
Medical Killing – An Evangelical Perspective

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ABSTRACT

Evangelicals are unconditionally opposed to active euthanasia. Indirect euthanasia is seen as simply belonging to the risks inherent in any medical intervention. Passive euthanasia is accepted if used in order to save the dignity of the dying and is seen as merely ceasing to interfere with an irreversible dying process. The basis of evangelical ethics is the Bible supplemented by science and experience as a kind of natural law. Even though natural law comes under Biblical revelation, its acceptance is the reason for the similarity of the Evangelical and the Roman-Catholic position of Evangelicals. Evangelicals stress the necessity of a better counseling and investment for the deadly ill patient.

Keywords: euthanasia, Evangelical ethics, Evangelical theology, Germany

I. INTRODUCTION

My task is to present the evangelical¹ position concerning euthanasia, to discuss its theological and practical foundations, and to specify its relationship to Protestantism and Roman Catholicism. I shall restrict myself to the German perspective² and leading evangelical theologians in Germany.³

II. THE EVANGELICAL POSITION

A. Opposition to Active Euthanasia

Active euthanasia will here be understood as the deliberate inducing of death by means of a substance foreign to the body (Fuchs, 1997, p. 34). Passive eutha-

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nesia, by contrast, consists in withholding or terminating life-prolonging treatments (Fuchs, 1997, p. 35). Both must be distinguished from indirect euthanasia: the acceptance of the possibility that an earlier death may result when conditions of severe pain and suffering are treated with pain relievers (Fuchs, 1997, p. 35).

Evangelicals are unconditionally opposed to active euthanasia. Indirect euthanasia is seen as simply belonging to the risks inherent in any medical intervention. Even though the decision to engage in such interventions can be extremely difficult, it involves no actively or passively deliberate ending of another person's life. Passive euthanasia, on the other hand, is accepted by evangelicals if used in order to save the dignity of the dying. As it merely involves ceasing to interfere with an irreversible dying process, it usually has little to do with homicide. To be sure, decisions in individual cases may be difficult. They leave a grey-zone in which justifications may be hard to render universally compelling. But this predicament is common to all serious ethical decisions. The expression "passive" must not be understood to imply some lack in the doctor's participation (Cameron, 1995; Eibach, 1998, pp. 89–91). The point is that it is not the doctor's intervention but the disease, or the irreversible dying process, which causes the patient's death (Fuchs, 1997, pp. 67–68). Active euthanasia, on the other hand, induces the death process before the natural dying process has set in. This is deliberate killing. The difference between active and passive euthanasia is basic to evangelical thought:

When the process of dying has started already, the abstaining from life prolonging measures involves no highhanded disposing of the dignity of a human being . . . but the acknowledgement that an authority beyond human reach has given that human over to death. . . . This abstaining amounts not to causing death, but to permitting it (Eibach, 1998, p. 248).

Even the mainline and predominantly non-Evangelical Protestant State Church in Germany has taken a stand against active euthanasia (Gott ist ein Freund, 1989, pp. 105–109; Kock, 2001, pp. 20–21). However, it happens time and again that high-ranking church spokesmen and Protestant professors of theology invoke situation ethical reasoning in defence of positions that are shocking from the evangelical standpoint.⁴ Moreover, the EKD and evangelicals fundamentally differ in other right-to-life issues as well, especially with regard to the life of unborn humans. What evangelicals perceive as painfully lacking in liberal Protestant ethics is the New Testament theology of suffering (Eibach, 1991; Schirrmacher, 2002b).

This disagreement, on the other hand, links the evangelical position concerning euthanasia with the one advanced by the Pope, the Catholic Church and those ethicists (Donovan, 1997, p. 191) who endorse the teaching of the Catholic Church. (*Ecclesia Catholica*, 1993; John Paul II, *Evangelium Vitae*, 1995, No 64-65; *Katechismus der Katholischen Kirche*, No 2276–2279).⁵ Catholics and Evangelicals have commonly sponsored several pan-European conferences directed against both abortion and euthanasia;⁶ no representatives from mainline Protestant churches were present at these conferences.⁷

B. Alternatives to Active Euthanasia

Evangelicals not only oppose active euthanasia, they also invest energy and arguments for a better medical and social treatment of very ill or otherwise helpless people. Evangelicals emphatically see it as a major task of the family and the church to make sure that nobody is left alone in his deepest hours. Fellowship and counselling with the dying and helpless is seen as the necessary complement to opposing active euthanasia (Eibach, 1998, p. 255).

