

## **Suicide**

We, as Christian physicians and dentists, believe that human life is a gift from God and is sacred because it bears God's image. One of the ramifications of societal acceptance of suicide is further devaluation of the biblical view of human life.

The role of the physician is to affirm life, to relieve suffering and pain, and to give compassionate, competent care as long as the patient lives. The physician as well as the patient will be held accountable by God, the giver and taker of life.

Suicide is an intentional act with the express purpose of ending one's own life, often occurring in the context of isolation, pain, or mental illness that may alter the victim's perceptions, thinking, and judgment. We believe it is only for God to judge the ultimate moral culpability of those who take their own lives.

Suicide is in opposition to the sovereignty of a loving God, the Creator of all life, and it is an inappropriate exercise of the control that God has given us over our own lives as created beings.

Release from suffering is thought by some to justify suicide. However, suffering is a part of the current state of God's redemptive plan. Relief of family or societal burden is thought by some to justify suicide. However, the biblical view of family and community includes an obligation to attempt to meet the needs of the individual.

For those family members who feel stigmatized by a sense of shock and shame when a relative commits suicide, our task is to be agents of grace and healing in the midst of their loneliness, their isolation, their grief, and anger.

We do not oppose withdrawal or withholding of artificial means of life support in patients who are clearly and irreversibly deteriorating, in whom death appears imminent, and who are beyond reasonable hope of recovery.

The Christian Medical & Dental Associations advocate appropriate use of treatment for clinical depression and physical pain as well as support for depressed or suffering individuals by family, church, and community.

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### **Explanation**

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#### **Secular Perspective**

Suicide has been unacceptable in most western societies for centuries. The social upheaval of the 1960's in our own society has resulted in an increased emphasis on individual rights, and an accompanying de-emphasis on responsibilities. This focus on individualism has also caused many secularists (and some Christians) to re-think the issue of suicide. Many see it as the ultimate expression of personal autonomy, therefore socially acceptable, and even honorable in some circumstances.

Increasing societal acceptance of the person's right to exert control over his or her own death has led to the publication of numerous articles and books supporting the idea, and others offering instruction on successful suicide measures. In addition, several organizations have been formed with the express purpose of disseminating this philosophy and literature, as well as with the intention of encouraging individuals to assist their loved ones in this "self-deliverance".

The act of suicide is most often an act of desperation, a presumed solution for an insoluble situation. The reasons behind and the motivation for self-destruction are usually complex, often the end result of depression or other mental illness. It sometimes appears to be the "only answer" for the person who feels hopeless because he or she does not know God or has rejected God's love. Sadly, it sometimes also occurs in the godly person who feels unable to cope with the burdens of life.

### **Theological Perspective**

Jews and Christians have long subscribed to the idea that "we are not our own" but are stewards of a life given to us by the Creator God, a life even made in His image (Genesis 1:28). This concept has resulted in a longstanding Judeo-Christian belief that suicide is wrong. However, there is no clear scriptural prohibition against self-destruction. Many interpret the commandment against killing (Exodus 20:13) as applying to the self as well as to others.

### **Christian Perspective**

In the early church when persecution was common, there was some uncertainty about the dividing line between suicide (taking one's life) and martyrdom (laying down one's life). Some of the teachings of the early church fathers may have been initiated to help clarify this dilemma. Augustine and Aquinas are primarily responsible for the formulation of the current Christian position against suicide.

Problems with suicide include the attitudes it implies toward oneself, the community, and God. First, it manifests an unwillingness to bear, in love, with the weaknesses of the person for whom one has a unique and special responsibility: oneself. Second, it also has the effect of discouraging others in their own struggles. Even a suicide committed out of a motivation to relieve caregivers from suffering cuts a tie that binds all of us together and supports us all in our task of living. Third, suicide is a statement that there is no hope for an acceptable future, that such a future is not within God's ability and will. It constitutes an attempt on the part of people to determine the end of their lives, as if they know fully the goal for which God has sustained them to this point. However, it is God's prerogative to determine when there is no purpose for a life to continue. To assume ultimate responsibility for one's life is to reject God, no matter when in the course of life one elects to do so.

