How Pastors Can Shepherd the Faithful Away from Euthanasia

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Introduction

In 2015, a Supreme Court of Canada ruling "struck down the *Criminal Code* prohibitions on assisted suicide," prompting the Canadian Parliament to pass Bill C-14 in 2016, "which amended the *Criminal Code* and established a framework in which doctors could legally end the lives of some of their patients."[1] This marked the beginning of euthanasia, known officially as Medical Assistance in Dying (MAiD/MAID), in Canada. Although MAiD was originally limited to those who were actively dying and whose death was foreseeable and imminent, Bill C-7, passed in 2021, expanded eligibility "to people who are not dying, to people with disabilities or chronic illnesses that are not terminal."[2] Regrettably, the ambiguous definitions in both Bills have allowed "plenty of leeway for personal preference" for MAiD assessors and providers, making MAiD widely available and accessible to almost anyone who requests it or is referred to it as an option.[3] As can be imagined, this has led to some truly disturbing circumstances and incidents in which individuals with various physical and psychological ailments, who may not be anywhere near death and were not necessarily expressing any desire to die, are being offered MAiD.[4] The sobering fact, however, seems to be that "the change in the *Criminal Code* is to protect the euthanizers, not the patient."[5] Consequently, as one Christian advocacy group highlights, "the legal availability of MAiD shifts the societal discussion from how to alleviate suffering to which sufferers can be eliminated. It demonstrates a profound lack of compassion toward the most vulnerable Canadians: the elderly, the sick, the chronically depressed, those with disabilities, and the lonely."[6] This has left some feeling as though their continued existence must have justification.[7] In other words, MAiD has already had a dehumanizing effect on certain vulnerable portions of Canada's population.[8]

Presently, MAiD is available in every province and territory of Canada and is fully publicly funded, meaning there is no direct cost to the "patient."[9] According to the *Fifth Annual Report on Medical Assistance in Dying in Canada 2023*, published in December 2024 by Health Canada, there were nearly 20,000 MAiD requests across the country and 15,343 individuals who died via MAiD—a sizable number for a country just shy of forty million people.[10] In fact, between 2019 and 2022, MAiD "had an average growth rate of approximately 31%" year-over-year; that said, MAiD usage has slowed somewhat in recent years (for example, growth was 15.8% in 2023).[11] Nevertheless, Canada is witnessing aggressive adoption and embrace of MAiD—seeing as it already accounts for approximately 5% of all deaths in the country as of 2023, which is the year with the most current relevant statistics available at the time of writing.[12] Whatever the future holds for MAiD in Canada, it is a phenomenon that simply cannot be ignored or avoided.

Now that the necessary penultimate matters concerning a brief history of MAiD in Canada have been established and current statistics have been shared, this essay turns to its ultimate purpose: pastoral care. To avoid entering the quagmire of the ongoing debate about the morality and permissibility of euthanasia, this essay will presuppose that MAiD is morally wrong for Christians and, consequently, assume that it should neither be endorsed nor utilized by them in any circumstance.[13] This is not because such a debate is unimportant—on the contrary, it is perhaps the foremost ethical debate of our generation—but because this essay does not want to reproduce and reiterate the work being undertaken by far more qualified individuals. Instead, it wants to address a very practical pastoral question: How does a pastor shepherd the faithful to avoid choosing MAiD?[14] To answer this question, this essay will first examine the best time to approach the topic of MAiD, consider the reasons people choose or reject MAiD, and offer helpful insights and practical steps for pastors to follow in their mission to minimize (or eliminate) MAiD deaths in their congregations and wider sphere of influence.

Timing the Discussion

When it comes to pastoral care, particularly when dealing with a sensitive issue such as euthanasia, timing the conversation is just as important as the words chosen. It should come as no surprise that the encouraging of one's parishioners, or their loved ones and decision-makers, not to choose MAiD ought to happen before, even long before, they are in the throes of suffering.[15] This is because suffering clouds judgment and adding existential burdens to the already present mix of physical and psychological suffering is unhelpful at best and spiritually harmful at worst.[16] As Martin Luther proclaimed in his 1519 sermon on preparing to die:

> We should familiarize ourselves with death during our lifetime, inviting death into our presence when it is still at a distance and not on the move. At the time of dying, however, this is hazardous and useless, for then death looms large of its own accord. In that hour we must put the thought of death out of mind and refuse to see it, as we shall hear. The power and might of death are rooted in the fearfulness of our nature and in our untimely and undue viewing and contemplating of it.[17]

It is simply basic pastoral sensitivity to not make the process of dying any more difficult than it needs to be, especially since most people (80–90%) will experience it gradually.[18] Put simply, dying is the time for pure Gospel. Consequently, telling a person who has been given a terrible prognosis and is experiencing the worst suffering—usually in the form of physical pain—that they should not expedite their death because it offends the divine and moral law can be perceived by some as nothing short of sadistic, both on the part of the pastor and of whom the pastor represents, that is, God. In the words of one seasoned hospital chaplain, "when someone is begging to die, all kinds of reactions occur in the caregiver that ultimately are not helpful. When all a patient wants is for it to be over, I feel a heightened urge to 'fix' things. There is nothing to be fixed, and if left unchecked that impulse can prompt a lot of clumsy pastoral care. This is when hurtful, careless things get said—perhaps more to comfort ourselves than the one dying."[19] What people need in such circumstances is not a moral lecture but compassionate care, clear Gospel proclamation, and a prayer for their death to come quickly and mercifully according to God's good and gracious will. As the Scriptures make clear, "for everything there is a season and a time for every matter under heaven: a time to be born and a time to die" (Eccl 3:1-2, NRSV).