With modern medical technology and pharmaceutical resources, pain can almost in all cases be controlled (Weber & Schumacher, 2001). Where this is impossible, evangelicals demand that public funds be invested for research on palliative medicine and for better education of medical staff in these areas.

Similar alternatives are endorsed with respect to the problem of physician-assisted suicide or medical killing on demand. It is significant that suicide in the Christian West became “rehabilitated” only after it was scientifically investigated (Alvarez, 1974, p. 91). In particular the 1897 study by sociologist Émile Durkheim, *Suicide: A Study in Sociology*, turned the tide (Durkheim, 1973). From now on, suicide was no longer denounced on religious and moral grounds, but recognized as a result of desperate life situations (Durkheim, 1973, p. 91). It is precisely at this point that the evangelical policy alternative comes into play. Durkheim’s findings, which are still valid today, show that the number of suicides decreases in proportion to the strength of the cohesive force mustered by human communities (Furger, 1992, p. 39). A lower degree of social integration implies a higher incidence of suicides. Durkheim invokes the example of families (1973, pp. 186–223) and the social role of churches (1973, pp. 162–185), which was, at least around 1893, significantly stronger among Catholics and Anglicans than among Protestants. This is why, according to the evangelical position, one should not concentrate on propagating individuals’ right to physician-assisted suicide or to medical killing

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on demand, but instead on better integrating those who are vulnerable to suicidal tendencies.

III. GENERAL PRINCIPLES OF EVANGELICAL ETHICS

For evangelicals, the Bible, understood in an immediate, literal sense, is the final authority in all questions of faith and ethics. Evangelicals' opposition to a liberal Protestant view of Holy Scripture that subjects that unreflected understanding to a scholarly de-construction is one of the two pillars that hold the worldwide evangelical movement together. Evangelicals endorse a modern version of Martin Luther's 'sola scriptura', conceived in terms of John Calvin's hermeneutics (Schirrmacher, 1993, 1998, Art. 1.1.–1.10; Schirrmacher, 2001d).

The other pillar is the insistence on a personal experience of faith, often associated with the term "rebirth". This involves a modern and pietistic adoption of Luther's and Calvin's views on justification by faith and grace alone. How do these two foundations go together: an absolute, unchanging base encouraging a sort of fundamentalism, and an experience-oriented, personal, and even individualistic faith with a very flexible approach to the modern world (e.g., using the modern media more than any other Christian mega bloc)?

Evangelicals' reading of the Bible discloses three components of ethical decisions:⁸ Absolute values (the 'law'), concrete situations that must be interpreted in terms of those values ('wisdom') and the existential dimension ('heart'). Accordingly, an ethically "good" decision in the comprehensive sense of the term must include a regard to basic values and their hierarchical order (e.g., the Ten Commandments, the Sermon on the Mount), as well as a prudent assessment of the issue at hand (e.g., Proverbs), and finally consider the personality, motivation and responsibility of those affected (e.g., several Psalms or Gal. 6). It is crucial not to play any one of these components against the others – restricting one's concern to specific situations ultimately leads to a denial of the normative power of values. Exclusive attention to norms will often be insufficient for reaching a concrete decision. Moreover, appeal to such norms also involves an existential investment in the shouldering of responsibility and scrutiny of one's conscience, just as inversely the appeal to one's conscience without reference to general norms could justify even a Hitler. A sound Christian ethical deliberation therefore must combine

(1) recalling our fundamental values and their order of priority, (2) attending to the relevant details of particular situations, interpreted in the light of these values, and (3) deriving a responsible personal decision.

