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The Exploration of Morally Accepted Suicide Through Religion

Victims can be subject to: pills for breakfast, handfuls of hair coming out in the shower, a weakness that can be felt down to the bones, and the truth that no matter how desperate the attempt, sleep will escape the patient like a child in a game of Tag. This condition cannot be cured by chemotherapy, or extensive doctors visits. Each patient's success rate is dependent upon themselves; some are cured, others are subjected to the illness until their deaths. When looking at patients that have fallen subject to cancer, heart failure, AIDS, or are in a vegetative state with no hope of recovery, we begin to ponder what it means to die with dignity. We argue about euthanasia; "the painless killing of a patient suffering from an incurable and painful disease or in an irreversible coma", in an attempt to ease their pain. We turn to our religions to guide us on what is morally right and wrong, twisting the scriptures to help those we love who are in endless pain. However, the victim aforementioned will never be given this option. They will continue to live their lives day after day, pills for breakfast, pain for dinner, with no end in sight. What are these people fighting against? We call it Depression, and over **350 million people** worldwide are suffering from it (Healthline). It is a leading cause of disability, yet is often overlooked simply because it is a mental illness, and not a physical illness. Today we pose the question, "Can the

guidelines concerning life-sustaining treatment concerning physical illnesses be applied to mental illnesses in relation to end-of-life causing decisions?” First, to understand depression as an illness we will take an in-depth look at the condition. Then we will explore the viewpoints of Islam, Buddhism and Catholicism and examine their take on when it is morally accepted to euthanize someone, and extend these guidelines typically only discussed for physical illness to mental illness.

Understanding Depression

Depression is a complex mental disorder that affects a person biologically, psychologically and socially, causing people suffering from it to feel empty, apathetic, anxious, and tense in ways that make their daily lives arduous, painful, tedious, and awful. Depression is not sadness, contrary to popular misconception. While sadness is temporary and fleeting, Depression does not come and go in the same way. It is a chronic condition that does not fade on its own. There are many, many, many different kinds, including Major Depression, Persistent Depressive Disorder, Bipolar Disorder, Seasonal Affective Disorder, Psychotic Depression, Postpartum Depression, Premenstrual Dysphoric Disorder, ‘Situational’ Depression, and Atypical Depression (webmd). “According to [the Mayo Clinic](#), people with depression actually have physical differences in their brain, and neurotransmitter and hormone imbalances that determine their condition, not to mention its severity” (Huffington Post, Hall). Major Depressive Disorder is the leading cause of disability in the United States in people ages 18 and older in a year.

Symptoms of Depression

To lead to a diagnosis of depression, symptoms must be present for at least 2 weeks. These symptoms include: extreme irritability over minor things, anxiety and restlessness, anger management issues, loss of interest in favorite activities, fixation on the past or on things that have gone wrong, feeling sad or having depressed mood, changes in appetite- weight loss or gain unrelated to dieting, trouble sleeping or sleeping too much, loss of energy, debilitating fatigue, increase in purposeless physical activity (e.g. fidgeting or pacing) or slowed movements and speech, feeling worthless, feeling guilty, difficulty thinking and making decisions, unexplained aches and pains, apathy, and finally, thoughts of death or suicide.

Even when treated, chronic Depression can have a devastating impact on a person's health, and can lead to alcohol or drug abuse, headaches and other chronic aches and pains, phobias, panic disorders, anxiety attacks, trouble with school or work, family and relationship problems, social isolation, overweight or obesity due to eating disorders (raising the risk of heart disease and type 2 diabetes), self-mutilation, and attempted suicide or successful suicide (Healthline).

Treatments

The most common treatments for Depression include antidepressant medication and psychological counseling. The medication may take several months to even begin working. Other methods of treatment include light therapy, transcranial magnetic stimulation (sending pulses to specific parts of your brain that regulate mood), and electroconvulsive therapy. Electroconvulsive therapy is the most effective treatment for

psychotic depression, and consists of sending electrical currents through the brain. Shock therapy, essentially. It is especially effective when combined with antipsychotics, antidepressants and cognitive behavioral therapy (Healthline). However, these drugs often have harsh side effects, and many are reported to not help the condition at all. Often times, physicians will have to up the dosage to patients multiple times to make a dent in their depression at all. Depression is a chronic condition, that even when treated with therapy and drugs, can make a person's existence painful.

