



STATEMENT DE199

## **DID EARLY CHRISTIANS "LUST AFTER DEATH"? A New Wrinkle in the Doctor-Assisted Suicide Debate**

**by Darrel W. Amundsen and Joni Eareckson Tada**

### **Summary**

Studies of suicide typically classify martyrdom as suicide. This, coupled with theological and historical ignorance, results in depictions of early Christians as morbidly obsessed with death and prone to take their own lives if unable to provoke pagans to kill them. This position is reflected in a Michigan judge's recent ruling in the case of Dr. Jack Kevorkian. Liberal theologians have now so amplified the misinformation that one advocate of doctor-assisted suicide exclaims, on the dust jacket of a recent publication, "This book will upset traditional Christian views about the right to choose to die." As states consider legalizing doctor-assisted suicide, the historical distortions that have now become part of the legal record in the Kevorkian case may well become a factor in public discussion and debate.

Many Christians, as well as others, assume that the Bible and church history have consistently condemned self-murder, or what is commonly known as suicide.<sup>1</sup> However, because this assumption generally has not been defended with great rigor, most people who accept this assumption are not prepared to support it when it is called into question.

Recently some scholars have argued that the Christian tradition has not always condemned suicide and that martyrdom is a form of suicide which has been applauded in church history. This distortion is being offered by judges as well as historians as a basis to support the cause of doctor-assisted suicide, made popular in recent years by the work of Michigan pathologist Jack Kevorkian. It has become crucial that Christians, as well as other pro-lifers, be prepared to respond to this pseudohistory.

Secular activists in the right-to-die movement typically campaign for a right of the ill to procure the assistance of others (usually physicians) in expediting their deaths. This is an issue that expanding numbers of voters are facing and on which judges are increasingly asked to rule.

### **THE JUDGE AS HISTORIAN**

**CRI**, P.O. Box 8500, Charlotte, NC 28271  
Phone (704) 887-8200 and Fax (704) 887-8299

When Dr. Jack Kevorkian, charged with the felonious act of assisted suicide, appeared in Michigan Circuit Court, Wayne County, on December 13, 1993, he insisted that a right to commit suicide is fundamental to those liberty interests protected by the Fourteenth Amendment. In his opinion on Michigan's law that forbids assisted suicide,<sup>2</sup> Judge Richard C. Kaufman wrote, "The prosecutor argues that a right cannot be deemed fundamental, and thus entitled to protection through the 'liberty' provision of the Fourteenth Amendment, unless it is based upon our Nation's history and tradition. In contrast, the defendant [Kevorkian] insists that history and tradition can be completely ignored in distilling the existence of a fundamental liberty interest. This Court rejects both approaches."<sup>3</sup>

En route to rejecting both approaches, Judge Kaufman felt compelled "to analyze whether the claimed right is 'deeply rooted in this Nation's history and traditions.'"<sup>4</sup> Although perhaps a competent legal scholar, Judge Kaufman proved himself to be an inept historian, relying exclusively on one questionable secondary source for his understanding of the history of the ethical/ theological (as distinct from legal) dimensions of suicide. That secondary source was Alfred Alvarez,<sup>5</sup> whom Judge Kaufman clearly regarded as a reliable and authoritative "historian". Nonetheless, Alvarez is not a historian but a poet, literary critic, and writer of fiction, nonfiction, and screenplays.

After quoting some of Alvarez's comments on the openness of pagan classical culture to suicide, Judge Kaufman admits that "the teachings of mainstream Christian and Judaic faith find suicide anathema." But then he repeats Alvarez's unfounded claim that "the idea of suicide as a crime comes late in Christian doctrine....It was not until the sixth century that the Church finally legislated against it, and then the only Biblical authority was a special interpretation of the Sixth Commandment: 'Thou shalt not kill.' The bishops were urged into action by St. Augustine; but he, as Rousseau remarked, took his arguments from Plato's *Phaedo*, not from the Bible."<sup>6</sup>

Judge Kaufman adopts Alvarez's view "that when the Christian Church decided to adopt a prohibition on suicide it had a difficult time in supporting this new position on the basis of the Scriptures." Supposedly, it was difficult for the church to justify its ban on suicide because the Bible does not directly condemn it.<sup>7</sup>

Judge Kaufman next asserts that Christianity's emphasis on the afterlife and its supposed emphasis on the unimportance of this life were a powerful incitement to suicide. This, according to the judge, led Christians to welcome death and thus to commit suicide by means of martyrdom. But the church had to stop the practice. He writes: "Although theologically rooted in the concept of the sanctity of life, the change in Christianity's attitude toward suicide was, as Alvarez persuasively argues, primarily motivated by practicalities. He explains that the cult of martyrdom led to a rapid increase of actual suicide in the name of religion. In order to preserve its numbers the early Church needed to stop this practice."<sup>8</sup>

Judge Kaufman then suggests, "As can be seen from this historical analysis, attitudes towards suicide in western civilization evolved with radical changes." Quoting Alvarez he concludes, "An act which during the flowering of Western civilization had been tolerated, later admired, and later still sought as a supreme mark of zealotry, became finally the object of intense moral revulsion."<sup>9</sup> According to Alvarez, it was Augustine who was responsible for this profound change.