Thus, evangelicals are opposed to the (overall) situation ethics orientation endorsed by the mainline Protestant churches. They insist on untouchable and unchangeable Biblical laws. But they also acknowledge a situation ethics component in the Bible, which, however, remains subject to the law. This component merely serves for filling in the gaps which these laws leave open and for securing a prudent judgement wherever the values underlying those laws conflict with one another. In what concerns the laws providing merely a broad normative framework, this implies that individuals have the freedom and responsibility to pursue their individual self-realization within that framework. Thus marriage and family are high values and must be protected, but it is left to each Christian to decide how he will personally realize the general goals of marriage. In what concerns conflicts of values, their hierarchy must be attended to. So, in the case of a patient suffering from severe pain, evangelicals principally accept the value (underlying the proscription of neighbour love) of minimising pain (knowing that everything we do is risky and might lead to unwanted results in a small percentage of cases). Yet if realizing this value would come into conflict with the intention of preserving the value of life itself, as that value underlies the law against killing, or, in other words, if killing the pain can be realized only through actively killing the patient himself, then they recognize the value of that patient's life to be so much higher, that the lesser value must be sacrificed (Reuter, 2001, pp. 229-230).⁹

Deriving their ethical principles from the Bible rather than from natural law, evangelicals nevertheless accept natural law as subordinate to the Bible (Schirrmacher & Meves, 2000). Even when addressing a political and secular audience, they argue for marriage not by reference to human nature, as Catholics do, but by pointing to its divine institution in the context of God's creation (Gen. 1). On the other hand, evangelicals do accept natural law as it discloses itself through the sciences of anthropology and psychology, when looking for guidance concerning many everyday details of marriage and family life. While they take the Bible to provide the rationale for raising children, the nitty-gritty of how this purpose should be accomplished depends very much on facts about how children grow up in general as well as on the particular character of the children themselves and of how their environment shapes their development (Schirrmacher, 2002d).

A similarly mediating function is granted to tradition, which, for evangelicals, is not a mere starting point but still plays a major role in efforts at better understanding the Bible. It is also seen as a treasury of the combined wisdom of centuries. This is why evangelicals are often well read in the church fathers and even refer to them when opposing active euthanasia.¹⁰

In addition, evangelicals' emphasis on personal faith as a guide towards practical life and spiritual experience is reflected in their habit of situating their arguments in the context of a broad personal counselling experience. Ulrich Eibach is the best example, being not only professor of Systematic Theology but also the head of the counselling department of the huge university clinics in Bonn, and married to a psychotherapist with a vast experience in these areas.

It is this two-fold orientation towards a Biblical foundation and openness to pragmatic assessment and evaluation, which explains evangelicals' two-tier procedure when defending ethical positions. The following two sections will be devoted to those two tiers respectively.

IV. BIBLICAL AND THEOLOGICAL GROUNDS FOR THE EVANGELICAL POSITION ON EUTHANASIA

A. Human Personhood as a Defensive Principle

The dignity and sacredness of human life as an image of God (Gen. 1: 26-27) is inviolable. This is why the Bible considers the taking of human life, along with denial of God himself, to count among the most serious sins (Gen. 9: 5-6). The story of Cain and Abel (Gen. 4) illustrates how closely the denial of God and the destruction of his image are connected.

Most evangelical theologians distinguish between person and personality. Personality is what can be empirically assessed about a human being's qualities and capacities. Personhood, on the other hand, is grounded in a transcendent relationship that can only be acknowledged in faith. Accordingly, it can be affirmed even if the person himself is no longer able to show regard for his conscience and to express his personality. Eibach gives this view a classical expression:

A man is a person through what God does with him and for him. The dignity of a person is no empirical quality but a transcendent one, which God grants to every minute of that person's life right up to the moment of

death, no matter how hurt or hidden body and spirit, and therefore that person's personality might be. This dignity is not limited to one organ (e.g., the cerebrum) and its achievements, but belongs to the individual as a whole, as an organism (1998, p. 244).

One of the best biblical sources for the difference between person and personality is the possessed Gerasene who is healed by Jesus (Mat. 8: 28–34; Mark 5: 1–20; Luke 8: 26–39). Here we have a man who, as far as external appearances are concerned, had been entirely robbed of his personality by destructive forces. Jesus' liberation and healing, however, presuppose that the image of God was still present in all its dignity. It was merely hidden from others' awareness. Thus, it is not what can be experienced concerning a person by outsiders, but a sometimes deeply hidden true person that constitutes a human's dignity.

