



LIVING FAITH: EVERYDAY ETHICS FOR ORDINARY CHRISTIANS

AUTONOMY & AGONY AT THE MARGINS OF LIFE





Theological Anthropology



What a Human Being IS





What a Human Being **IS**



What a Human Being is **FOR**





ESSENCE

Human Being



PURPOSE





Human Being

ESSENCE

MIND & BODY

SPIRIT & FLESH

ANIMAL & PERSON

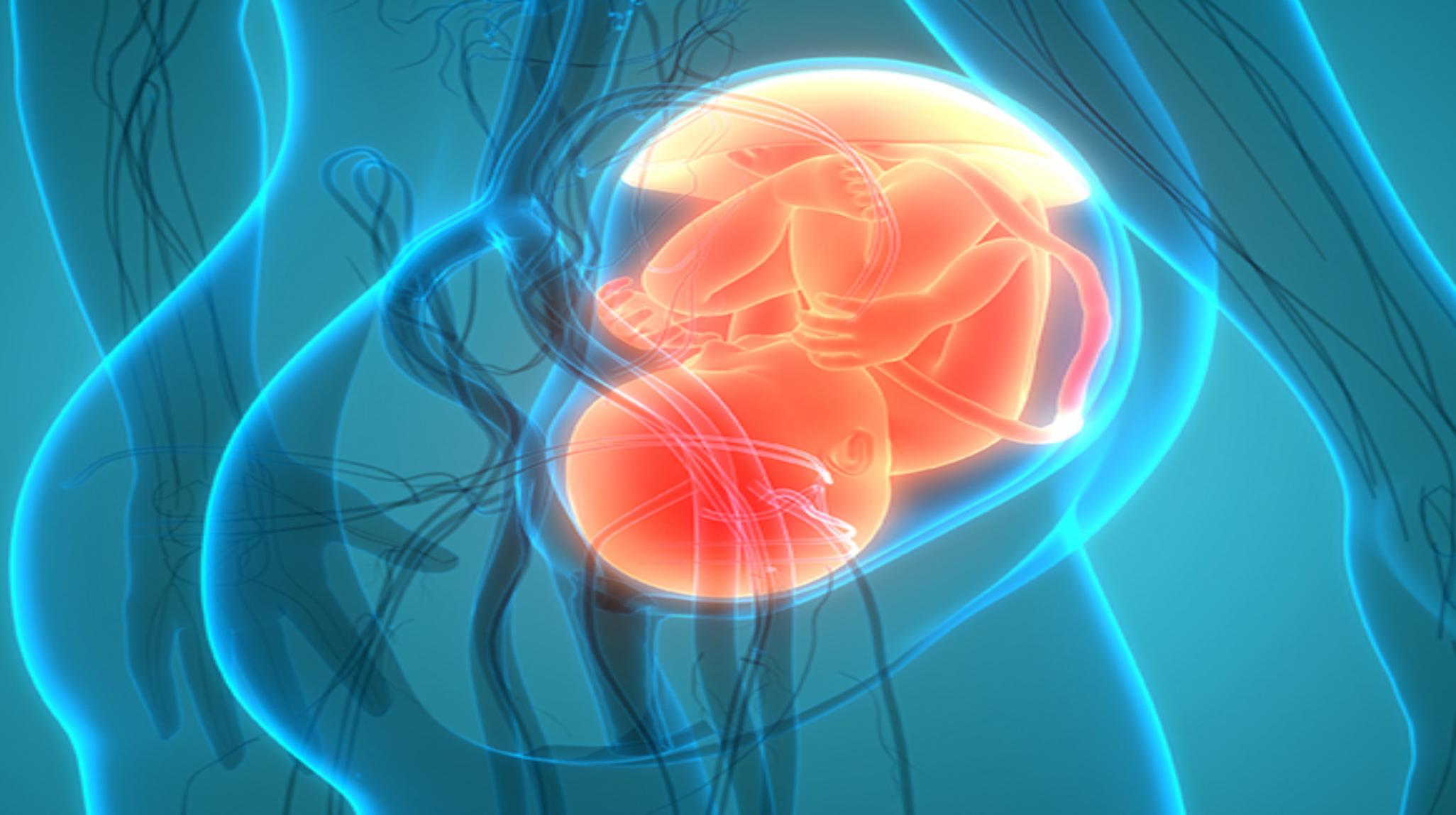
BIOLOGY & PSYCHOLOGY





COMMITMENTS (ABSOLUTISM)
CONSEQUENCES
(CONSEQUENTIALISM)

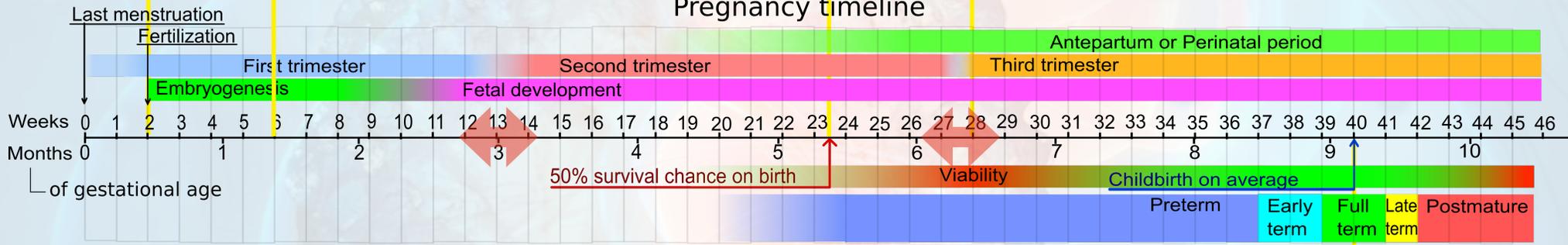
CHARACTER
(EUDAIMONISM)



Fertilization
Conception
Implantation
"Ensoulement"

Viability

Pregnancy timeline



Parturition

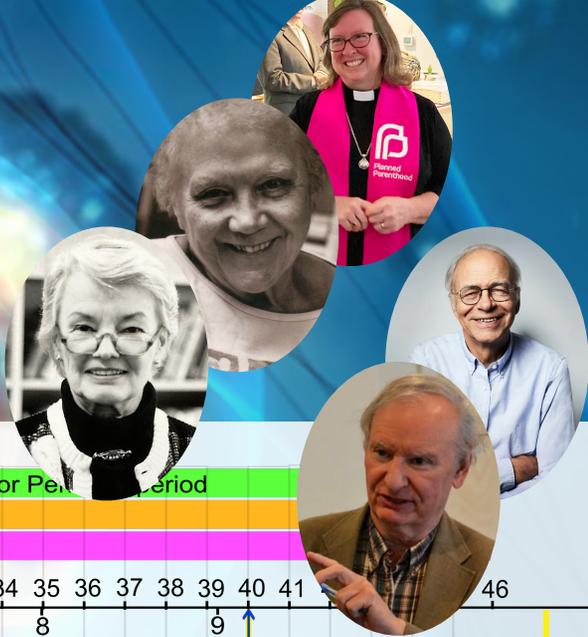
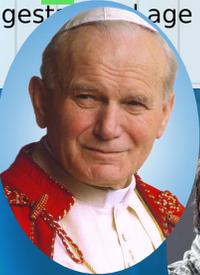
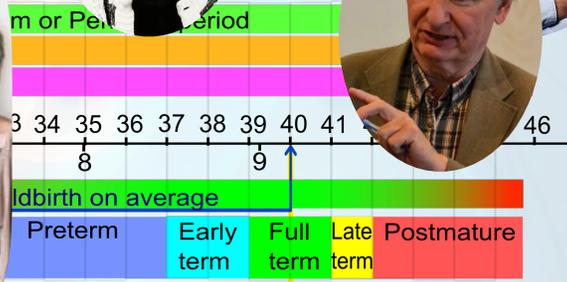
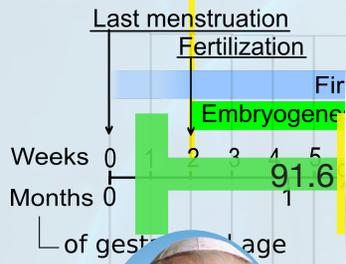
Maturation

Conception

"Ensloulment"

72% Oppose Unrestricted Abortion

Viability



"Quickening" Test

Pain Threshold

Parturition

Maturation

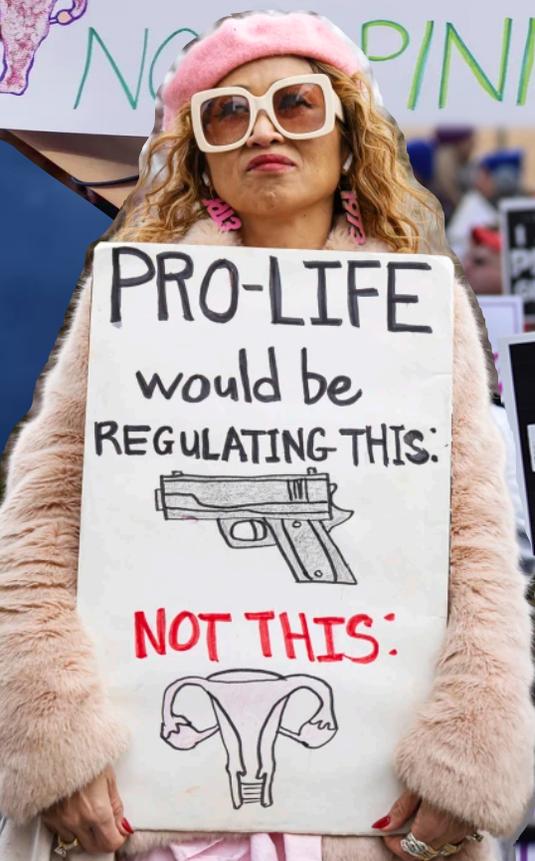
PUBLIC CERVIX
ANNOUNCEMENT:
NO UTERUS
NO OPINION

Keep your
ROSARIES
off my
OVARIES

PRO-Woman
PRO-LIFE

KEEP ABORT EG

DONT TREAD
ON ME



STUDENTSFORLIFE.ORG
I AM THE
PRO-LIFE
GENERATION

THE
HUMANS

SAFE + LEGAL
ABORTION
PRO-LIFE

STUDENTSFORLIFE
AM T

PRO-LIFE

@JUSTICE
ALITO THE 7

I VOTE
PRO-LIFE

I Had An
Abortion
MyRightToLife

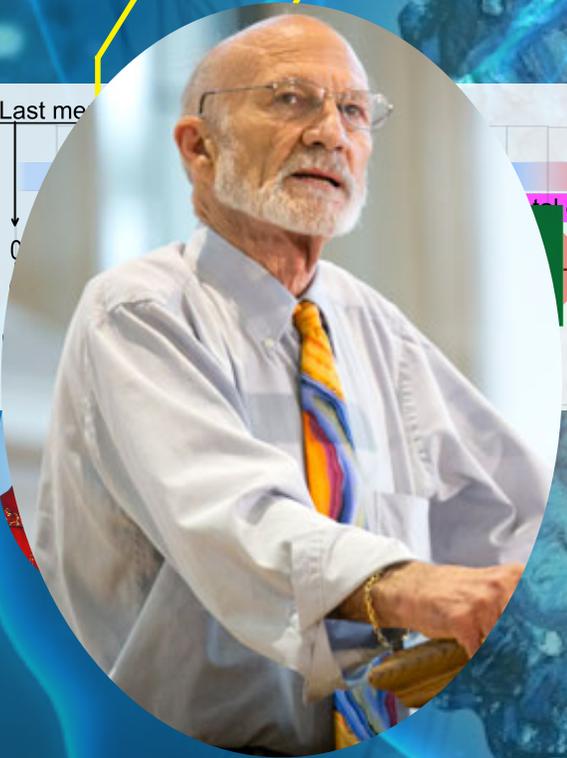
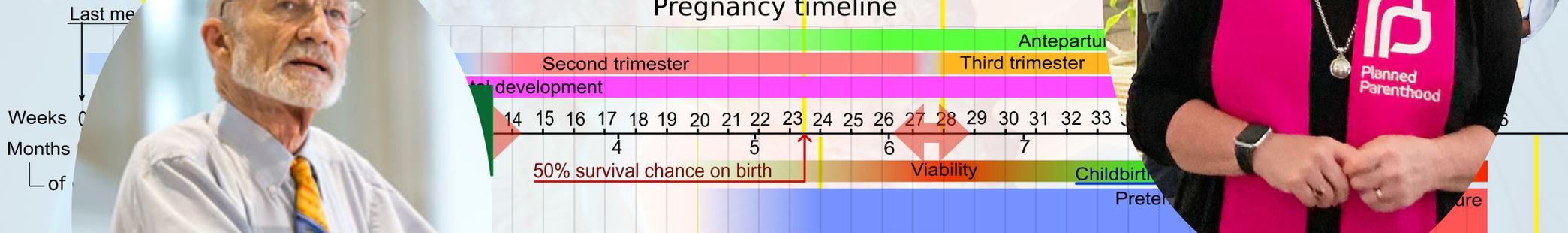
ABORTION ACCESS
IT'S ABOUT GETTING AND
MAINTAINING ACCESS

Conception

"Ensolement"

Viability

Pregnancy timeline



"Quickening" Test

Pain Threshold

Parturition

Maturation

Trust Women

A

PROGRESSIVE CHRISTIAN
ARGUMENT FOR
REPRODUCTIVE JUSTICE

Rebecca Todd Peters





BECAUSE THE CURRENT AVAILABLE LANGUAGE
IS INADEQUATE, MORALLY LOADED, OR BOTH,
I HAVE COINED THE TERM “PRENATE” ...
FROM CLINICAL AND EMOTIONALLY-
DETACHED SCIENTIFIC TERMS... TO
EMOTIONAL AND MORALLY-LADEN
TERMS... OUR WORDS ARE CHARGED.

Rebecca Todd Peters
— Rebecca Todd Peters (*Trust Women*, 5)

REORIENTING & REFRAMING:

- ▶ Justificatory Paradigm (Presumed Guilt)
- ▶ Procreative Presumption (“Opt-Out”)
- ▶ Motherhood as Sociomoral Obligation
- ▶ PRIM Exceptions (Prenatal Health, Rape/Incest, Maternal Health/Life)



REORIENTING & REFRAMING:



- ▶ Reproductive Justice Paradigm
- ▶ Unitive Presumption (“Opt-In”)
- ▶ Motherhood as Sociomoral Vocation
- ▶ Holistic Considerations (Vocation, Family Situation, Medical Care, Resources)

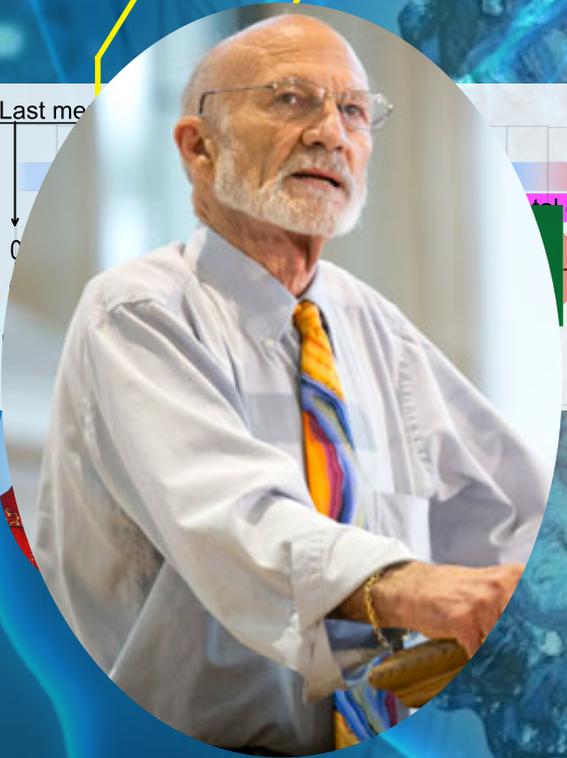
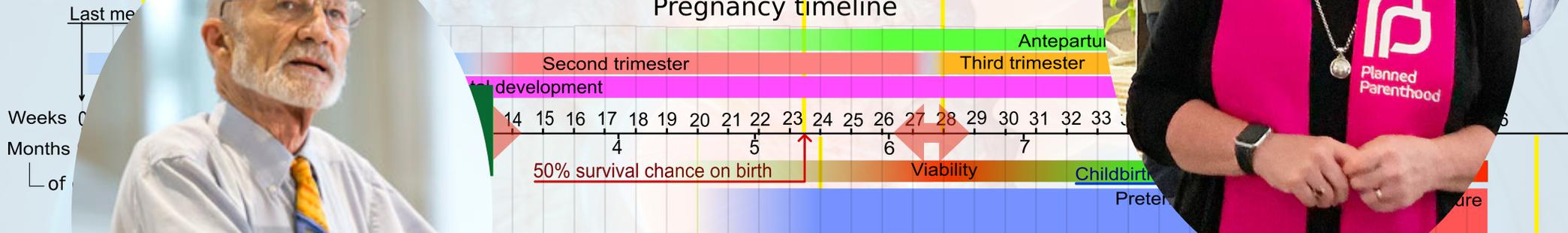


Conception

"Ensoulement"