Suicide in Modern Views

I want to make it very clear that I am in no way endorsing suicide. I personally have kickstarted programs in my hometown to talk to elementary and middle school students about depression, and have spoken in several venues on alternative options to suicide. However, this does not change that suicide becomes a real option to people who suffer from depression. Victims to this illness start to question the value of their lives because they are unable to complete daily tasks with efficiency or delight. People who take their own lives due to depression are often seen as selfish and weak, taking themselves away from their friends and family due to "sadness." However, to many people, depression is debilitating and without effective treatment. Much like a person who is undergoing extensive medical treatment for a physical illness, they are in continual, unrelenting pain. If the goal of euthanasia is to ease the suffering of someone with an incurable physical illness, why can't it be applied to mental illnesses? The more people learn about mental illnesses, the more compassion they are having to victims of suicide. They are starting to see it as an act of freedom, not a selfish

endeavor. ““Americans are responding with compassion to a tragedy that touches many families,” said Scott McConnell, LifeWay Research vice president. “For example, as researchers learn more about the effects of mental illness, people may be more likely to react to suicide with mercy” (Baptist Standard). In a poll conducted by LifeWay, only 36% of Americans see people who commit suicide as selfish. It’s becoming an epidemic in the United States; in a survey of 1,000 people, 36% had a friend or relative take their own life. Additionally, less and less people are believing their religion condones the behavior (Baptist Standard).

So, what does religion say about taking your own life? Across the board, it is deemed unacceptable. Islam, Buddhism, Native American Tradition, Daoist Tradition, and Catholicism are among the many faiths that say that actively taking a life before natural death is strictly against the guidelines of said faith. However, what if we apply the treatments for mental illness into the rules of euthanasia in these faiths? Instead of “life-sustaining treatment” only referring to feeding tubes and chemotherapy, what if we include expensive therapy sessions and a dependency on (lackluster) antidepressants? Often, it is seen in religious guidelines that death may be permitted if a person can no longer accomplish the practices that each religion indicates giving life value. “No longer accomplish” typically means that the person is unable to move, speak, or physically fulfill the requirements due to treatment; however, what if we look at this from the point that the person cannot fulfill their purpose because of the physical limitations and weakness their depression has forced upon them? They cannot pursue their relationship with their faith because half of the time they cannot even bring themselves to get out of bed in the morning? People suffering from depression arguably experience

just as much pain from their condition as people with physical illnesses do; only their illness does not *inevitably* cause their death. However, with the statistics found from WebMD, LifeWay surveys, Healthline studies and more, it appears to be that depression is a direct causation of suicide. Through this view, depression is what is killing, not people themselves. According to the World Health Organization, “by 2030, depression will outpace cancer, stroke, war and accidents as the world's leading cause of disability and death,” (Huffington Post, Melnick) If “forgoing treatment” means not doping people up on ineffective antidepressants and allowing them to find the solution that takes away all their pain, what does religion have to say about then? When changing the restrictions on the terms “life-sustaining treatment” and understanding depression as a debilitating condition, “suicide” is more so defined as “self-prescribed euthanasia.” Under this understanding, the faiths of Islam and Buddhism both have guidelines that make suicide morally acceptable. We are essentially not asking if suicide is okay, yet rather, “when are we allowed to die?”

Islam: Suicide

Like most religions, Islamic beliefs see direct suicide without purpose as one of the worst sins to be committed. “In Islam life is sacred: every moment of life has great value, even if it is of poor quality. Saving life is a duty, and unwarranted taking of life is a great sin.” (Filiz, 24), It is believed that if you fall ill, it is not only your duty, but your family and community's duty to seek treatment. Everyone is to help those who are in need. There is no believe in “bad lives,”; all life has intrinsic value and that should never be cut short. It is believed that suicide is disobedience, and negligence. It is a grave