B. The Christian Basis of Human Rights and Limits to Self-Determination

The idea of human rights rests on the claim that all people have the same right to be treated as persons – whatever their race, religion, sex, political persuasion or social or economic status. When addressing their secular surroundings, evangelicals emphasise that actually no one disputes the fact that human rights are derived from Christian thought or at least have evolved in the culture of the Christian occident.¹¹ Thus, it is not the State that creates human rights; it merely formulates and protects them. But then no government has the right to decide that any of its citizens, be they permanently unconscious or exposed to a suffering that appears to secular minds to be “undignified”, have no more right to live, and can be killed according to standards of medical futility.

In the Scriptures, not only the beginning, but also the end of life is presented as a gift of God. They both remain in his hand (Turretin, 1994, pp. 322–329).¹² The prohibition of murder (Gen. 9:6; Ex 20:13; 23:7; Dtn 5:17) therefore also includes suicide, which surprisingly¹³ is not explicitly thematized by the texts (Quervain, 1946, pp. 409–411). There are, however, significant negative examples illustrating that latter prohibition.¹⁴ Evangelicals here orient themselves toward the church fathers. Just as the Jewish tradition (Wennberg, 1989, pp. 48–52), so Aurelius Augustine (354–430 AD) understood the sixth commandment against killing to encompass suicide (Augustine, *City of God*, 1: 20–26; Pohlmeier, 1982; Wennberg, 1989, pp. 53–57). The *Heidelberg Catechism* even includes self-mutilation (Question 105). Modern evangelicals' opposition to suicide mostly follows Dietrich Bonhoeffer (1949, pp. 111–116) and Karl

Barth¹⁵ (1957, pp. 457–470), both of whom also objected to abortion (Barth, 1957, pp. 473–482; Bonhoeffer, 1949, pp. 118–119) and euthanasia (Barth, 1957, pp. 484–488; Gerrens, 1996, pp. 125–184).

Bonhoeffer and Barth, of course, rightly emphasize that suicide must be distinguished from a true and unavoidable sacrifice for others, and that therefore not every intentional killing of oneself constitutes suicide (Barth, 1957, pp. 457–470; Bonhoeffer, 1949, pp. 114–115).¹⁶ But we must also keep in mind that different kinds of suicide are illegitimate in different degrees. Thus escaping certain death, or escaping torture, or escaping unbearable suffering through suicide, or committing suicide in a state of mental derangement, cannot be placed on the same level as conscious and intentional suicide (Wennberg, 1989, pp. 20–21).

Ulrich Eibach (2001) emphasises that human dignity is correctly understood by many today as a religious concept, which refers to its transcendent source. He sees an increasing tendency to replace recourse to that dignity by an invocation of human autonomy. Man is here conceived to be endowed with a right of unlimited self-determination. As a result, so he argues, all those are excluded from the protective function of human rights acknowledgement who are not or no longer able to realize the self-sufficiency which is included in the concept of self-determination. Also the biological body is perceived as merely a passive material to be disposed of at will. Against these distortions, he reminds us not only of God's creation, but also of the anthropological fact that no human being begins or ends "being self-sufficient". Every young, just as every old, human being depends on others and, therefore, cannot live without regard for the interests of others.

Accordingly, physician-assisted suicide and medical killing on demand must be classified as active euthanasia. Even where suicide is considered legitimate (as is the case in some other religions), this does not legitimize physicians' assistance. Helping someone else in committing suicide has traditionally been classified as murder or at least manslaughter even in countries (like Germany) that do not legally consider (the attempt at) suicide a punishable crime. As the Evangelical Alliance concludes, "He who calls the killing of other men 'assistance' ('help') to dying, misuses the term help and covers the unlawful acts" (Die Evangelische Allianz, 2001, p. 9).

C. The Dignity Inherent in Human Suffering

The most important argument advanced by those who advocate killing on demand, or mercy killing, refers to a patient's unbearable suffering. A position

opposing these practises must therefore take issue with the Christian meaning of suffering.

No human being may be judged as having or lacking human dignity on the basis of the sufferings he undergoes. Quite on the contrary, in its very inscrutability, human suffering belongs to humans' dignity in this fallen world. Just as the incarnation of Jesus includes his being exposed to sufferings, so any human's suffering does not imply the end of his humanity.

