

## **PROPOSED POSITION STATEMENT**

Northern California Nevada Conference Annual Meeting, May, 2006

Name of Proposing Group:

Congregational Church of Belmont - United Church of Christ  
751 Alameda de las Pulgas, Belmont, CA 94002  
650/593-4547

Title of Proposal:

**Legalization of Physician Aid in Dying in Limited Circumstances**

Type of Proposal:

Position Statement

Brief Statement of Purpose:

To facilitate discussion and action on the Position to be Voted by delegates to the 2006 Annual Meeting of the Northern California Nevada Conference of the United Church of Christ and, if approved by the Conference, to be submitted for consideration by General Synod XXVI of the United Church of Christ in 2007.

Position to be Voted:

**On the grounds of compassion and choice, if strict safeguards to prevent abuse are followed, a terminally ill, mentally competent adult should have a legal right to request and receive medication from a physician to hasten death if the patient finds his or her suffering to be unbearable.**

**If affirmed by vote of The Northern California Nevada Conference, this Position Statement, as adopted, will be submitted by the Conference as a proposed resolution to General Synod XXVI.**

Background Statement:

The United Church of Christ has dealt with the “right to die” issue in two General Synod resolutions, in 1973 and 1991, in both cases under the title “The Rights and Responsibilities of Christians Regarding Human Death.” However, neither of these specifically addressed the issue of physician aid in dying. The General Assembly of the Unitarian Universalist Association in 1988 approved a statement entitled “The Right to Die with Dignity.” which resolved in part: “Unitarian Universalists advocate the right to self-determination in dying, and the release from civil or criminal penalties of those who, under proper safeguards, act to honor the right of

terminally ill patients to select the time of their own deaths.” The Episcopal Diocese of Newark, New Jersey in 1995 approved a “Report of the Task Force on Assisted Suicide,” whose primary conclusion was: “The task force affirms that assisted suicide can be theologically and ethically justified.”

The issue of physician aid in dying has been discussed in California for over 15 years. Pain management and palliative care have improved greatly over the decades. Yet despite the continued advancement of modern medicine, a small percentage of terminally ill persons still find their degree of suffering unbearable. (These are the people this proposal would have the ability to help.)

In 1992 Los Angeles attorney Robert Risley, whose wife had died a very difficult death from ovarian cancer in 1985, authored an initiative entitled the “California Humane and Dignified Death Act” which appeared on the November 1992 ballot. It lost by only a few percentage points. Since then the California Legislature has passed a number of measures which have improved end-of-life care in California.

Meanwhile Oregon passed a “Death with Dignity” initiative in 1994. This initiative was reaffirmed by 60 percent to 40 percent in a second vote in 1997. In its first eight years only 246 Oregonians have used this Act. However, many more have had the peace of mind of knowing that if their own end-of-life suffering should become unbearable, they would have a compassionate choice of a peaceful release.

In January, 2006 the United States Supreme Court affirmed Oregon’s right to have such a law. Religious organizations and leaders including the Justice and Witness Ministries of the United Church of Christ supported this outcome in a friend of the Court brief. The debate will now continue in many other states, including here in California.

A proposed California law patterned on the carefully safeguarded Oregon law is now before the California Legislature. Nearly 150 California clergy from ten different faith communities including 25 NCNCUCC clergy have expressed their belief that such a legal right is both compassionate and moral. Polls have consistently shown that 65 to 70 percent of respondents - Protestant, Catholic, Jewish, no affiliation - affirm this right. This issue is nonpartisan. It is a choice which all Californians should be able to make within the law.

The United Church of Christ locally, regionally and nationally has taken strong positions over the years on a variety of important social issues. The subject of this Position Statement has been previously discussed at NCNCUCC Annual Meeting workshops twice. However, there has never been a proposal brought before the Annual Meeting. Two examples of local church actions, the Sonoma church on “Earth Stewards” and the Long Beach church on “Marriage Equality,” have been endorsed by Conferences and have become General Synod policy statements. It is the hope of the Belmont congregation that this proposal will have a similar history, or at the least generate thoughtful consideration by the wider UCC community.