#### WHAT OTHER "AUTHORITIES" SAY

If written during the last several decades, assessments of early Christianity's view of suicide — whether by sociologists, anthropologists, psychologists, or philosophers — typically are consistent with those of Alvarez. For example, in his *The Sanctity of Life and the Criminal Law*, the noted legal scholar and philosopher Glanville Williams writes,

There is no condemnation of suicide in the New Testament, and little to be found among the early Christians, who were, indeed, morbidly obsessed with death....The Christian belief was that life on earth was important only as a preparation for the hereafter; the supreme duty was to avoid sin,

CRI, P.O. Box 8500, Charlotte, NC 28271  
Phone (704) 887-8200 and Fax (704) 887-8299

which would result in perpetual punishment. Since all natural desires tended toward sin, the risk of failure was great. Many Christians, therefore, committed suicide for fear of falling before temptation. It was especially good if the believer could commit suicide by provoking infidels to martyr him, or by austerities so severe that they undermined the constitution, but in the last resort he might do away with himself directly.<sup>10</sup>

### **Influence of Émile Durkheim**

Because Western culture is so thoroughly severed from its moral roots and from its Judeo-Christian heritage, it is not surprising that scholars in a variety of fields arrive at conclusions that are simply an articulation of their erroneous presuppositions regarding the very essence of historical Christianity. These scholars base their opinions about early Christianity neither on an examination of early Christian theology nor on an investigation of the historical evidence.

In discussions of suicide, the conceptual influence comes from the father of academic sociology in France, Émile Durkheim, who obscured some basic issues. In his *Le suicide: étude sociologique*, published in 1897 but not translated into English until 1951,<sup>11</sup> he created three categories of suicide: (1) egoistic suicide, which results from a lack of social integration; (2) anomic suicide, which is precipitated by the destabilizing effects of sudden negative or positive social change; and (3) altruistic suicide, which results from overintegration, especially when the individual is completely controlled by religious or political groups.

Durkheim formulated his definition of suicide so as to render immaterial the question whether the individual intended his own death: "All cases of death resulting directly or indirectly from a positive or negative act of the victim himself, which he knows will produce this result."<sup>12</sup> It is suicide if the individual believes that his positive or negative action(s) will result in his own death. Accordingly, Durkheim classifies as (altruistic) suicides the deaths of Christian martyrs

who without killing themselves, voluntarily allowed their own slaughter.... Though they did not kill themselves, they sought death with all their power and behaved so as to make it inevitable. To be suicide, the act from which death must necessarily result need only have been performed by the victim with full knowledge of the facts. Besides, the passionate enthusiasm with which the believers in the new religion faced final torture shows that at this moment they had completely discarded their personalities for the idea of which they had become the servants.<sup>13</sup>

Thus, dying for one's beliefs is suicide, and since the person who commits suicide is a victim of pathological social phenomena, a martyr is a victim not of those who put him to death but of his religion's demand for excessive integration of the individual into the group.

### **Two Liberal Theologians Compound the Confusion**

When secular scholars apply Durkheim's grid to the history of early Christianity, it results in predictable distortions. Hence, when two theologians trained in Old and New Testament history and in patristics recently published a book entitled *A Noble Death: Suicide and Martyrdom among Christians and Jews in Antiquity*, it was reasonable to hope for some clarification and correction. Unfortunately, these scholars, Arthur J. Droge and James D. Tabor, have further compounded the confusion. They eschew the word suicide as "a recent innovation and pejorative term, preferring instead the designation *voluntary death*. By this term we mean to describe the act resulting from an individual's intentional decision to die, either by his own agency, by another's, or by contriving the circumstances in which death is the known, ineluctable result" (emphasis in original).<sup>14</sup> After acknowledging the similarity of their definition of voluntary death to Durkheim's definition of suicide, they say that theirs is "intended to be morally neutral, since our

**CRI**, P.O. Box 8500, Charlotte, NC 28271  
Phone (704) 887-8200 and Fax (704) 887-8299

enterprise is not one of moral (or clinical) judgment but an attempt to understand the ways in which voluntary death was evaluated in antiquity."<sup>15</sup>

Droge and Tabor insist that the concept of voluntary death is a much more objective grid than suicide for the historian (and theologian as well). Their avowed intention was "to deconstruct the 'linguistics of suicide' by examining the precise terms and formulations employed in antiquity to denote the act of voluntary death."<sup>16</sup> They correctly assert that the English word "suicide" (as well as the postclassical Latin *suicidium* from which it is derived) is of recent vintage and that it is a pejorative term. Not only is it almost always used negatively, but it is also semantically and conceptually ambiguous. They also contend that martyr, a generally favorable term, is as semantically and conceptually ambiguous as suicide. They think that they have reduced the ambiguity and confusion by calling suicide and martyrdom voluntary death. They want to be morally neutral; so does Durkheim. But since Durkheim views suicide as a result of various social pathologies, he conveys a negative view of suicide. Droge and Tabor convey a positive view of voluntary death since, as the title of their book proclaims, a voluntary death is a noble death. Is the result credible history?

After analyzing the suicides of Abimelech, Saul and his armor-bearer, Samson, Ahithophel, and Zimri, Droge and Tabor say of Elijah's request that God take his life (1 Kings 19:4-5): "Though no act of self-destruction is involved, we might term this a 'voluntary departure' or perhaps even a 'voluntary death.'"<sup>17</sup> Aaron's "death is voluntary in the sense that he submitted to God's decision" that it was time for him to die!<sup>18</sup> They speculate that "whether Moses himself took a hand in his own death or not is left unclear, though it might well be implied," and then say, "The point we want to emphasize here is that the distinctions tend to be blurred between a request that God take one's life, God's determining the time of death, and one's taking a hand to carry out such a choice or decision."<sup>19</sup> The blurring is Droge and Tabor's doing. They prove to be even more adept at blurring distinctions when they deconstruct New Testament and patristic texts.