Viability

Pregnancy timeline

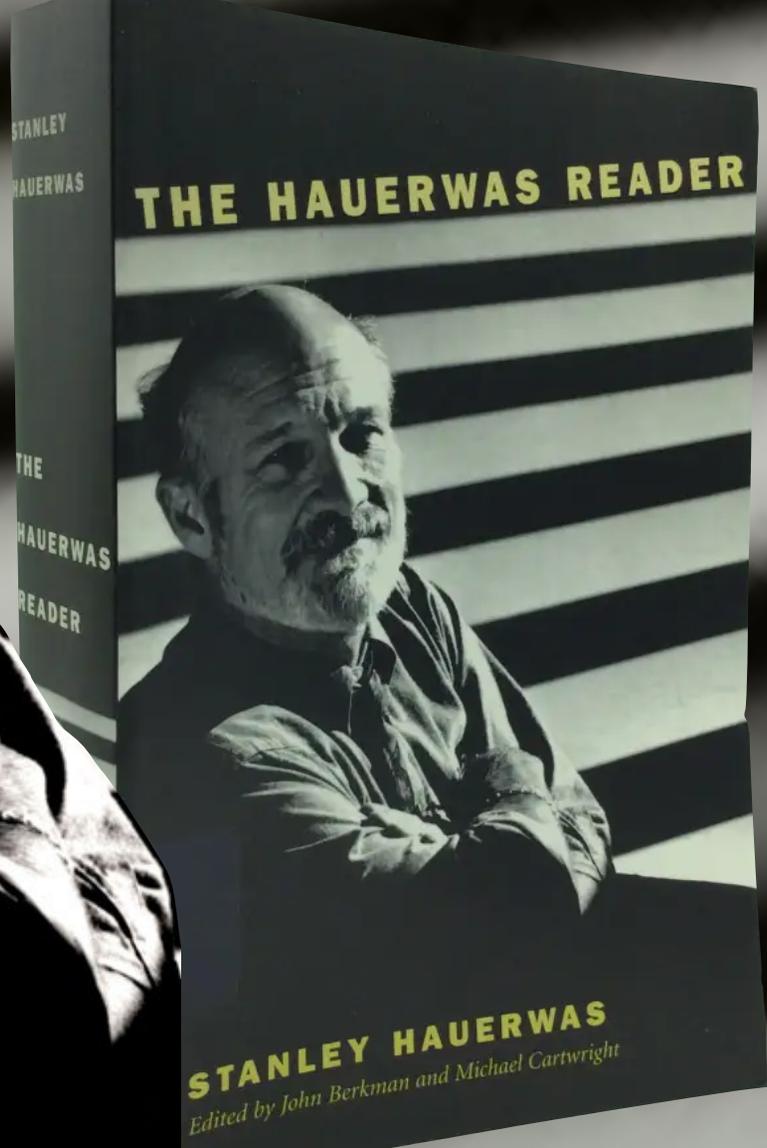
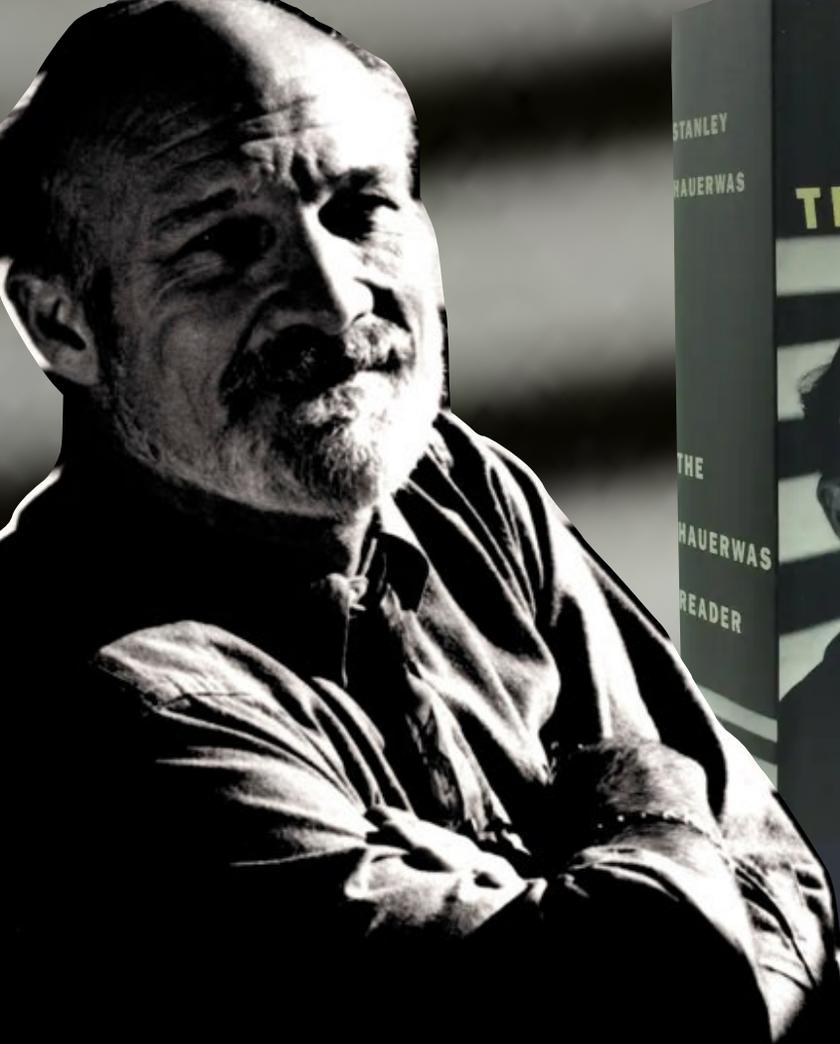


"Quickening" Test

Pain Threshold

Parturition

Maturation

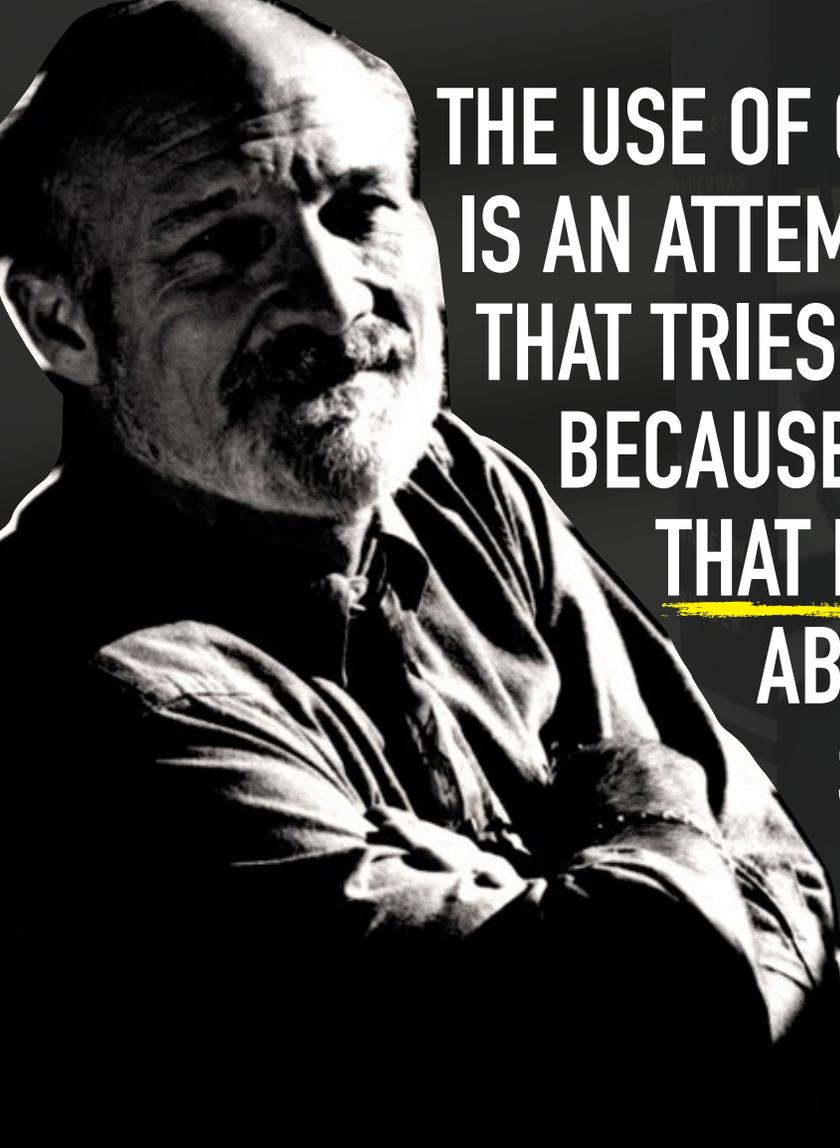


STANLEY
HAUERWAS

THE HAUERWAS READER

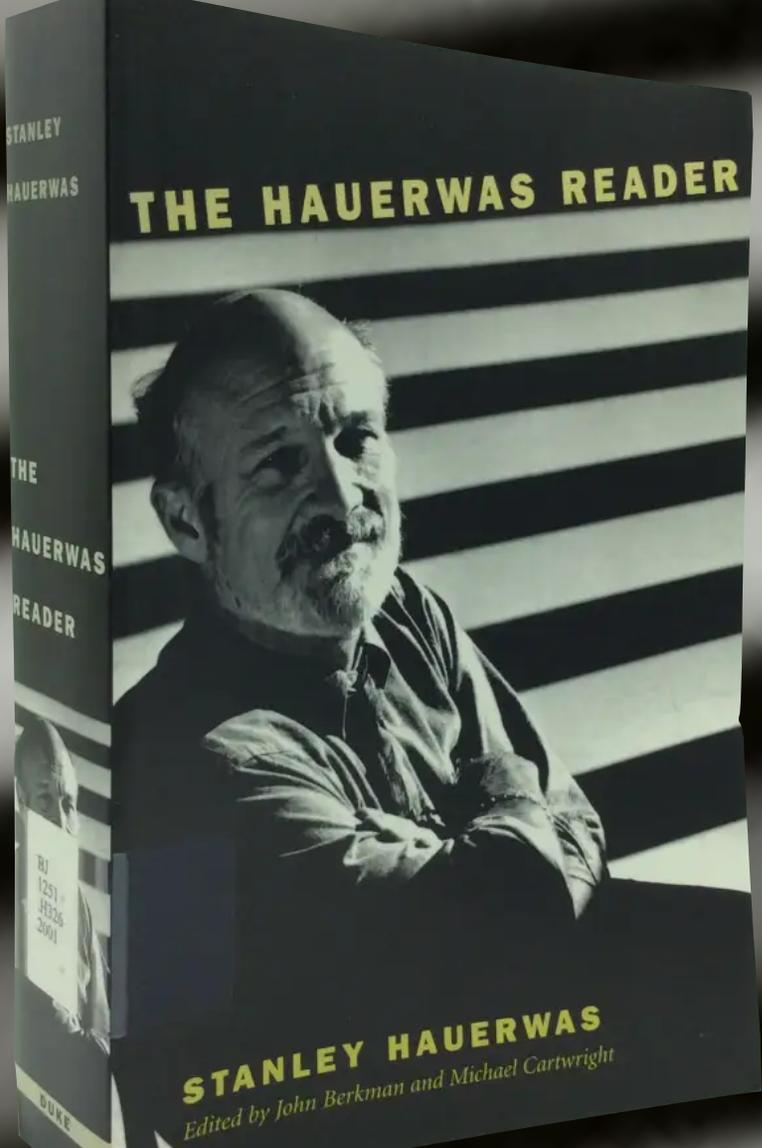
THE
HAUERWAS
READER

STANLEY HAUERWAS
Edited by John Berkman and Michael Cartwright

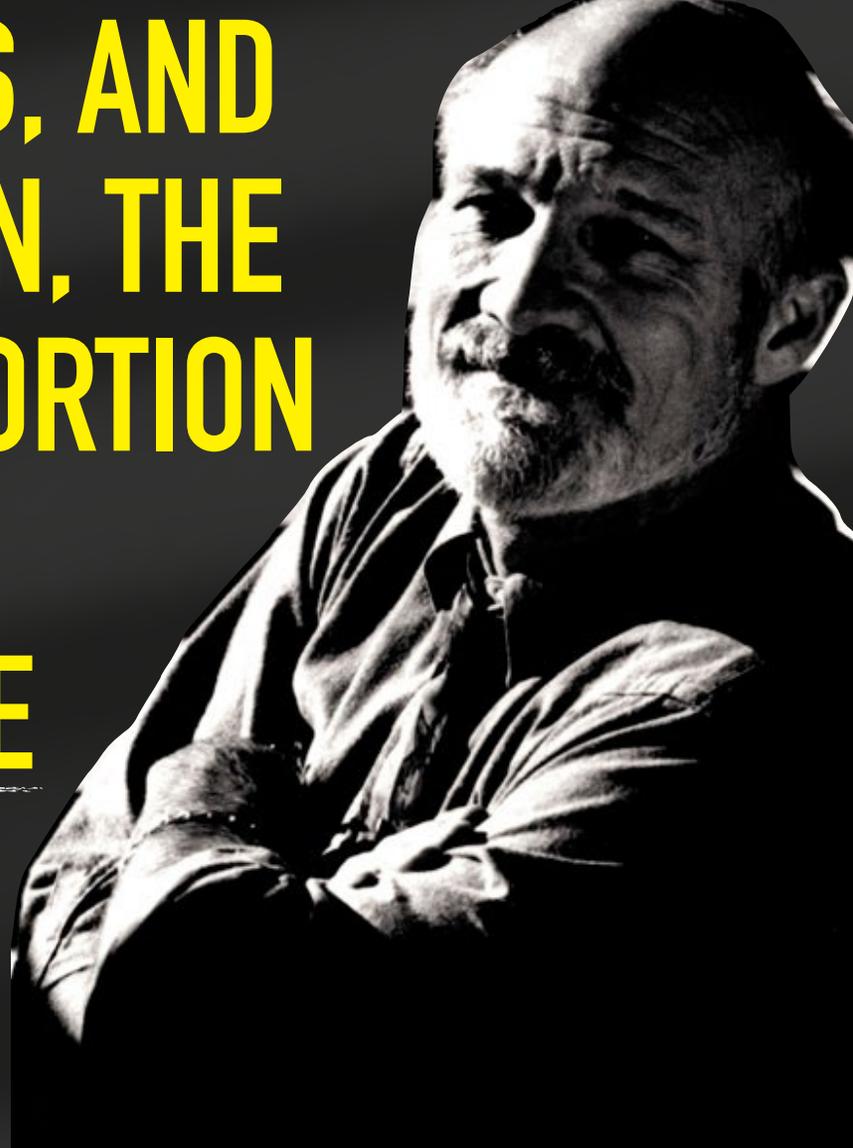


THE USE OF CHOICE RATHER THAN ABORTION IS AN ATTEMPT AT LINGUISTIC TRANSFORMATION THAT TRIES TO AVOID THE REALITY OF ABORTION, BECAUSE MOST PEOPLE DO NOT WANT TO USE THAT DESCRIPTION. SO, INSTEAD OF ABORTION, ANOTHER TERM IS USED, SOMETHING LIKE TERMINATION OF PREGNANCY.

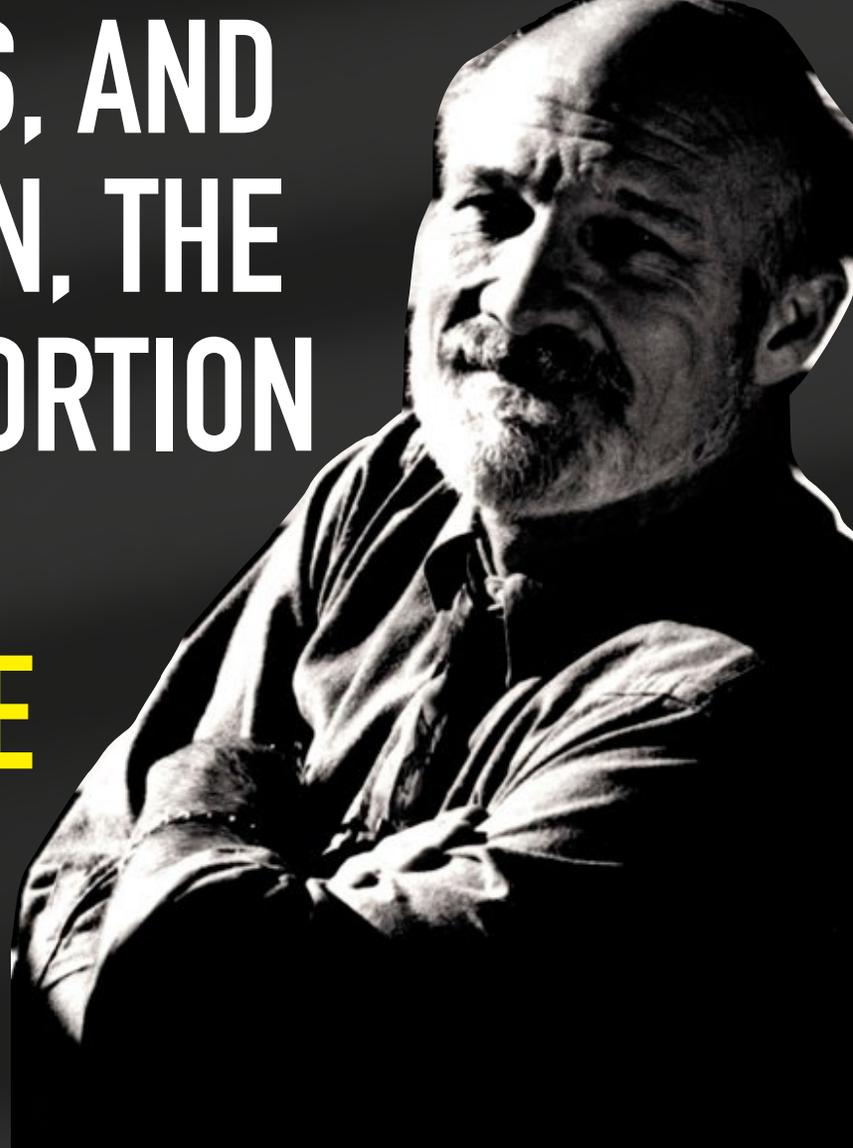
— Stanley Hauerwas (“Abortion Theologically Understood,” 610)



**IN BOTH OF THESE CASES, AND
IN OTHERS I HAVE KNOWN, THE
WOMAN HAS HAD AN ABORTION
NOT BECAUSE SHE WAS
EXERCISING FREE CHOICE
BUT BECAUSE SHE FELT
SHE HAD NO CHOICE.**



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IN OTHERS I HAVE KNOWN, THE
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LOVE / ABUNDANCE

FAMILY LEAVE

ECONOMIC SUPPORT



CONTRACEPTION

PRE/NEONATAL CARE

CHILDCARE / PRESCHOOL





LOVE / ABUNDANCE

CONTRACEPTION

FAMILY LEAVE

PRE/NEONATAL CARE

ECONOMIC SUPPORT

CHILDCARE / PRESCHOOL





TERMINOLOGY & DEFINITIONS:

- ▶ **EUTHANASIA:** Medical Practitioner Efficient Cause of Death
- ▶ **PASSIVE EUTHANASIA:** Caused by Inaction (Pulling Plug)
- ▶ **ACTIVE EUTHANASIA:** Caused by Action (Pushing Drug)
- ▶ **VOLUNTARY EUTHANASIA:** Consent / Directive
- ▶ **NON-VOLUNTARY EUTHANASIA:** Incapacity / Proxy
- ▶ **IN-VOLUNTARY EUTHANASIA:** Absent Consent



FORMAL CAUSE: OVERALL DESIGN & PLAN (HOW)





FINAL CAUSE: OVERALL END / AIM / MOTIVATION (WHY)



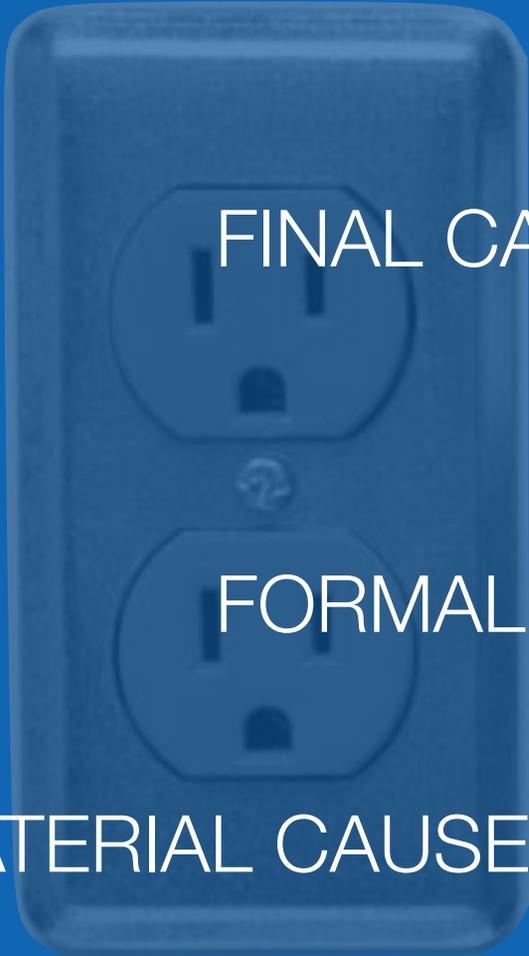
MATERIAL CAUSE: SUBSTANCE / MATTER EFFECTS AIM/END (WHAT)

EFFICIENT CAUSE: DOCTOR / NURSE

FINAL CAUSE: RELIEVING SUFFERING

FORMAL CAUSE: TERMINATING HUMAN LIFE (DEATH)

MATERIAL CAUSE: PATHOLOGY



A hand holding a syringe against a blue background. The syringe is held in a way that the needle points towards the bottom right. The hand is positioned on the left side of the frame, with the thumb and index finger gripping the plunger. The syringe has markings on the barrel, including '1ml', '0.5ml', and '0.2ml'. The needle is thin and sharp.