As noted already, evangelical theologians criticize the lacking theology of suffering among liberal Protestants (Eibach, 1991; Schirmacher, 2002b). Liberal Protestantism disregards the Christian teaching of martyrdom, or suffering for one's faith,¹⁷ and de-emphasises a solid theology of reconciliation, according to which the blood of Christ, which was shed in terms of the Old Testament theology of sacrifice, and which was attended by deepest suffering, is the foundation of the world's hope. Catholic theology, by contrast, has rendered fruitful the Christian theology of suffering in many ways. From an evangelical perspective, however, the way in which the present Pope, in his encyclical on suffering (*Salvifici Doloris*, 1984), has attributed the salvational character of suffering to all kinds of suffering is exaggerated. To be sure, the Pope is right when he emphasises that Christians may, in the course of their maturing relationship to God, come to approximately grasp the meaning of their personal suffering. Yet I disagree with his creating the impression that this grasp concerns not merely a Christian's personal gain from his suffering but also an explanation of the meaning of suffering in general, and thus a solution to the question of theodicy. The mystery of suffering, how so ever exhaustively it is depicted in the book of Job, is yet not solved in that book. In spite of suggestions to the contrary, even the author of the encyclical has not solved that mystery – not surprisingly, because it ultimately cannot be solved. Thus, the final Christian word about suffering should be that we must accept it, just as we must accept our lives, as a gift of God.

V. SOCIETAL CONSIDERATIONS UNDERLYING THE EVANGELICAL POSITION ON EUTHANASIA

Evangelicals derive the increasing societal acceptance of active euthanasia from the fact that in modern societies there is no more room for the weak, the suffering, and the unsuccessful. States that once derived their *ratio essendi* from their granting protection to the underprivileged have now renounced that

goal and have reserved all rights to their stronger and fitter members. In this they reflect public beliefs and preferences. Man today does not wish to be personally confronted with human suffering. Health, efficiency, beauty are the supreme values (Rominger, 2002, p. 15). Such a worldview, in excluding the realm of the incurable, the chronically ill, and the burdens of old age, misses what real life is about. Such a worldview also presents a threat for the weaker members of society. In the end, they themselves come to desire nothing but to no longer be a burden for others (Eibach, 1998, p. 244).

A. Patient Demand Versus Doctor's Discretion

Even where patients in fact demand to be killed by their doctors, their wish is most often: (1) due to a psychological disturbance; (2) merely temporary and (3) due to poor social conditions rather than to pain and suffering.¹⁸ Herbert Csef describes cases cited in the *New England Journal of Medicine*, in which people of only 41 years or younger, who had been in psychiatric treatment for only three or four months, died by euthanasia (Csef, 1998) in order to avoid either further supposedly hopeless treatment or suicide. He points to a practise of using murder to prevent suicide.

The problem of whether the patient's wish for suicide could be conceived to be binding for the doctor in the German context has been addressed by Gerhard Robbers. He points out that some reserve with respect to supposedly autonomous decisions is legally anchored with regard to other social practises. In German law, door-to-door sales and consumer credits, for example, are not automatically binding and can easily be revoked (Robbers, 1997, p. 81). "Autonomous" decisions with regard to medically assisted suicide are, of course, irrevocable. It makes no sense to accept them at face value.

Moreover, evangelicals are convinced that, once killing on demand has softened the ban on active homicide, victims are soon likely to be killed without their consent – particularly in the case of the elderly, the infirm, the disabled and the mentally disturbed. The increase of violence against patients and the killing of patients by medical personnel in German hospitals (Richter & Sauter, 1997) are serious precursors of such developments. Evangelicals believe that we are well on the way to reinstating the euthanasia policies of the Third Reich.

This tendency can already be observed in the Netherlands (Keown, 1994; Keown, 1995; Schirrmacher, 2001b). On April 10, 2001, euthanasia was legalized in that country. It was argued that this merely recognizes an established judicial practise, which had since the last twenty years diverted

from existing legal prohibitions.¹⁹ Judges thus were allowed to function as uncontrolled legislators. To be sure, that new law establishes rigorous conditions for legitimate euthanasia – the patient must have been treated “for a longer period of time” by the same physician and must have demanded “several times” in a rational manner to be helped with dying. He must have received adequate information about his physical state and the desired procedure. Death must be seen as the only remaining option. Another physician must be asked to confirm that the patient experiences unbearable suffering and that his condition is irremediable. The act of killing then must be subjected to scrupulous medical supervision. Yet if this was claimed to have been generally acknowledged practice previous to the legalizing of euthanasia, relevant investigations prove the contrary. Government sponsored studies reveal that not only large numbers of patients were killed who had not demanded this, but that a significant part of them were psychiatric patients concerning whom the condition of rationally considered informed consent does not even make sense. As the new law provides no basis for dealing with such patients, it is unclear on what grounds such generally practised non-voluntary euthanasia could either supposed to merely be “publicly acknowledged” or effectively hindered by that law.²⁰