Now, this does not mean conversations about MAiD cannot happen late in the dying process; however, that timing is far from optimal because the message is considerably less likely to be received well and graciously. The prudent pastor should make it the goal to have parishioners so well catechized on matters of death and dying that MAiD is not even considered an option, let alone a preferable alternative to the reality of human suffering, particularly as manifested in a prolonged dying process.[20] After all, in Canada, if the pastor is not the one having the MAiD conversation with a person, then it will likely be their doctor, and who knows what his or her worldview and moral framework might be?[21] In the rare best-case scenario, the doctor would be someone like Margaret Cottle, a palliative care physician who offers the following advice on engaging the topic of MAiD, especially with people late in the dying process:

> If possible, wait for an invitation to be involved. It is good to remember that Job's friends were agreat comfort to him while they sat with him in silence and commiserated for an entire week. It was only after they tried to

> explain the situation that their presence became harmful and distressing. Listen first. Ask the person to share his or her complete story with you in whatever detail he or she desires. State clearly that you are ready to listen without judgment and that you will only interrupt if you need clarification. Then truly *listen*. It is important to thank the person for sharing and for trusting you with the story and its details before you move on to commiserate. If you can comment in an empathetic way about specific aspects of the story you have just heard, it will show that you were paying attention and thus be more meaningful. Give the person time to respond to your words and thoughts and to add other thoughts as needed. Trite platitudes and easy answers are simply irritating. Just be yourself and pray moment by moment for the Holy Spirit to guide your thoughts and words.[22]

Nevertheless, such matters should not be left unattended by the Church, nor should they be left to those whose viewpoints are not shaped by Scripture and a devotion to Jesus Christ. For the reality is that "medical termination is not just for the 'end of life', but takes aim at all suffering, not by alleviating the suffering, but by eliminating the sufferer," and that sufferer is made in the image of God and Christ has Himself suffered for them.[23] Accordingly, "the primary ethical requirement at the end of life is to care for the dying, to comfort them, to be in community with them. To render assistance in dying would be abandonment, a separation from one still living, which is a 'contradiction at the heart of Christian charity.'"[24]

To MAiD or Not to MAiD, That Is the Question

It has been clearly observed that "people typically have several reasons for seeking MAiD, the most predominant of which are relational—[that is,] based not on physical pain, but on existential, spiritual, social, or psychological suffering."[25] In fact, according to the Government of Canada's own statistics, seven of the ten most cited reasons for people choosing MAiD have nothing to do with physical pain and suffering.[26] Shockingly, "inadequate pain control" is only the *fourth* most cited issue at 54.4%, following "loss of dignity" at 64.9%, "loss of ability to perform activities of daily living" at 87.3%, and above all, "loss of ability to engage in meaningful activities" at 95.5%.[27] Thus, the statistics clearly show not a physical suffering crisis but a psycho-spiritual (existential) crisis behind the embrace of MAiD. This is somewhat ironic, given that much of the argument in favor of MAiD rests on eliminating physical suffering deemed "unbearable" by the individual.[28] That said, this observation in no way seeks to minimize the very real fact of physical pain and the undeniable suffering it causes people, especially those dying. This fact must always be met with the deepest empathy and sensitivity by pastors and other caregivers.[29] No one can be faulted for fearing dying, suffering, and death.[30]

Though it is only the fourth-most cited reason to choose MaiD, the fact that pain still factors in over 50% of these cases merits a brief examination. As one commentator notes, in the present North American culture, "lingering in pain, suffering, and isolation constitutes the worst imaginable end," meaning that nowadays more people report fearing suffering more than death itself—hence why many wish for or opt for a sudden death.[31] The chief irony here, however, is that in a rush to respect an individual's desire to endure pain no longer, one physician points out that "intentionally causing death … require[s] us to render valueless that which is of essential value: the patient."[32] That is, for medical professionals to obey the request for MAiD is to eliminate the patient making the request, and that patient was the one who morally justified the request in the first place. Thus, in obedience to the principle of autonomy, you are eliminating the agent of that autonomy—a logic marked by profound internal contradiction.

There is also the unavoidable problem of the highly subjective nature of suffering caused by pain deemed "intolerable," meaning the patient alone can determine whether a treatment is worth pursuing, not objectively, but based solely on their own tolerance for continued pain.[33] The fact remains, however, that "suffering is universal. No one is exempt. We experience it in its myriad forms from the moment of our birth until the moment of our death. The total elimination of suffering is incompatible with living."[34] Fortunately, as countless medical professionals, researchers, and advocates have pointed out, adequate and well-administered palliative care can almost always control and manage pain, allowing the sufferer to experience little to none of it.[35] This means that by advocating for and offering better care to the dying, such as through a hospice, pain can effectively be eliminated as a reason for choosing MAiD.[36] That said, statistics have shown that pain is not a motivator for everyone receiving MAiD, meaning that there are differences in the way individuals handle pain, physically, mentally, and even spiritually, a crucial point that shall be taken up later.[37]

The third most cited issue (at 64.9%), which drives people to MAiD, is a loss of dignity—perceived or actual. Loss of dignity is usually accompanied by a loss of control. Thus the natural response for many individuals who feel they have lost their dignity is to take control of whatever they can. In light of the contemporary, highly medicalized dying process, many have chosen to see the time and manner of their death as "their 'last big decision.'"[38] The problem with this line of reasoning is that:

> This argument implies that dependence, illness, and vulnerability are themselves undignified. Dignity is equated with the exercise of autonomy. It has no objective meaning. Rather, dignity is a qualitative outcome of choice in a situation in which one either could have chosen otherwise (a different manner of dying, say) or would have had no control to exert of [sic] her or

> his manner of death. A dignified death is reductively defined in terms of the dying person's choice to die on his own terms.[39]

Nevertheless, in Canada, through MAiD, people are given the ability to control their death with the "medical arsenal" and, so the argument goes, die with some shred of "dignity," thereby eliminating "suffering by eliminating the sufferer."[40] As Lutheran theologian Martha Stortz highlights, "beneath this attitude is a possessive individualism, a my body-my self mentality. This is my body; this is my death; this is my choice; these are my wishes."[41] Put bluntly, this rationale and claim are incompatible with a Christian understanding of the world and of oneself, though more on this will be explored later.