EFFICIENT CAUSE: DOCTOR / NURSE (PATIENT)

FINAL CAUSE: RELIEVING SUFFERING

FORMAL CAUSE: TERMINATING HUMAN LIFE (DEATH)

MATERIAL CAUSE: PHARMACOLOGY



MATERIAL CAUSE: PHARMACOLOGY

FINAL CAUSE: RELIEVING SUFFERING

FORMAL CAUSE: TERMINATING HUMAN LIFE (DEATH)

MATERIAL CAUSE: PATHOLOGY

MATERIAL CAUSE: PHARMACOLOGY = **KILLING**

MATERIAL CAUSE: PATHOLOGY = **LETTING DIE**

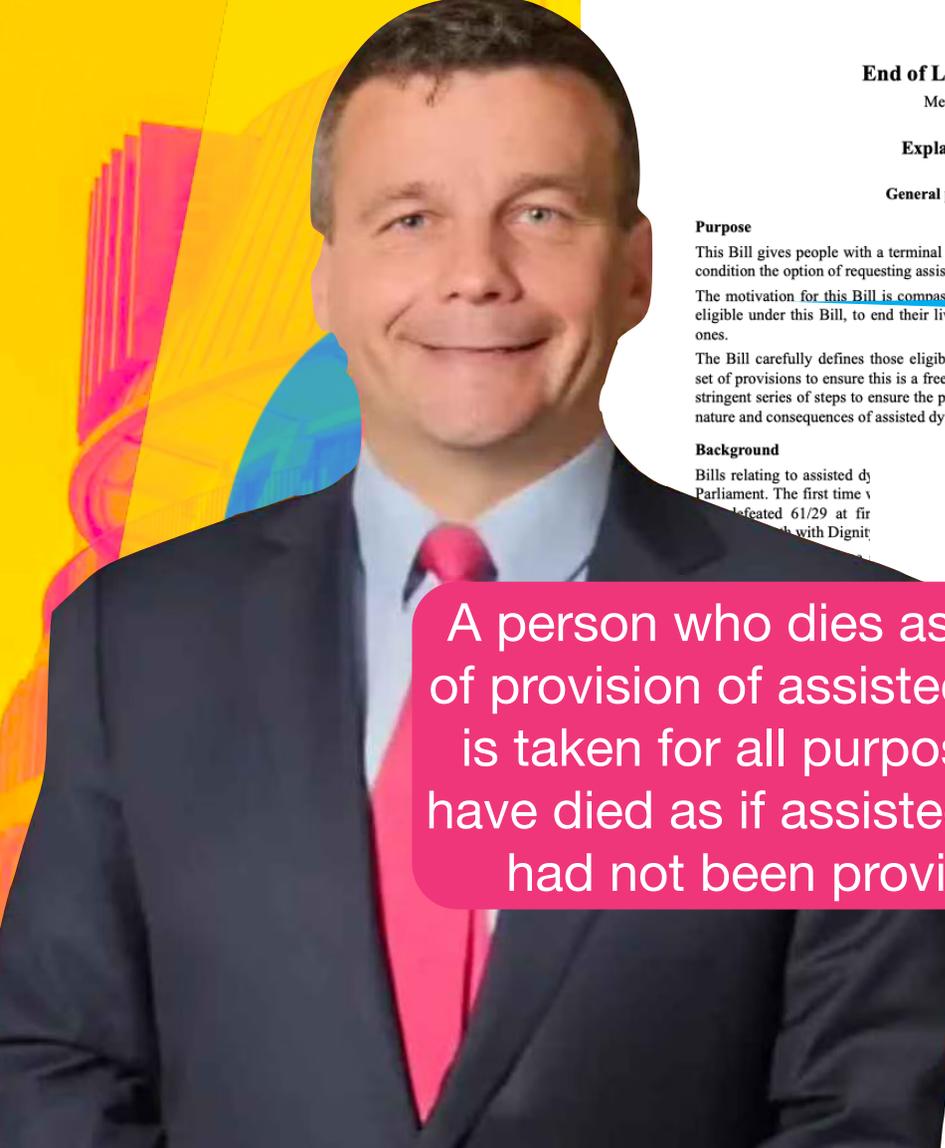


MATERIAL CAUSE: PHARMACOLOGY = **KILLING**

Physician Assisted Suicide Medical Aid in Dying

MATERIAL CAUSE: PATHOLOGY = **LETTING DIE**





End of Life
Memorandum
Explanation
General points

Gives people with terminal illness or grievous irremediable medical condition option of requesting assisted dying

Motivation for this Bill is compassion

Details a comprehensive set of provisions to ensure this is a free choice without coercion

A person who dies as result of provision of assisted dying is taken for all purposes to have died as if assisted dying had not been provided

Purpose

This Bill gives people with a terminal illness or grievous and irremediable medical condition the option of requesting assisted dying.

The motivation for this Bill is compassion. It allows people who are eligible under this Bill, to end their lives in peace and dignity, on their own terms.

The Bill carefully defines those eligible for assisted dying, details a comprehensive set of provisions to ensure this is a free choice, made without coercion, and outlines a stringent series of steps to ensure the person is mentally capable of understanding the nature and consequences of assisted dying.

Background

Bills relating to assisted dying have been introduced in Parliament. The first time was in 2005, when it was defeated 61/29 at first reading. It was reintroduced with Dignity in Dying Bill in 2012.

Part 4 cl 23

End of Life

(2) Every 5 years after the date of the last review of the Act and must complete a report on the operation of the Act and must consider whether the Act should be amended.

be the subject of a report to the minister. The minister must present every report to the House of Representatives as soon as possible after receiving it.

**Part 4
Related matters**

Prescribing forms 10
The Governor-General may, by Order in Council, make regulations prescribing the forms to be used for the purposes of this Act.

Duties not affected
Nothing in this Act affects a person's rights to—
(a) refuse to receive nutrition; 15

(b) refuse to receive hydration;
(c) refuse to receive life-sustaining medical treatment.
(2) Nothing in this Act affects a medical practitioner's duty to alleviate suffering in accordance with standard medical practice.

25 Effect of death under this Act 20

A person who dies as a result of the provision of assisted dying is taken for all purposes to have died as if assisted dying had not been provided.

26 Immunity in civil or criminal proceedings

A person is immune from liability in civil or criminal proceedings for acts or omissions done in good faith in the exercise of a power conferred by this Act.





LIVING FAITH: EVERYDAY ETHICS FOR ORDINARY CHRISTIANS

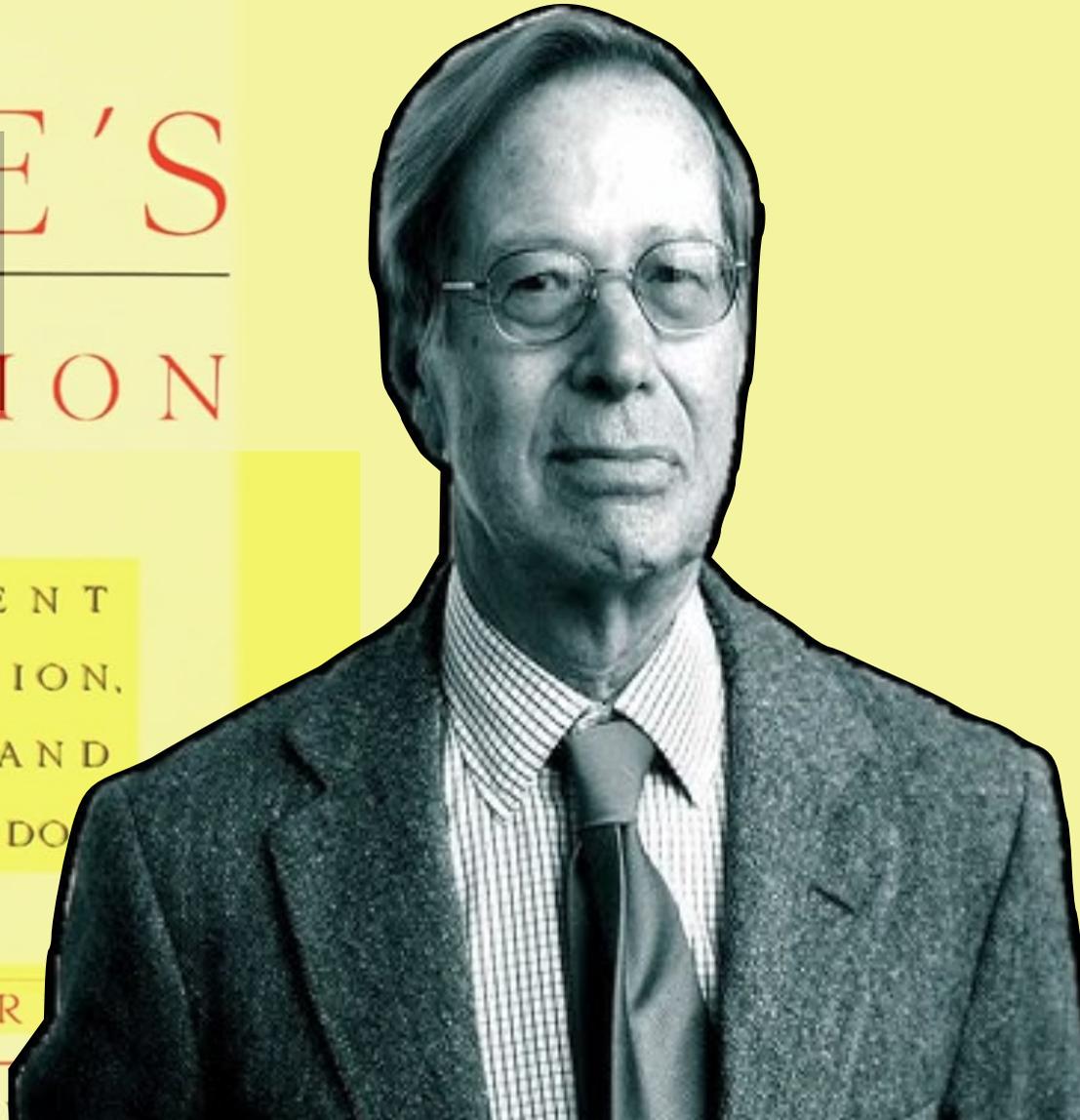
AUTONOMY & AGONY AT THE MARGINS OF LIFE

LIFE'S DOMINION

AN ARGUMENT
ABOUT ABORTION,
EUTHANASIA, AND
INDIVIDUAL FREEDOM

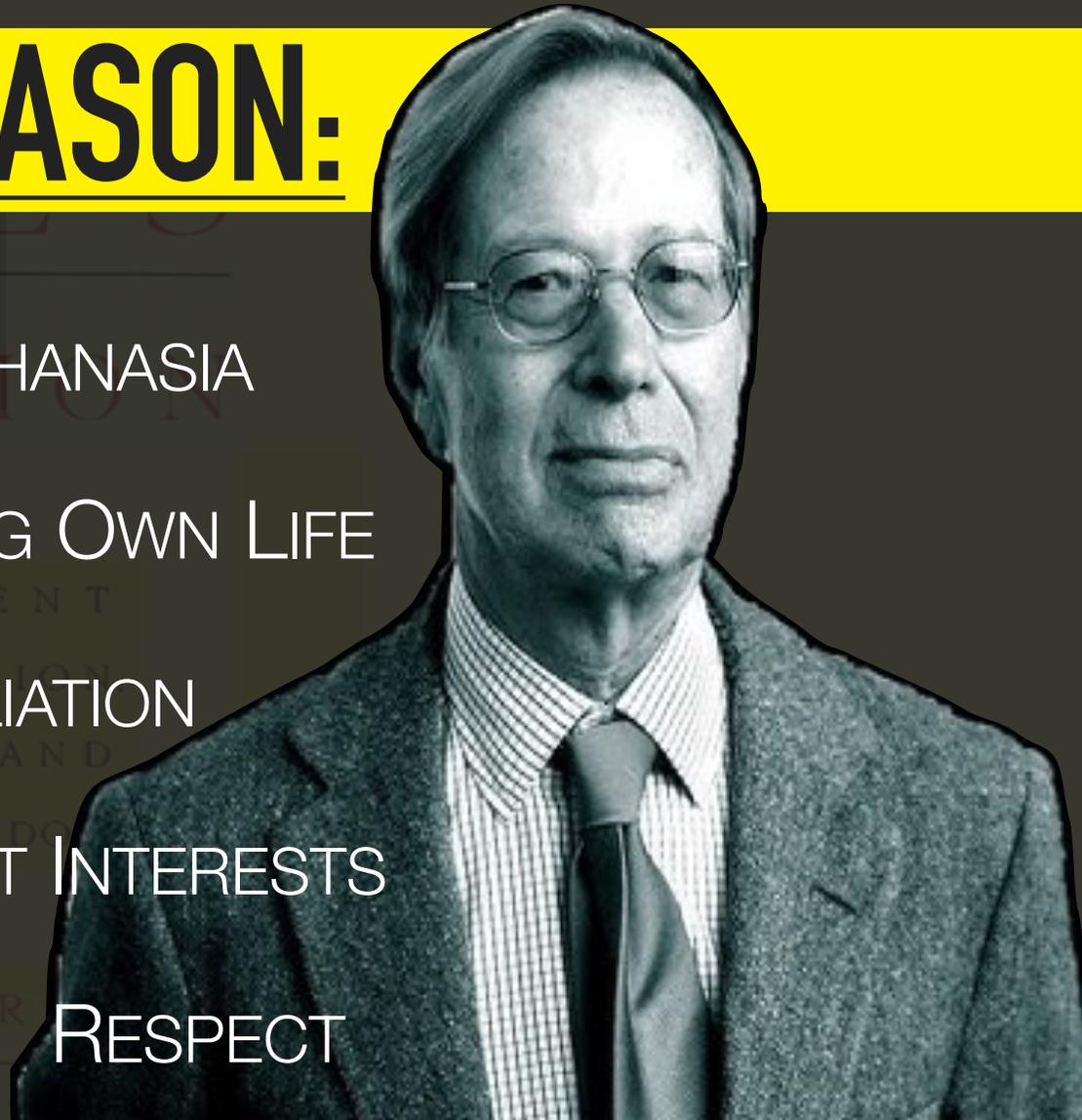
RONALD DWOR

"Wonderfully rich and evocative...brimming



RIGHTS PAST REASON:

- ▶ NON-VOLUNTARY EUTHANASIA
- ▶ AUTONOMY: LEADING OWN LIFE
- ▶ DIGNITY: NON-HUMILIATION
- ▶ BENEFICENCE: BEST INTERESTS
- ▶ NON-PATERNALISM: RESPECT

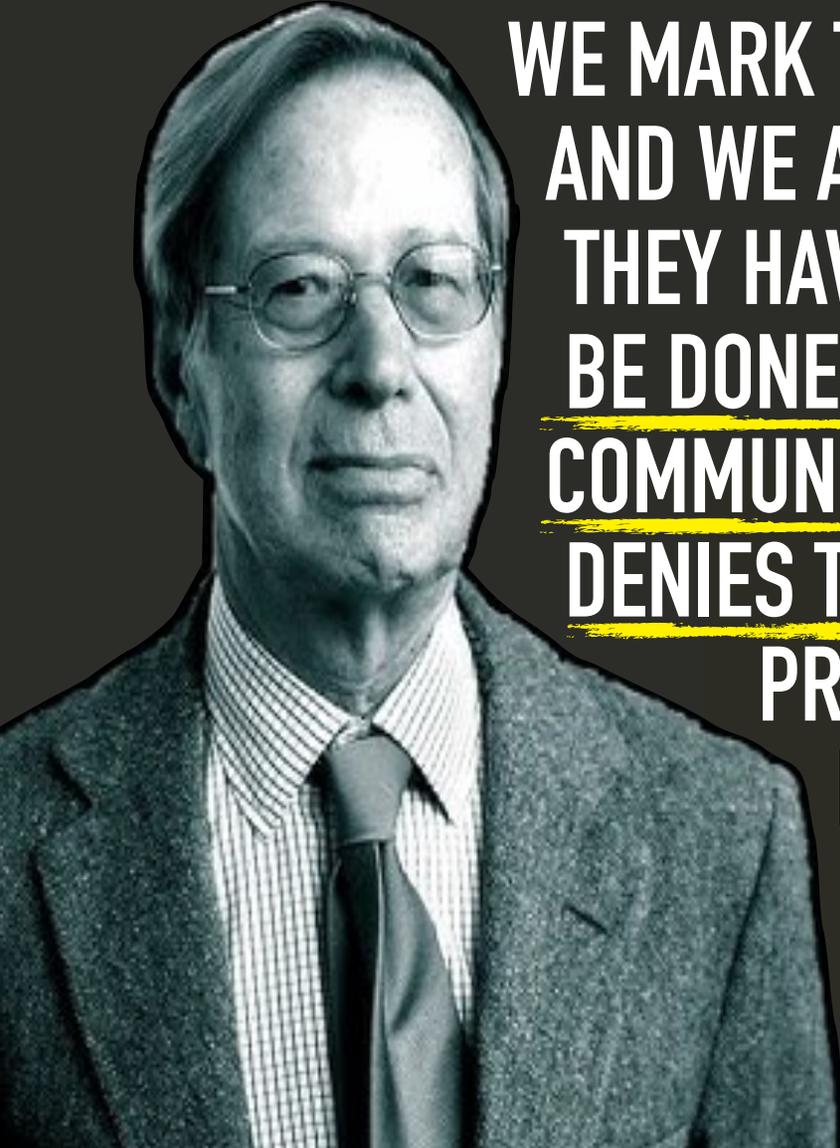


The background image is a monochromatic blue-toned photograph. On the left, a hand holds a medical syringe with a needle pointing towards the center. In the middle, there is a standard North American electrical outlet. On the right, another hand holds a two-prong electrical plug, with the needle of the syringe positioned as if it were about to pierce the plug. The overall composition suggests a connection between medical intervention and electrical power, possibly symbolizing dependency or a loss of control.