"It is a profound irony of Western history," they maintain, that Christian theologians, beginning with Augustine, "condemned the act of voluntary death as a sin for which Christ's similar act could not atone...."<sup>20</sup> Later in the book they carry this argument further: "Despite the claim of Augustine and later theologians, the New Testament expresses no condemnation of voluntary death....Yet, to say only that the writers of the New Testament did not condemn voluntary death is to miss the positive significance they attached to the act. The authors of the Gospels created [*sic*] a Jesus who died by his own choice, if not by his own hand."<sup>21</sup> Jesus' "voluntary death" is a theme central to their argument. They ask, "Was it the legal execution of a criminal, an example of heroic martyrdom, or a case of suicide?"<sup>22</sup> Irrespective of how that rhetorical question is answered, "The Jesus created by his earliest followers became the paradigm for Christians to imitate."<sup>23</sup>

Martyrdom in the early church supplies Droge and Tabor with abundant examples of "voluntary death": "The martyrs are portrayed as going to their death in one of three ways: either as a result of being sought out, by deliberately volunteering, or by actually taking their own lives. On the basis of the evidence that has survived, it would appear that the majority of Christian martyrs chose death by the second and third means."<sup>24</sup> The accuracy of the last sentence is highly questionable.<sup>25</sup>

One example of the first category that they give is Bishop Pionius who, arrested around AD 250, reminded his fellow Christian prisoners that Jesus had "departed from life at his own choice." Droge and Tabor emphasize that Pionius could easily have escaped death by offering sacrifices to the pagan gods. But he chose to follow Christ's example.<sup>26</sup> They fault as "anachronistic and without textual support" Robin Lane Fox's comment that "Pionius shared the Church's execration of suicide, a death, naturally, which was quite distinct from martyrdom."<sup>27</sup> (It is, of course, their own faddish linguistic deconstructionism and historical revisionism that, by their very nature, do violence to the texts and are inevitably anachronistic.) "On the contrary," they maintain, "Pionius insists that Jesus...'departed from life at his own choice.' In other words, Jesus's death, like Dionius's, was *voluntary!*" (emphasis in original)<sup>28</sup>

But, according to Droge and Tabor, so was Judas's death: "In the *Umwelt* of early Christianity the act of taking one's life was judged to be acceptable and, in certain circumstances, noble....this was Matthew's implicit judgment on Judas's death. Judas was condemned for betraying the Messiah, not for killing himself. According to Matthew, Judas's act of self-destruction was the measure of his remorse and repentance."<sup>29</sup>

Convinced that Paul "lusts after death,"<sup>30</sup> they dwell on his "fascination with death and his desire to escape from life."<sup>31</sup> The only reason Paul did not end his life with his own hand (see Phil. 1:21-25) was that the time was not opportune. "That Paul was not opposed to voluntary death is clear from his famous panegyric to *agape* in 1 Corinthians 13, where he classified self-destruction with other *worthy* but ineffectual approaches to salvation..." (emphasis in original).<sup>32</sup> They further suggest that "for Paul, an individual could kill himself and be 'glorifying God with his body' by doing so."<sup>33</sup> Indeed, "In a world-negating system like the apostle Paul's, the question became how to justify continued existence in the world rather than voluntary death,"<sup>34</sup> for, as their book's final words emphasize, "voluntary death was one of the ideals on which the church was founded."<sup>35</sup>

### RELEVANCE FOR THE DOCTOR-ASSISTED SUICIDE DEBATE

People may disagree about the relevance to the doctor-assisted suicide debate of the history of suicide as an ethical issue. All should agree, however, that inaccurate history cannot be relevant. Judge Kaufman's flawed historical and theological perceptions suffer from Alvarez's adoption of Durkheim's definition of suicide, amplified by inaccurate theological presuppositions. Sad to say, sources similar to Alvarez abound on the shelves of libraries. The entry of trained theologians into the discussion has further muddied the waters.

Droge and Tabor's work has typically been greeted as a significant contribution to the current debate.<sup>36</sup> This suggests that the advocates of active voluntary euthanasia are seeking to preempt Christian efforts to inform moral discussion by arguing that principles of respect for, and sanctity of, human life are far from consistent and fundamental features of Christian tradition. How may this distortion of early Christian theology and history be countered?

First, we must recognize that the issues are extremely complex. Is there a moral difference for a terminally ill patient (1) to insist that extraordinary means not be initiated or be discontinued so that "nature" may take its course; (2) to request palliative medications for her pain even though she is aware that, as a secondary effect, her death may be expedited; or (3) to ask for means that either she or someone else will employ directly to bring about her immediate death? Typically the third is regarded as suicide, a moral category under which are subsumed extremely diverse variables.

Second, we must insist on conceptual and semantic precision. An entirely objective and consistent definition of suicide will never be made to everyone's satisfaction. Robert N. Wennberg, in chapter two of his book *Terminal Choices: Euthanasia, Suicide, and the Right to Die*, presents a compelling answer to the question posed as its title, "Suicide: What Is It?"<sup>37</sup> He maintains that "a suicide is someone who *intends* to die, either as a means...or as an end" (emphasis in original).<sup>38</sup> His definition would exclude martyrs who did not seek death but were willing to die rather than deny their faith, even if they had a "strong, unwavering desire to die and be ushered into the presence of the God [they] had faithfully served all [their] life."<sup>39</sup> Intent is for Wennberg the crucial and decisive factor. But not for Durkheim, whose broad sociological definition of suicide glosses over and distorts ethical, theological, and historical issues.