## Theological Rationale

Life is a precious gift from God. Life is sacred.

People of all faith communities agree with the affirmation of the sacredness of human life. “God created humanity in God’s own image....male and female God created them....And God saw everything that he had made, and behold, it was very good.” (Genesis 1:27,31) ”When I look at thy heavens, the work of thy fingers, the moon and the stars which thou hast established; who are we that thou art mindful of us, and our children, that thou dost care for them? Yet thou hast made us little less than God, and dost crown us with glory and honor.” (Psalm 8:4-5)

God intends that created life be more than simply the existence of a human organism. The Gospel of John reports Jesus as saying, “I came that you might have life, life in all its fullness” (John 10:10 - Good News Bible).

But life is also a perishable gift. Mortality is universal. “There is a time to be born and a time to die....” (Ecclesiastes 3:2) Death is a mystery. Faith sees it as a door into another room in God’s house. In the mystery of life and death, Christians take heart in words attributed to Jesus: “In my Father’s house are many rooms.... I go to prepare a place for you...that where I am you may be also.” (John 14:2,3) “Because I live, you will live also.” (John 14:19)

“God is love.... We love because God first loved us.” (First John 4:8,19) Jesus summarized the Law and the prophets: “You shall love God with all your heart, all your mind, all your soul and all your strength. And you shall love your neighbor as yourself.” (Mark 12:30-31)

Compassion - love acted out - flows from the heart of God. Compassion, mercy, lovingkindness: we are called upon to live out these attributes of God with one another. It is the spirit in which the Samaritan ministered to the traveler left half-dead on the Jerusalem-Jericho road in Jesus’ parable. (Luke 10:25-37)

When mortal life on earth is inevitably ebbing, when death is imminent, what then?

All people are God’s precious children, from the beginning of life to life everlasting. Wherever we go, whatever life brings, God is always there. God leads us, sustains us, is ever with us. (Psalm 139:7-12)

When the end of life on earth is near, compassion will offer the best possible palliative care and pain management by physicians, nurses, family members, hospice workers and others. Compassion will offer spiritual support from family members, clergy, church members and friends.

Through such compassion, most persons will experience death, usually with reluctance (for the will to live often remains strong) but peacefully - a transition to the next stage of eternal life.

However, some persons will experience end-of-life pain or other suffering to be excruciating at the end.

Many persons, because of their religious beliefs or for other reasons will nevertheless choose to draw the last possible breath no-matter-what. That choice will remain for every person who wants it.

Some others, when end-of-life suffering becomes unbearable, will decide that continued existence on earth without hope or meaning is no longer “life in all its fullness”; in fact, it is no longer tolerable. They may ask to have the choice of a peaceful release.

Only in Oregon do persons have the peace of mind of knowing that this legal choice is also available: to request and receive help in hastening their impending death. Oregon’s experience has demonstrated that this is a rare choice. The will to live is the greatest safeguard there is. However, thousands who will never use the law to hasten their own death are comforted to know that this choice is legally available if they should be among the few who need it and want it.

We are co-creators with God, given free will, the ability to make compassionate choices. The proposal under consideration in California, on grounds of compassion and choice, would permit physician aid in dying to be legal if strict safeguards to prevent abuse are provided.

Justice and protection of the most powerless, and therefore most vulnerable persons in society are important concerns for Christians. Fears are often expressed that the very survival of these persons will be endangered by any physician aid in dying legislation. There is no evidence in eight years of reporting to the State of Oregon to substantiate any such fears. Safeguards insure that any request must be totally patient- driven. Failing a terminal diagnosis by two physicians, no person, including persons with chronic conditions or disabilities, are eligible for physician aid in dying.

