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Treading the Line between Natural Death and Euthanasia in Catholicism, Islam and Buddhism

Benjamin Franklin, one of America's Founding Fathers, once said, "In this world nothing can said to be certain, except death and taxes." Leaving aside taxes, death has indeed been the only inevitable and consistent part of life throughout humanity's existence. But while there is a consensus that life must end sooner or later, there remains much debate as to how, when and under what circumstances life can or should be allowed to end. Religions are highly engaged in this debate. Catholicism, Islam and Buddhism are three major world faiths that are worth examining to describe, compare, explain and evaluate their approaches to handling end-of-life issues. Despite the reverence for human life shared by Catholicism, Islam and Buddhism, each of these religious traditions has grounds on which death can be allowed to occur sooner than medically necessary. Ultimately, however, all of them are unable to make the leap to accepting euthanasia as a permissible way to die. Discerning the difference between what these faiths consider a "natural" death and what they consider to be euthanasia or "killing" of an ill person and whether these distinctions are valid should reveal some important implications of these faiths' approaches to death and dying for society in the twenty-first century.

In his *Contemporary Catholic Health Care Ethics*, David F. Kelly finds that Catholicism bases its reverence for human life on the concept of the dignity of the human person. This concept stems from "two theological bases: creation and redemption" (10). From a Catholic perspective, God endowed humans with dignity when he created them and human dignity endured despite the sin that tainted it because of the redemption part of the concept. Jesus was

sent as a savior and restored the dignity of the human person, which "serves as a basis for the theological anthropology that grounds health care and health care ethics" (10). The dignity of the human person concept means that "Humans are intrinsically worthy" of life because "God has said yes to human life" (11). Because of their intrinsic worth, humans cannot lose or be stripped of their God-given human dignity. The dignity of human life is elevated to be close to that of God by having "dominion over the rest of creation" and exercising "authority in God's name over the earth and the animals" (12). Catholics do not position human life as above or equal to God, however, as Kelly writes, "God never intended to make us God. What God did was create a "good creation." And in that creation, the creature *ha adam* – humankind – was of very special worth" (13).

Catholics employ a method called the principle of double effect to determine if a medical procedure that results in the death of a patient sooner than medically necessary is morally consistent with the dignity of the human person concept or not. The principle of double effect has four conditions that must be met in order for Catholics to accept the medical procedure: "(1) The act in itself must not be morally wrong. (2) The bad effect must not cause the good effect. (3) The agent must not intend the bad effect (as an end to be sought). (4) The bad effect must not outweigh the good effect" (105). Through the PDE, Catholics are able to justify allowing death to occur sooner than medically necessary in some instances. However, the PDE blocks other procedures that can bring about death sooner, particularly physician-assisted suicide and euthanasia. Allowing death to occur from a treatable illness is clearly unacceptable as an immoral act under the PDE. Kelly writes, "It is clear that a consistent understanding of the distinction between killing and allowing to die requires this insistence that some incidents of allowing to die, even though they are not killings in the sense of what physically causes death,

may nonetheless be morally wrong" (133). Kelly legitimates both withholding and withdrawing life-sustaining treatment under the PDE as acceptable ways to allow death to occur sooner than medically necessary because "assuming the burdens outweigh the benefits, it is the nonuse of extraordinary means and is normal procedure in American hospitals" (133). Withholding and withdrawing life-sustaining treatment are able to pass the first condition of the PDE when the treatment is seen as "morally extraordinary" and therefore going above and beyond the effort morally required to preserve human life (133). Withholding and withdrawing can pass the second condition of the PDE when doing so allows death to occur from an illness that cannot possibly be cured. The act of withholding and withdrawing in these cases causes the good effect of medical professionals and families not being "forced to maintain useless and unwanted treatment," which then causes the bad effect of the patient dying sooner than medically necessary (133). Kelly writes of passing the second condition of the PDE, saying, "the act might cause the good effect, which then in turn causes the bad effect – this passes the PDE's second condition" (106). Withholding and withdrawing can pass the third condition as long as the medical professionals and family members making the decision hope for the patient to recover but do not want to continue a treatment that has no chance of bringing about that outcome. Finally, withholding and withdrawing can pass the fourth condition assuming that the death that results is seen as less significant than the peace of mind and financial relief from costly medical treatment gained by the friends and family of the patient. Pain relief is trickier to legitimate since unlike withholding and withdrawing it can proactively speed up the dying process from what would naturally occur otherwise. However, Kelly believes Catholics can justify this because the pain relief and dying occur alongside each other. Using the PDE, he states, "The bad effect, death, is not caused by the good effect, pain relief. Rather the "act in itself" causes both with equal immediacy" (134).