The differences are so significant between, for instance, hanging oneself after being jilted by one's lover, burning oneself to death as a public protest against a government's policies, sacrificing one's life to save others' lives, and being executed for refusing to renounce one's most deeply held convictions, that to label them all as "voluntary death" and then insist that anyone who approves of any of them approves of all forms of "voluntary death," flies in the face of even the most basic logic and common sense.

CRI, P.O. Box 8500, Charlotte, NC 28271  
Phone (704) 887-8200 and Fax (704) 887-8299

At least one reviewer of Droge and Tabor's book understands this. William Birmingham observes that "the authors' perhaps unconscious tendency to legitimate one form of voluntary death, suicide, by too closely associating it with others — death for the sake of honor, martyrdom for the sake of faith — blurs ethical lines and vitiates readers' confidence in their handling of evidence...."<sup>40</sup>

Nevertheless, we do no service to the truth if we deny that there have been some aberrations and excesses in the history of Christianity. Some early Christians intentionally provoked pagans to martyr them. It may be perverse obstinacy to insist that such were not suicides. Furthermore, Christian women who killed themselves to avoid sexual defilement, especially during times of persecution, were venerated by their fellow Christians. Were they suicides? Although the philosophical principle of double effect (i.e., distinguishing between results that are intended and consequences that are foreseen and even inevitable but not desired) may be marshalled in support of the contention that they were not, only those who are willing will be convinced by such an approach.

Finally, asceticism as a Christian virtue became a form of daily martyrdom, especially after Christians ceased to be a persecuted minority. Although the church quite consistently condemned asceticism if based on dualistic heresy or if practiced to excess, some Christians undoubtedly brought on an early demise through immoderate mortification of the flesh. Were they suicides? Here again one may resort to double effect. Intent is then the criterion. Severe asceticism was practiced not in order to expedite one's death but to purify one's soul.

I bring up these matters to emphasize that there are some grey areas. We should argue strongly against the proposition that early Christians lauded self-murder *per se*, but we should not weaken our argument by being inflexible regarding those questionable areas that were never normative for Christian practice.

Third, we must reject a presentistic treatment of ancient texts. Scholars such as Droge and Tabor maintain that since neither Greek nor Latin had a specific word for suicide, we risk reading our preconceptions into the past if we apply our word, with all of its conceptual baggage, to ancient texts. While there is some validity to their concern, even if Greek or Latin had an exact equivalent of our word suicide, it would be fraught with the same ambiguities; hence it would still demand precise contextual interpretation. Extant Greek texts employ over 160 different terms or phrases to denote the taking of one's own life; Latin over 170.<sup>41</sup> Ancient Greeks and Romans, whether pagans or Christians, were quite able to distinguish between various circumstances, motives, and methods of self-killing.

Self-killing encompasses a range of actions and choices involving complex issues that, as I have asserted above, will never be untangled to everyone's satisfaction. This did not prevent the ancients from making most of the same distinctions that we do between a wide variety of motives for taking one's own life, including escape from grinding chronic suffering or painful terminal illness. Suicide by the ill is frequently discussed as an ethical issue in pagan classical texts and was quite commonly practiced. Indeed, classical literature is rife with examples.<sup>42</sup> Physicians regularly assisted in such suicides (as well as in suicides by those not suffering from illness or disabilities). Those relatively rare examples of physicians' refusing to assist in suicide are particularly striking (e.g., in the so-called Hippocratic Oath).

Although early Christians lived in a secular milieu in which suicide to escape from illness was frequently practiced, I am unaware of any discussion of the issue in the entirety of patristic literature. Nor can I find one example of a Christian during the first five centuries of Christianity taking his own life to escape from the suffering of terminal or other illness. The only ethical issues raised by illness in patristic literature were (1) the propensity of Christians to seek the help of physicians without first considering the spiritual significance of their sickness; (2) their resorting to occult healing practices; and (3) their sometimes frantic efforts to cling to any slim hope of recovery. By actively caring for the sick early Christians, in Henry Sigerist's words, introduced "the most revolutionary and decisive change in the attitude of society toward the sick....The social position of the sick man thus became fundamentally different from what it had been before. He assumed a preferential position which has been his ever since."<sup>43</sup> There is absolutely no evidence that this preferential position of the sick encouraged an expedited "final exit."<sup>44</sup>

CRI, P.O. Box 8500, Charlotte, NC 28271  
Phone (704) 887-8200 and Fax (704) 887-8299

It could be maintained that the absence of any discussion or examples of suicide by the ill in patristic literature supplies at best an argument from silence. Such an absence can best be explained, however, by noting those aspects of life and belief in the early church that militated against suicide to escape from illness.

Consider the theology of martyrdom. There was much dispute within the Christian community regarding the propriety of seeking martyrdom. We can with confidence assert that those who condemned it would also condemn the intentional killing of oneself. And those who approved seeking martyrdom did so for a variety of reasons (e.g., the spiritual benefits thought to derive from such a death, the "protest value" of dying dramatically for one's faith), none of which could apply to suicide to escape from illness.