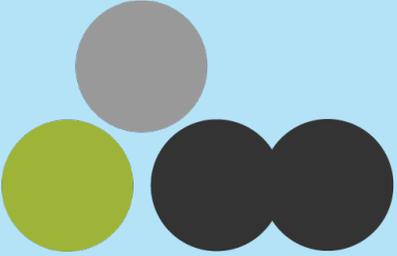
LOSS OF AUTONOMY: LACK OF CONTROL

PAIN & SUFFERING: PHYSIOLOGICAL / PSYCHOLOGICAL

LOSS OF DIGNITY: SHAMEFUL DEPENDENCE



**WE MARK THEIR CONTINUED MORAL STANDING,
AND WE AFFIRM THE IMPORTANCE OF THE LIFE
THEY HAVE LIVED, BY INSISTING THAT NOTHING
BE DONE TO OR FOR THEM THAT, IN OUR
COMMUNITY'S VOCABULARY OF RESPECT,
DENIES THEIR DIGNITY. SO HERE IS YET MORE
PROOF OF THE DOMINATING GRIP OF THE
IDEA THAT HUMAN LIFE HAS INTRINSIC
AS WELL AS PERSONAL IMPORTANCE
FOR HUMAN BEINGS.**

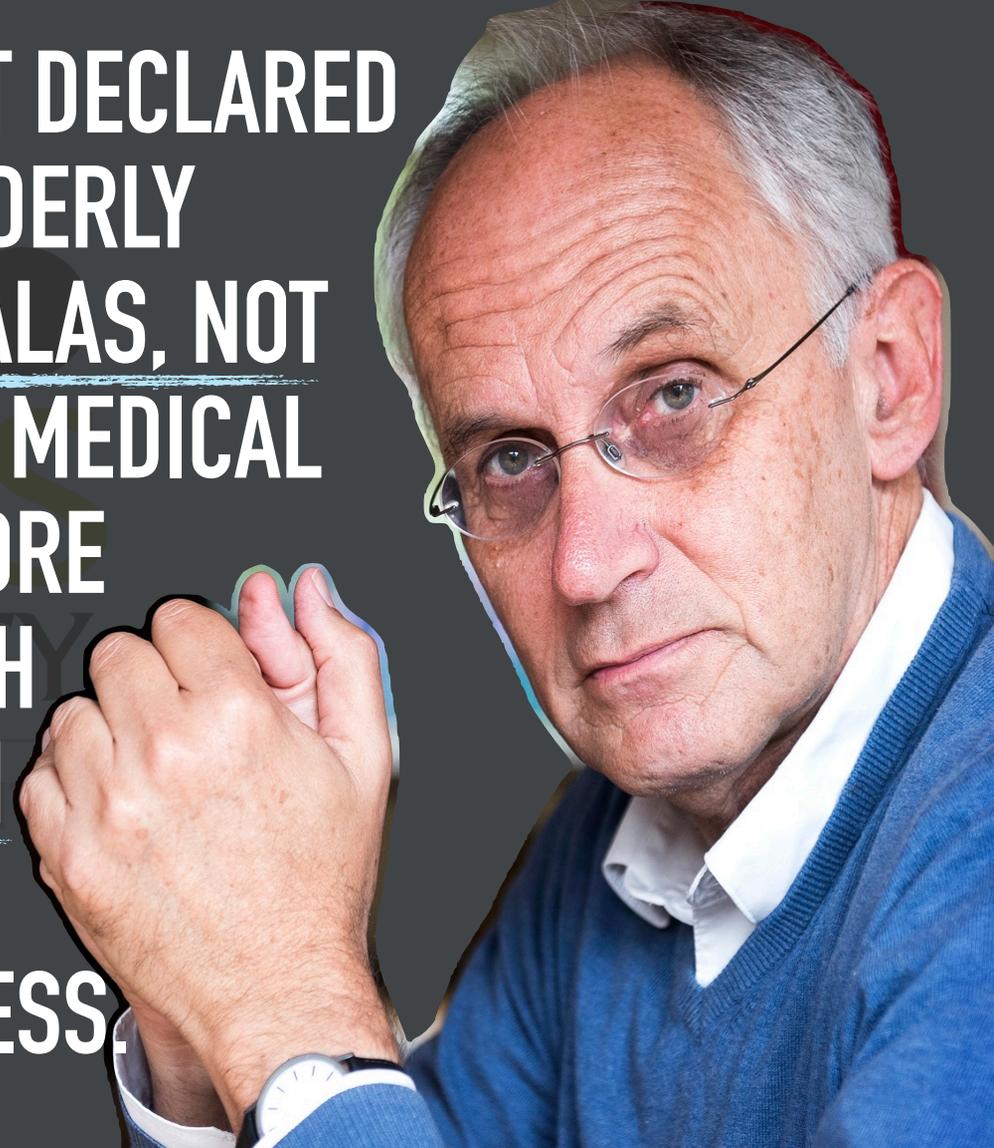


THE CENTER FOR
BIOETHICS
& HUMAN DIGNITY

TRINITY INTERNATIONAL UNIVERSITY



HEALTH MINISTER ELSE BORST DECLARED
A RIGHT TO DIE FOR THOSE ELDERLY
“WHO ARE BORED STIFF BUT, ALAS, NOT
BORED TO DEATH.” THE DUTCH MEDICAL
ASSOCIATION ASKED TO EXPLORE
THE ROLE OF PHYSICIANS WITH
PATIENTS WHO “SUFFER FROM
LIFE” WHOSE WISH TO DIE IS
NOT BASED ON MEDICAL ILLNESS.





In 30 years, the Netherlands has moved from euthanasia of people who are terminally ill, to euthanasia for physical illness, to euthanasia for mental illness; from euthanasia for physical illness, to euthanasia for mental illness, to euthanasia for psychological distress or mental suffering—and now to euthanasia simply if a person is over the age of 70 and “tired of living.”



**NORMALIZATION OF THE ACRONYM “MAID”
[MEDICAL ASSISTANCE IN DYING] AS A WAY
OF REFERRING TO THE PROVISION OF
ASSISTED DYING IN CANADA, TOGETHER
WITH THE POSITIONING OF THE
PRACTICE AS MERELY ANOTHER CARE
OPTION AT THE END OF LIFE, HAS
CLEARLY CONTRIBUTED TO THE
PROCEDURE’S ACCEPTANCE.**

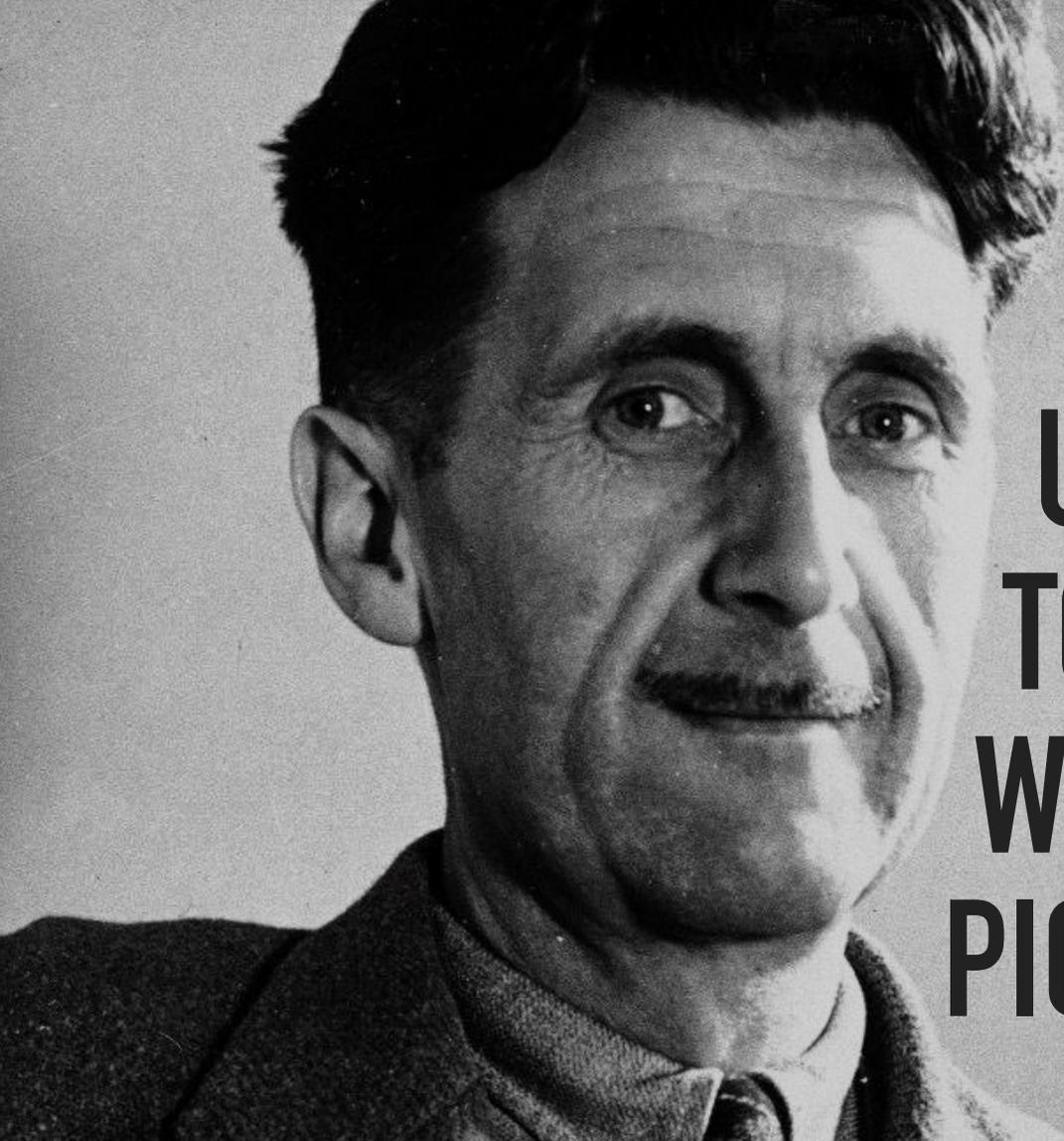
— Anna Elsner, et al (*“Language Matters,”* 5)





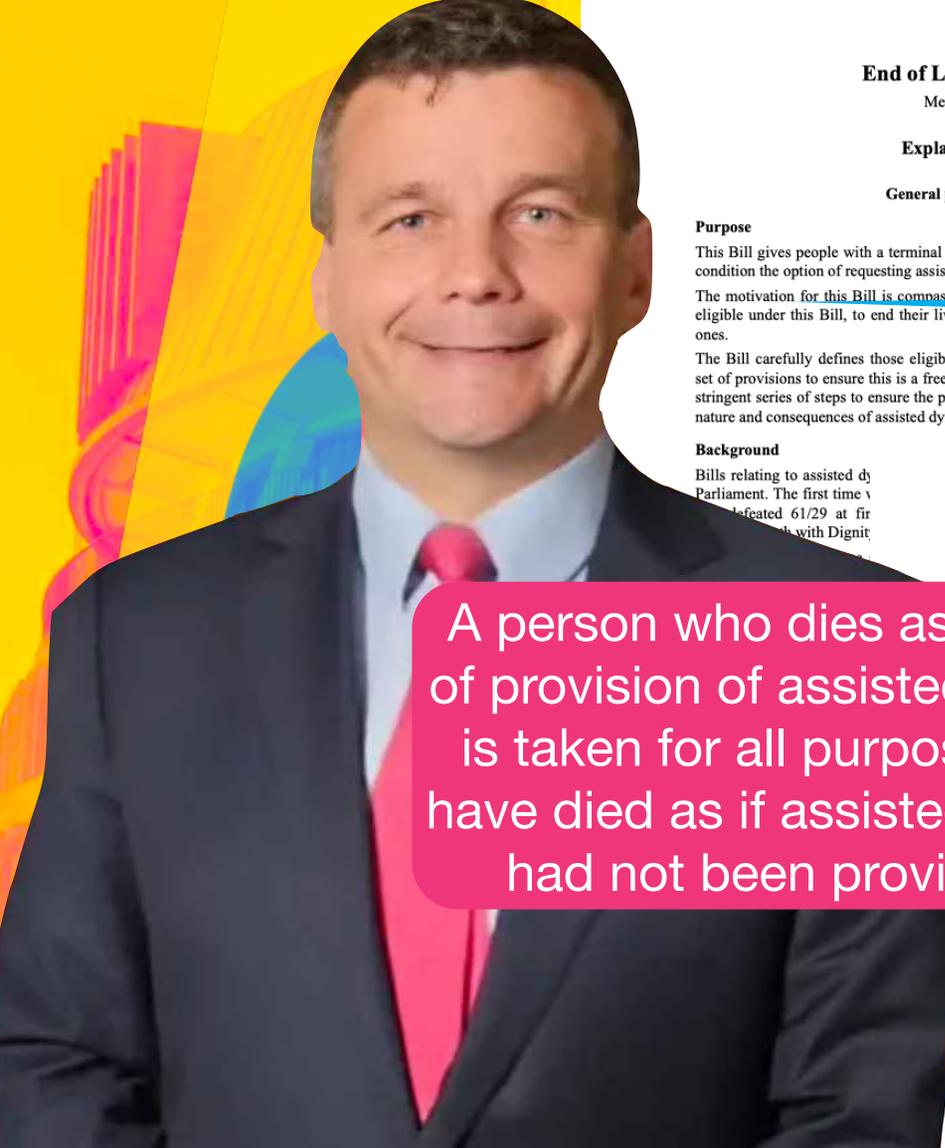
THESE TERMINOLOGICAL DIFFERENCES THEREBY ALSO REFLECT PERSISTENT DIFFICULTIES IN REACHING BROAD AGREEMENT ABOUT EXACTLY WHAT IS AT STAKE: NOT ALL PATIENTS AND THEIR FAMILIES EXPERIENCE ASKING FOR HELP IN DYING AS “SUICIDE”; NOT ALL CITIZENS CAN ACCEPT THAT RECEIVING HELP TO END ONE’S LIFE IS ANYTHING BUT “SUICIDE.” PART OF THE CHALLENGE FOR POLITICAL ACTORS IS THEREFORE CHOOSING LANGUAGE THAT ATTENUATES, RATHER THAN AGGRAVATES, THESE DIFFERENCES.

— Anna Elsner, et al (*“Language Matters,”* 6)



**EUPHEMISM IS
PHRASEOLOGY
USED IF ONE WANTS
TO NAME THINGS
WITHOUT CALLING UP
PICTURES OF THEM.**





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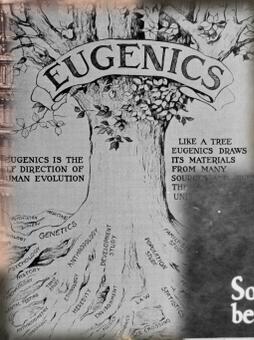
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A person is immune from liability in civil or criminal proceedings for acts or omissions done or omitted in good faith in the exercise of their functions under this Act.



This light flashes every 16 seconds

Every 16 seconds 100 of your money goes to the care of persons with bad heredity such as the insane feeble minded criminals & other defectives

Some people are born to be a burden on the rest.

This light flashes every 16 seconds

Every 16 seconds a person is born in the United States.



This light flashes every 7 minutes

Every 7 minutes a high grade person is born in the United States who will have ability to do creative work & be fit for leadership About 4% of all Americans come within this class.

Täglich RM 5.50
folgt den Staat
ein Erbkranker

für RM 5.50
kann eine erbgelunde Familie
1 Tag leben!



Quadrupel Erbschaftsbeitrag
bei zu schwacher Fortpflanzung der höherwertigen



So würde es kommen,
wenn Minderwertige 4 Kinder und 60er werden

Leben
ohne Hoffnung

Leben

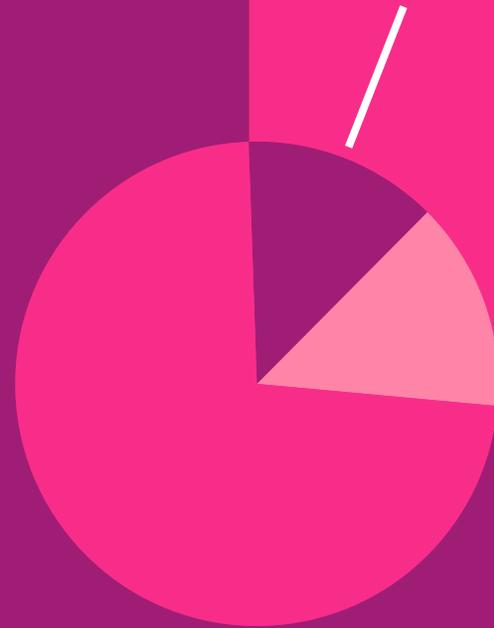
nur als Last
falls Sie
anfragen



Anordnung des
empfehlen wir rechtse



reales man
eban am 27.8.40
& Gietzner





Margaret's articulation of her love for her prenatate was echoed by most of the women I interviewed and many of them described how they continued to act in protective and caring ways toward their prenatate even after they had made the decision to end the pregnancy. Tammy shared how she continued to take her prenatate vitamins every day to try to take care of her the best I could. You know, even though she had this horrible defect she was still **my child** and I still wanted to protect her."

I really liked the way the cardiologist talked about the baby.

So ALL the baby talk is brainwashing & bias my BIG medical & pro-life lobby?

It is not surprising that these women thought of the prenatate as their baby or their child, after all, this is how the medical establishment, the baby industry, and pro-life lobby have been training people to think about pregnancy, gestation, and prenatate.

She would say "your son...he...him"

...pregnancies, the desire for health and family that pregnancy can represent. Doctors regularly use the language of "the baby" rather than embryo or fetus and this was very important for Margaret as she was learning about the problems with her prenatate.

I really liked the way [the cardiologist] talked about the **baby**. She would say "your **son**" and "**he** has this condition" and just talked about **him** like a **real person** and not all of a sudden revert to calling it fetus or you know some of the more scientific terms. But it's hard you know you can see the heart beating and she would turn off the sound. . . . She was very sensitive. I liked her a lot. But yet she would still talk about **him** [like a baby]. [I felt like] this is **my baby** you know you just feel really protective too. And no matter what, you're going to love this **baby**. I don't care if they came out with three heads you know you're going to love the baby you know that's a given.

Again, & again, & again "baby"

This too is a kind of experience & epistemology

Like Margaret, all fourteen women referred to their prenatates as their "baby" at various points in their interviews, but they had a variety of meanings. Alice, a 38-year-old

Talked about him like a real person

I don't really want to say "baby." but you know. I actually. I think you're dictated by



So ALL the baby talk is brainwashing & bias my BIG medical & pro-life lobby?

THIS too is "lived experience & epistemology"

This is how the medical establishment, the baby industry, and pro-life lobby have been training people to think about pregnancy, gestation, and prenatal life

...the decision to end the pregnancy. Tammy shared how she continued to take her prenatal vitamins every day because "I figured as long as she was inside of me, I was going to try to take care of her the best I could. You know even though she had this horrible defect she was still **my child** and I still wanted to protect her."