Returning to the present subject, according to "The Model of Dignity in the Terminally Ill," as formulated by Canadian psychiatrist Harvey Chochinov, "there are three primary elements that influence patient dignity": Illness-Related Concerns, the Dignity-Conserving Repertoire, and the Social Dignity Inventory.[42] Without delving too deeply into these categories, Chochinov's point is "that a patient's sense of dignity has clearly defined sources and that specific questions and therapeutic interventions can enhance a patient's sense of their dignity."[43] In other words, MAiD is not the only way, or best way, to address a loss of dignity in the dying. Rather, "when people are vulnerable like this, they need care, support and encouragement to see their dignity when it gets obscured by trauma, fear, and the challenges of navigating the health care system"; caregivers, family, and friends can all have an enormous impact by affirming a vulnerable person's dignity.[44] Thus, "by acknowledging and affirming the dignity of those with chronic conditions, disability, or life-limiting illness through this method, we can offer a profoundly Christian response to suffering," and thereby vastly reduce or eliminate this cited issue as a reason for people choosing MAiD.[45]

Having covered the citations on pain and dignity, we now address the top two reasons people give for choosing MAiD, both of which pertain to meaning and other existential questions: loss of ability to perform activities of daily living at 87.3%, and loss of ability to engage in meaningful activities at 95.5%. Nobody enjoys being restricted from or unable to do what they enjoy in life, or even what is necessary in life, especially if that restriction or inability becomes permanent rather than temporary. Without a doubt, doing things can bring incredible meaning to life, and the absence of those things can be crushing, both mentally and spiritually and can cause deep depression.[46] However, consider the work of renowned psychotherapist and Holocaust survivor Viktor Frankl on the topic of meaning even in the midst of the worst imaginable suffering, dehumanization, and loss of personal freedom and autonomy: "If there is a meaning in life at all, then there must be a meaning in suffering. Suffering is an ineradicable part of life, even as fate and death. Without suffering and death human life cannot be complete."[47] By this, Frankl is not insinuat-

ing that one ought to look for suffering in life, only that one ought to be prepared to find meaning in it, because of its inevitability.[48] In Frankl's mind, "suffering ceases to be suffering at the moment it finds a meaning."[49] Hence, Frankl asserts that,

> We must never forget that we may also find meaning in life even when confronted with a hopeless situation, when facing a fate that cannot be changed. For what then matters is to bear witness to the uniquely human potential at its best, which is to transform a personal tragedy into a triumph, to turn one's predicament into a human achievement. When we are no longer able to change a situation—just think of an incurable disease such as inoperable cancer—we are challenged to change ourselves.[50]

Put plainly, when we cannot change our circumstances, all we can do is change our approach to a given situation and our mindset about it.

In a deeply personal account of the cancer-induced dying and death of her pastor husband, Joy Anna Marie Mills, also a pastor, noted that instead of wallowing in grief over what he was no longer able to do, he became "deeply contemplative" and found meaning in sharing love, laughter, life lessons, and memories with family, friends, and neighbors during his last days.[51] Though he wanted to live, he embraced the reality of his death in a way that was profoundly meaningful to himself and those around him.[52] Now as Mills freely admitted, this in no way meant the dying process was always easy or a joy for her late husband, only that meaning can be found in terrible circumstances and the suffering they cause.[53] Thus, just because someone may feel and claim that their life has lost all its meaning and purpose does not mean it has, or that there could be no purpose or meaning left for them.[54] After all, a person is far more than what they can or cannot do, and their conditions—much more on this will be explored later.[55] Bearing all this in mind, with some care, transformation of thinking, and the right approach, the issue of meaning can effectively be addressed and removed as a citation for those choosing MAiD.

The Good Shepherd

Having now considered the timing of conversations about MAiD and briefly addressing the top four reasons people in Canada give for choosing MAiD, this essay turns to key insights and practical advice for pastors to grasp and employ in their mission to reduce or eliminate MAiD deaths, thereby promoting and safeguarding the sanctity of life. In his *Small Catechism*, Martin Luther makes the following faithful assertion: "I believe that God has created me together with all that exists. God has given me and still preserves my body and soul: eyes, ears, and all limbs and senses; reason and all mental faculties. In addition, God daily and abundantly provides… all the necessities and nourishment for this body and life."[56] In defining and explaining

the Fifth Commandment, "you are not to kill," Luther declares that "we are to fear and love God, so that we neither endanger nor harm the lives of our neighbours, but instead help and support them in all of life's needs."[57] In light of this, we learn that God created and sustains the body, and that as believers we ought to care for our bodies and help care for and preserve the bodies, and thus the lives, of others. This, however, is not always as straightforward as it seems because, for example,

> our love towards a terminally ill patient is expressed either as a desire to deliver him from pain, or as a wish to prolong his life so as to be together. The suffering of our fellowman and our compassion for him create an inner conflict of love with our desire for togetherness. In a Christian perspective, this conflict presents an inner crisis, which provides an opportunity for strengthened trust in God's will. His consolation, the revelation of a 'sign,' and His enlightenment of our soul. Although it is humanly understandable that we wish to postpone death, the broad use of medical technology may go beyond the limits of spiritual ethics.[58]