Furthermore, whereas martyrdom is the ultimate act of suffering and sacrifice for one's beliefs, suicide — unless it is an act of protest — is the ultimate act of escape from suffering. Suicide in the face of illness can be seen as analogous to martyrdom only if God is viewed as either significantly less than sovereign or as an oppressive tyrant. So foundational are the goodness and sovereignty of God in patristic theology and so consistently is patient endurance of affliction stressed as an essential Christian virtue, that it is not at all surprising that patristic texts do not refer to suicide by the ill.<sup>45</sup>

My fourth and final suggestion for a Christian response to this distortion of history moves the issue to an individual level: every Christian must be thoroughly grounded in Scripture. Even if you are never involved in any aspect of this debate, would doctor-assisted suicide be a morally acceptable option for you, as a Christian, if you were terminally ill?

Although Scripture nowhere refers to doctor-assisted suicide, it does provide a relevant theological framework for the consideration of those moral issues that it does not specifically address. God's Word enables us to formulate a theology of life and death, sin and holiness, joy and suffering, and, most importantly, a theology of the sovereignty of God.<sup>46</sup>

I was compelled to do that in a highly personal sense when I recently agreed to write an article for a new journal. I presented my argument under six headings: (1) "You were bought with a price;" (2) "If you love Me, you will keep My commandments;" (3) "Whether we live or die, we are the Lord's;" (4) "Waiting eagerly for our adoption as sons, the redemption of our body"; (5) "That I may know Him and the power of His resurrection and the fellowship of His sufferings;" and (6) "Precious in the sight of the Lord is the death of His godly ones." I thus concluded the paper:

Jesus is my Sovereign. He has bought me with His blood. I have been called into a fellowship of suffering with Him. I cannot claim to understand this fully, either intellectually or experientially. Perhaps it will be in my dying that my comprehension of His marvelously condescending love will be enriched when, in ways of which my experiences thus far are but adumbrations, the Holy Spirit will be my Comforter and Jesus my Comfort. To take my life — or to ask another to — in order to escape from the final act of my personal drama that He has written and is directing, would be worse than rebellion. It would be for me a failure of love and a breach of trust.<sup>47</sup>

If we are not markedly different from secularists in our dying, we are of all people most to be pitied. Bombarded as we are by sometimes blatant, sometimes subtle secularism, we must not only strive to live as Christians but be prepared to die as Christians. Although we shall not know death experientially until we have entered its portals, it is incumbent upon us to be equipped to understand and withstand those temptations that are unique to that realm.

**Darrel W. Amundsen, Ph.D.**, is Professor of Classics at Western Washington University, Adjunct Professor of Interdisciplinary Studies at Regent College, and Affiliate Professor of the History of Medicine in the School of Medicine, University of Washington. His most recent publication is *Medicine, Society, and Faith in the Ancient and Medieval Worlds* (Johns Hopkins University Press, 1996).

**CRI**, P.O. Box 8500, Charlotte, NC 28271  
Phone (704) 887-8200 and Fax (704) 887-8299

## NOTES

<sup>1</sup>Historic Christianity's wrestling with the moral ambiguities of suicide precipitated by depressive or other mental illnesses lies outside the parameters of this article.

<sup>2</sup>1993 WL 603212 (Mich. Cir. Ct.).

<sup>3</sup>Ibid., 6.

<sup>4</sup>Ibid., 7.

<sup>5</sup>Judge Kaufman's quotations are from Alfred Alvarez's "The Background," in *Suicide: The Philosophical Issues*, ed. M. P. Battin and D. J. May (New York: St. Martin's, 1980), 7-32, which is chapter one of Alvarez's very influential book, *The Savage God: A Study of Suicide* (New York: Random House, 1970).

<sup>6</sup>1993 WL 603212 (Mich. Cir. Ct.), 9.

<sup>7</sup>Ibid.

<sup>8</sup>Ibid., 9-10.

<sup>9</sup>Ibid., 10.

<sup>10</sup>Glanville Williams, *The Sanctity of Life and the Criminal Law* (1957; reprint, New York: Knopf, 1970), 254-55.

<sup>11</sup>Émile Durkheim, *Suicide: A Study in Sociology*, trans. J. A. Spaulding and G. Simpson (Glencoe, IL: The Free Press, 1951).

<sup>12</sup>Ibid., 44.

<sup>13</sup>Ibid., 227, cf. 67.

<sup>14</sup>Arthur J. Droge and James D. Tabor, *A Noble Death: Suicide and Martyrdom among Christians and Jews in Antiquity* (San Francisco: Harper, 1992), 4.

<sup>15</sup>Ibid.

<sup>16</sup>Ibid., 187.

<sup>17</sup>Ibid., 61-62.

<sup>18</sup>Ibid., 62.

<sup>19</sup>Ibid., 63.

<sup>20</sup>Ibid., 5.

<sup>21</sup>Ibid., 125.

<sup>22</sup>Ibid., 114.

<sup>23</sup>Ibid., 119.

<sup>24</sup>Ibid., 156.

<sup>25</sup>Still the best treatment is W. H. C. Frend, *Martyrdom and Persecution in the Early Church* (Oxford: Blackwell, 1965).

<sup>26</sup>Ibid., 153.

<sup>27</sup>Robin Lane Fox, *Pagans and Christians* (San Francisco: Harper, 1986), 480.