As a result, in passing their new law the Dutch have not won but sacrificed the great liberty to end their lives at will in cases of extreme suffering: Quite on the contrary, the lives of seriously ill person remain at risk. The law’s appeal to medical standards remains a farce, since already in the past doctors in almost all recorded cases have obviously disregarded those standards (Keown, 1994, pp. 228–233, 235–236; Maas, Delden, & Pijnenborg, 1992, pp. 57–69, 181–182). Even worse, while many Dutch citizens now carry a ‘Declaration of the Wish to Live’ in self-defence, the medical profession doesn’t take such declarations very seriously because they have no legal significance. Considering that the whole mercy killing debate began with the claim that the written wish of a patient to die in case of serious illness is morally binding for the physician, this disregard of written wishes of those who want to keep living reveals a bias that is hard to reconcile with the propaganda of “respect for autonomy”.

What can we learn from the Dutch example? We learn that the right to life is indivisible. When society begins to give some individuals the power to end others’ lives, it cannot prevent the principles underlying that permission from being applied to ever more circumstances. The advocates of euthanasia use the same tactics as the Pro-Choice movement. At first, they were concerned with only absolute exceptions,²¹ a few grave cases of terminally ill patients suffering

from unbearable pain, who had for a long time and in a perfectly rational manner, expressed their resolute wish to die. The supposedly short life expectancy of such exception-cases was then extended, the unbearable-pain-criterion was supplemented by loneliness and worries about financial dependency, and instead of an expressed wish to die one also included "assumed consent". In the end, in regard to cases in which the individual was unable to be consulted, even the lack of an expressed wish to die was taken as symptom for such poor quality of life that that by itself was taken to warrant assuming an implicit wish to die. At the end of the process, euthanasia will even be performed on (non-dying, non-suffering) individuals, merely because they are incapable of consent. As evangelical pro-life advocates have long predicted when warning against the liberalization of abortion laws, disregarding the sacredness of life before birth is inevitably followed by disregard of the sacredness of life after birth.

B. Moral Standards Versus Legal Sanctions

The public's conscience is becoming increasingly dulled in regard to offenses against human life. Only a small percentage of a country's population orients itself towards values other than those embodied in national or international law. Some may indeed apply Christian ethics to their everyday lives, some may do without cars or electricity out of concern for the conservation of natural resources, but the majority takes its moral direction from the laws of the state (Stanmeyer, 1984, p. 93), particularly penal law and judicial decisions. Few parents try to give their children moral values above and beyond the consensus of their society, either because they themselves have no such values or because they feel incapable of imparting them. Why do most Europeans have no problem with pornography, even in its most disgusting forms, but find child pornography detestable and wish to have it punished? Simply because this is the legal standard in most European countries.

In this situation, we experience an increasing schizophrenia in which actions that infringe on the right to life are considered wrong and, in some notional sense, even illegal, but are still left unpunished. After some time, these same acts are classified as permitted, then encouraged and in the end even financially supported. Dutch law still regards mercy killing to be homicide and wrong, but neither registers nor penalizes it; patients or doctors are granted a right to take things into their own hands. German law is no different in its attitude towards prenatal homicide, which, legally speaking, amounts to killing and, morally speaking, is wrong, but which is practically never penalized; society leaves the right to decide up to the mother.

This inconsistency has serious consequences not only for the blunting of moral sensitivities, but even for our system of rule by law. The question must be asked, which course of action is more detrimental to the acknowledged integrity of law: the open announcement, implied in the liberalization of the laws against abortion and euthanasia, that unwanted children and the infirm have no life worth living, or the maintaining of laws against the deliberate ending of innocent life which declare such acts to be homicide but refuse to penalize them, thus acknowledging a right to such homicide, and even encouraging the State to support it financially. The evangelical position is that the latter is much more dangerous. It encourages an attitude that even the most serious human crime, the murder of an innocent person, can be ignored. Or it encourages a split between the notional assent to norms and values and the willingness to let one's life be guided by what they impose. As a result, both with regard to their ethical and religious commitments, and with regard to societal consequences, evangelicals are opposed to all kinds of active euthanasia, be it involuntary or voluntary.