Consequently, before venturing any further, it must be noted that North American Christians have a certain tendency to be "too pro-life," as "people of religious faith were three times more likely to choose aggressive medical treatment at the end of their lives, even though they knew they were dying and that the treatments were unlikely to lengthen lives."[59] This betrays "an unrealistic[, and perhaps idolatrous,] expectation that medicine can cure whatever disease we or our loved ones might have," resulting in a sometimes misplaced "hope for a miracle from God, the pharmaceutical companies or our doctors."[60] Accordingly, it ought to be taken into consideration that a person's "quality of life should be compatible with survival" when determining medical intervention and end-of-life care.[61]

Regrettably, instead of simply accepting that the time of death has come, many Christians fight to the bitter end because of a radically pro-life theology;[62] however, "life's sanctity … does not require its preservation at all costs when a lifetime is fulfilled."[63] Sadly, this commitment to life at all costs, in all circumstances and without exception, often causes Christians to miss the proper understanding and place of dying and death in their faith. As one thinker observed, "it is certain that we die. Even after having one's life prolonged by medical techniques, one finally does die."[64] Thus, "disregarding death is equivalent to evading life. Death is so much a part of life that the two should be conceived as forming a single whole. If life is the foreground, death is the background and sets its mood and tone…. Therefore, only those who are honestly addressing the fact of death can lead a full life. Death is, indeed, the mode in which we live."[65] A necessary corrective, then, is to rediscover, redevelop, and re-educate believers about an authentically Christian conception of dying and death, because "a decision *not* to keep a person alive is as morally deliberate as a decision

to *end* a life."[66] There is, of course, a massive moral difference between allowing death to take place naturally under appropriate circumstances, such as the end of a person's foreseeable lifespan, and actually causing death, that is terminating one's lifespan prematurely.[67] This is a point pastors must reckon with and discern carefully when they are called upon to help in decision-making for a dying person.

To be clear, a Christian conception of dying and death does not include MAiD, but it does include choosing, when and where appropriate, to simply let go and allow nature to take its prescribed course.[68] As Rob Moll observes in his book *The Art of Dying: Living Fully into the Life to Come*, "God is glorified when people die having lived a full life, accepting God's plan, hoping for continued life in Christ and trusting God to care for them in the journey from this life to the next."[69] Christians, therefore, ought to seek to know how they can die well, which will inevitably force them to rethink what it means to die a good death.[70] Indeed, a good death is not an expedited one, such as in the case of MAiD, nor is it necessarily one that comes after weeks, months, or even years of aggressive, invasive, and debilitating medical treatments.[71] As Orthodox theologian Nikolaos Hatzinikolaou put it, "the moment of biological death epitomizes the value of a human's life. It is the moment at which God's closeness to man is realized in its most intense form."[72] Therefore, great care should be undertaken for dying a good death and helping to facilitate good deaths in the Christian community.[73] In summary, "transcendence of death is proposed as an alternative to euthanasia. Good life and a good death for the Church mean life and death with meaning and perspective. When the choice to die emerges from the denial of the will of God, it is considered a sin. On the contrary, when yearning to die springs from the love of God it constitutes a blessing and a unique virtue (Phil 1:23)."[74]

Interestingly, a recent (2022) statistical study on views and opinions about euthanasia among Protestants in the Netherlands found that very little conversation takes place on the topic in the church or between a pastor and a parishioner; consequently, no one seems to know what the other believes and thinks.[75] This is despite the study finding that parishioners overwhelmingly want their pastor involved in their end-of-life journey, providing counsel, comfort, reassurance, and, when the time comes, a funeral service and grief care for their family and friends.[76] As the study summarizes,

> Church members of all sub-denominations stress the importance of pastoral care at the end of life. They expect pastors to play a central role in guiding them when they become ill, counseling their loved ones, and participating in the funeral service. When there is a desire for euthanasia, parishioners expect pastors to be willing to discuss this openly and provide support and guidance, and they indicate that they will not hesitate to contact their pastor when necessary.[77]

In other words, pastors have a wide and open door to engage their parishioners in conversation about dying and death, and, more specifically, on euthanasia. Pastoral care is not just desired; it is expected! Although this was a Netherlands-based study, many helpful conclusions and inferences can be drawn for the Canadian ministry context, as similar feedback and expectations can be anticipated from Canadian parishioners. Consequently, Canadian pastors should not fear conversations about dying, death, and especially MAiD, but instead seek sensitive and impactful ways to engage in such talk through the lens of Scripture and Jesus Christ.[78] Undoubtedly, if pastors want to see a reduction in MAiD, churches must break the silence surrounding dying and death.[79]

Fortunately, baptism, more than anything, opens the door to dialogue about life and death as a Christian. As Stortz argues:

> Baptism brings beginning and ending of human life together with sacramental power. Baptism is the sacrament that welcomes people into this world as children of God. It incorporates them into the body of Christ. Yet, that incorporation is finally complete only in death. Baptism ushers people out of this world. The pall harkens back to the white garments of baptism; sprinkling of water on the casket or urn recalls the waters of baptism. Death in the Lord is final inclusion into the body of Christ. But baptism is not the sacrament only of beginning and ending of life; daily return to baptism forms and informs the lives we live in between these two events. Baptism bears the key both to how we live and to how we die. Throughout our lives, we turn to this practice, because it offers powerful alternatives to the world's ways of dying, to the world's denial of death, and to the world's despair in the face of disease.[80]

Thus, discussions about dying and death begin at the very start of the Christian life, in the baptismal waters that bring death to the old life and bring about the new life in Christ (cf. Rom. 6:1-14).[81] A robust baptismal theology uniquely positions Lutherans to revitalize a Christian theology of dying and death, reframing the conversation. "In Luther, the *ars moriendi* becomes an *ars vivendi*, the art of dying becomes an art of living, choreographed by a daily return to baptism, chastened by daily remembrance of sin, and strengthened by daily experience of forgiveness."[82] Baptism also shows that we are not our own and thus cannot do whatever we see fit with our bodies, as the Apostle Paul makes clear in 1 Corinthians 6:19-20 "do you not know that your body is a temple of the Holy Spirit within you, which you have from God, and that you are not your own? For you were bought with a price; therefore glorify God in your body" (NRSV).[83] This truth can be proclaimed from the pulpit or taught during Bible study or Confirmation by pastors.[84]