<sup>28</sup>Droge and Tabor, 164-65, n.124.

<sup>29</sup>Ibid., 125.

<sup>30</sup>Ibid., 122.

<sup>31</sup>Ibid., 119.

<sup>32</sup>Ibid., 123.

<sup>33</sup>Ibid., 124.

<sup>34</sup>Ibid., 187.

<sup>35</sup>Ibid., 189.

<sup>36</sup>Derek Humphry, founder of the Hemlock Society and author of a well-known suicide manual, exclaims on the dust jacket of Droge and Tabor's book, "This book will upset traditional Christian views about the right to choose to die." A fellow founding member of the Hemlock Society, Gerald A. Larue, adjunct professor of gerontology and emeritus professor of biblical history and archeology at the University of Southern California, writes that Droge and Tabor "have shown in their careful analysis of all relevant biblical passages [that] there is no condemnation of, or negative comment on, what they prefer to call 'voluntary death'" (*Playing God: Fifty Religions' Views on Your Right to Die*

CRI, P.O. Box 8500, Charlotte, NC 28271  
Phone (704) 887-8200 and Fax (704) 887-8299



[Wakefield, RI: Moyer Bell, 1996], 19). Reviews of Droge and Tabor's book typically have been overwhelmingly favorable.

<sup>37</sup>Robert N. Wennberg, *Terminal Choices: Euthanasia, Suicide, and the Right to Die* (Grand Rapids: Eerdmans, 1989), 16-38.

<sup>38</sup>*Ibid.*, 22.

<sup>39</sup>*Ibid.*, 28.

<sup>40</sup>William Birmingham, review of Droge and Tabor's *A Noble Death*, in *Cross Currents: The Journal of the Association for Religion and Intellectual Life*, 42 (1992): 273.

<sup>41</sup>See "Appendix C: Suicidal Vocabulary of Greek and Latin," in Anton J. L. van Hooff, *From Autothanasia to Suicide: Self-Killing in Classical Antiquity* (London: Routledge, 1990), 243-50.

<sup>42</sup>See, e.g., Danielle Gourevitch, "Suicide among the Sick in Classical Antiquity," *Bulletin of the History of Medicine* 43 (1969): 501-18.

<sup>43</sup>Henry Sigerist, *Civilization and Disease* (Chicago: University of Chicago Press, 1943), 69-70.

<sup>44</sup>See Darrel W. Amundsen, *Medicine, Society, and Faith in the Ancient and Medieval Worlds* (Baltimore: Johns Hopkins University Press, 1996), especially chapters one, "Body, Soul, and Physician," and four, "Suicide and Early Christianity."

<sup>45</sup>It should be noted that Augustine (354-430) was not the first church father to condemn suicide. Furthermore, he based his condemnation essentially on the same theology as did earlier church fathers who condemned the act: Justin Martyr (ca. 100-165), Clement of Alexandria (ca. 155-220), Tertullian (ca. 160-220), the anonymous *Epistle to Diognetus* (late second century), the anonymous Clementine *Homilies* (late second/early third century), Lactantius (ca. 240-320), Ambrose (ca. 339-397), Jerome (ca. 345-419), and John Chrysostom (349-407). For references and discussion see *ibid.*, 70-126.

<sup>46</sup>The writings of Joni Eareckson Tada are an excellent starting point. Most pertinent to the doctor-assisted suicide debate is her *When Is It Right to Die? Suicide, Euthanasia, Suffering, Mercy* (Grand Rapids: Zondervan, 1992). The easy readability of her writings belies their theological depth and spiritual richness.

<sup>47</sup>Darrel W. Amundsen, "Suffering and the Sovereignty of God: One Evangelical's Perspective on Doctor-Assisted Suicide," *Christian Bioethics*, 1 (1995): 305.

### **SIDEBAR 1: Kevorkian Acquitted Again**

For the second time in his six years of helping 27 terminally ill patients to commit suicide, Dr. Jack Kevorkian has been cleared of any wrongdoing by an Oakland County, Michigan jury. The March 8, 1996 acquittal followed nine hours of deliberation.

The 67-year-old pathologist was charged with assisting in the suicides of Merian Frederick, a 72-year-old Ann Arbor woman who had ALS (Lou Gehrig's disease), and Dr. Ali Khalili, a 61-year-old rehabilitation specialist from Chicago who had bone cancer. Frederick was found dead on October 22, 1993, inside a Royal Oak, Michigan apartment rented by Kevorkian. Khalili was found dead inside the same apartment a month later. Both died from inhaling carbon monoxide, and in both cases Kevorkian was present when the police arrived at the scene of death.

The acquittal came as no surprise to many observers for several reasons. First, Kevorkian enjoys a certain star status in affluent Oakland County, which may have influenced the jury. One evidence that this was the case is that jury foreman and United Methodist bishop, Rev. Donald Ott, wrote in a 1993 article that "choosing a time of one's death in a terminal condition can be an expression of faithful living."<sup>1</sup>

Second, Kevorkian was accused under a now-defunct Michigan law that conservative lawmakers passed in 1992 in an attempt to stop doctor-assisted suicides. Furthermore, the judge who presided over the Kevorkian trial, Jessica Cooper, was one of several judges who initially ruled the law unconstitutional.