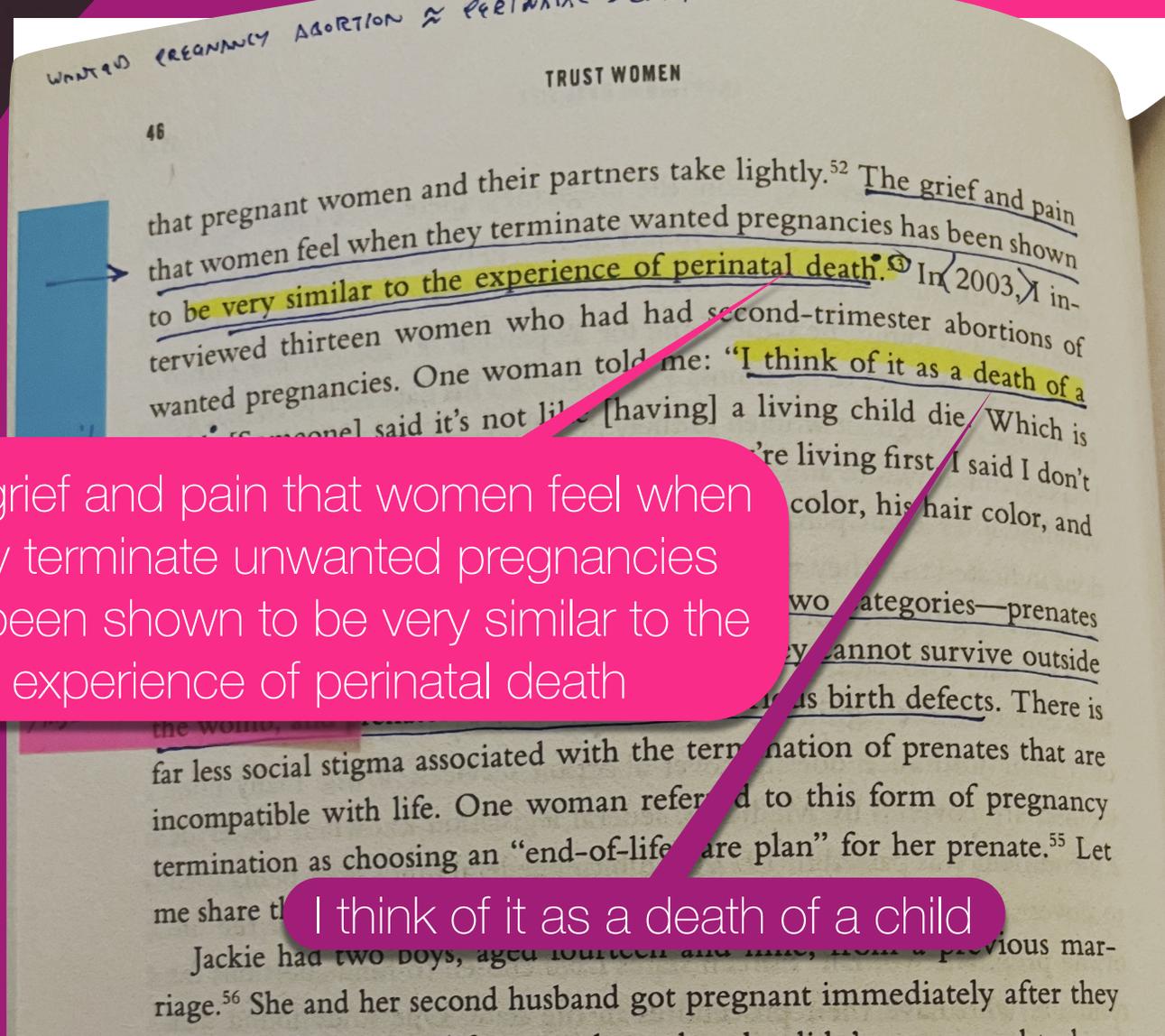
It is not surprising that these women thought of the prenatals as their baby or their child, after all, this is how the medical establishment, the baby industry, and pro-life lobby have been training people to think about pregnancy, gestation, and prenatal life (Mitchell 2001, 88, 95). For women with wanted pregnancies, the world is oriented toward sharing and supporting the hope and desire for health and family through the prenatals, "the baby" as she was

Like Margaret, all fourteen women referred to their prenatals as their "baby"...but it was clear that what "baby" meant to them had a variety of meanings

I really liked her as a **son**" and not all of the terms. But it's the sound. . . . She was very sensitive. I liked her a lot. But yet she would still talk about **him [like a baby]**. [I felt like] this is my **baby** you know you just feel really protective too. And no matter what, you're going to love this **baby**. I don't care if they came out with three heads you know you're going to love the baby you know that's a given.

Like Margaret, all fourteen women referred to their prenatals as their "baby" at various points in their interviews, but it was clear that what "baby" meant to them had a variety of meanings. Alice, a 34-year-old physician, told me:

I don't really want to say "baby." but you know. I actually. I think you're dictated by

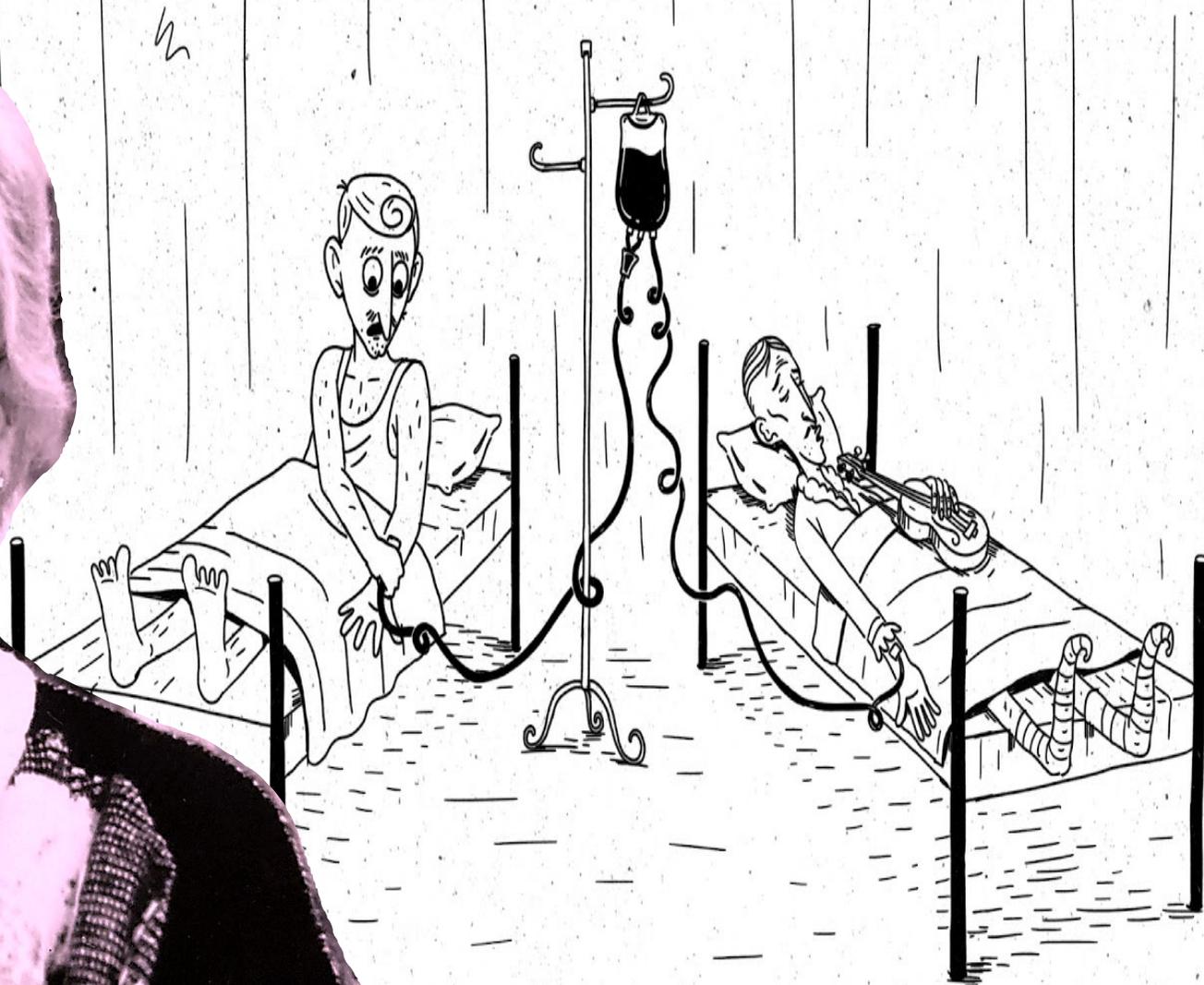


The grief and pain that women feel when they terminate unwanted pregnancies has been shown to be very similar to the experience of perinatal death

I think of it as a death of a child

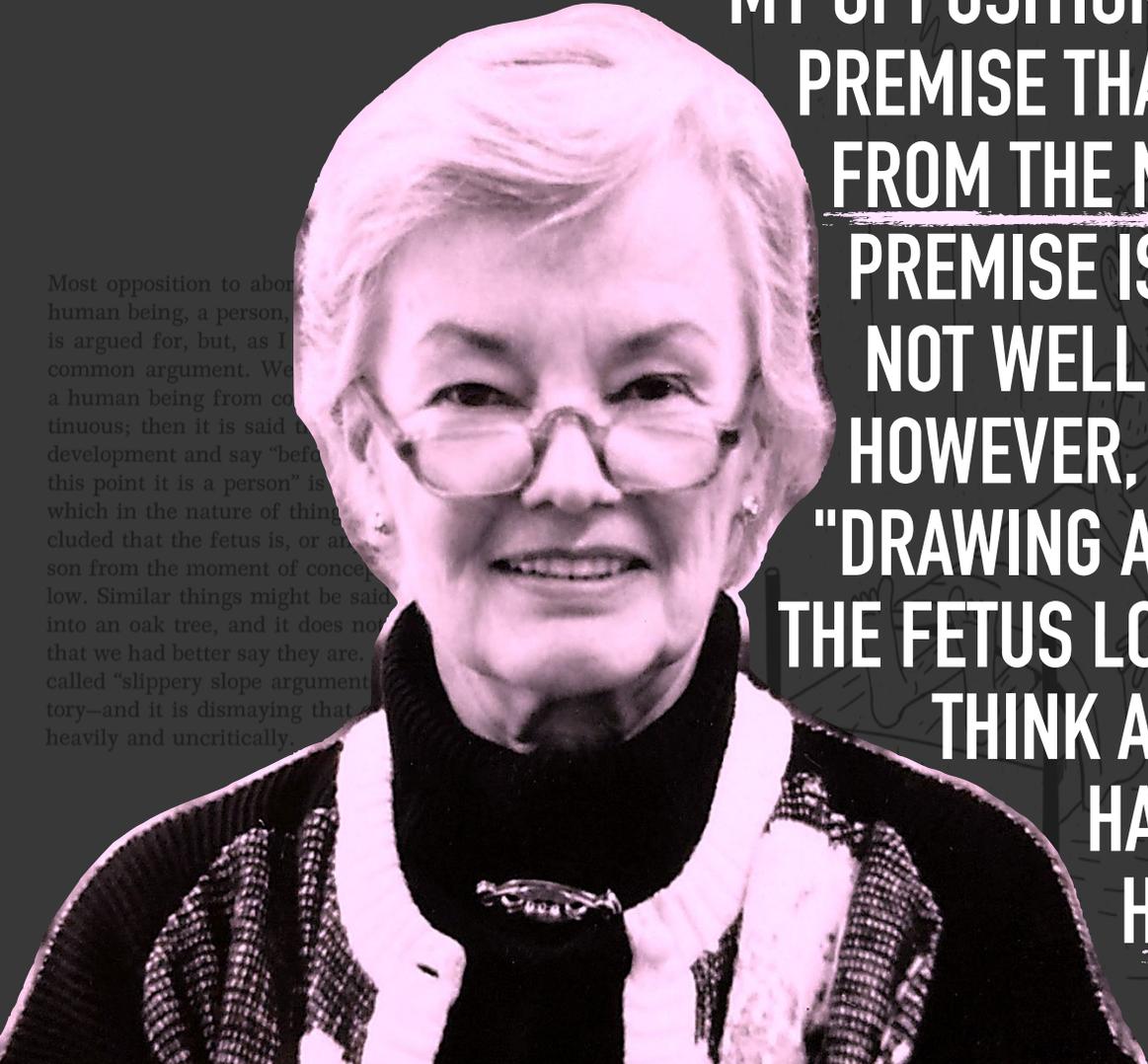


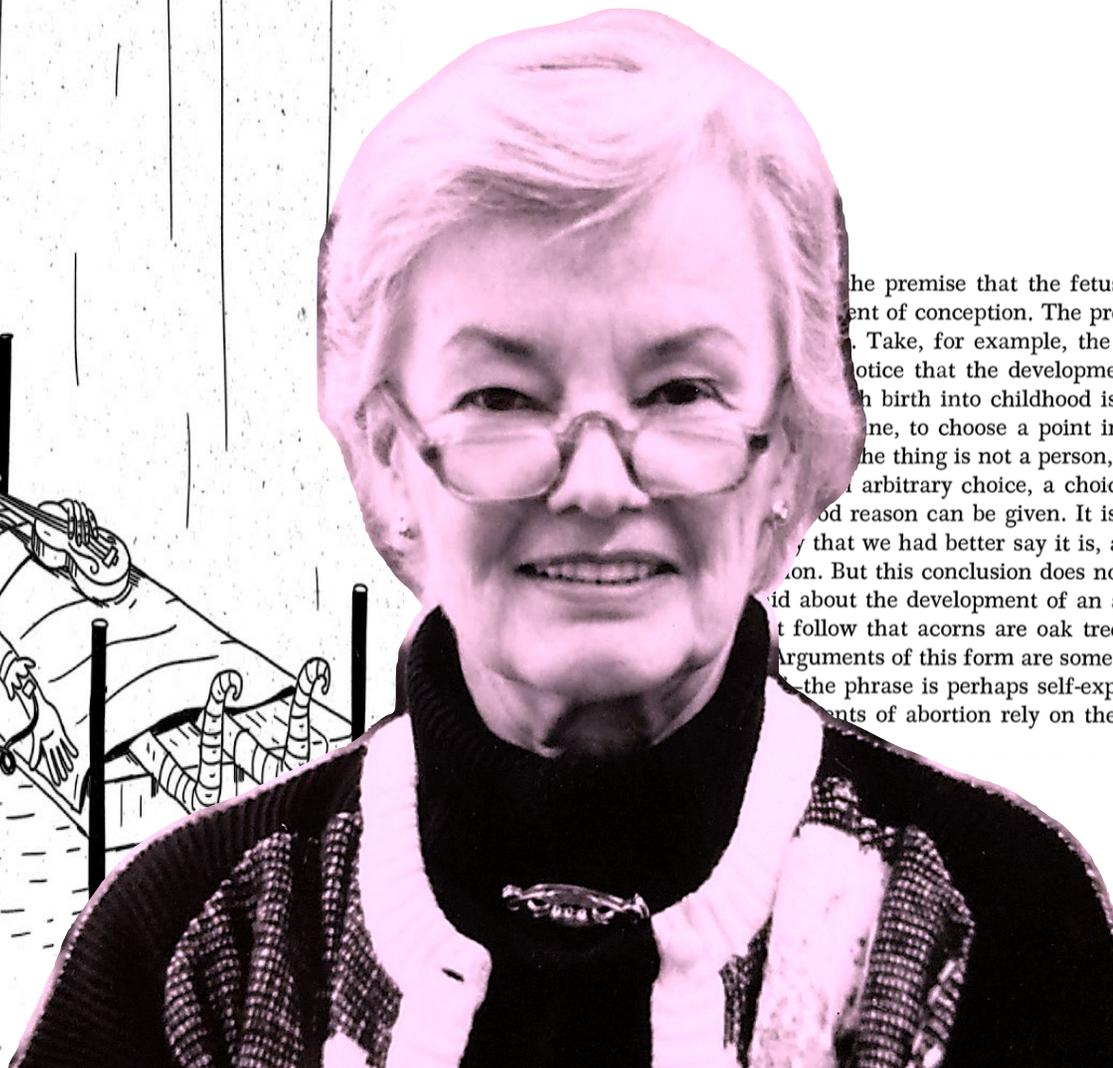
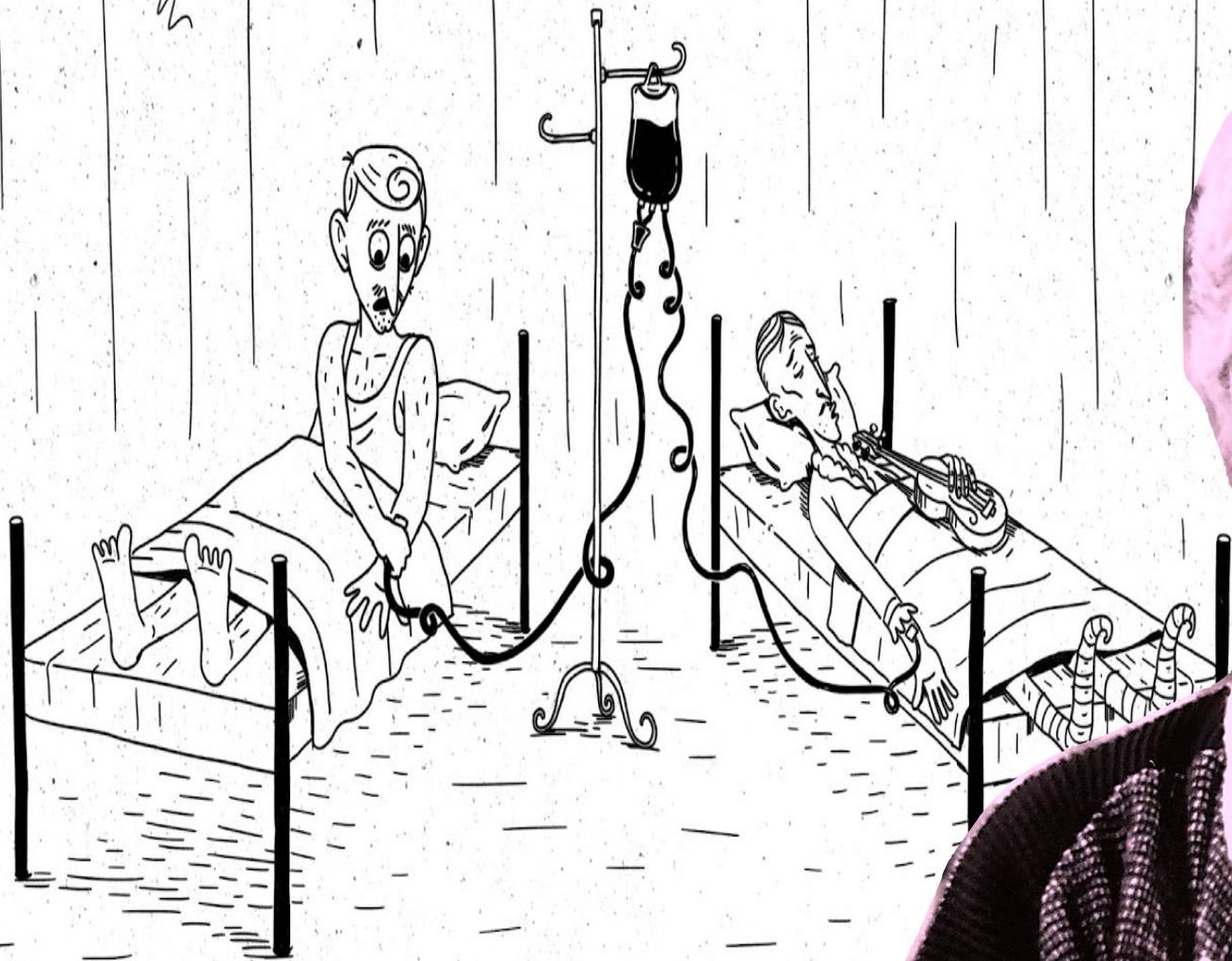
Most opposition to abortion is based on the claim that the fetus is a human being, a person, from the moment of conception. This is argued for, but, as I will argue, is a common argument. We can avoid this argument if we think of a human being from conception to birth as continuous; then it is said to be a human being from development and say “before this point it is a person” is not a person, which in the nature of things is not included that the fetus is, or a person from the moment of conception. Similar things might be said of an acorn that grows into an oak tree, and it does not follow that we had better say they are. This is called “slippery slope argument” and it is dismaying that it is used so heavily and uncritically.