Accordingly, "baptism sets one into a web of relationships that will sustain and nurture, admonish and challenge, support us in living and accompany us through

death…. Concretely, the practice of baptism articulates reciprocal responsibilities in the face of death: responsibilities of the community and responsibilities of the dying."[85] The responsibility of the Christian community, as bestowed in baptism, is to ensure, insofar as possible, "that no one moves through life and death alone," and thus "ministry to the shut-in and the dying is not the pastor's responsibility alone but falls squarely upon all the baptized."[86] As for the responsibility of those who are dying in the Christian community, it is "to leave behind the greatest possible peace, hope, and trust among the survivors" by accepting their complete dependence on the grace and mercy of God through His Son, Jesus.[87] Thus, even in the act of dying, life can be purposeful. The pastor must share this truth with the flock.[88] There is ample meaning in this sort of community engagement and connection. Pastors must communicate this fact and encourage its practice.[89] Community, after all, is a great bulwark against isolation and the corresponding "maladaptive tendencies" that come out of it, thereby offering another protective layer against MAiD.[90] For this and other reasons, death can and should be understood by a Christian not as a private issue, but as a communal issue.[91] Therefore, "we should pursue the question of death, not as an individual problem, but as a community issue for those on the health care team, including the physicians, nurses, family members, pastor, friends[, fellow believers,] and neighbors. This health care team has a significant role to play in the healing process. Dying within a caring community may have spiritual benefits and even reduce pain."[92] Although only the dying individual experiences the act of death, the impact of death and its reality make it a truly public matter because of the many it involves, voluntarily or involuntarily.[93]

Having reviewed how the Lutheran view of baptism can help pastors in the fight against people choosing MAiD, this essay now turns to another uniquely Lutheran theological category: *anfechtung*, or spiritual distress/anguish. Throughout his life and work, Luther often referred to the personal spiritual struggle he was enduring as *anfechtung*, driven primarily by doubt about God's mercy, forgiveness, and love.[94] This means Lutherans have a deep and rich theological history of dealing with suffering, whether it be caused by the body, mind, or soul. As Lutheran theologian James Childs Jr. explains,

> in the mystery of the divine life, God chose to die in unfathomable love for us and all creation. For Luther this is an essential truth of our faith: 'If it is not true that God died for us, but only a man died, we are lost.' God is love, and love and impassibility do not go together; love suffers the pain of the beloved, like any parent knows who agonizes for their hurting child. The unity of human and divine in the Incarnation is both the symbol and reality of God intimately and lovingly with us in all things. God is with us in our pain and in our dying. God is with us, loving us unconditionally also in the

> pains of our choosing at the end of life or in the throes of terrible suffering as we struggle with how to decide.[95]

This profound truth, made so plain in Lutheran proclamation and teaching, can help those who are suffering in their dying process and show them that they do not suffer alone, for they have a Savior, Jesus, the Son of God, who cares and suffers alongside and for them. It is the pastor's privilege and duty to reveal that

> the solace of those in the pains of illness and dying is to be found in turning one's gaze to the cross. There the suffering one beholds in Jesus, who has suffered all that we may suffer, who knows our suffering and is in empathetic solidarity with our suffering. There we find the hope we need to bear with our agony. Pain is existentially bearable only where there is hope. The hope that Christ communicates to the sick and the suffering is that of his presence, of his true nearness.[96]

This is real hope, not mere platitudes or wishful thinking. After all, "part of ministry is to pass on the beliefs and practices of the spiritual tradition as received—including beliefs about suffering—so that each generation can benefit from those who have gone before. Such a tradition establishes a grid of understanding for us to plot and navigate our own life events."[97] Lutherans, in particular, have a rich tradition to draw from and pass down.

The above approach to suffering complements the traditional Christian understanding that suffering purifies the sinful person and presents an opportunity for spiritual growth. However, it also stands in contrast to the traditional Christian understanding because it points people to pure objective grace that truly saves, rather than a subjective righteousness program undertaken chiefly by suffering well—whatever that might mean.[98] There is no way around suffering, but "Jesus, the Suffering Servant of Isaiah 53, shows us that not all suffering is meaningless and without purpose. It is right and good to work diligently to eliminate needless suffering, especially for those who are vulnerable, ill, or unable to speak for themselves. But it is wrong and evil to take the lives of those who are suffering under the false pretext of 'mercy.'"[99] Suffering is in no way "shameful," and it undoubtedly has its place in the Christian life, for Christ Himself suffered and clearly stated that those who follow Him would as well (cf. Matt 24:9).[100] Therefore, to those who suffer, the pastor prescribes a posture not of despair but of humility before God, trusting that He will do His good and gracious will, which includes eventual deliverance from suffering. This mindset also shifts the focus away from subjective questions about "quality of life" and toward faithful submission to God's will for a person's life. In doing so, self-worth and dignity can be located outside of one's self rather than being made subject to one's fragile and ever-shifting sense of self.[101] Such views inevitably help inoculate Christians against choosing MAiD.[102] Pastors, therefore,

can and should assure those they serve that "when you come to the end of your rope, when the agonies and terrors of living exceed the care of those around you, there is only God and God's promise through the mouth of Paul that nothing in all creation can separate you from the love of God in Christ Jesus (Rom. 8:39)."[103]

Conclusion

In conclusion, this essay has explored how pastors can work to prevent euthanasia/MAiD deaths under the assumption that such a pursuit is theologically and morally valid and right. It did so by first examining the timing of the conversation about MAiD and highlighting that it is preferable to begin teaching about it before a person enters the often painful and difficult dying phase. Second, the top four reasons people gave for choosing MAiD, according to Health Canada statistics, were analyzed in turn, and commentary was offered on how pastors could address each. Third and finally, this essay offered insights and practical advice for pastors to engage their congregations in ways that help prevent MAiD deaths, using a variety of techniques that focus on the sanctity of life, end-of-life conversations, the role of baptism, communal identity, and Lutheran theology. Although MAiD is a relatively new reality in Canada, it is likely one that is here to stay. Pastors must be ready and armed with solid Scriptural and theological knowledge in order to help stem the tide of euthanasia and its surrounding culture of eugenic value-judgments that insist death be the solution to suffering. For pastors are called to walk with the people they serve in life and, in dying and death.