The Bible does indeed record various examples of suicide that it neither commends nor condemns explicitly. Since the Bible communicates its message through both the failures and triumphs of people, this silence says nothing about the moral legitimacy of suicide. A broader analysis of other relevant biblical concepts is necessary to determine the moral status of suicide.

Christian motivation has undergirded a significant portion of the modern hospice movement in Europe and North America. Many Christians (and others) believe it is insufficient to say to people who are dying, "You should not take your own life." Instead they should offer to help them and their families with their physical, psychological, and spiritual needs during this exceedingly difficult time.

### **Modern Dilemmas**

While martyrdom is rarely a cause for uncertainty in modern society, we are not free of dilemmas in relation to suicide. The issue of voluntarily foregoing medical treatment in order to escape a painful illness or other suffering keeps the definitional issue fresh. Because human life as we know it is finite, many Christians are comfortable with the idea of limiting treatment in situations of inevitable and imminent death either to avoid further suffering, or to preserve resources for others. Others place a greater emphasis on the sanctity of human life and would feel an obligation to continue medical efforts for themselves or their loved ones in spite of imminent death. In addition to the basic disagreement, the ambiguity of "inevitable" and "imminent" assures the continuation of this debate. These matters are discussed further in the "Explanation of the Statement on **Patient Refusal of Therapy.**"

## **Position Statement**

The CMDS position statement on **Suicide** attempts to clarify the definition of suicide and take a stand consistent with traditional Christian teaching on the issue. It recognizes those situations where there is disagreement among believers. It should be read and understood in conjunction with other position statements in part 4 of this resource book on **Patient Refusal of Therapy, Advance Directives, Withholding or Withdrawing Nutrition and Hydration, Physician-Assisted Suicide, and Euthanasia**, as well as with the statements on **Medical Futility, Suffering, and Pain Management**. In addition, the statement calls us as believers in Jesus, and followers of His example of compassion, to come to the assistance of those survivors who are in pain and turmoil as the result of the suicide of a loved one.

## **Abstracts**

### **Orr RD. Suicide. Decision July 1996; 37(7):31-35**

This Bible study addresses the question "What does the Bible say about taking my own life?" After briefly looking at the six instances of suicide recorded in scripture, the author looks more closely at the final action of Samson, and contrasts martyrdom with intentional suicide. He then addresses the question of human suffering, compassionate medical treatment, and the sometimes understandable thoughts of self-destruction when a patient's suffering cannot be adequately relieved. Attention is drawn to God's sovereignty, the image of God in each individual, the sanctity of human life, our call to compassion for those who are suffering, and God's redemption and forgiveness.

He concludes by drawing a distinction between refusal of treatment which might postpone death for a while and intentional suicide---a distinction which is most often quite clear but other times falls in the gray area of moral uncertainty where we should defer judgment.

### **Brown JH, Henteleff P, Barakat S, Rowe CJ. Is it normal for terminally ill patients to desire death? American Journal of Psychiatry 1986;143(2):208-211**

The authors studied 44 terminally ill patients to determine whether they desire that death should come early. Of these, 34 never had such a wish. Of the 10 who did, 3 had been suicidal and 7 had desired death to come early; however, all 10 were found to be clinically depressed. [It is of interest to note that the subjects were recruited from a hospice program, so likely represent a population whose multiple needs were being addressed.]

### **Arand, Charles P. "Personal Autonomy Versus Creaturely Contingency: The First Article and the Right to Die." Concordia Journal 20: 385-401 December 1994.**

After noting the growing trend in society to frame an individual's "right to die" as absolute based on the principle of autonomy, the author examines the biblical doctrine of creation to determine if human beings are granted authority to choose the time and nature of death. He concludes that God alone possesses absolute autonomy and that human beings are created primarily to be dependent on Him and interdependent on other humans. Therefore, autonomy cannot be claimed as an absolute in the defense of human beings' right to die.