MY OPPOSITION TO ABORTION RELIES ON THE PREMISE THAT THE FETUS IS A HUMAN BEING FROM THE MOMENT OF CONCEPTION. THE PREMISE IS ARGUED FOR, BUT, AS I THINK, NOT WELL.... I AM INCLINED TO AGREE, HOWEVER, THAT THE PROSPECTS FOR "DRAWING A LINE" IN THE DEVELOPMENT OF THE FETUS LOOK DIM. I AM INCLINED TO THINK ALSO THAT WE SHALL PROBABLY HAVE TO AGREE THAT THE FETUS HAS ALREADY BECOME A HUMAN PERSON WELL BEFORE BIRTH.

Most opposition to abortion is based on the premise that the fetus is a human being, a person, from the moment of conception. This is argued for, but, as I think, not well. A common argument. We say that a human being from conception to birth is continuous; then it is said that at some point in development and say "before this point it is a person" is not a person, which in the nature of things is not included that the fetus is, or argued as a person from the moment of conception. Similar things might be said of a sapling that grows into an oak tree, and it does not seem that we had better say they are not a tree. The argument is called "slippery slope argument" and it is dismaying that it is used so heavily and uncritically.

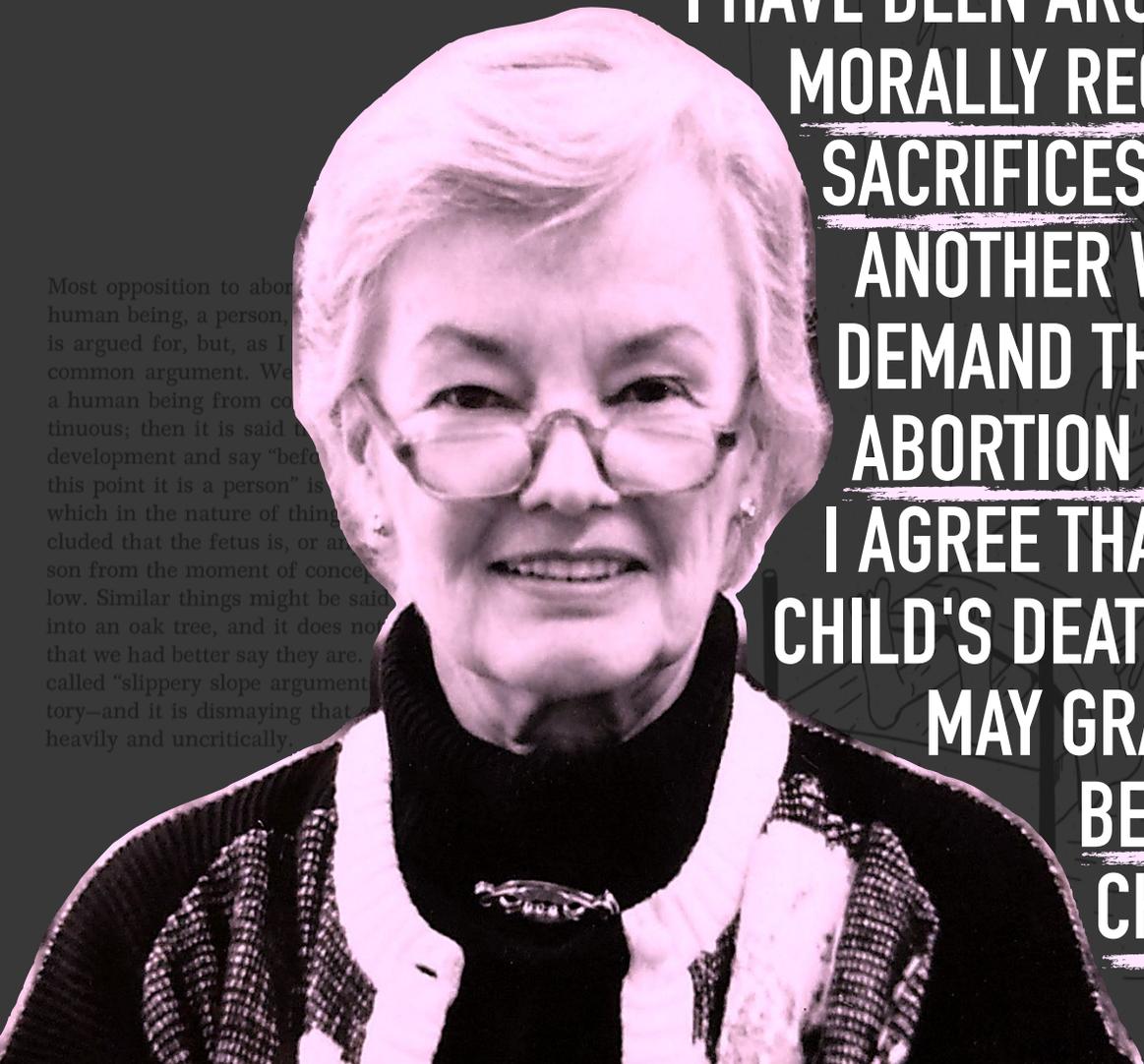




the premise that the fetus is not a person at the moment of conception. The pro-life argument is that the fetus is a person from the moment of conception. Take, for example, the argument that the fetus is a person from the moment of conception. Notice that the development of a fetus from birth into childhood is a continuous process. It is not a matter of choosing a point in time to say that the thing is not a person, or that it is. It is an arbitrary choice, a choice that no good reason can be given. It is not a matter of saying that we had better say it is, or that we had better say it is not. It is a matter of saying that it is. But this conclusion does not follow from the fact that the fetus is not a person at the moment of conception. It does not follow that acorns are oak trees. Arguments of this form are sometimes used to argue that the phrase is perhaps self-explanatory. Arguments of this form rely on the

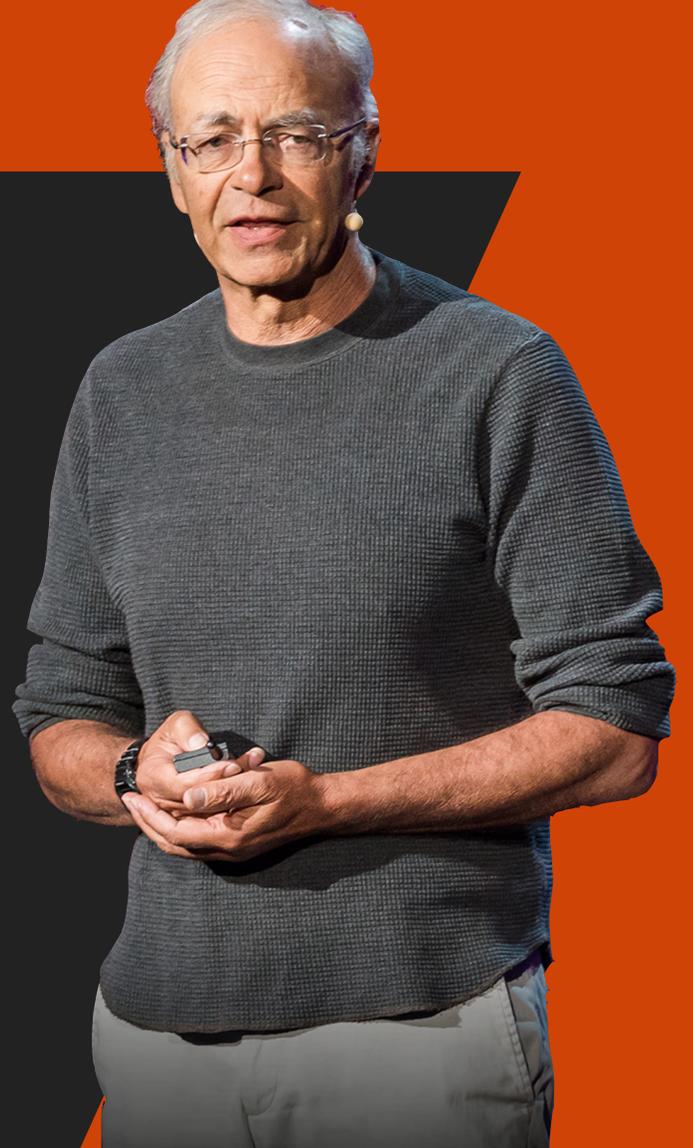
Most opposition to abortion is based on the claim that a human being, a person, is argued for, but, as I have argued, is not. The common argument. We say that a human being from conception to birth is continuous; then it is said that at some point in development and say "before this point it is a person" is not, which in the nature of things is not included that the fetus is, or a person from the moment of conception. Similar things might be said of a tree that grows into an oak tree, and it does not follow that we had better say they are not trees. The so-called "slippery slope argument" is a fallacy—and it is dismaying that it is so heavily and uncritically.

I HAVE BEEN ARGUING THAT NO PERSON IS MORALLY REQUIRED TO MAKE LARGE SACRIFICES TO SUSTAIN THE LIFE OF ANOTHER WHO HAS NO RIGHT TO DEMAND THEM... I DO NOT ARGUE THAT ABORTION IS ALWAYS PERMISSIBLE.... I AGREE THAT THE DESIRE FOR THE CHILD'S DEATH IS NOT ONE WHICH ANYBODY MAY GRATIFY, SHOULD IT TURN OUT TO BE POSSIBLE TO DETACH THE CHILD ALIVE.



Practical Ethics

PETER SINGER



Trust Women

A

PROGRESSIVE CHRISTIAN
ARGUMENT FOR
REPRODUCTIVE JUSTICE

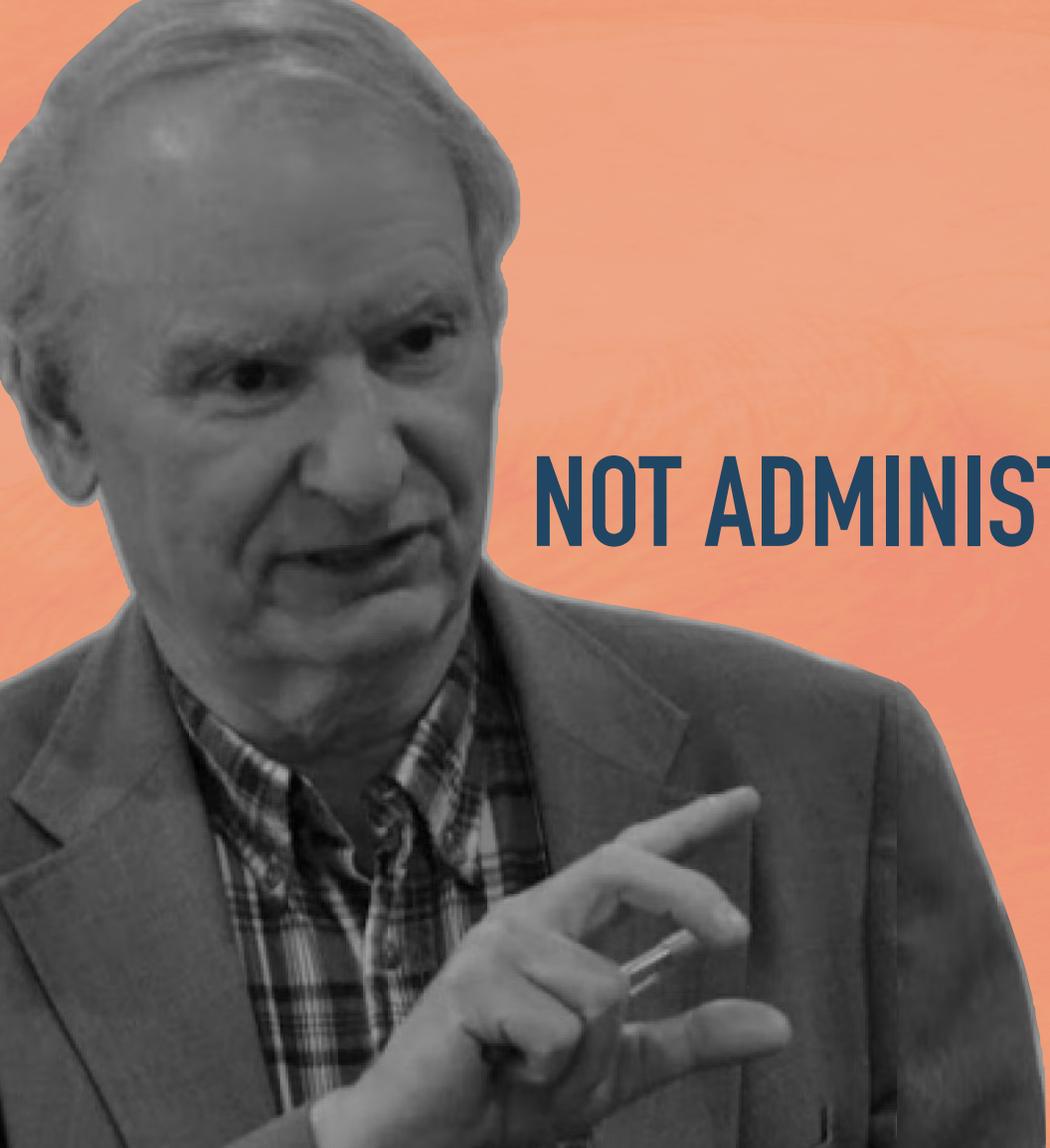
Rebecca Todd Peters





LIVING FAITH: EVERYDAY ETHICS FOR ORDINARY CHRISTIANS

AUTONOMY & AGONY AT THE MARGINS OF LIFE



PARALLEL MEANS

NOT ADMINISTERING \approx ADMINISTERING

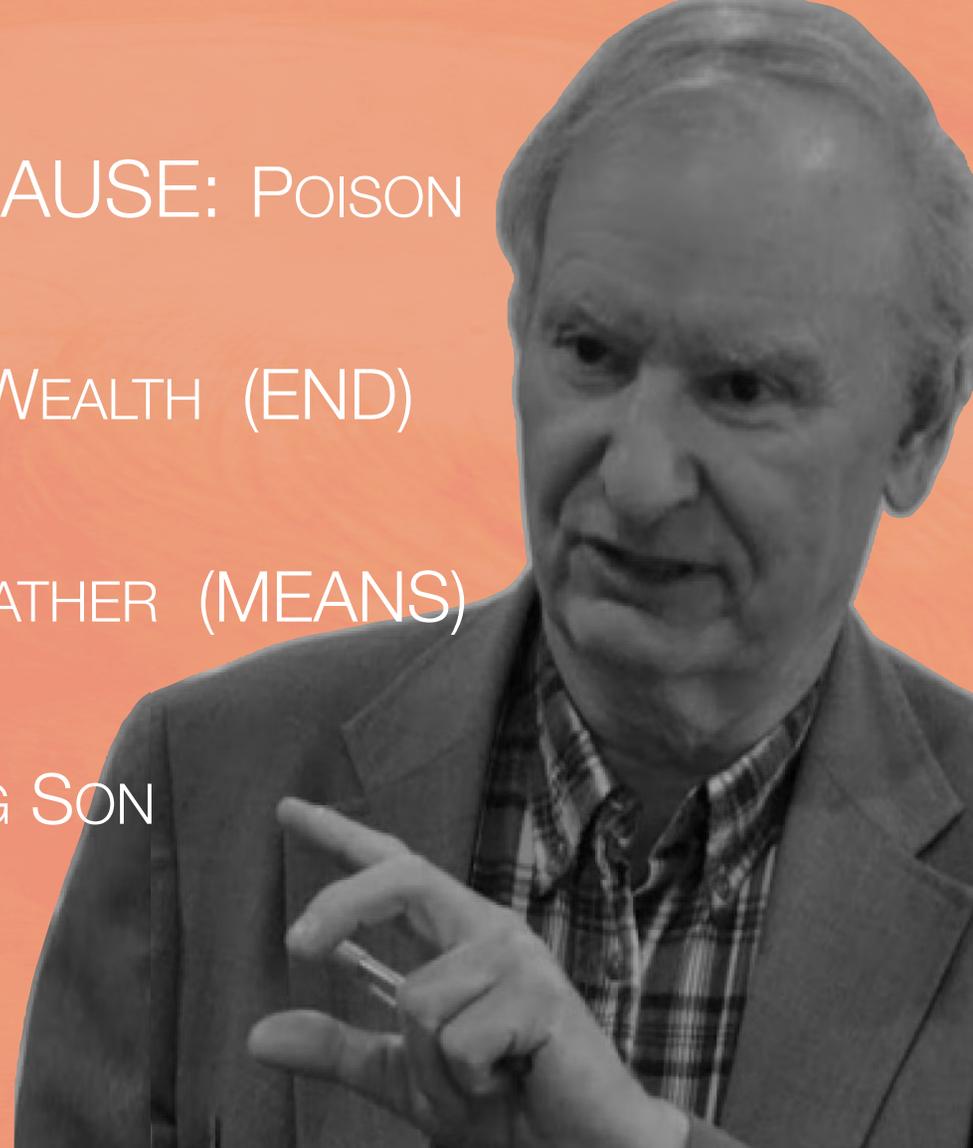
IDENTICAL ENDS

MATERIAL CAUSE: POISON

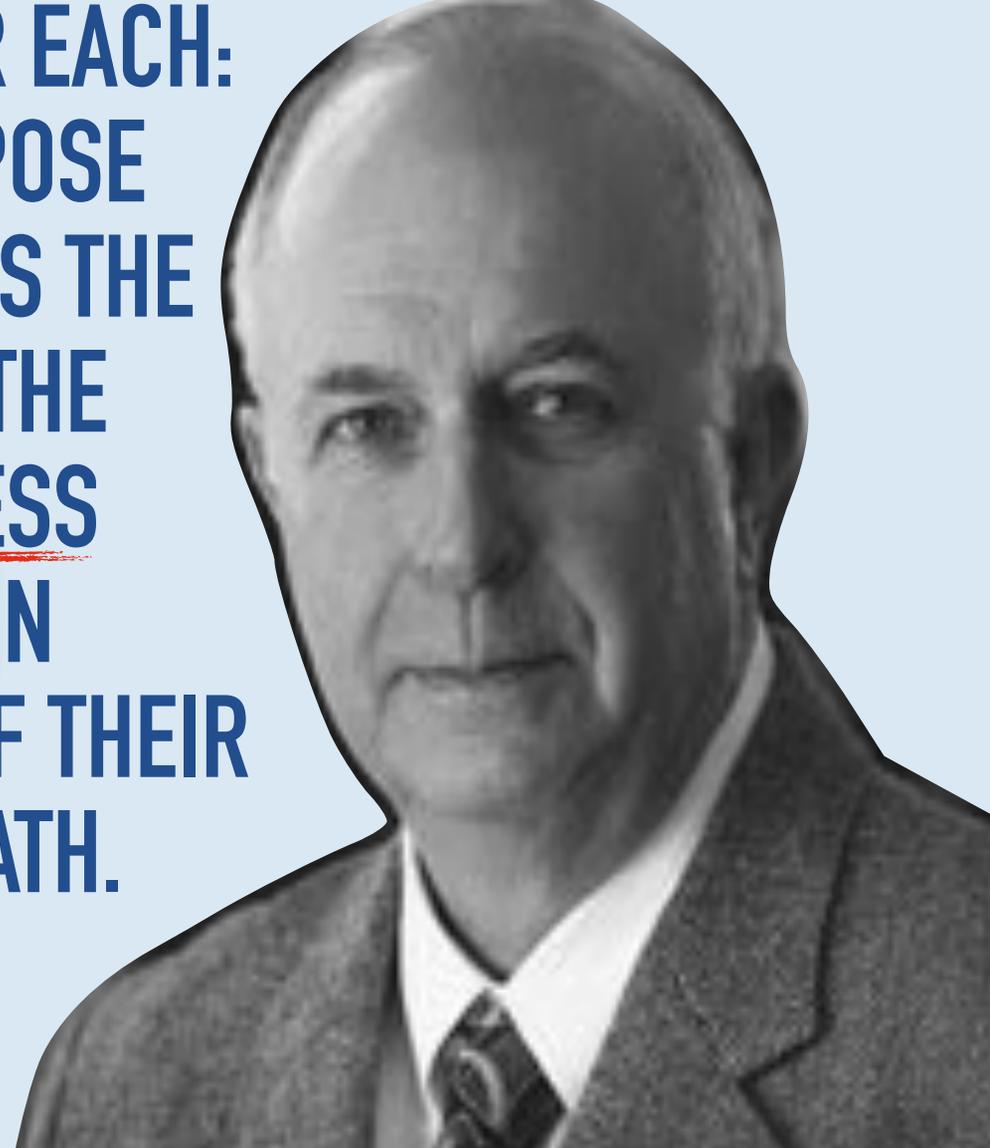
FINAL CAUSE: INHERIT FATHER'S WEALTH (END)

FORMAL CAUSE: TERMINATING FATHER (MEANS)

EFFICIENT CAUSE: POISONING SON



**THE RESULT IS THE SAME FOR EACH:
DEATH. BUT THE AIM OR PURPOSE
IS QUITE DIFFERENT. WHEREAS THE
SUICIDE AIMS AT HIS DEATH, THE
MARTYR AIMS AT FAITHFULNESS
TO GOD.... BOTH RECOGNIZE IN
ADVANCE THAT THE RESULT OF THEIR
CHOICE AND ACT WILL BE DEATH.
BUT THE MARTYR DOES NOT
AIM AT DEATH.**



IS ACTION
INTRINSICALLY
EVIL?