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Notes

1. "Assisted Suicide and Euthanasia," Policy (Ottawa, Ontario: Association for Reformed Political Action Canada, Fall 2021), 1, https://arpacanada.ca/publication/assisted-suicide-and-euthanasia/. More specifically, "doctors were permitted to cause a patient's death or assist a patient's suicide by administering a lethal injection (consensual homicide) or by prescribing a lethal drug for the patient to self-administer (assisted suicide)."
2. Ibid.
3. Ibid., 2; Margaret Cottle, "Grace and Truth in the Shadowlands," *Focus Magazine*, August 2023, 6; Unpaginated reprint at https://cmdacanada.org/how-to-talk-to-someone-considering-euthanasia/. Robert J. Dean, ed., "MAID in Canada: A Multidisciplinary Conversation about End-of-Life Issues with David Guretzki, Kristin Harris, and Paul Blair," *Didaskalia* 30 (2021-2022): 80.
4. "Assisted Suicide and Euthanasia," 3. This is happening because "Bill C-14, and then C-7, codified the principle that it is permissible to intentionally kill a person who asks to

be killed, provided they no longer possess the qualities or capabilities that society deems necessary for sufficient 'quality of life.' In other words, it is okay for some people—particularly medical doctors—to make value judgements about whose life is worth living and to offer either suicide *assistance* or suicide *prevention* based on their assessment" (p. 2).

5. Ibid., 5.
6. Ibid.
7. Ibid., 3.
8. Larry Worthen, "Providing Dignity Affirming Care: Acknowledging Human Dignity," *Focus Magazine*, August 2023, 19. As Worthen points out, "when people are vulnerable like this, they need care, support and encouragement to see their dignity when it gets obscured by trauma, fear, and the challenges of navigating the health care system. Christ identifies with people in these circumstances and tells us 'Whatever you do for these my brothers and sisters you do it to me.'"
9. "Assisted Suicide and Euthanasia," 2; Cottle, "Grace and Truth," 6.
10. "Fifth Annual Report on Medical Assistance in Dying in Canada 2023," Informational, Medical Assistance in Dying (Ottawa, Ontario: Health Canada, December 11, 2024), 7, https://www.canada.ca/content/dam/hc-sc/documents/services/publications/health-system-services/annual-report-medical-assistance-dying-2023/annual-report-medical-assistance-dying-2023.pdf. It should be noted that "the remaining cases were requests for that did not result in MAID (2,906 died before receiving MAID, 915 individuals were deemed ineligible and 496 individuals withdrew their request)."
11. Ibid.
12. Ibid. Interestingly, despite Canada's vast ethnic diversity, requests for MAiD are nearly a mono-racial phenomenon as 95.8% of MAiD recipients "identified as Caucasian (White)" (p. 8). Although not every MAiD recipient chose to respond to the question asking for them to identify their race/ethnicity, those who did number so disparately to confidently infer the conclusion.
13. Karen Mason et al., "The Moral Deliberations of 15 Clergy on Suicide and Assisted Death: A Qualitative Study," *Pastoral Psychology* 66, no. 3 (June 2017): 335–51, https://doi.org/10.1007/s11089-016-0744-y. Although this essay has presupposed a firm stance against euthanasia, this limited, United States based, study does a good job highlighting that there is not a black and white consensus on the issue, even among clergy.
14. James M Childs Jr, "Medical Assistance in Dying and the Trust of Faith," *Dialog* 61, no. 4 (December 2022): 288–95, https://doi.org/10.1111/dial.12776. For those so inclined, Childs offers an interesting alternative perspective on the euthanasia debate from a Christian framework.
15. Stephen Faller, "Serving the Dying," *Family and Community Ministries* 21, no. 1 (2007): 44.
16. Martha Ellen Stortz, "'The Curtain Only Rises': Assisted Death and the Practice of Baptism," *Currents in Theology and Mission* 26, no. 1 (1999): 9.
17. Martin Luther, "A Sermon on Preparing to Die," in *Martin Luther's Basic Theological Writings*, ed. Timothy F. Lull (Minneapolis: Fortress Press, 1989), 640–41.
18. James MacMillan, "The Dying Process," *Focus Magazine*, August 2023, 10.
19. Faller, "Serving the Dying," 45.