sin, and after this life you will be sent to hell for such an action. There are two Qu'ran verses that came to my attention when researching the topic of suicide. Firstly, it plainly says, "'Do not kill yourselves, surely God is merciful to you [Qur'an 4:28]." (Brockopp, 179). Secondly, it is explained that taking one life, even if it is your own, is the equivalent of taking the lives of all humans. "'On that account We decreed for the Children of Israel that whosoever killeth a human being... it shall be as if he had killed all humankind.. And whosoever saved the life of one, it shall be as if he saved the life of all humankind" (Filiz, 24). Even when looking at painful, hopeless illnesses, taking a life before their natural death is refuted because "there is no human pain that cannot be largely conquered by medication or by suitable neurosurgery." (Brockopp, 182). Human dignity does not mean that you have a "right to die" when you believe it is your time, rather, the believer's dignity is rooted in their relationship to God. (Brockopp, 179). Humanly bodies are essentially "guestrooms" for the spirit that God has given to us. Life is a trust of God, and should be attended to with great care. Just as a guest should not destroy their guesthouse, or burn themselves within the walls of the home, those of the Islamic faith believe they "must try to please God by preserving life and health, promoting quality fo life and alleviating suffering." (Shomali, 22).

Islam: Euthanasia

Traditionally, euthanasia is seen as a morally wrong act. However, with the advances in modern medicine and the idea that a person may be left in suffering for ages on end has altered the structure of Islamic ethics slightly. Now, jurists are ruling that physicians and clinicians are not obligated to provide clinical treatments when such

treatments won't be effective or to have positive outcomes. While typically this is related to patients that will not "recover perception, are terminally ill, or are declared brain dead," (Padela), we must again ask if this can be applied to depression. Depression does not classify a person, technically, as "terminally ill"; however, it is often that a person with depression will never fully recover and will be a victim of the condition until death. If depression is a direct cause of symptoms that weaken a person to an alarmingly feeble state (lack of appetite, no sleep, loss of energy and slowed movements), what is the difference between two "almost-dead" patients? The physical illness will cause death over time, however, it is arguably said that depression will do the same.

Also, the attitudes of suicide *do* have some variance in traditional Islamic beliefs. Suicide and forms of euthanasia may be reflected in a more lenient manner when considerations for love and honor are taken into account. In one example from hadith literature, the Prophet recognize that suffering may make life unbearable. It states, "On the authority of Anas b. Malik, God be pleased with him; the prophet, God's blessings and peace be upon him, said: "Do not any one of you desire death out of any need which oppresses you. If there is no way out, then say: 'Oh God, revive me if life is better for me, or take me away, if passing away is better for me.'" (Brockopp, 128). In this prayer, survival and death are seen as equal, based on God's will- therefore, neither has intrinsic value. These differences in scripture calls for ambiguity when looking at euthanasia. It seems that even though intention seems important, examples of suicide and martyrdom both had the intent to die. It is also suspected, through the prayers that occur at funerals, that only God can determine the true intentions of those

who have taken their own life. “In the first case, human beings are relinquishing control over death to God, and in the second case, they are rejecting the “chance goods of this world” and recognizing that human life is not of intrinsic value. Therefore, the good death in Islamic theology and law embraces this teleology by focusing not on the pain and suffering of the world, but on God’s promise of eternal life in paradise.” (Brockopp, 190) Therefore, if killing yourself transgresses “God’s bounds” in one instance, could we transgress it in another? Who is to say that euthanasia from mental illness is not placing their lives in God’s hands, asking to free them of pain and let them join him in eternal life?

Buddhism: Suicide

Once again, every search of the admittance of suicide is a clear cut “no” in Buddhism. Suicide is condoned, and unlike Islam, they openly deny martyrdom as a purpose for killing oneself, despite the examples given in their tradition. Also unlike the prophets in the scripture that “yearned for death” in Islam, these Buddhist martyrs did not seek death as a final conclusion, yet rather accepted death as it may come in their course of duty. Keown compares this duty to that of a soldier who has thrown themselves down onto a grenade in order to protect the lives of his comrades. Death is accepted as a price to his action. (Keown, 58). Another example of suicide in Buddhist history isn’t even considered or given any weight because the example was fictitious, stemming from a genre of devotional literature which did not take ethics as it’s main concern. (Keown, 58). It is made very clear that “Buddhism is emphatic in its opposition

to suicide.” (Keown, 174). Not much is even said on the topic thereafter, simply because it seems like such a “clear cut” guideline.