**CRI**, P.O. Box 8500, Charlotte, NC 28271  
Phone (704) 887-8200 and Fax (704) 887-8299

Third, a recent poll in *The New England Journal of Medicine* suggests that Kevorkian enjoys the backing not only of the general public, but also of the medical establishment. The Journal poll indicates that "66 percent of state residents and 56 percent of Michigan doctors would prefer that doctor-assisted suicide be legalized, not outlawed."<sup>2</sup>

This poll, influenced by the Kevorkian controversy, would seem to reflect the attitudes of people in the U.S. as a whole, following a European trend toward the full acceptance of euthanasia. For instance, on March 6 the 9th U.S. Circuit Court of Appeals in San Francisco overturned Washington state legislation banning doctor-assisted suicide. One of the Circuit Court judges, Stephen Reinhardt, said in the ruling that "a competent, terminally ill adult, having lived nearly the full measure of his life, has a strong liberty interest in choosing a dignified and humane death rather than being reduced at the end of his existence to a childlike state of helplessness, diapered, sedated, incompetent."<sup>3</sup> At press time (April 3), the 2d U.S. Circuit Court of Appeals in Manhattan likewise struck down New York State's ban on doctor-assisted suicide, overturning a lower court ruling upholding the law.

Fourth, the law under which Kevorkian was accused stated that "a person is not guilty of criminal assistance of suicide if that person was administering medications or procedures with the intent to relieve pain and discomfort and not to cause death." This provision applies even if the treatment "may hasten or increase the risk of death."<sup>4</sup> Thus all the defense needed to do was to convince the jury that Kevorkian's intent was only to relieve suffering and not to kill.

Kevorkian was asked whether the medical assisted suicide consent form, signed by Khalili, "meant he wanted [Khalili] to die." To this he responded, "I am under oath. My intent was never to end his life. My intent was to help the man fulfill his wish to end his suffering."<sup>5</sup> Kevorkian reportedly said that "he had never wanted either patient to die, but said that their deaths were an 'unfortunate, repugnant, unavoidable' consequence of relieving their suffering."<sup>6</sup>

In order to illustrate intent, Kevorkian's defense attorney, Geoffrey Fieger, employed the analogy of taking a hopelessly sick pet to the veterinarian: "The best thing to do is to put it out of its pain and agony, Your intent isn't to kill."<sup>7</sup> This analogy shows how narrow the division is between "the right to die" and "the duty to kill." The former is what Kevorkian formally proposes. In all his assisted suicides it has been the patient who flipped the switch or turned the valve. The latter, as in the case of Fieger's analogy, is when others decide under what conditions one is to live or die. We find the worst example of this in the Nazi Holocaust.

Derek Humphry, considered the father of assisted suicide and a great proponent of Kevorkian, sees no possible connection between modern euthanasia and a possible holocaust.<sup>8</sup> However, in answer to the question, "If the right to die becomes law, might it not degenerate to a duty to kill?" Dr. Edmund Pellegrino, director of the Center for Clinical Bioethics, says yes. Pellegrino points to the Netherlands as an example of what happens when this practice becomes socially sanctioned: "A 1991 Dutch government report showed 1,000 cases of euthanasia without consent and 4,941 cases of excess medication given without consent."<sup>9</sup>

Frustrated by his legal battles, Kevorkian faces yet another one. On April 1 he began standing trial for two other assisted suicides. This time, however, prosecutors are more confident about getting a conviction. One of the suicides involved a woman, Marjorie Wantz, who reportedly was not terminally ill but rather suffered from intense vaginal pain that she blamed on a series of surgeries. Prosecutors, however, contend that she was psychosomatic.<sup>10</sup> The case is being tried under a 1994 Michigan Supreme Court ruling that assisted suicide is a crime under Michigan common law.

When asked if he feels free to continue assisting with suicides, Kevorkian undauntedly responded, "I have always been free to do so and will always do so as long as I have my personal liberty! This is the very essence of human autonomy, something that goes way beyond a so-called 'right,' and I am honored as a healer to help any suffering patient whose condition medically warrants it."<sup>11</sup> Concerning his future plans, the doctor said, "What I really want is

to set up a clinic, and a research facility where we can get some good for humanity out of all of this." On a reflective note, he concluded, "I don't know how long it will take to get out of the Dark Ages, and I don't have forever."<sup>12</sup>

— *Gerrit Besteman and Elliot Miller*

## NOTES

<sup>1</sup>Quoted in Jack Lessenberry, "Jury Acquits Kevorkian in Assisting in 2 Suicides," *The New York Times*, 9 March 1996, Politics, Y 7.

<sup>2</sup>Cited in "Kevorkian Is Going on Trial on Assisted-Suicide Charge," *The New York Times*, 12 February 1996, National Report, A 8.

<sup>3</sup>Quoted in Bob Egelko, "Right to Die' Upheld in Court," *The Orange County Register*, 7 March 1996, A 1.

<sup>4</sup>Jack Lessenberry, Politics, Y 7.

<sup>5</sup>"Kevorkian Says Wish Is to Ease Suffering, Not Hasten Death," *The New York Times*, 6

### **SIDEBAR 2: Euthanasia: The Humane Thing to Do?**

It's a question many people are asking — a bottom-line question that summarizes the hotly emotional debate over euthanasia: "We put our suffering and dying pets to sleep. Why not treat our fellow humans as humanely as we treat our animals?"

The needs of suffering and dying people foster a muddled response of guilt and sympathy, and even stalwart saints can be confused over the difference between a half-dead pet and a grandmother in a nursing home. "If it's not immoral for a veterinarian to mercifully end the life of a dying animal," people reason, "then why is it immoral for a doctor to mercifully kill his or her suffering patient? It would be the humane thing to do!"