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NOTES

1. According to Johnstone (2001, p. 756), evangelicals are defined by the following basic convictions: (1) The Lord Jesus Christ as the sole source of salvation through faith in Him. (2) Personal faith and conversion with regeneration by the Holy Spirit. (3) A recognition of the inspired Word of God as the only basis for faith and Christian living. (4) Commitment to biblical witness, evangelism and mission that brings others to faith in Christ. This definition is in accordance with the basis of faith of the Evangelical Alliances. Johnstone (2001) holds 6.9% of the world's population, or 420 million people, to be evangelicals. 60% of these live in the so-called Third World [cf. virtually the same data in Barrett, Kurian, & Johnson (2001)]. This includes whole churches with evangelical faith, and larger and smaller movements and groups within mainline Protestant denominations and increasingly in Eastern Orthodox churches.
2. German Evangelicals' position on euthanasia is fairly representative of that worldwide denomination. [Cf. Dutch and English evangelical authors such as Cameron (1995); Douma (1973); Frame (1988, pp. 17–20); Geisler & Turck (1998); Harrison (1987); Montgomery (1996); Montgomery (1998); Rae & Cox (1999, pp. 217–252, 169–170); Rominger (2002); Tinker (2001); Willke (2002).] This position is formulated in the official statements of the German Evangelical Alliance – the umbrella organization of evangelicals

[Die Evangelische Allianz (2001); Die Evangelische Allianz (2002, pp. 4-5); see also the many articles and press texts of the Alliance's news agency, Idca-Spektrum (daily and weekly) which also contains statements by the approximately 120 National Evangelical Alliances and the World Evangelical Alliance].

3. There are only two comprehensive treatments of Evangelical ethics in Germany, one by my teacher Georg Huntemann (1996) and one by the author of this essay (Schirmacher, 2002a). Only one other evangelical author has written several books and articles on euthanasia and bioethics in general, Ulrich Eibach (1988, 1991, 1997, 1998, 2000, 2001, 2002).
4. See Kalusche (1999) and his protest against the Vice President of the general church office of the Protestant Churches in Germany, Hermann Barth (1998). See for a similar example Schirmacher (2001a, pp. 82-83; 2002e).
5. On the other side, there is a deep disagreement between both positions insofar as the difference between natural and artificial birth control is concerned (Schirmacher, 2002a, vol. 6, pp. 351-386).
6. E.g., the European conferences in Berlin, Den Haag and Paris. Dorenbos (1999), Schirmacher (1999, 2001c, 2002c), Cf. Schirmacher, Schrader, & Steeb (1999).
7. In other questions as well, evangelicals – even though strongly Protestant in their theological position – agree with Catholic ethicists in their opposition against liberal and mainstream Protestant theology and churches (Schirmacher, 2000).
8. I have discussed these three aspects in detail in Schirmacher (2002c).
9. Similarly I have argued (Schirmacher, 2000, 2002a, vol. 3, pp. 38-76) against the so-called *European Bioethics Convention*, that its main problem is setting the freedom of science – a good, but of a lower order – above the higher value of the dignity of a person and his right to decide for himself, whether or not he wishes to be used for scientific research.
10. See Schöpf (1958, pp. 64-71).
11. On the relationship between Christianity and human rights, see Schirmacher (2001e). The General Declaration of Human Rights of the United Nations (December 10, 1948) clearly bears witness to its Christian roots. The ban on slavery and torture, the principle of equality before the law, the right to rest and recreation – as seen in the Sabbath or Sunday rest – come from Christian traditions. Even Karl Marx acknowledged this, for he rejected human rights as being a product of Christianity. It is not by chance that governments that confirm these rights and anchor them in their constitutions exist mostly in Christian countries.
12. Very obvious in Job 14:5; Ps 39: 5-6; Ps 139:16; Ps 31:16; Act 17:25, 26, 28. See also, 1Sam 2:6; Ps 104: 29-30; Gen 2:7, 6:3; 1Sam 23:14; 1Sam 2: 5-8; Dtn 32:39; 2 Kg 5:7; 2 Kg 20: 1-7; Job 6:9, 9:12, 14:1, 5; Ps 39: 4-5; Act 17:26; Mt 10:28. Also, there are many prophecies concerning the time of death for human beings (e.g., Gen 6:3; Dtn 31:14; 2Sam 12:14, 24:15; 1 Kg 14:12, 21: 22-23; 2 Kg 1:4; Dan 5: 25-26; Joh 21:18; and all prophecies concerning the death of the messiah and Jesus).
13. See esp. Wennberg (1989, p. 45).
14. Abimelech (Ri 9: 50-56), Saul and his weapon bearer (1Sam 31: 1-6; 2Sam 1: 1-15; 1Chr 10: 1-13), Ahitofel (2Sam 17:23), Simri (1Kings 16: 18-19) and, in the New Testament, Judas (Mt 27: 3-10; Acts 1: 18-19), and, in the Acts, Paul prevents the suicide of a Roman official (Acts 16: 25-29).
15. Cf. the references to Barth and Bonhoeffer in Quervain (1946, pp. 409-411) and Huntemann (1996, pp. 500-507); for the 17th century see Turretin (1994, pp. 116-117).
16. See the same view in evangelical perspective in Geisler (1989, p. 165) and Montgomery (1998).