Buddhism: Euthanasia

However, I again ask that we look at Buddhist tradition in a new light. In Buddhist beliefs, the purpose of life is to end suffering. There are three basic goods in life, and these fundamental values are held as “*basic goods*, using the terminology of *life, knowledge and friendship*.” (Keown, 43). These values are irreducible and intrinsically desirable. These elements are what determine that you have fulfilled your life as a human being. However, I would like to note that “friendship” is what is given as the value in Buddhism, however, it is more accurately explained as “compassion”, which is attained through friendship. (Keown). It is also held that the system used to reach spiritual enlightenment and reduce suffering, the Eightfold Path of Buddhism, otherwise known as the Middle Path or Middle Way, has defined objectives to complete. These include right thought, right speech, right conduct, right means of making a living, not slaughtering animals or working at jobs that force you to violate others, right mental attitude or effort, and right mindfulness, and right concentration.

Buddhism often talks about the suffering in life, and regards life as a *bad* thing rather than a good one. “The negative statements Buddhism says about life are usually in the context of life when it is lived wrongly. A great deal of suffering is self-inflicted and comes about through living in conflict with Buddhist teachings rather than in harmony with them. To counterbalance this, the sources extol the joy and happiness to be found in a life lived rightly.”(Keown, 43). However, to fulfill Buddhist teachings, we

would have to govern ourselves based on the values previously mentioned. Here I call your attention to the core principle of “compassion” and the paths of “right mindfulness” and “right mental attitude or effort.” People suffering from depression cannot fully meet the requirements set by these values. Apathy, a symptom of depression, is a strong lack of interest and concern. This condition makes it impossible for a person to truly feel and show compassion, to no fault of their own. Also, the path of right mindfulness is defined as “having a clear sense of one’s mental state, bodily health, and feelings.” (Dummies). Depression outright fights against this path! The condition in itself is a contradiction, clouding a person’s mental state with toxic thoughts, therefore interfering with their emotions and affecting their physical state. The “right mental attitude or effort” path states you must avoid negative thoughts and emotions, however, this is once again directly caused by depression. If a person is physically and mentally incapable of following the traditions and guidelines put in place by Buddhist tradition, how are they to relieve their own suffering? Especially when the answer to ending suffering in Buddhist belief is only accomplished by fulfilling said guidelines? It leaves people suffering from depression in an endless loop of hopeless escape, further disappointing their faith. Buddha explained that sorrow is caused by trying to hold onto things that do not last, such as health and material things. (ReligionFacts). Wouldn’t it then be that to end suffering and continue in their quest of enlightenment, the person should let go of exactly what Buddha said; their health?

Catholicism: Suicide

Depending on which generation you are, the Catholics have a more forgiving view on suicide. After a lengthy conversation with my mother and pastor (more lengthy than I was expecting), suicide was considered the ultimate sin. You were not allowed to have a proper burial, and it was a sure shot way to Hell. The explanation given was that God has a plan for you, and by cutting your life short you are denying the opportunity for God's plan to unfold for you. "The words of the "Our Father" — "thy will be done" — must be real for us. To commit suicide is to reject His "lordship" in our life." (Catholic Education). To take that power away from God, you do not deserve his mercy. However, after a little internet research, I have found that Catholicism has changed this ideal, now allowing a proper burial and mass for the person who has killed themselves. However, it is still a sin, and violates several Christian traditions.

Catholicism stresses greatly that God is the giver of all life, and that we are all made in God's image and his likeness (Genesis 1:27), with a body and a soul. Therefore, our lives are sacred from birth to death, and nothing can justify taking this life away. The preservation of our lives is something that is obligatory, not optional. "The Catechism asserts, "Everyone is responsible for his life before God who has given it to him. It is God who remains the sovereign Master of life. We are obliged to accept life gratefully and preserve it for his honor and the salvation of our souls. We are stewards, not owners, of the life God has entrusted to us. It is not ours to dispose of" (#2280)." (Catholic Education). The Church teaches that suicide is wrong; it contradicts the Fifth Commandment, which states you must honor your mother and father. It goes against the love of yourself, the love of God, and the love of the ones around you whom you

leave with grief, loss, and bewilderment. *However*, “You won’t find anything in that teaching about going to Hell.” (Catholic Digest).