Physician-assisted suicide and active euthanasia, which is "any act that of itself brings about or hastens the death of a dying person", are both considered direct killings by Catholics and thus violate the first condition of the PDE. These methods of dying are directly intended to cause death and so do not show the respect for the dignity of a human person that Catholicism is built on.

Reverence of human life is present in Islam as well. In his "Islamic bioethics: a general scheme," Mohamamd Ali Shomali writes, "All forms of life are precious and are considered as signs of God. However, among all forms of life in the material world, human life is the most outstanding and the most precious" (2). Human life is placed above all other forms of life except God himself in Islam, which helps explain why in Islam "Killing an innocent person not only is considered as a criminal act (i.e. murder), but also represents an underestimation or an insult to human life as a whole" (2). Sahin Filiz puts value of human life in Islam in even starker terms in his *The Place of Bioethics Principles in Islamic Ethics*, writing, "Human life is very valuable; killing a soul is like killing all humanity, and saving a soul is like saving all humanity" (16). Human life is valued by Muslims in part because they see themselves as not controlling it at all. Shomali writes, "God is the only source of life […] Not only just God gives life, but also just God brings life to an end" (3). With God controlling everyone's life span and humans "[having] no control or even complete knowledge of our existence or life" it makes sense for Muslims to believe that life is something that "is not up to us to take it away" (3).

Islamic scholars and schools of thought have made it clear that despite the high value Islam places on human life, there is room in the faith for allowing death to occur sooner than medically necessary. Jonathan E. Brockopp describes in chapter 8 of his book *Islamic Ethics of Life: ABORTION, WAR, and EUTHANASIA* the complex position of the rector of al-Azhar

University Muhammad Sayyid Tantawi on permissible and impermissible forms of deaths which "makes several fine distinctions: between euthanasia as killing and as letting die; between the intention to ease pain and the intention to accept God's decree; and between actions of suicide, homicide and natural death" (179). These distinctions demonstrate some wiggle room in the Islamic bioethics of death and dying. For example, because "death is explicitly an act of God" and death for Muslims is "separation of soul and body – an act that only angels and a few very pious individuals can witness" it makes sense that medical procedures to delay an inevitable death could be construed as "resisting God's will, a stance which could consign the soul to hellish torture" (181). Therefore, allowing death to occur naturally without interference would be permissible. Brockopp further writes, "The traditional Islamic sources see the precise act of dying is less important than the teleology of death" (189). In other words, as long as the human body is properly respected after death, there is some room for death to be permitted to occur uninhibited and allow the process of God separating the soul from the body to play out. Aasim I. Padela covers the views of four Sunni Islam schools of law on medical treatment and death in his text "Islamic perspectives on clinical intervention near the end-of-life: We can but must we?" The Hanafi, Shafi, and Maliki schools basically are of the view that medical treatment should be sought out but that it is not obligatory unless the treatment is guaranteed to save life. This opens the door to not having people with terminal cancer, for example, undergo chemotherapy treatments that will not ultimately save their lives but instead prolong their suffering and cause more pain (ex. nausea). The Hanbali school is more extreme than the others in that it believes "seeking medical treatment is permissible but abstaining is superior" (5). Such a view suggests that weathering an illness without the help of medicine shows strong faith in God and ability to resist a sinful thing (illness). Padela also introduces the concepts of *karamah* and *hurmah* which

are "often translated as dignity and inviolability respectively" (9) Because of the concerns about maintaining the *karamah* and *hurmah* of the body, Padela argues that in Islamic bioethics "decisions about courses of medical care, particularly near the end-of-life, must balance the posited benefits attached to clinical procedures against the threats to *karamah* and *hurmah* via the violation of bodily integrity and appearance" (10). Therefore, highly intrusive methods of prolonging life that tread on *karamah* and *hurmah* are likely to be discouraged in Islam in favor of letting the dying process take its course. However, Muslims do not readily accept euthanasia as Shomali says, "Muslim jurists regard euthanasia as an act of murder," and he cites Ayatollah Makarim Shirazi's declaration that "*Killing a human being even out of mercy* (*euthanasia*) *or with the consent of the patient is not allowed*" (8). Filiz concurs, stating, "Modern fatwas do not dwell on the different types of euthanasia and generally do not go beyond the distinction between active and passive euthanasia, condemning them both as murder" (34). Filiz does, however, set conditions under which life-support systems can be withdrawn and declares, "Islamic ethics does not approve of a person being in pain so that he or she may simply remain alive" (34).

