

END OF LIFE ISSUES

In 2003, the Board of Trustees of the Vermont Ecumenical Council and Bible Society adopted a statement on “Physician Assisted Suicide.” Today the very wording of the topic is contested, with some preferring the nomenclature “patient-directed dying” and others “death with dignity.” We certainly affirm our desire for people to be allowed dignity at the time of death. What is at issue, no matter what we term it, is allowing people to intervene to bring about death immediately. In the following revision of our statement, we have chosen to term the issue “assisted death.”

We members of the Vermont Ecumenical Council and Bible Society share a common concern on the matter of physician assisted death. After careful reflection and prayer, members of the Board of Trustees seriously doubt, and some reject categorically, that assisted death, whether in suicide, in euthanasia or in capital punishment is an ethically responsible action.

But dialogue about end of life issues must continue. We are committed to work together to articulate a position about end of life issues for women and men of faith today. This position is based on our faith in the Author of Life and the role of Jesus Christ and his Spirit in our lives.

A right and good approach to end of life issues is found by creating measures that will effectively diminish suffering, so that the terminally ill patient can live and die with a maximum of consciousness and a minimum of pain.

- We believe that if assisted death is allowed it will take the pressure off society to deal with end of life issues.
- We are concerned about the impact of the rising cost of health care delivery on end of life decisions. It would be socially irresponsible if the lack of affordable health care prompted people to consider the alternative of assisted death, fearing that they were an economic burden or that they were no longer “useful” and “productive.” Thus, we support accessible, affordable, quality health care for all, and are concerned that countervailing economic pressures could narrow appropriate options for terminally ill patients.
- We are convinced that the church, the medical professions, and society at large, need to grapple with end of life issues. Sanctioning assisted death might well short-circuit such involvement.
- We are particularly concerned that the individualizing of end of life decisions about suicide ignores social ties and support for terminally ill persons. They might even feel social pressure for them to use assisted death. In earlier days family and church provided care and support for the terminally ill. Today the church needs to recover its role and pay more attention to how it can function effectively in such situations.
- We as Christians also want to encourage those in the medical professions to take up their responsibility to develop protocols dealing with end of life issues such as the role of so-called heroic treatment, the authority of the patients’ expressed desires concerning cessation of treatment, and the clinical definition of death.

We are a diverse network of Christians in Vermont working together to serve the common good through public worship and prayer; acts of mercy and care; and loving prophetic witness for peace, justice and the integrity of creation.



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- We also urge the medical profession to develop better means of palliative care for those with terminal illness and more physicians who are trained in this area.

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