### **O'Mathuna, Donal P. "Does Paul Condone Assisted Suicide in Philippians 1: 21-26?" Audio tape available from The Center for Bioethics and Human Dignity; Bannockburn, Illinois; 1995.**

In focusing on this passage in Philippians as a context for the debate over assisted suicide and euthanasia, the author notes that there is a lack of consensus even among Christians as to whether euthanasia is consistent with biblical precedents. He asserts that the book *A Noble Death* by Arthur Droge and James Tabor and the book *What Does the Bible Say About Suicide?* by James Clemons incorrectly argue that the Philippians passage supports the view that the immorality of suicide is founded in politics and not in Christian theology. The author argues that this passage instead demonstrates that Paul, in contemplating his own death, maintained that to be in accordance with God's will (which forbids the active taking of life as a means to end suffering) is of paramount importance.

## Bibliography

### **Ackerman TF. Why doctors should intervene. *Hastings Center Report* 1982;12:14-17**

A philosopher argues that illness has a transforming effect on a person such that his or her autonomy is constrained. Thus physicians should be somewhat paternalistic in over-riding decisions made by a patient who is not acting in his or her own best interests.

### **Sakinofsky I, Swart GT. Suicidal patients and the ethics of medicine. *Canadian Journal of Psychiatry* 1986; ??:91-96**

This paper discusses the social and religious roots of the medical dilemma surrounding suicidal patients and tries to help health professionals avoid the pitfalls of simplistic solutions which do not take account of clinical experience. They argue for a "policy of postponement", i.e. paternalistic intervention over the objection of a suicidal patient in an effort to assess his or her covert needs which have not been met.

### **Best EB. Suicide: ethical and moral issues from a theological perspective. *Canadian Journal of Psychiatry* 1986; ??:97-100**

This is a historical review of Jewish, Christian, Islamic, Hindu, and Buddhist attitudes toward suicide. Contributions to current Christian thought are recognized from Aristotle, Augustine, Aquinas, and Donne.

### **Hauerwas S. Rational suicide and reasons for living. Chapter 73 in *On Moral Medicine: Theological Perspectives in Medical Ethics*. Lammers SE, Verhey A, eds. Grand Rapids, MI: Eerdmans, 1987**

A Christian professor of ethics discusses the issue of "rational suicide" and concludes that "[t]he Christian prohibition of suicide is clearly based in our assumption that our lives are not ours to do with as we please. But that prohibition is but a reminder of the kind of commitments that make suicide which appears from certain perspectives and at particular times in our lives so rational, so wrong."

### **Wennberg RN. Terminal Choices: Euthanasia, Suicide, and the Right to Die. Grand Rapids, MI: Eerdmans, 1989**

A professor of philosophy (and Presbyterian minister) gives an in-depth discussion of these issues from a biblical perspective. In addition to the historical information contained in chapter one, chapters two (Suicide: What Is It?) and three (The Morality of Suicide) offer one of the most penetrating and insightful discussions available.

### **Ashley BM, O'Rourke KD. Euthanasia and suicide. Chapter 13.6 in *Healthcare Ethics: A Theological Analysis*. St. Louis, MO: Catholic Hospital Association, 1989; pp 371-379**

Two theologians clearly present the Catholic position that "...suicide is intrinsically and always wrong, since in all circumstances it constitutes an abdication of one's responsibility to life our life in community with other persons and with God."

### **Heyd D, Bloch S. The ethics of suicide. In *Psychiatric Ethics*, 2nd ed. Bloch S, Chodoff P, eds. New York: Oxford University Press, 1991; 243-264**

While attempting to take a middle road between patient autonomy and physician paternalism, the authors conclude that "...it is better to err on the side of preserving life than on the side of letting it be lost." (p 263)

### **Kilner JF. Suicide. In *Life on the Line*. Grand Rapids, MI: Eerdmans, 1992; pp118-121**

This Protestant theologian and philosopher emphasizes the abdication of moral responsibility in a decision for suicide. He goes on to state that "[w]hen an individual rejects medical treatment with the intention of bringing about death, the action is morally similar to suicide and immoral for many of the same reasons..." However, "...not every decision to withhold or withdraw medical treatment is rooted in an intention to bring about death of the patient, and in such cases, analogies with suicide...are not applicable."