Turning to Buddhism, Damien Keown in his text *Buddhism and Bioethics* posits life as one of the three basic goods of Buddhism, along with knowledge and friendship. Keown writes, "To say that life, knowledge and friendship are *good* is to say that these are the things which make for fulfilled life as a human being" (43). Not only do Buddhists value life because of the inherent need to have life in order to live a fulfilled life but also because life is good in and of itself, making it "intrinsically desirable" (43). In addition to being a basic good, life draws its importance in Buddhism from "the principle of non-injury (*ahimsa*), a principle so central to Buddhism that one text can claim 'Non-injury is the distinguishing mark of Dhamma" (44). It is key to note, however, that despite Buddhism's absolute aversion to bringing harm to life this

does not mean that Buddhists are morally required to preserve life at all costs. Keown says, "Belief in the 'sanctity of life' should not be understood as a commitment to 'vitalism' (the belief that life must be preserved at all costs) but as the notion that intentional killing always represents a failure to respect the inalienable dignity of living creatures" (45). The reverence Buddhism shows for human life is also marked by the distinction it makes between Karmic life and other forms of life. Keown says there are two categories of life for Buddhists, "those forms of life which can attain nirvana and those which cannot" (45). Human life can follow the teachings of the Buddha and achieve nirvana, constituting the highest form of life. Even though animals are also considered karmic life, their lives are not as revered as human lives by Buddhists because "Although the remarkable capacities of certain animal species are now well documented, few, if any, would be equipped, for example, to apprehend the truths of Buddhist doctrine intellectually" (47). Since nirvana ends the cycle of rebirth that Buddhists identify as the continued source of suffering, it is not surprising that showing respect for human life, the form of life best equipped to achieve nirvana, is seen as a "universal moral imperative" (45).

Given the respect Buddhism holds for human life, there is strict opposition to euthanasia but acceptance of allowing people to die sooner than medically necessary in certain cases. The key concept that allows for this differentiation in Buddhism is intent. The first precept for Buddhist laymen is not to take life and Keown discusses a series of cases in Buddhism where life was taken, concluding, "We might sum this up as the principle that *death itself should never be directly willed either as a means or an end*" (173). This principle is why euthanasia is never allowed in Buddhism as "In euthanasia, it is always the physician's will that the patient should die" (175). Keown finds that the intent to end human life is what makes withdrawing feeding tubes from a persistent vegetative state (PVS) also immoral from a Buddhist perspective. He

finds that PVS patients are clearly alive as "they are not dependent on life-support machines and are capable of remaining alive for many years if supplied with nourishment" (165). The fact that PVS patients are dependent on others for their care is not seen by Buddhism as something that lessens the value of their lives or the moral imperative to extend compassion towards them. Withdrawing a tube that provides food to a PVS patient is not seen by Buddhists as allowing for death to naturally occur as would have happened if the tube hadn't been inserted in the first place but rather an active act of murder because as with a murderer killing someone with a gun or a knife the intent of the doctor withdrawing the tube is for the patient to die. There seems to be a moral difference in Buddhism between withholding and withdrawing medical treatment, however, as Keown writes, "The fact that the physician decides to withhold treatment, however, does not mean that he intends the patient to die, as would be required for euthanasia, even though he believes there is every likelihood of this being the outcome" (176). It appears a physician can withhold treatment because he or she knows it will not be effective in restoring the patient to health yet it is harder to justify withdrawing treatment since the intent will often be, as is the case with PVS patients, to end life. Keown explains that pain relief that hastens death is morally justified by Buddhists on the same grounds as withholding treatment, explaining that the physician's intention for the patient is "freeing them from pain" and not "choosing against life by willing their death" (176). Even with PVS patients, however, there is some room for allowing death to occur sooner than medically necessary as Keown explains that the prohibition against intending death does mean "*that there is a duty to go to extreme lengths to preserve life at all costs*" (167). On this basis, Keown claims that there is no "requirement to perform surgical operations such as organ transplants on PVS patients" or to "treat subsequent complications, for example pneumonia or other infections, by administering antibiotics" (167). Keown makes a

similar point for elderly or terminal patients, stating, “It is far more important to assist patients in developing the right mental attitude towards death rather than attempting to deny or postpone it” (186).