Humane? I don't think so. And neither is mercy killing the humane thing to do. In fact, injecting a terminally ill person with a lethal drug would be inhuman. We put animals to sleep because they do not know they are dying. They can make nothing of their misery or mortality. The only humane response to their brute weakness is to put them out of their misery.

A person who asks for mercy killing, however, is no mere animal. Humans have immortal souls and will one day either walk through gates of pearl or the gates of hell. Unlike other animals, humans are capable of making something of their misery and mortality. For this reason, they deserve to have their spirits bolstered; they need courage and encouragement. Dying people are not failures — their lives must be shored up against defeat and despair.

This is why the Bible stresses that "we regard no one from a worldly point of view" (2 Cor. 5:16). Created in the image of God, humans are imprinted with transcendent qualities — beyond-this-world characteristics such as compassion, kindness, self-control, and patience. It is these qualities that place us worlds apart from brute beasts.

Nevertheless, there's a growing social sensitivity to the need to deal humanely with dying and terminally ill persons. This has led to the recent 9th U.S. Circuit Court of Appeals ruling that lifts the ban on assisted suicide in nine western states. But a constitutionally protected right to die is not the humane or best response to the needs of suffering people. There is a misery that needs mercy, a burden that needs bearing.

Neither is a right-to-die jurisprudence best for our society. The helping character of America at its best will further erode. Poor and uninsured persons may be pressured into euthanasia, thus relieving the economic burden they place on their families and society. And as far as constitutionally protected liberties are concerned, if a terminally ill person

**CRI**, P.O. Box 8500, Charlotte, NC 28271  
Phone (704) 887-8200 and Fax (704) 887-8299

does not have the psychological wherewithal to end his or her own life, is this the sort of shortcoming for which society should compensate? No! Lastly, the benefits to a narrow margin of terminally ill persons (if we were to grant that they truly were benefits) cannot possibly outweigh the potential for abuse among this nation's weak, elderly, and disabled individuals.

True, euthanasia is emotionally charged and complex, but it's a national issue that Americans must grasp and understand. Unless the Supreme Court reverses the recent Court of Appeals ruling, this decade will make the unthinkable the legal. Instead, let's make the world safe for the weakest and most vulnerable among us, not only humane but also human.

— Joni Eareckson Tada

Joni Eareckson Tada is an author and a disability advocate. She and her husband Ken reside in California and are involved in alerting the public to the dangers of assisted suicide.

### **SIDEBAR 3: Everything Has Changed**

I woke up one Thursday morning, and the world had changed. The headlines in the Los Angeles Times read, "Assisted Deaths Ruled Legal." Whaaat? Never would I have dreamed the 9th U.S. Circuit Court of Appeals would hand down such a decision. With one stroke of the pen in an 8-3 decision, mentally competent, terminally ill people now have the constitutional right, in at least 9 states, to utilize a doctor's assistance to hasten their own death.

Lots of things bother me about this March 6, 1996 decision, but none as much as presiding Judge Stephen Reinhardt's comments in his majority opinion: "There is a constitutionally protected liberty interest." In short, this ruling — which cannot be overturned except by the Supreme Court — guarantees Americans the fundamental right to die.

Why does this irk me? Since the U.S. Constitution affirms that fundamental rights cannot be limited to any one group, the door is now wide open to court challenges allowing assisted suicide for not just the terminally ill, but also for people with handicapping conditions. In fact, the slide has already been greased, for the majority of the people Dr. Jack Kevorkian has helped to kill have not been on the brink of death, but were debilitated either with multiple sclerosis or with Lou Gehrig's disease, or were recently diagnosed with Alzheimer's. Even the 9th Circuit Court's Judge Robert Beezer, in his dissenting opinion, stated that if physician-assisted suicide is made a constitutional right, "voluntary euthanasia for weaker patients, unable to self-terminate, will soon follow." I worry for my vent-dependent quadriplegic friends who are struggling through some depression right now. What does this ruling say to them?

Moreover, everything from court briefs to the media aren't helping. In the same Los Angeles Times article, I spotted phrases like "helpless victims" and "imprisoned in a useless body." Judge Reinhardt even wrote of them "being reduced at the end of [their] existence to a childlike state of helplessness, diapered, sedated, incompetent." This describes very well a couple of disabled children I know whose families regularly come to our JAF Ministries Family Retreats.

Yes, overnight the world has changed — all in the name of constitutionally protected individual liberties. I wouldn't be so generous, however, as to call them that. People label their desires "individual liberties" as if to give their willful determinations a showy kind of dignity; we've dressed up our fears about disability in fancy garb, calling them rights. Rights are moral claims which have to take into account limits on freedom, responsibility to others, and ethical standards that reflect the good of the entire community — especially if that community includes vent-dependent quads who are depressed or disabled children who have Trisomy 18.

One more thing. My secretary just buzzed my office to tell me that Kevorkian has been acquitted in Michigan. The 9th Circuit Court's ruling is already having a powerful affect. My, the greased slide is more slippery than I thought.

**CRI**, P.O. Box 8500, Charlotte, NC 28271  
Phone (704) 887-8200 and Fax (704) 887-8299

— Joni Eareckson Tada

**CRI**, P.O. Box 8500, Charlotte, NC 28271  
Phone (704) 887-8200 and Fax (704) 887-8299