

Title: MAID and the Given Life

Intro: This is a shortened, article edition of an academic essay written for Regent College's Pastoral Ethics course, which is made available at the end of the article. The goal of the full essay was to examine MAID from contemporary, historical, theological, biblical, and ministry practice lenses.

When Canada's Bill C-14 was passed in June 2016, theoretical discussions regarding euthanasia gave way to grappling with its legalized reality.¹ The resulting program, Medical Assistance in Dying (MAID), provides two forms of physician-assisted-deaths: voluntary euthanasia², where the physician actively hastens death³ at the patient's direction through injection or similar means, and physician-assisted-suicide (or PAS), where the physician prescribes drugs for the patient to self-administer.⁴ These terms are commonly featured in the language of assisted death programs worldwide, but in Canada, MAID is synonymous with euthanasia, which comprised 99.97% of the program in 2023.⁵

Simply put, MAID's scale is staggering. From 2016 to 2023, 60,301 people have been approved and killed, with an average annual growth rate of 31.1% from 2019-2022 and a 15.8% growth rate from 2022-2023.⁶ Of those 60,301 people, 15,343 died in 2023 alone, comprising 4.7% of all deaths in Canada.⁷ Behind these statistics are individual people that are then connected in a dense web of relationships with families, friends, and neighbors, so that it is difficult to emerge untouched by a program created nine years ago.

Additionally, to give further context, the federal government records the multiple "sources of suffering" motivating a MAID request.⁸ The most common, at 96% of 2023's Track 1 participants,⁹ was "the loss of ability to engage in meaningful activities," followed by 87%

¹ Ricarda M. Konder and Timothy Christie, "Medical Assistance in Dying (MAiD) in Canada: A Critical Analysis of the Exclusion of Vulnerable Populations," *Healthcare Policy*, vol. 15,2 (2019): 28-38.

² James B. Tubbs Jr., *A Handbook of Bioethics Terms* (Washington: Georgetown University Press, 2009), 55.

³ Quentin I. T. Genuis, "Trust, intent, authenticity, and good dying: Beyond the autonomy debates and towards a philosophy of palliative care," *Progress in Palliative Care* (2017), 25:6, 286-290.

⁴ "Medical assistance in dying: Overview," Government of Canada, accessed March 11, 2024. <https://www.canada.ca/en/health-canada/services/health-services-benefits/medical-assistance-dying.html>.

⁵ "Fifth Annual Report on Medical Assistance in Dying in Canada, 2023," Health Canada, December 2024. <https://www.canada.ca/en/health-canada/services/publications/health-system-services/annual-report-medical-assistance-dying-2023.html>.

⁶ "Fifth Annual Report."

⁷ "Fifth Annual Report."

⁸ "Fifth Annual Report."

selecting “loss of ability to perform activities of daily living,” and then, by 65% selecting “loss of dignity.”¹⁰ What is startling about these findings and the other options lower down the list is that they reveal a notion of suffering that is overwhelmingly headlined by a sense of what Quentin Genuis calls, “existential distress,” rather than specific medical diagnoses.¹¹ Genuis, when commenting on this phenomenon, remarks that “such individuals cannot bear to live for non-medical reasons, but expect medical professionals to relieve them of distress via physician-hastened-death.”¹² Yet, since these are the reasons behind why 15,343 people chose MAID in 2023, we need to wrestle with what MAID is seeking to address in its large-scale implementation, and how its portrayal of autonomy and suffering might relate to Christian concepts of life as given and limited seen historically and theologically.

For its part, autonomy is well-documented within medical ethics¹³ and concerns a sense of “self-determination”¹⁴ where “the individual is free to set his or her life direction,”¹⁵ including the manner of death. Autonomy is often seen as a core pillar of bioethics consideration, which is probably best encapsulated in the influential textbook, *Principles of Biomedical Ethics* (first published in 1979), which stakes its defense for autonomy as a corrective to perceived paternalism in the medical practice.¹⁶ Thereby, it reorients the source of power to the patient over the physician.¹⁷ From this vantage point, the authors defend the ethical right of suicide for people they deem to be fully autonomous, remarking: “if the principle of autonomy is strongly relied upon for the justification of suicide, then it would seem that there is a right to commit suicide, so long as a person acts autonomously and does not seriously affect the interests of others.”¹⁸ The conclusion being that each person’s life is effectively their own to do with as they wish.¹⁹

⁹ According to the Fifth Annual Report, Track 1 denotes “individuals whose death was reasonably foreseeable.”