Having described the ways in which Catholicism, Islam and Buddhism display reverence for life and differentiate between acceptable ways of allowing death to occur sooner than medically necessary and euthanasia, some similarities and differences between the beliefs and practices of these faiths in regard to death and dying can be discerned. Starting with reverence for human life beliefs that guide each faiths approach to death and dying, one similarity is that all three share a belief in the intrinsic value of human life. Catholics base their belief on the dignity of the human person concept, while Buddhists base their belief on the idea that life is “good.” Muslims find intrinsic value in life from their belief that it is a sign of God. Furthermore, all three faiths place human life above other forms of life. Catholicism and Islam place the importance of human life just below that of God, while Buddhism bases the preeminence of human life over other forms of life on the ability of humans to best each nirvana. Naturally, there is a big emphasis on not harming life shared by these three faiths. Buddhism expresses this emphasis on not harming life through the centrality of the non-injury principle of ahimsa to the faith, while Islam’s equating of the killing of a human with an insult to all humanity or killing of all humanity makes clear the severity of harming life in that faith. The emphasis on not harming life is more implied than explicit in Catholicism, wrapped into the dignity of the human person concept. Catholicism, Islam and Buddhism are mostly similar in the beliefs that shape their reverence for human life, but there are some unique aspects. Buddhism derives part of its reverence for human life from their belief that humans can end the cycle of rebirth that prolongs suffering. Catholicism and Islam do not share Buddhism’s belief in reincarnation and therefore

don't place value on human life because of any ability to end the cycle of rebirth. Islam has a strong belief in the control God asserts over their lives and lifespans. Buddhism does not derive the value it places on human life from a belief in God, while Catholicism seems to focus more on God creating and elevating humanity than on God controlling humanity.

Turning to the differentiation Catholicism, Islam and Buddhism make between ways of allowing death to occur before medically necessary that are permissible and euthanasia, there are some striking similarities but obviously some key differences as well. Islam stands out from the other two faiths in the concern it expresses for the condition of the physical body, aside from pain, during the dying process. The concepts of *hurmah* and *karamah* and avoiding violation of the body's integrity and appearance appear to be concepts and concerns in Islam's approach to end-of-life issues that are not shared by Catholicism and Buddhism. Islam also seems to be alone among the three faiths discussed in its allowance for the idea that medical procedures that delay death could be messing with God's will and thus invoke his wrath. To be sure, Catholicism and Buddhism have their own reasons for not carrying out medical procedures that simply delay death but the timing of death by God is not one of them. Also, the Hanbali school of law within Sunni Islam is distinct from Catholicism and Buddhism in its claim that abstaining from medical treatment is superior to accepting it. However, Islam does share many beliefs with Catholicism and Buddhism on death and dying such as the idea that a person should not be kept in pain just for the sake of being alive. This belief is embodied in Catholicism and Buddhism through those faith's acceptance of pain relief as morally acceptable medical treatment even if it does hasten death. There is also some degree of agreement on the permissibility of withdrawing and withholding medical treatment among the three faiths. Catholicism permits and equates withdrawing and withholding as morally the same and equally just using the PDE, while Islam's

Hanafi, Shafi, and Maliki schools of law do not require medical treatment to be sought unless there is a guarantee that life will be saved. Buddhism is stricter on withdrawing treatment than the other two faiths, denying its moral validity in the case of PVS patients, but there is a general Buddhist acceptance of the idea of not administering medical treatments if it will only prolong a person's suffering. Buddhism shares with Catholicism a focus on intent as a crucial criterion for drawing the line between euthanasia and allowing death to occur "naturally," while Islam seems to simply declare euthanasia wrong. Buddhists derive their focus on intent from the first precept for Buddhist laymen, while the Catholic focus on intent comes from their PDE. Finally, Buddhists appear to be distinct from the other two faiths in their focus on patients developing the right attitude towards death, which does not seem to be as much a concern for Muslims and Catholics.

The similarities Catholics, Muslims and Buddhists share in how they distinguish between euthanasia and acceptable ways of allowing people to die sooner than medically necessary can be traced to the balance they all hold between their reverence for life and their appreciation for a higher power and something after death. Catholics and Muslims derive their reverence for life, generally speaking, from their admiration for the God who created it, while Buddhists derive their reverence for life primarily from the idea that human life is the form of life best able to achieve nirvana. In all three faiths human life is not important just because of what humans do while on Earth but rather because of the spiritual significance it holds. Catholics, Muslims and Buddhists cannot deliberately end human life because though some may think it is the best thing to do in the long run for the patient, doing so would harm their connection with God or karma. The need for these religious practitioners to truly maintain the reverence for life that their faiths dictates makes it impossible for them to make the leap to allowing a direct assault on life.

