must also consent.[224] In these cases, the faith argument, particularly when opposing MAID, will include minors because of their parents' faith.

MAID as Preliminarily Ethically Impermissible in MM: The Cautions

Though many of the supporting arguments for MAID can be used in the MM population, for example, compassion and sanctity of life, there are reasons to be cautious in determining that MAID in MM is ethically permissible from the Christian perspective, which may make MAID *preliminary* impermissible. These cautions, unique to minors, include both the Christian tenet that children are to be specially favored and protected, and that self-determination is questionable in many minors.

Protection of Minors

The first reason why the ethical permissibility of MAID in MM should be approached with caution from a Christian perspective is that children have a special status in Christianity, like many other religions and cultures, affording them extra protections from harm. God is angered by the harm of children, condemning the Old Testament practices of child sacrifice

[224] With the exception of those aged sixteen and older in the Netherlands.

(Ezekiel 23:37-39, Leviticus 20:1-2). In Numbers 32:17, fortified towns are built to protect children from the enemies surrounding the Israelites. Additionally, God protected Abraham's first son, Ishmael, from the desert heat when he was cast out by his father (Genesis 21:15-21).[225] The Old Testament is riddled with anecdotes where God protects children, or harms those who harm them, such as the story of the prophet Moses' birth (Exodus 2).

Jesus even favored children. Mark 10 states. "And they were bringing children to him that he might touch them, and the disciples rebuked them. But when Jesus saw it, he was indignant and said to them, 'Let the children come to me; do not hinder them, for to such belongs the kingdom of God'" (Mark 10:13-14, ESV). Children are also seen as a blessing (Psalm 127:3), one which should be nurtured and protected. This protection is both physical and spiritual. Christian adults should do what they can to ensure that their children are not harmed and, when they do inevitably suffer physically, do what they can to try and restore the child's health and body.[226] However, physical protection need not always refer to invasive interventions that indefinitely preserve life. Perhaps there are times when it simply means comfort and palliative care; doing what is possible to reduce pain and suffering as the child dies without hastening it. But when the harms of the intervention outweigh the benefits, protecting a child may mean withdrawing or withholding a treatment, or even utilizing MAID.

Furthermore, the way that God acts towards his people in scripture reflects how parents should act towards their children. As God protected, valued, and cared for humanity, God's children, so should humans care for their own. Jesus' example shows humanity how to care for children: specially valuing them, protecting them, and loving them. Therefore, Christians have a

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[225] Abraham is considered a patriarch of Christianity.

[226] Of course, what is considered "all possible" will differ based on the particular faith tradition of the parents and the circumstances. For example, Christian Scientists do not typically believe in the use of medicine, a contested belief, and will often only use prayer and supplication as forms of healing.

special obligation to protect minors, out of a sense of Godly and parental love. They are to care for the minor through the suffering and pain, nurturing and protecting them bodily and spiritually. Thus, MAID should be approached with caution for MMs specifically because of these special protections regarding minors and their faith, which may not include hastening their death.

However, there may be times when palliative care does not relieve the pain and suffering of the minor. What then? If God is angered by the harm of children, and they are being harmed by their pain and suffering, then perhaps MAID is the most ethical course of action, especially if the minor is experiencing unbearable suffering. This exemplifies the overall thesis that though extreme caution must be afforded, there are circumstances where the principles of Christianity may endorse MAID in MM. If it is argued that sanctity of life should not be extended at all costs and the MM is suffering unbearably, then the most protective, compassionate, and loving response may be MAID. For, is it not true that love is the greatest commandment? Is it not true that the ethicists in chapter three emphasized the role of love in decision-making? We protect because we love and, when we can no longer protect, perhaps MAID is one way to continue to love. However, based on the legal requirements of MAID, as well as Christian ethics, there is one more caution to its ethical permissibility: the question of whether minors have self-determination.

Self-Determination in Minors

The second caution against MAID's ethical permissibility in MM is their questionable capacity for self-determination. As mentioned in chapter four, one common Christian ethics argument supporting MAID is the idea that Christians have the free will needed to make their own choices regarding medical care. To recall Desmond Tutu: "terminally ill people have control

over their lives, so why should they be refused control over their deaths?"[227] However, this idea is predicated on having the capacity to make decisions, which is a contested idea in minors. Tutu argues that, since Christians have made decisions throughout life, they should be able to decide about death. It may be likely that many MMs are *not* accustomed to making their own choices in their life. Perhaps older adolescents who have been involved in and assented to other end-of-life decisions may reflect Tutu's assertion. But for those who have not, then this particular claim may not include them, highlighting that the self-determination argument is unclear in minors.