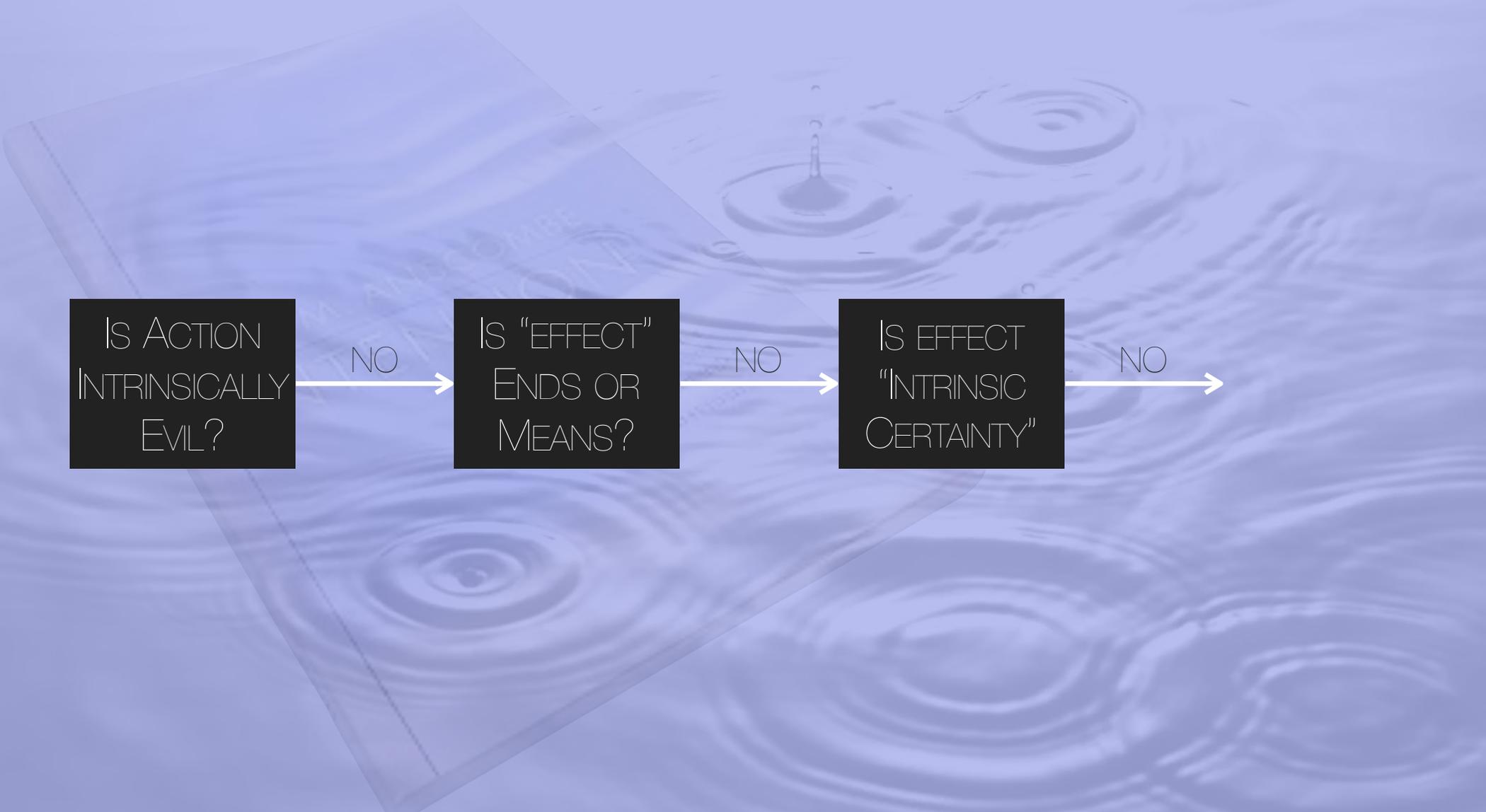
NO

IS "EFFECT"
ENDS OR
MEANS?

NO

IS EFFECT
"INTRINSIC
CERTAINTY"

NO

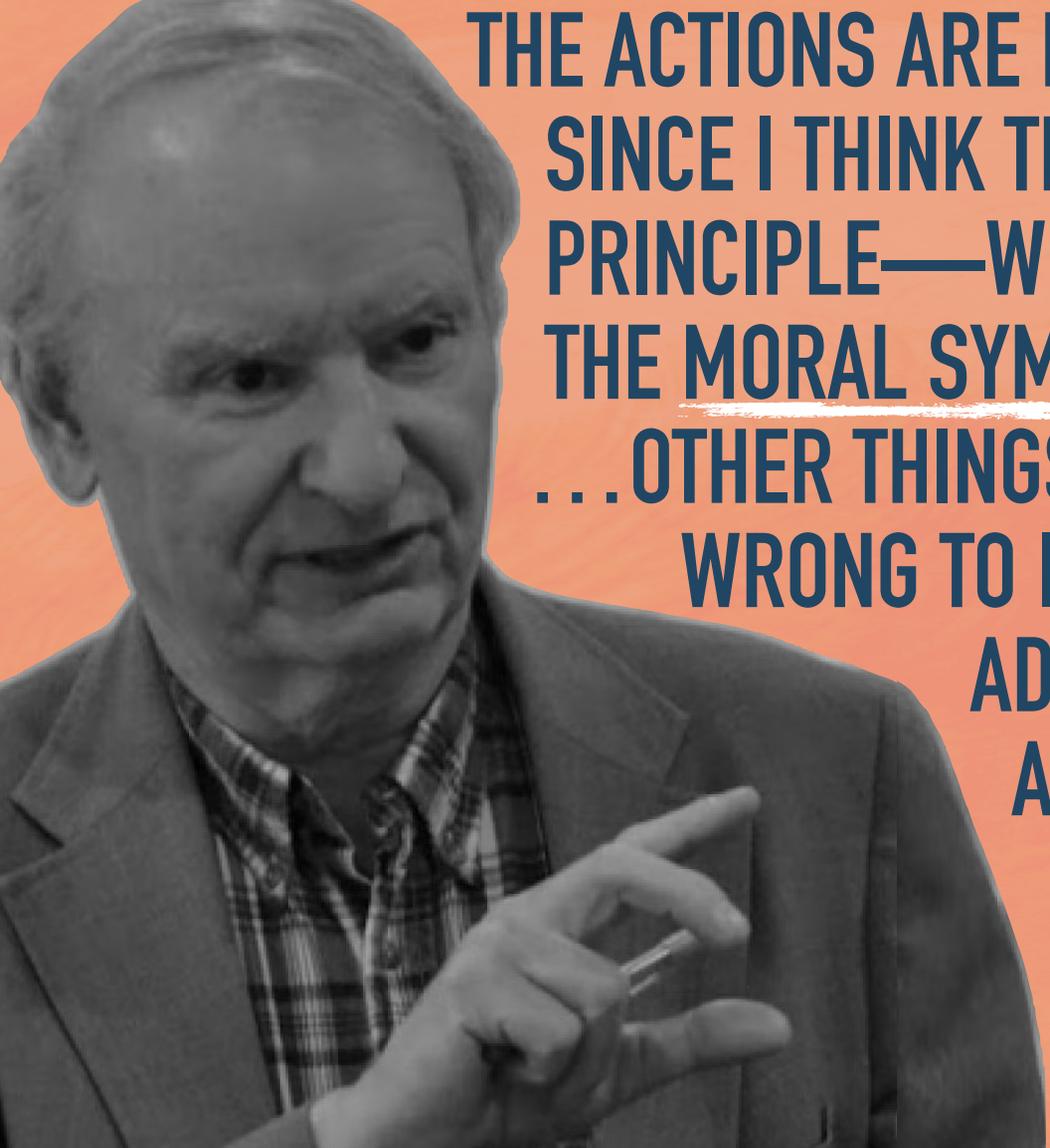


MATERIAL CAUSE: PHARMACOLOGY

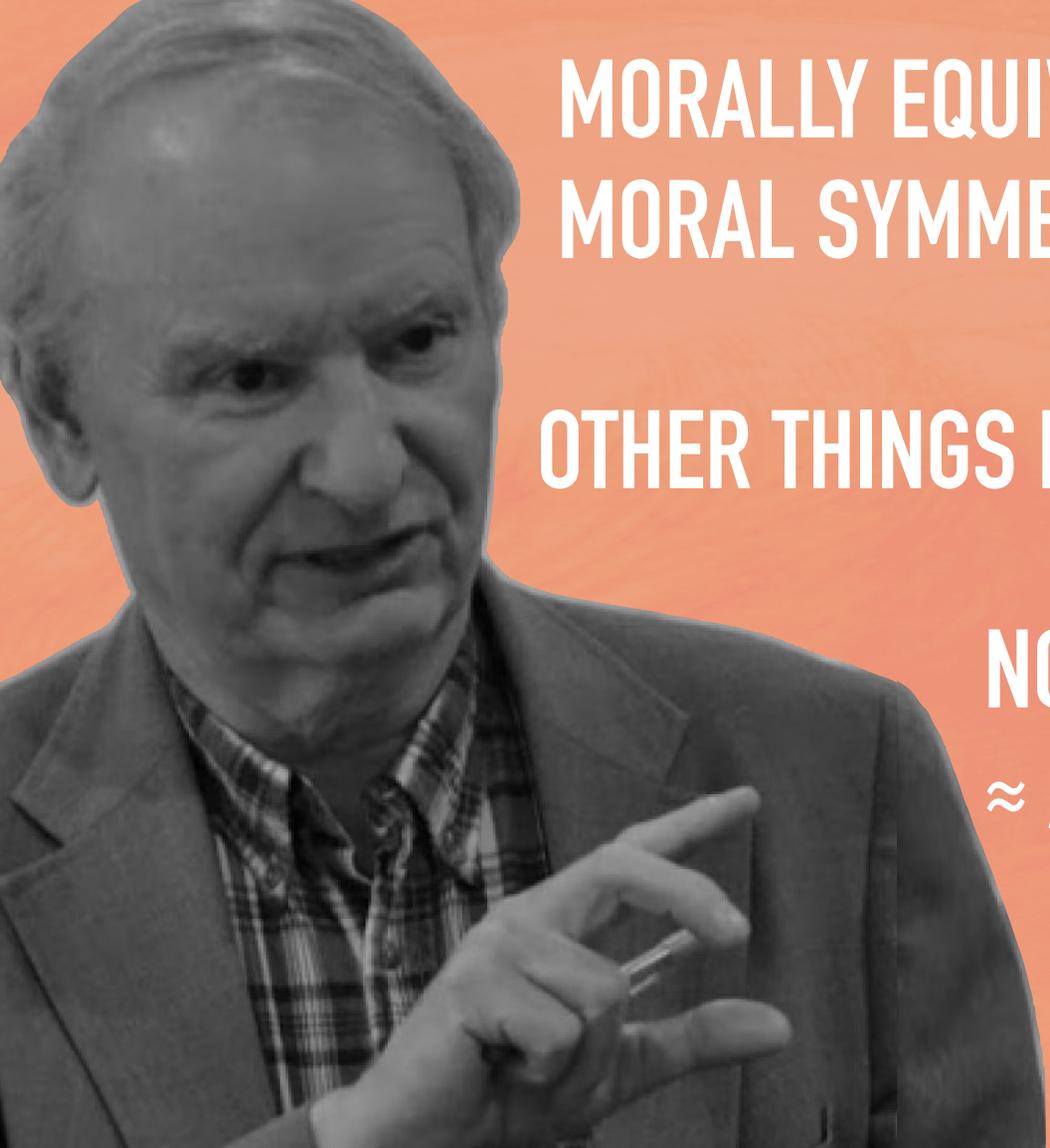
MATERIAL CAUSE: PATHOLOGY







**THE ACTIONS ARE MORALLY EQUIVALENT,
SINCE I THINK THAT THE FOLLOWING GENERAL
PRINCIPLE—WHICH MAY BE REFERRED TO AS
THE MORAL SYMMETRY PRINCIPLE—IS SOUND.
... OTHER THINGS BEING EQUAL, IT IS JUST AS
WRONG TO INTENTIONALLY REFRAIN FROM
ADMINISTERING AN ANTIDOTE
AS IT IS TO ADMINISTER THE
POISON, PROVIDED THAT THE
SAME MOTIVE IS OPERATIVE.**



**MORALLY EQUIVALENT
MORAL SYMMETRY**

IDENTICAL EVALUATION

OTHER THINGS BEING EQUAL

**NO RELEVANT
SITUATIONAL
DIFFERENCES**

**NOT ADMINISTERING
≈ ADMINISTERING**

**PARALLEL
MEANS**

SAME MOTIVE

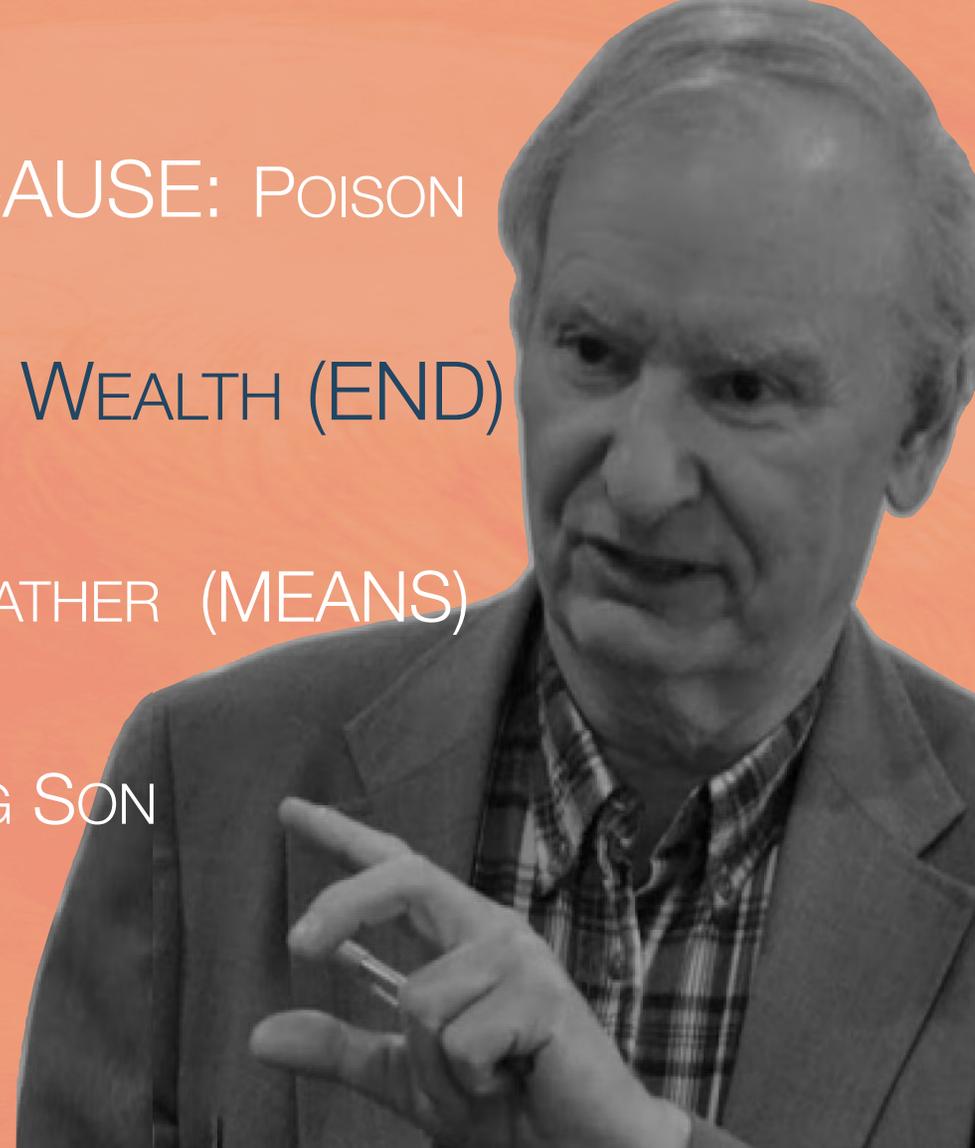
**IDENTICAL
ENDS**

MATERIAL CAUSE: POISON

FINAL CAUSE: INHERIT FATHER'S WEALTH (END)

FORMAL CAUSE: TERMINATING FATHER (MEANS)

EFFICIENT CAUSE: POISONING SON



EUTHANASIA & CHRISTIAN VISION

GILBERT MEILAENDER

EVERY TEACHER HAS PROBABLY EXPERIENCED, ALONG WITH COUNTLESS frustrations, moments in the classroom when something was said with perfect lucidity. I still recall one such moment three years ago when I was teaching a seminar dealing with ethical issues in death and dying. Knowing how difficult it can be to get students to consider these problems from within religious perspectives, I decided to force the issue at the outset by assigning as the first reading parts of those magnificent sections from Volume III/4 of Karl Barth's *Church Dogmatics* in which he discusses "Respect for Life" and "The Protection of Life." I gave the students little warning in advance, preferring to let the vigor and bombast of Barth's style have whatever effect it might.