Now, prayers are offered to those who have committed suicide. Burial with dignity in consecrated ground. Previously, it did not occur that way, and the Christian burial was denied to victims of suicide. However, the Church admits, “There may have been another denial at work in those days, too — denial of our inability to understand the pain. We assumed that those who chose to take their own lives were acting freely and under no psychological distress or illness. Or worse, there may have been a denial of responsibility to try to understand the pain.” Is it now understood that suicide is one of the only options that people with mental illness have left. Christians teach through worship, and on occasions in which suicide has happened, the Church will stress the divine mercy that God has for his subjects. Psalm 103 outlines the dimensions of God’s mercy- “as far as the east is from the west, as high as the skies are above the earth.” Therefore, it is taught that there is a Hell, but it is God’s decision upon who is damned to go there. (Catholic Digest).

Catholicism: Euthanasia

Active euthanasia is forbidden by the Principle of Double Effect. However, it is discussed that drugs can be administered that lessen the pain of those who are suffering, so long as they don’t “directly” cause the death. The guidelines of whether or not forgoing treatment or ceasing treatment on an ill person is dictated on whether or not it requires “ordinary” or “extraordinary” means of extending life. “Treatment was

said to be extraordinary if it was painful, caused great hardship, or was expensive.....

Here, the treatment itself may be inexpensive and not cause any great discomfort, it is extraordinary and therefore optional if the benefits it promises are slight or nonexistent when seen in the context of the patient's overall condition." (Kelly, 130). This decision is a moral one, not a medical one. It's a question of whether or not the human benefits no longer outweigh the human burdens. It states that there is no moral obligation to preserve life at all costs.

In making the decision on whether or not the care is ordinary or extraordinary, there are several things that can be considered. "In the list of things to consider in the decision, the chance of success, the degree of invasiveness, pain and patient fear; the likely outcome; the social cost....; the needs of others; the patient's readiness for death; the patient's likely condition after successful treatment and partial success. And a person may rightly consider financial costs among the burdens." (Kelly 130). I would like to call careful attention to the patient's *readiness for death* and *financial burden* in reference to people who wish to commit suicide. Antidepressant medication and constant psychotherapy cause constant financial stress, which may not cease until the person dies. As aforementioned, often times therapy and antidepressants do not even leave a dent in the pain that they feel. This contributes to the condition of the person after the treatment, seeing that success is unlikely. People who are suffering from depression and other mental illnesses may simply not know any other options to cause an end to their suffering. Upon looking at it in this light, we can take into account that "The first pillar on which the current American consensus is based is the general agreement that not all medical treatment that prolongs biological life is of human benefit

to the patient. Thus, some life-sustaining treatment can be forgone.” (Kelly, 126). If the person decides that any of these factors lead the treatment of their depression to be considered extraordinary, it is no longer considered suicide. “Refusing “extraordinary” means is not suicide but more accurately understood to be humbly accepting the inherent limitations of the human condition and letting a fatal pathology run its course.” (Radio Vaticana). The Church now looks at killing oneself as something that no one can appreciate because of the unimaginable pain that is the ultimate explanation of the action. “No one, therefore, can judge a person whose choice we cannot fathom, whose life we can remember, but cannot restore, and whose pain we cannot understand.” (Catholic Digest). It is a matter of God’s mercy, and is no longer deemed an unforgivable sin in any regard.

Conclusion

Pills for breakfast, pain for dinner. Depression is as much as an illness as any physical one, and causes it’s victims to endure terrible amounts of pain. Today we posed the question, “Can the guidelines concerning life-sustaining treatment concerning physical illnesses be applied to mental illnesses in relation to end-of -life causing decisions?” Upon looking at what depression is, and how this mental illness can leave their victims in a state of constant pain, we have been able to apply the guidelines set for terminal physical illness to people with depression. Both Islamic and Buddhists beliefs state that the outright killing of oneself or others is wrong in every sense, and will be dealt a heavy penalty in each respective “afterlife.” The Catholic tradition has now granted forgiveness for those who have taken their own lives due to an understanding

of God's mercy and the amount of pain the person was under when making such a decision. However, when we view what is suitable for euthanasia, the line of "right" and "wrong" becomes heavily skewed in Islam and Buddhism, peppered with misconceptions probed by martyrdom and the inability to fulfil one's purpose. Lenience is found in both traditions when looking for acceptable times to take one's own life. Catholicism asks the question of if the treatment the person would have undergone would be "ordinary" or "extraordinary"; and if the treatment is considered extraordinary, then it is not a sin to let a person die. Under this understanding, the faiths of Islam, Buddhism, and Catholicism have guidelines that make suicide potentially morally acceptable.

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