In religious terms, this is an issue of free will and compassion. This is not “suicide” as this pejorative word is generally construed. Suicide is usually a tragic, isolated, often violent act of a depressed person whose life could go on with new hope. Physician aid in dying is the choice for a carefully safeguarded, peaceful end of a life which is already in the process of ending. Current law, by prohibiting physician aid in dying, favors those who believe it is immoral. Legalization would give equal (not preferential) treatment to those who believe physician aid in dying can be a principled moral choice.

Here are the views of a physician, a Jewish rabbi, a Catholic theologian, an Episcopal bishop, a family member and an ethicist. These are representative of the legion of advocates who share similar views from a variety of professional, religious and personal perspectives:

Robert Brody, M.D., a former hospice physician, is Chair of the Ethics Committee and Chief, Pain Consultation Clinic at San Francisco General Hospital. He has stated:

“A number of people come into hospice care wanting to end their lives. After all has been done to reduce suffering, the request usually goes away, but not always. What then? This is about beneficence and non-malevolence, that is, doing good and not doing bad for a patient. If the very best end-of-life care does not deal with the patient’s suffering, do I need to say ‘You have to suffer; I can’t help’? That doesn’t meet the highest medical standards. It is a violation of the Hippocratic dictum, ‘Do no harm.’ If you leave a patient in that situation, you are doing harm to that patient as she or he defines it. It is abandonment of the patient when the patient’s suffering can no longer be addressed. Therefore, physician aid in dying at a patient’s request is viewed by many physicians as a rare action at the far end of a continuum of care. It becomes the willing physician’s compassionate role to assist because the physician is the gatekeeper to the medication which can allow the patient to die peacefully when the burdens of continued existence, even with the best palliative care medicine has to offer, significantly outweigh the benefits.”

Rabbi Joshua Stampfer led the oldest Conservative Judaism congregation on the west coast for 40 years. He is the founder of many interfaith and international organizations working for peace and understanding throughout the world. Excerpts from an interview printed in the book Compassion in Dying:

“I cannot believe that any minister who regularly counsels patients in a hospital doesn’t come to the conclusion that those patients have the right to end their suffering....

I publicly supported Oregon’s Death with Dignity Act during both political campaigns and continue to do so with my congregation....

Life has to have meaning to continue.... If you find meaning, if there is hope, if there is purpose...you have got to keep going, no matter how terrible it is. However, individuals who choose to use the law to end their lives reach that decision when there is no purpose and no hope.... Most people will cling to hope until their last breath. Some decide differently. What is most important... is for people to know they have a choice, and to enable them to make the best end-of-life decisions for themselves....”

Daniel C. Maguire is Professor of Moral Theological Ethics at Marquette University, a Catholic, Jesuit Institution. Dr. Maguire has a degree in Sacred Theology from the Pontifical Gregorian University in Rome. He is the author of many books and articles. An excerpt from his first book, published in 1974, entitled Death by Choice:

“Life is *the* good thing and the precondition of all good things. Any decision to end it in any context, for self or for another, must be slow, deliberate, and reverential. But the life that is good,

also bears the mark of the tragic. There are times when the ending of life is the best that life offers. Moral man will see this, and then, more than ever, he will know the full price of freedom.“

John Shelby Spong served over 20 years as the Episcopal Bishop of Newark, N.J.. He has written many books and articles in the fields of theology, Biblical studies and Christian Ethics. Excerpts from an article entitled “Assisted Suicide: Christian Choice and a New Freedom”:

“We are no longer simply children leaning on the Deity with no responsibility except to embrace our destiny....

If I have a medically confirmed incurable disease, and can bear the pain of that sickness only by being placed into a kind of twilight zone, where I neither recognize the sweet smile of my wife nor respond to the touch of her hand, do I not have the ethical right to end my life with medical assistance? Can dedicated Christians step into this process and say we have now reached the point in human development where we have not just the right, but the moral obligation, to share life-and-death decisions with God?....

The decision-making power should reside with the individual, who alone is to be granted the legal right to determine how and when his or her life is to come to an end. That is how we will surround death with the dignity that this ancient friend deserves.”

