VEC
A Network of Christian Cooperation
VERMONT ECUMENICAL COUNCIL

PO Box 764
Richmond VT
05477

(802) 434-3397 - info@vecncc.org - www.vecncc.org

PHYSICIAN ASSISTED SUICIDE POSITION

On their meeting of 5 March 2003, the Board of Trustees of the Vermont Ecumenical Council and Bible Society adopted the following statement on Physician Assisted Suicide as presented by their Faith and Order Committee. We acknowledge our gratitude to the Massachusetts Council of Churches Board of Directors. Much of this statement is excerpted directly from the statement they adopted with minor revisions.

- The members of the Vermont Ecumenical Council and Bible Society share a common concern on the matter of physician assisted suicide. After careful reflection and prayer, members of the Board of Trustees seriously doubt, and some reject categorically, that physician assisted suicide is an ethically responsible action.
- The 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.
- Physician assisted suicide is not the answer. A right and good answer is found in the creation of 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.

Our reasoning in this matter involved the following (taken from the Massachusetts Council of Churches Board of Directors statement).

- We believe that if physician assisted suicide 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 physician assisted suicide, 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 physician assisted suicide might well short-circuit such involvement.
- We are particularly concerned that the individualizing of end of life decisions about suicide removes social ties and support for terminally ill persons. They might even feel social pressure for them to use physician assisted suicide. 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.

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We found the following statement illumines some of the issues with which we were grappling in our reflections.

"On August 7, 1998, the Lambeth Conference of the Anglican communion said that euthanasia 'is neither compatible with the Christian faith nor should be permitted in civil legislation.' Lambeth continued, 'withholding, withdrawing, declining or terminating excessive medical treatment and intervention . . . may be consonant with Christian faith in allowing a person to die with dignity.' The 73d General convention of the Episcopal Church in July 2000 said that '[T]he Episcopal Church should continue to oppose physician-assisted suicide near the end-of-life because suicide is never just a private, self-regarding act. It is an act that affects those with whom we are in relation within the community, denying them the sense of meaning and purpose to be derived from caring for us as we die. Moreover, it threatens to erode our trust in physicians, who are pledged to an ethic of healing. Finally, it denies our relationship of love and trust in God and sets us up as gods in the place of God.'"