However, it is the same higher powers that Catholics, Muslims and Buddhists derive their reverence for life from that also compel them to allow death to occur sooner than medically necessary. Catholics and Muslims belief in heaven, an afterlife where humans will live in bliss and perfection, while Buddhists belief there is potential for humans to become part of nirvana and no longer suffer. These religious practitioners value life but do desire to reach heaven or nirvana sooner or later. There also is a general aversion to people being in pain by these three faiths as a result of the reverence of life that they share. Therefore, it makes sense that all three faiths are against extending life when there is no chance of ultimately saving the person, the person is in pain and bliss awaits that person after death. Catholics, Muslims and Buddhists don't aim to intentionally hasten death, but their faith isn't predicated on preserving life alone. Accepting what the higher powers have in store for people is part of their faiths too. As for the differences that exist among Catholicism, Islam and Buddhism in some of their reasons for supporting allowing people to die sooner than medically necessary, most of these can be chalked up to historical "accident." It's unclear why Muslims developed the concepts of *hurmah and karamah* but Catholics and Buddhists did not. The same applies for the Islamic thought that delaying death through medical treatment could invoke God's wrath as well as the Hanbali school of law's idea that abstaining from medical treatment is superior to accepting it. In the case of the fairly unique Buddhist belief that developing the right attitude towards death is more important than delaying it, a fair guess would be that this relates to the Buddhist's faith overall focus on meditation as the key to traveling the Noble Eight Fold Path and ultimately achieving nirvana. The stricter stance of withdrawing medical treatment that Buddhism holds in the case of PVS patients, however, probably can only be chalked up to historical "accident" as well.

Having described, compared and explained the beliefs and practices in Catholicism, Islam and Buddhism surrounding these faiths differentiation between euthanasia and allowing to die sooner than medically necessary, it is clear that in order to evaluate the validity of where these faiths "draw the line," one must decide if whether "it's not the destination, it's the journey" applies or if it's just the destination that matters. If it's the journey that matters, then the differentiation that these faiths make in the way death and dying occurs is valid. If it's the destination that matters, however, then the differentiation is of little consequence since the destination in the case of both euthanasia and allowing to die sooner than medically necessary is death. Therefore, practitioners of Catholicism, Islam and Buddhism would be seen as improperly implementing their respect for life by banning one form of bringing life to and end but not another. However, the cliché "it's not the destination, it's the journey" likely is the better way to assess the way these faiths draw the line. Religions are not geared towards events that happen at one moment in time but rather the whole life cycle that people experience. Death will of course happen to everyone regardless of what is done or not done but what is done or not done matters in the sense that it determines if Catholics, Muslims and Buddhists truly have lived up to the reverence for life that their faiths require. Using the cliché, it can be said that the differentiation between euthanasia and allowing to die sooner than medically necessary that these faiths make is valid. Interfering with a person's life cycle by enacting euthanasia can rightfully be seen as a breach of that person's right to complete their journey to death. Allowing to die sooner than medically necessary, however, is simply allowing a person's journey through their life cycle to proceed uninhibited. In the case of pain relief that hastens death, it is not so much interference in one's journey as it is smoothing out path on the journey the person is taking towards death. The journey cannot be appreciated if a person is in pain and Catholicism, Islam and Buddhism rightly

take this into account. The line these faiths draw between euthanasia and allowing to die sooner than medically necessary shows their proper appreciation for the complexities that surrounding the dying process rather than a single-minded, reductive focus on the destination of death that we all reach sooner or later.

Going forward, the line that Catholicism, Islam and Buddhism draw between euthanasia and allowing death to occur sooner than medically necessary provides much needed flexibility for practitioners of these faiths and perhaps a template for the rest of society in approaching issues of death and dying in the twenty-first century. Medical innovation will only continue to increase the options for prolonging life and potentially blurring the line between life and death. Markers laid out by Catholicism, Islam and Buddhism like whether a person is in pain, if there is ultimately any chance of treating the underlying condition a person has and the intent of doctors and families in the choices they make with or for patients will help ensure that the focus of religion and society in life and death remains not on the destination, but on the journey.

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