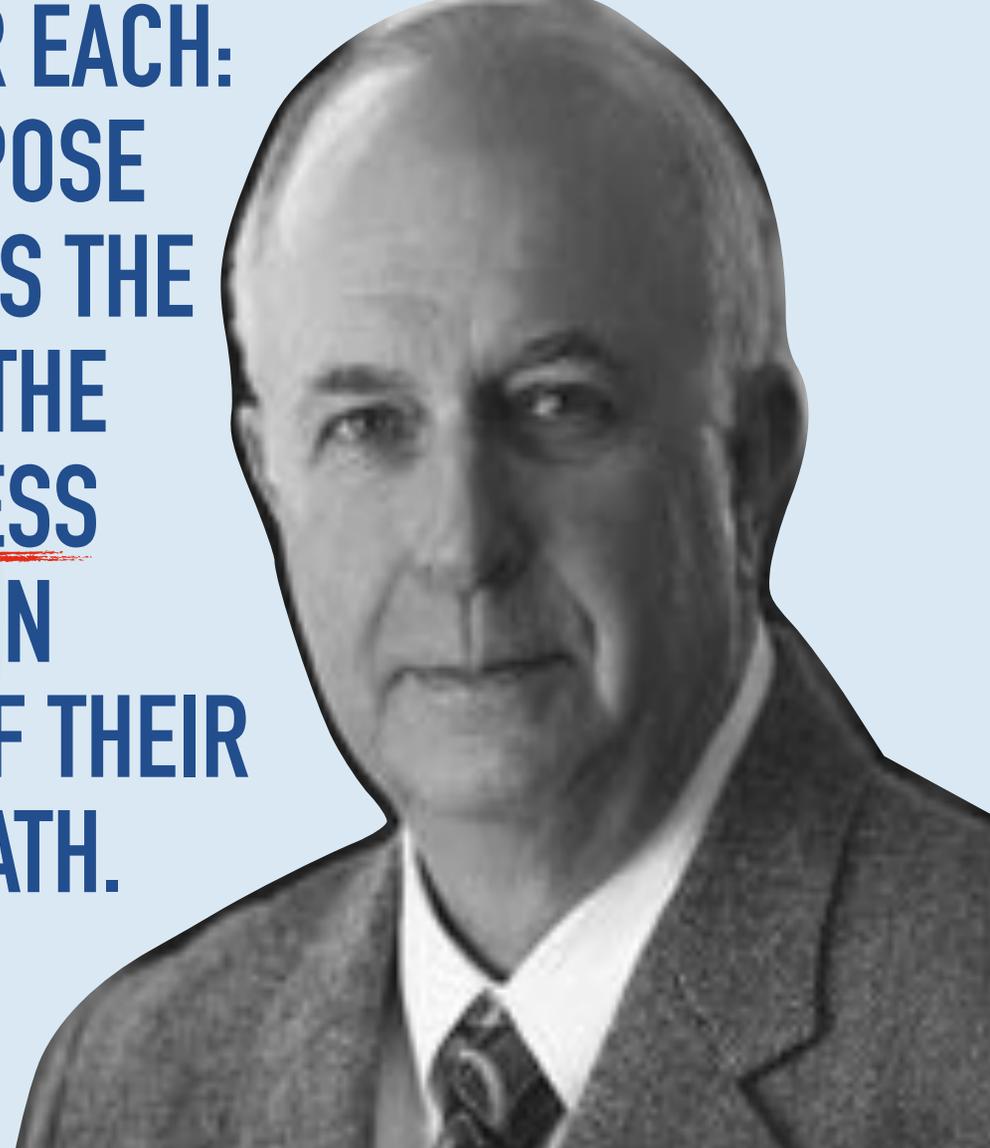
The students, I must say in retrospect, probably thought more kindly of Barth (who had, after all, only written these sections) than of their teacher (who had assigned them to be read). But they good-naturedly went about doing the assignment, and our seminar had a worthwhile discussion—with students criticizing Barth and, even, sometimes defending him. However, neither criticism nor defense was really my goal. It was understanding—understanding of death and dying within a perspective steeped in centuries of Christian life and thought—that I was seeking. And at one moment, even in a moment of criticism, we achieved that understanding.

One young woman in the class, seeking to explain why Barth puzzled her so, put it quite simply: "What I really don't like about him is that he seems to think our lives are not our own." To which, after a moment of awed silence, I could only respond: "If you begin to see that about Barth, even if it gets under your skin and offends you deeply, then indeed you have begun to understand what he is saying."

In his discussion of "The Protection of Life," and, in fact, within his specific discussion of euthanasia, Barth notes many of the difficult questions we might



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BUT THE MARTYR DOES NOT
AIM AT DEATH.**





IS ACTION
INTRINSICALLY
EVIL?

IS ACTION
INTRINSICALLY
EVIL?

NO

IS "EFFECT"
ENDS OR
MEANS?

YES



Neither ENDS

Nor MEANS

The background features a light blue, semi-transparent book cover tilted at an angle. The cover has the title 'L'ÉTAT D'ÊTRE' and the author 'MONTAIGNE' visible. Overlaid on the book and the entire scene are several water droplets falling into a pool of water, creating concentric ripples. The overall color palette is a soft, monochromatic blue.

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EVIL?

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Neither ENDS

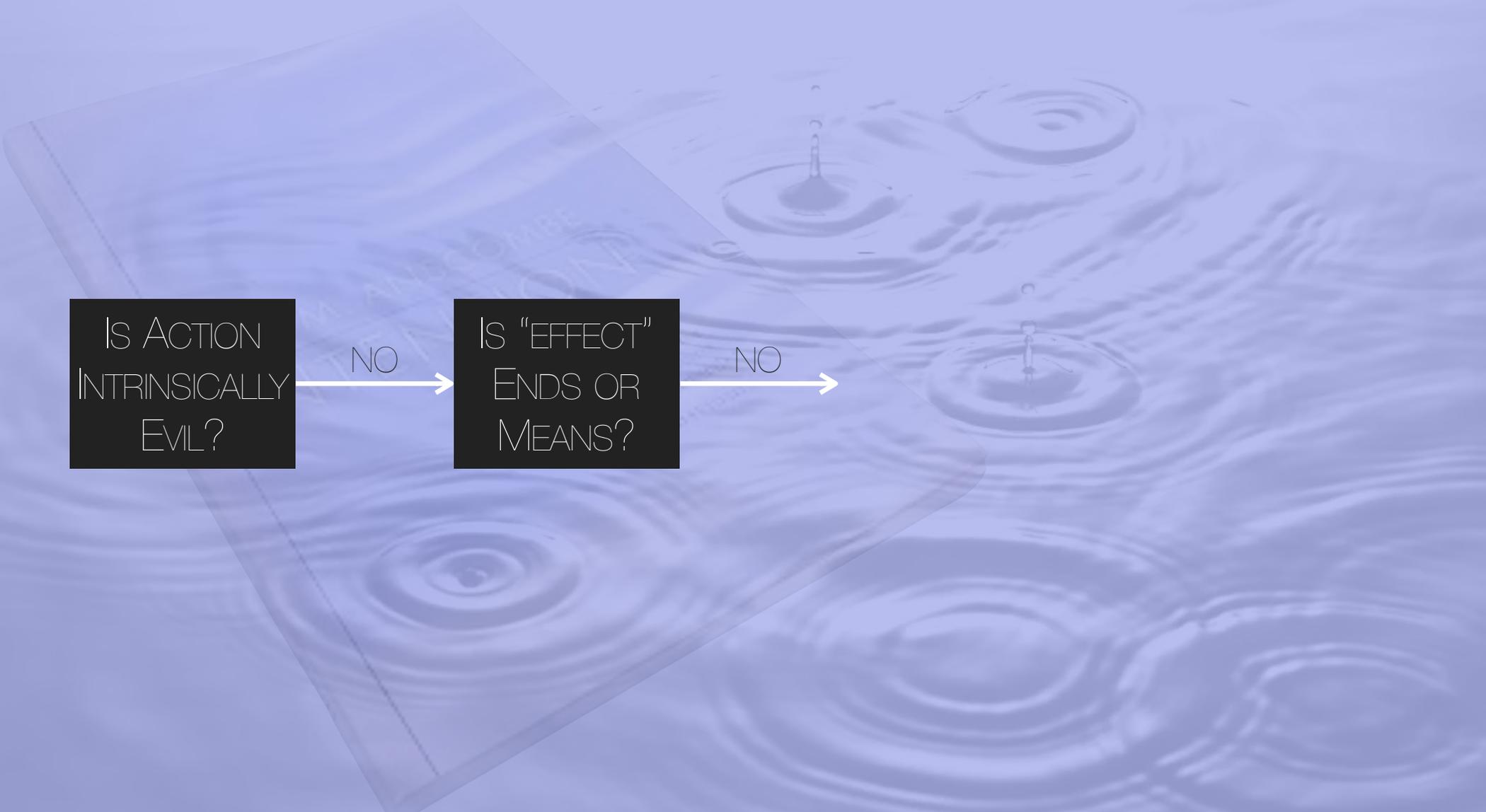
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IS "EFFECT"
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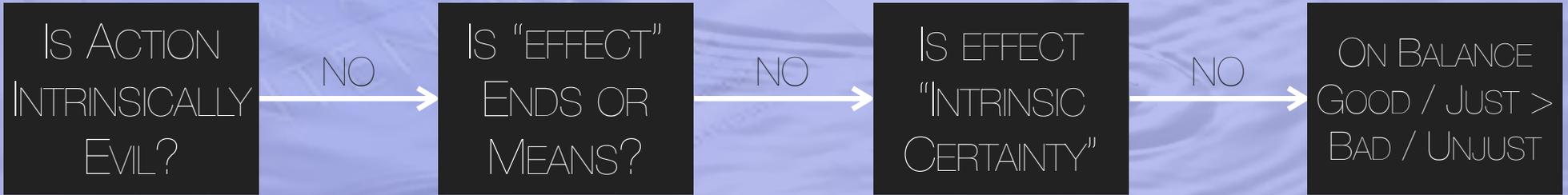
NO

IS EFFECT
"INTRINSIC
CERTAINTY"

NO

Foreseen (Likely) Possibility

INEVITABILITY



IS ACTION
INTRINSICALLY
EVIL?

NO

IS "EFFECT"
ENDS OR
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NO

IS EFFECT
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CERTAINTY"

NO

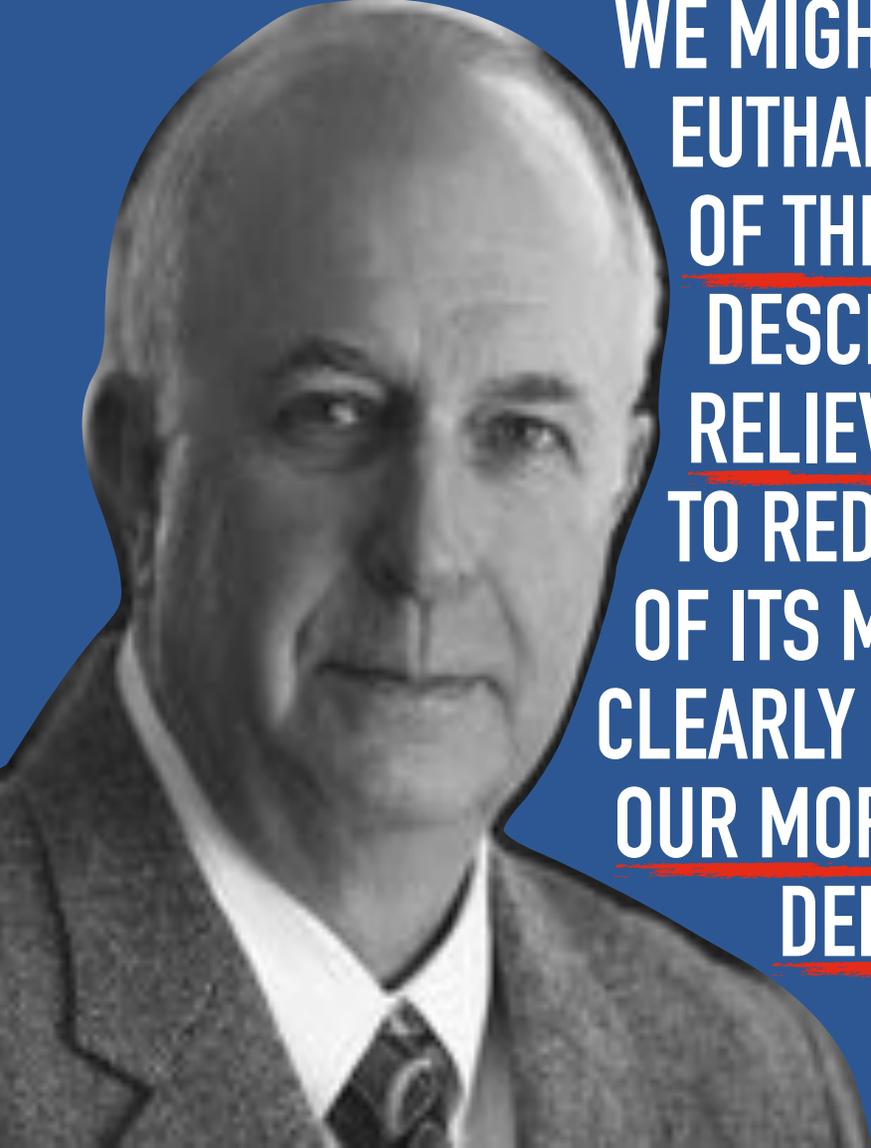
ON BALANCE
GOOD / JUST >
BAD / UNJUST

YES

Permissible Action

Excusable Effect





WE MIGHT SUGGEST THAT THE ACT OF
EUTHANIZING BE REDESCRIBED IN TERMS
OF THE MOTIVE OF MERCY. WE COULD
DESCRIBE THE ACT NOT AS KILLING BUT AS
RELIEVING SUFFERING.... ONLY BY REFUSING
TO REDESCRIBE THE AIM OF THE ACT IN TERMS
OF ITS MOTIVE DO WE KEEP THE MORAL ISSUE
CLEARLY BEFORE US. THAT ISSUE IS WHETHER
OUR MORAL EVALUATION OF THE ACT SHOULD
DEPEND SOLELY ON THE AGENT'S AIM OR
WHETHER THAT EVALUATION MUST
ALSO INCLUDE THE MOTIVE.



NOT KILLING

REDESCRIBED

RELIEVING SUFFERING

AIM

EVALUATION

MOTIVE

EUTHANASIA & CHRISTIAN
VISION

GILBERT MEILAENDER

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In his discussion of "The Protection of Life," and, in fact, within his specific

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EUTHANASIA & CHRISTIAN
VISION

GILBERT MEILAENDER

ENDS JUSTIFY MEANS

CONSEQUENTIALISM

ROAD TO HELL PAVED WITH GOOD INTENTIONS

...WITH COUNTLESS ILLUSTRATIONS, MOMENTS IN THE CLASSROOM WHEN SOMETHING WAS SAID WITH PERFECT ACCURACY. I STILL RECALL ONE SUCH MOMENT THREE YEARS AGO WHEN I WAS TEACHING A SEMINAR DEALING WITH ETHICAL ISSUES IN DEATH AND DYING. KNOWING HOW DIFFICULT

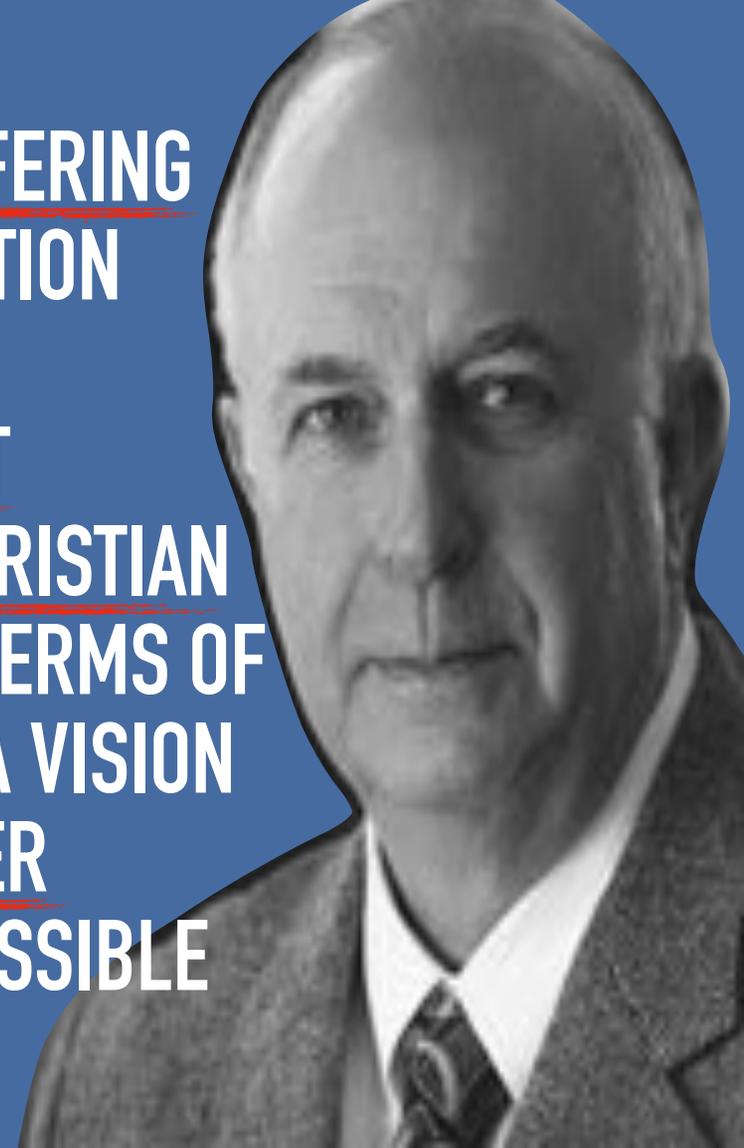
The students, I must say in retrospect, probably thought more kindly of Barth (who had, after all, only written these sections) than of their teacher (who had assigned them to be read). But they good-naturedly went about doing the as-

thing within a perspective shaped in contrast to Christian life and thought. And I was seeking. And at one moment, even in a moment of criticism, we achieved that understanding.

One young woman in the class, seeking to explain why Barth puzzled her so, put it quite simply: Barth is saying that you can't understand him unless you understand him. To which, after a moment of awed silence, I could only respond: "If you begin to see that about Barth, even if it gets under your skin and offends you deeply, then indeed you have begun to understand what he is saying."

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THE IMPORTANT QUESTION IS WHETHER THE PRAISEWORTHY MOTIVE OF RELIEVING SUFFERING SHOULD SO DOMINATE OUR MORAL REFLECTION THAT IT LEADS US TO TERM THE ACT 'RIGHT.' I WANT TO SUGGEST THAT IT SHOULD NOT, AT LEAST NOT WITHIN THE PARAMETERS OF CHRISTIAN BELIEF. . . . TO REDESCRIBE THE MOTIVE IN TERMS OF THE ACT'S AIM, TO ATTEMPT TO INCULCATE A VISION OF THE WORLD IN WHICH LOVE COULD NEVER EUTHANIZE, IS THEREFORE NOT ONLY PERMISSIBLE BUT NECESSARY FOR CHRISTIANS.



EUTHANASIA & CHRISTIAN VISION

**AT LEAST FOR CHRISTIAN
VISION, THE FUNDAMENTAL
IMPERATIVE IS NOT "MINIMIZE
SUFFERING" BUT "MAXIMIZE
LOVE AND CARE"**



In his discussion of "The Protection of Life," and, in fact, within his specific discussion of euthanasia, Barth notes many of the difficult questions we might