From a Christian standpoint, minors, even some older adolescents, may not have full autonomy. Colossians 3:20 states "children, obey your parents in everything, for this pleases the Lord" (ESV). Ephesians 6:3-4 also highlights this idea. I do not use these verses to unequivocally argue that if parents think their child should use MAID, that it is automatically permissible. Rather, I use them to convey the limited authority of minors; they cannot do all they please.

Furthermore, 1st Corinthians 13:11 states, "when I was a child, I spoke like a child, I thought like a child, I reasoned like a child. When I became a man, I gave up childish ways" (ESV), suggesting a variation between how adults and children reason about decisions. In particular, it is a variation that suggests a child's reasoning is incomplete, as the word "childish," when used to describe an adult's action, often has a connotation that the reasoning and thinking behind the action is insufficient or immature.[228] Proverbs 22:15 may reinforce this notion, stating, "folly is bound up in the heart of a child, but the rod of discipline drives it far from him" (ESV), suggesting children often make foolish decisions and need parental guidance to discern

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[227] Tutu, "When my time comes"

[228] "The difference between 'childish' and 'childlike.'" Merriam-Webster. Accessed 2025. https://www.merriam-webster.com/grammar/the-difference-between-childish-and-childlike.

wise decisions. These verses bolster the commonly held notion that minors do not, or should not, have the authority to self-determinate.

However, as with secular bioethics, minors are also given more authority in Christianity as they age. When very young in the church, children are either baptized, which is a Christian sacrament involving water where individuals are signified as being a part of Christian community, or dedicated to the church.[229] When they are older, many churches have a "confirmation," or a joining of the church, where a minor either reaffirms their baptism as a child, or is baptized themselves for the first time and officially joins the church.[230] This often happens after a special class, one that is focused on the principles and tenets of the religion and church and ensures the minor understands and appreciates Christianity and what the religion asks of them in life.[231] What this confirmation signals is that the minor has freely professed their own faith in God and is beginning their own relationship with him. They are full members of the church and are beginning to be responsible for their own faith maturation, which adults in churches and families continue to support.

The age at which confirmation occurs varies depending on the tradition. Officially, there is no exact age a child must be; however, many Western churches require the child to be able to understand the significance of joining the church.[232] For example, in the Catholic church, a

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[229] "Baptism." Encyclopedia Britannica. 2025. https://www.britannica.com/topic/baptism. Baptism is a complex Christian sacrament that varies based on denomination and tradition. Some traditions, like Catholicism, baptize infants as a sign that they are a part of the Christian community and God's people. Other denominations dedicate infants and young children, with baptism happening when they are older and confess their faith in Christ.

[230] "Confirmation." Encyclopedia Britannica. 2025. https://www.britannica.com/topic/confirmation. Some denominations, particularly evangelical ones, reject the notion of confirmation because it is not explicitly stated in Scripture. However, most church denominations and traditions have some form of children officially joining a church.

[231] *Ibid.*

[232] "Religions – Christianity: Confirmation." BBC, 2023. https://www.bbc.co.uk/religion/religions/christianity/ritesrituals/confirmation_1.shtml#:~:text=In%20the%20Roman%20Catholic%20Church,they%20received%20the%20Holy%20Spirit.

minor has traditionally been confirmed anywhere from age seven to sixteen, though it is also up to the discretion of the diocese, or the district, the church is in.[233] Other denominations, including some protestant ones, require minors to be older adolescents before professing their faith and joining the church, around ages fourteen to sixteen.[234]

This practice is not dissimilar from the designation of a mature minor in medical settings. MM in medicine are deemed as having a greater understanding of certain interventions, making choices based on their values, while confirmed minors in the church are deemed as having a greater understanding of their faith and how to live a Christian life, making choices based on that faith.[235] Therefore, it may be that, particularly for older adolescents who have been confirmed, or in some other way affirmed their faith in Christ, these minors *can* be deemed able to self-determinate and make decisions that reflect their faith and values, particularly if they are also deemed capacitated in the medical setting. In these circumstances, Christian MMs may have the ability to consent to MAID, depending on their own personal faith and relationship with God.