20. Darlene Fozard Weaver, "Dying under a Description? Physician-Assisted Suicide, Persons, and Solidarity," *Christian Bioethics* 27, no. 3 (December 8, 2021): 307–8, https://doi.org/10.1093/cb/cbab014.
21. Simran Kripalani, John P. Gaughan, and Elizabeth Cerceo, "The Role of Religion in Physician Outlook on Death, Dying, and End of Life Care," *Journal of Religion and Health* 60, no. 3 (June 2021): 2112, 2121, https://doi.org/10.1007/s10943-020-01126-0; Hiromasa Mase, "Death and Dying: Towards an Ethic of Death," *Currents in Theology and Mission* 12, no. 2 (1985): 73.
22. Cottle, "Grace and Truth," 7. Italics in original.
23. Ibid., 6.
24. Childs, "Medical Assistance in Dying and the Trust of Faith," 290.
25. "Assisted Suicide and Euthanasia," 4.
26. "Fifth Annual Report on MAiD in Canada," 32.
27. Ibid.
28. Ewan C. Goligher, "Six Questions about Physician-Assisted Death from a Conscientious Objector," *The Linacre Quarterly* 84, no. 2 (May 2017): 105, https://doi.org/10.1080/00243639.2017.1261561. As this conscientious physician notes, "advocates for [MAiD] contend that death should be used to treat suffering because for some patients, death is better than life. This assumes some notion of what it is like to be dead. Yet the medical profession has no idea what it is like to be dead. All beliefs about the afterlife (including the belief that there is no afterlife) are metaphysical (quasi-religious) beliefs which cannot be confirmed or refuted by scientific medical evidence. Thus [MAiD] is innately experimental, and its outcomes are hidden from us. Though there is always a measure of uncertainty in medicine, medical care must be based on evidence and observation and sound reasoning; and doctors should not be forced to practice medicine based on untestable quasi-religious assumptions."
29. David George Rinaldi, "Dying Like a Dog," *Journal of Pastoral Care & Counseling* 77, no. 2 (June 2023): 125, https://doi.org/10.1177/15423050221136803.
30. Cottle, "Grace and Truth," 8.
31. Stortz, "The Curtain Only Rises," 5.
32. Goligher, "Six Questions," 106.
33. Cottle, "Grace and Truth," 6.
34. Ibid., 6-7.
35. MacMillan, "The Dying Process," 11.
36. Mase, "Death and Dying," 74.
37. Faller, "Serving the Dying," 44.
38. Stortz, "The Curtain Only Rises," 8.
39. Fozard Weaver, "Dying under a Description?," 301.
40. Stortz, "The Curtain Only Rises," 9; Worthen, "Providing Dignity Affirming Care," 18.
41. Stortz, "The Curtain Only Rises," 11.
42. Worthen, "Providing Dignity Affirming Care," 18.
43. Ibid.

44. Ibid., 19.

45. Ibid.

46. Stephen M. Saunders, *Martin Luther on Mental Health: Practical Advice for Christians Today* (St. Louis: Concordia Publishing House, 2023), 102–04.

47. Viktor E. Frankl, *Man's Search for Meaning*, trans. Ilse Lasch, 5th ed. (Boston: Beacon Press, 2006), 67. Expanding on this thought, he states that "the way in which a man accepts his fate and all the suffering it entails, the way in which he takes up his cross, gives him ample opportunity—even under the most difficult circumstances—to add a deeper meaning to his life. It may remain brave, dignified and unselfish. Or in the bitter fight for self-preservation he may forget his human dignity and become no more than an animal. Here lies the chance for a man either to make use of or to forgo the opportunities of attaining the moral values that a difficult situation may afford him. And this decides whether he is worthy of his sufferings or not."

48. Frankl, *Man's Search for Meaning*,113.

49. Ibid.

50. Ibid., 112.

51. Joy Anna Marie Mills, "Living into Dying," *Journal of Pastoral Care & Counseling* 57, no. 2 (June 2003): 225–26, https://doi.org/10.1177/154230500305700212.

52. Ibid., 227.

53. Ibid., 226.

54. Saunders, *Martin Luther on Mental Health*, 35.

55. Frankl, *Man's Search for Meaning*, 130.

56. "The Small Catechism," in Robert Kolb and Timothy J. Wengert, eds., *The Book of Concord: The Confessions of the Evangelical Lutheran Church* (Minneapolis: Fortress Press, 2000), 354.

57. Ibid., 352.

58. Nikolaos Hatzinikolaou, "Prolonging Life or Hindering Death?: An Orthodox Perspective on Death, Dying and Euthanasia," *Christian Bioethics* 9, no. 2–3 (2003): 196.

59. Rob Moll, *The Art of Dying: Living Fully into the Life to Come* (Downers Grove, IL: IVP Books, 2010), 32.

60. Ibid., 31.

61. Hatzinikolaou, "Prolonging Life or Hindering Death?," 190. Hatzinikolaou goes further on the following page, asserting "it seems that sometimes technological surviving is even worse than death. When life runs the risk to be degraded to the level of unbearable suffering, even nature itself protects man's dignity by initiating the process of death. Contemporary technology may hinder this protection and produce unprecedented forms of death or conditions of painful survival incompatible with life. In other words, technological advancements may create human beings who would either be unable to die, or be unable to die in a natural way."

62. Ibid., 191.

63. Moll, *The Art of Dying*, 34.

64. Mase, "Death and Dying," 73. Further to this point, Mase observes that "hospitals are supposed to help people live, not die. But does 'helping people live' necessarily have to

mean prolonging the dying process by artificial means and not letting them die? Modern medical treatment can sometimes seem to be playing with life by abstracting illness as mechanical dysfunction. Physicians may sometimes seem indifferent to the illness as an affliction of the whole person. A mechanical theory still underlies medical treatment. The approach taken by the physician is the same mechanical one which Descartes proposed. Since the development of life-prolonging machines, physicians have become insensitive to the humanity of their patients; physicians always feel obliged to take remedial action in every case and can not just relate personally to the patient."

65. Ibid., 69.

66. Childs, "Medical Assistance in Dying and the Trust of Faith," 291. Italics in original.

67. Dean, "MAID in Canada," 87.

68. Hatzinikolaou, "Prolonging Life or Hindering Death?," 192. Conversely, "in certain cases, respect for life means that we must invest all available resources for keeping a patient alive, even if this life is marred by extensive bodily disability. Our love, which is beyond measure, can complement in excess the deficiencies of this disability. The success of our efforts does not lie in the fact that our fellowman will live; nor is it undermined by the eventual physical disability. The expression of medical love, the common struggle of doctors and nurses, and the desire not to let 'evil' (i.e., the illness, the accident, the criminal act, carelessness, etc.) win all focus on the life of our fellowman, which is of utmost value."