17. As a contrast, see Schirrmacher (2001c).
18. "A person's death wish is generally, in 95% of the cases, the expression and the symptom of a psychological illness or an acute conflict situation. Between 80 and 90% of those who have attempted to take their own lives are later glad to be alive. Only about 10% repeat the attempt." (Fuchs, 1997, p. 85).
19. The best history of this law can be found in Reuter (2001).
20. The Rummelink Report, published in 1991, played a key role in the legislation (Maas, Delden, & Pijnenborg, 1992). 405 doctors were interviewed and 7,000 deaths examined anonymously. In 1995, after the passing of the new law, the study was repeated. The first study officially recorded 2,300 cases of active mercy killing per year, 1.8 percent of all deaths (Maas, Delden, & Pijnenborg, 1992, p. 178) as well as 400 cases of abatement to suicide (Fuchs, 1997, pp. 39-40; Maas, Delden, & Pijnenborg, 1992, p. 179). The most serious result was that in 1,000 of the 2,300 cases, the patient was killed without his consent. The actual number is probably even higher. In 14 cases, the patient had not been consulted even though he was conscious (Fuchs, 1997, p. 40). The primary reason given by doctors for the mercy killing was not pain resistant to therapy (30%), but the hopelessness of the treatment (60%), poor quality of life and the inability of the patient's family to handle the situation (30% – more than one answer was possible.). Doctors and family members had the power over life and death and no intent to murder could be detected – assuming that we are willing to speak of murder. Impatient heirs need only persuade the doctor to perform euthanasia, and no state attorney and no court of law will investigate any further. Independently of each other, Have & Welle ten (1993, pp. 64-67), Keown (1994) have shown in detail that the Rummelink Report minimizes the number of euthanasia cases, particularly those performed without the patient's consent. In 1995, the number of cases of active mercy killing rose from 1.8% of all deaths to 2.3%. "Problematic is also the circumstances of mercy killing on demand: in almost half of the cases, less than a week passed between the patient's expression of the death wish and the killing, in 13% not even a day, not enough time to adequately test the persistence of the death wish as required by the standards of the Medical Chamber . . . Besides three quarters of the doctors failed to consult another colleague, which the official standards require, and 72% filled out false death certificates, in order to avoid an investigation . . . As a result of the second study, 60% of the cases were not registered in spite of the new regulations . . . In 1990 only 2 cases of euthanasia without the patient's consent were registered, in 1995 only three . . ." (Fuchs, 1997, p. 44). See also, Keown (1994, pp. 232-234).
21. The Dutch minister of health and other high ranking advocates of euthanasia have clearly admitted that they publicized the dramatic cases with the express goal of rendering non-voluntary euthanasia, provided it was practiced under strict controls, acceptable. See the evidence in Reuter (2001, pp. 237, 15ff).

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