Though arguments that minors are vulnerable and may make rash or poor choices are used to argue that children should not be able to access MAID, it would be inaccurate to posit that no minors can be regarded as having self-determination from a Christian perspective, giving them a stronger case as to why they ought to have access to MAID. However, based on the situation the MM is in, it may be that MAID is still ethically impermissible from a Christian perspective; the permission for a minor to consent to MAID does not always mean they should. 1st Corinthians 6:12 states "'all things are lawful for me,' but not all things are helpful" (ESV), conveying this sentiment. There are other considerations that a MM and those around them must

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[233] "What Is the Correct Age for Confirmation?" Catholic Answers, 2019. https://www.catholic.com/qa/what-is-the-correct-age-for-confirmation.
[234] "Religions – Christianity: Confirmation."
[235] *Ibid.*

weigh before deciding. It may be that their approach to Christian ethics supports MAID more than opposes it. Or vice versa. When there is doubt as to the self-determination of the minor, it is preferable to air on the side of preserving life. However, there are circumstances where it is not clear whether MAID is ethically impermissible in this population, as there are compelling arguments that do support the practice.

Finally, as I briefly mentioned above, the decision to utilize MAID is an extremely personal one and is dependent on many factors, which makes it difficult to officially rule on its supportability from a Christian perspective. In most cases, based on the cautions in this chapter, I argue that it is impermissible from a Christian perspective. However, there may be times when protecting a MM, having compassion for them, and respecting their dignity and self-determination will lead to MAID as an answer. That will depend on the relationship the minor and those around them have with each other, and with God.

Christian Ethics and Bioethics

One final question I want to consider is how the Christian ethics arguments I have discussed in this paper align with secular bioethics. On the whole, there is little divergence between many bioethics and Christian ethics justifications for MAID in MM. For example, the Christian argument for implementing MAID out of a sense of compassion is very similar to beneficence: the goal is to relieve suffering. Additionally, both the autonomy and self-determination arguments highlight that the ability for minors to make their own medical decisions is questionable, but there are times where they can, and possibly should.

There is a divergence, however, between autonomy and the faith and sanctity of life arguments opposing MAID in MM. In both arguments, the focus is on championing God rather than self. Therefore, the autonomy argument, where a MM ought to be able to choose MAID

because they have the capacity to make the decision, is no longer the most important consideration. Even though the MM *can* make the argument that MAID is permissible because it is respecting their autonomy, MAID still may not be the correct choice, from the perspective of the faith argument or sanctity of life.

Lastly, Christian ethics is also concerned with justice as it relates to MM. Since minors are afforded extra protection in Christianity, the Christian ethicist may be concerned with some of the justice considerations described in chapter two, including minors being offered MAID before exhausting palliative care options, or possible case-by-case injustices and discriminations. However, like with bioethics, these concerns are not statements that MAID in MM is always impermissible. Rather, they are considerations to take into account, along with other arguments from the Christian perspective, when deciding on MAID.

Conclusion

I have argued that MAID in MM is preliminary ethically impermissible from a Christian perspective due to the extra protection minors are afforded and their unclear ability to self-determinate. However, there will be cases where the benefits of MAID will outweigh these precautions and other objections to the practice, and where Christian ethics will provide arguments supporting the practice, such as from a place of compassion or allowing a MM to die with dignity, instead of indefinitely preserving life.

One may wonder what the implications of this discussion are for assisted dying as a whole. Likely, this preliminary impermissibility of MAID for MM extends to other forms of assisted dying, like voluntary euthanasia. There may be times when voluntary euthanasia is permissible for MM, but Christian ethics may caution against it. Presumably, similar arguments will be made for and against other forms of assisted death in MMs as MAID, such as the

compassionate relieving of suffering or older adolescents' abilities to self-determinate. Furthermore, like with MAID, assisted dying is a personal decision that a MM and their loved ones, like David Gushee posits, will take time to pray on and ask the Holy Spirit and other Christians for guidance. No matter the type of assisted dying, whether MAID or voluntary euthanasia, the decision should not be made lightly and, for the Christian, should include careful weighing of the Biblical and doctrinal arguments. This weighing is not in the sense that scriptures or doctrines are cherry-picked to justify a preconceived notion, but in the sense that a minor should carefully examine how they approach Christian ethical decision-making, and how that approach views assisted dying. It may be that their perspective on Christian ethics is compassion-driven, guiding them toward assisted dying, or that their perspective focuses highly on the vitalist definition of sanctity of life, guiding them away from it. Assisted dying is a personal choice driven by a personal relationship with God, a relationship which colors every decision a Christian makes.

Ethical deliberation around MAID will not diminish in the coming years, as evidenced by Canada's continued calls for research into MAID in populations like MM. Christians will continue to be confronted with the difficult questions around MAID and other contemporary bioethical topics. The challenge, then, is deciding how to answer, whether it is from a more religious viewpoint, a more secular viewpoint, or perhaps a mix of the two. It will be interesting to see how the discourse surrounding MAID in MM evolves, and I hope and expect Christian ethics will continue to play a large role in the conversation.

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