Robin D. L.. Russell Truffa, who is a parishioner at the Congregational Church of Belmont - UCC, submitted the following statement when she heard the present proposal was being considered by the church:

“My mother was a devoted and faithful Christian, and was a member of St. Timothy's Church in Rensselaer, NY. She lived her life to serve others and held highly the belief that we were here on earth to love each other and to help each other on our journeys of life. She believed in a gentle and loving God and she strove to be as gentle and loving as possible, especially when nursing many friends and family members through sickness and their own deaths.

In 2001 at age 59, she was diagnosed with stage four ovarian cancer. When her oncologist told her the diagnosis, she demanded that he treat her as if she were his own mother. Over the course of time, she lost her energy, all her hair fell out and she lost her appetite. She dropped down to less than 100 pounds and could barely walk 5 feet to the bathroom. Despite several surgeries to remove the cancer, it had spread to areas that were unreachable or would put my mother’s life in immediate critical danger.

On my winter break from teaching, I went to visit my mother for two weeks at Christmas time. She talked with me extensively about not wanting to suffer. She knew the inevitable was going

to come. But when that moment came, she did not want to be in unnecessary pain, or to be on life support without hope of recovery or without hope for quality of life. She point blank talked to both my father and me about helping her to end her life if she were suffering. I questioned if she really knew what she were saying to me. I remember her telling me that she was quite sane and that if I did not want to help her then she would find someone else who would because it meant that much to her. She acknowledged that her request was putting both my father and me in an awkward position. Out of love and compassion, my father and I reassured her that we would do our best to help her in any way we could.

Her doctor told me that there was no way for him to know when my mother was going to die specifically, but in fact she was right, that she was going to die very soon and there was nothing more, unfortunately, he could do for her.

A compassionate hospice nurse helped me to see that death is a passage from one stage of life to another, just as birth is. She provided the best care possible for my mother in her final days until my mother finally died. But no one should have to endure the suffering and torment that my mother experienced.”

An ethicist, who has thought deeply about end-of-life issues, has written:

“Human suffering does not admit of easy or risk-free solutions. It poses pressing and awesome challenges to efforts to alleviate it. Suffering is a multifaceted reality and addressing it is conceptually and existentially more complex than simply addressing pain. Suffering may pose such a horrifying burden on the one suffering that for that person death may seem a higher value than the maintenance of life. Physician aid in dying may thus be a necessary ‘last resort’ measure to address the suffering of another, not in place of but as one option within an array of needed palliative measures.”

Thanks be to God for the precious, perishable gift of life on earth.

Thanks be to God that created life develops from the beginning of life forward into life in all its fullness.

Thanks be to God for God’s compassion which enlivens so many of God’s children.

Thanks be to God for freedom of choice, our God-given right to follow our consciences, even in intimate and sometimes controversial decisions.

Thanks be to God for the promise that life expands beyond the mystery of our mortality.

Amen.

Resources:

Physician-Assisted Dying, The Case for Palliative Care and Patient Choice, edited by Timothy E. Quill, M.D. and Margaret P. Battin, Ph.D., Johns Hopkins University Press, 2004. (See especially “Death: A Friend to Be Welcomed, Not an Enemy to Be Defeated” by Episcopal Bishop John Shelby Spong, pp. 150-161.)

Compassion in Dying - Stories of Dignity and Choice, edited by Barbara Coombs Lee, New Sage Press, 2003. (See especially “Spiritual Perspectives for Aid in Dying,” pp. 111-125.)

For further information: [www.CompassionateChoices.org](http://www.CompassionateChoices.org)  
[www.physicianaidindying.com](http://www.physicianaidindying.com)

Recommendations for Implementation:

Submission of copies of this Position Statement to:

Other UCC Conferences

Print and electronic media

Executive Committee of the United Church of Christ, for consideration at General Synod XXVI in 2007

Fiscal Impact:

Negligible - limited to preparing materials for submission to the wider church, including General Synod XXVI (mostly to be accomplished by volunteers).

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