69. Moll, *The Art of Dying*, 34.

70. Dean, "MAID in Canada," 79.

71. Moll, *The Art of Dying*, 38.

72. Hatzinkolaou, "Prolonging Life or Hindering Death?," 188. Expanding on this point on page 190, Hatzinikolaou states that "death is so sacred to all of us that its purity should be safeguarded by any means. It is the process and moment during which the person is worth the greater respect from society. Society should in no way reduce death from a spiritual mystery to a mechanical and merely temporal event. It is unethical to denude the body from the last clothing of its dignity, when it has just been deprived from the protection of the soul. Finally, the last moments of a patient favour the bond between him and his relatives and the medical staff, the growth of love and communion, the manifestation of sympathy and mercy. The request of certain patients to end their lives may conceal a wish to test their relatives' love and desire to be with them for as long as possible. During these moments one can experience the grace of God and the love of human beings."

73. Hatzinikolaou, "Prolonging Life or Hindering Death?", 192–93.

74. Ibid., 197.

75. Wim Graafland et al., "Protestant Parishioners, Their Pastors, and Euthanasia," *Journal of Empirical Theology* 35, no. 1 (September 8, 2022): 3, 13, https://doi.org/10.1163/15709256-20221429.

76. Ibid., 11–12.

77. Ibid., 19.

78. Faller, "Serving the Dying," 44.

79. Dean, "MAID in Canada," 86.

80. Stortz, "The Curtain Only Rises," 11–12.

81. Ibid., 13–14.

82. Ibid., 14. Stortz goes on saying, "we need to hear again that 'the just shall live by faith,' emphasis on the word 'live.' That life does not begin in heaven. According to the medieval mind, in the midst of life we are surrounded by death. Luther's sturdy conviction of justification turned this on its head: 'In the midst of death we are surrounded by life.' As incorporation into the body of Christ, baptism allows the iconic meaning of Christ to be in us, our seal against sin, death, and the devil."

83. Cottle, "Grace and Truth," 7.

84. Dean, "MAID in Canada," 82–83.

85. Stortz, "The Curtain Only Rises," 15.

86. Ibid. Furthermore, Stortz asserts that "congregations should be bold about setting end-of-life discussions in the midst of congregational life and in the context of baptism, lest the terms of discussion be set by court decrees and state initiatives and cast entirely in terms of rights. Congregational forums on living wills, durable power of attorney, Do Not Resuscitate (DNR) orders, hospice and palliative care could be part of this, as well as visitation teams to the dying that offer relief to family caregivers. No one ought to die alone. There should be frank and fearless preaching of death from the pulpit, and follow-up discussion in the Sunday school rooms and church basements afterwards."

87. Stortz, "The Curtain Only Rises," 16.

88. Dean, "MAID in Canada," 78–79.

89. Ibid., 78.

90. Ibid., 82.

91. Mase, "Death and Dying," 72.

92. Ibid.

93. Childs, "Medical Assistance in Dying and the Trust of Faith," 289. As Childs notes, "the idea that the right of patient self-determination should include the right to assisted dying assumes that this is a private choice, whereas in fact it is a public matter: 'The focus of legalization advocates on patient rights and interests has generated moral myopia regarding the presence of other stakeholders including various intermediate communities such as families, the healing professions, hospice care, and spiritual care advisors, as contributors to end-of-life caregiving.'"

94. Saunders, *Martin Luther on Mental Health*, 51–52, 58–60, 63.

95. "Medical Assistance in Dying and the Trust of Faith," 294.

96. Childs, "Medical Assistance in Dying and the Trust of Faith," 292.

97. Faller, "Serving the Dying," 44.

98. Childs, "Medical Assistance in Dying and the Trust of Faith," 293; Faller, "Serving the Dying," 44.

99. Cottle, "Grace and Truth," 7.

100. Dean, "MAID in Canada," 77.

101. Ibid., 80-81.

102. Cottle, "Grace and Truth," 7. As Cottle explains so well, "when we observe the most common reasons people seek medical termination, we gain valuable insights into how we can address the existential suffering and fear at the core of their requests. Our society

places its highest value on independence, control, and power. But Christians are called to follow Christ's example of interdependence, submission, humility, and powerlessness. Christ in the garden of Gethsemane said, 'Not my will but Thine' and Mary replied to Gabriel at the annunciation, 'I am the Lord's servant. [...] May your word to me be fulfilled.' (Luke 1:38) If the Lord is to be able to 'guide our feet into the way of peace,' we must come to a place of deep understanding and acceptance that if something is forbidden or prohibited in the Lord's Word, doing that thing will never bring shalom—peace with order, well-being—to ourselves, our loved ones, or our world. It is easy to underestimate the extent to which our thoughts, opinions, and actions are influenced by the culture in which we live. The wrong action or thought, the disobedience—may seem to be more convenient or more private or even more loving or more considerate of others, but those are lies, just like the first lie recorded in the Bible, 'Did God really say…' (Genesis 3:1 NIV). This is the life-giving truth: only what the Lord approves will bring long-term, eternal peace (*shalom*) and joy. Our journey may be very hard, but we can trust Him to sustain and enable us as we choose to 'be the Lord's servant' even when it is challenging. This is an especially powerful way to demonstrate that we 'have no other gods' before the Lord—gods like autonomy, utility, security, a good reputation, and perfection."

103. Childs, "Medical Assistance in Dying and the Trust of Faith," 294.

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health-system-services/annual-report-medical-assistance-dying-2023/annual-report-medical-assistance-dying-2023.pdf.

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