¹⁰ “Fifth Annual Report.”

¹¹ Genuis, “Trust, intent, authenticity, and good dying.”

¹² Genuis, “Trust, intent, authenticity, and good dying.”

¹³ Genuis, “Trust, intent, authenticity, and good dying.”

¹⁴ Gilbert Meilaender, *Bioethics: A Primer for Christians*, 4th Edition (Grand Rapids: Eerdmans, 2020), 75.

¹⁵ M. Therese Lysaught, Joseph J. Kotva Jr., Stephen E. Lammers, and Allen Verhey, *On Moral Medicine: Theological Perspectives in Medical Ethics*, 3rd Edition (Grand Rapids: Eerdmans, 2012), 1079.

¹⁶ Genuis, “Trust, intent, authenticity, and good dying.”

¹⁷ Genuis, “Trust, intent, authenticity, and good dying.”

¹⁸ Tom L. Beauchamp and James F. Childress, *Principles of Biomedical Ethics* (New York: Oxford University Press. 1979), 90.

¹⁹ Meilaender, 75.

Moreover, autonomy not only helps to redefine death as a choice, but it also reorients how life itself is perceived. When self-sufficiency and self-determination are positioned as ethical rights, something is then deemed at fault in our lived experience if sickness, disease, and pain encroach upon these rights. Euthanasia, through MAID, could be potentially perceived as a form of rights recovery through rallying against our limits²⁰ and hastening death before our autonomy is too far bound in chains, which is helpfully, though heartbreakingly, illustrated by the previously listed suffering rationales.

Regarding suffering, Allen Verhey notes that earlier in the medical revolution, medical language often identified medicine as a form of resistance against death—to never allow any disease to be incurable.²¹ But as time has gone on, the language has shifted to a perceived higher purpose—eliminating suffering altogether.²² This focus can be seen in the government criteria for requesting MAID, where one of the key requirements is that you “experience unbearable physical or mental suffering from your illness, disease, disability or state of decline that cannot be relieved under conditions that you consider acceptable.”²³ Suffering is effectively eliminated, in a sense, but only through the death of the sufferers themselves.²⁴ As such, something quite powerful is communicated about the perception of suffering when death is a viable and potentially better alternative. The implication being that suffering’s persistence in daily life can effectively end the virtue of living if the goal of human flourishing and ease becomes a losing battle.²⁵

Yet, despite the unique challenges of the modern medical setting, it is important to remember the concerns MAID addresses are not necessarily new phenomenon.²⁶ Debates around euthanasia and suicide range back to antiquity, and within such debates, Christianity does not support the unconditional mitigation of suffering, especially suffering around death. Open any account of the early church martyrs, such as *Perpetua and Felicity*, and you will see graphic stories of followers of Jesus facing death in the face and witnessing to others through their suffering precisely because their lives were not considered their own.²⁷ Rather, they were seen as limited, belonging to, and given by God—the God who had redeemed them through an execution device. Similarly, when instructing others facing persecution, both Justin Martyr in the second

²⁰ Meilaender, 77.

²¹ Allen Verhey, *Reading the Bible in the Strange World of Medicine* (Grand Rapids: Eerdmans, 2003), 336.

²² Verhey, 336.

²³ “Medical assistance in dying: Overview.”

²⁴ Meilaender, 78.

²⁵ Verhey, 321.

²⁶ Verhey, 325.

²⁷ Verhey, 323.

century²⁸ and Augustine in the fourth, speak out against suicide being used to avoid suffering, with Augustine, in particular, using the language of patience because of a given hope in God's eternal healing.²⁹ For the martyrs, life is given; for Augustine, hope is given; and for the Apostle Paul, our new life is given. As Paul writes in Ephesians, "for by grace you are saved through faith, and this is not from yourselves, it is the gift of God,"³⁰ words which ring out over a biblical narrative that illustrates how Jesus's death and resurrection have won the victory over sin and death and look towards a new creation reality.

When summarizing this notion, Stanley Hauerwas remarks "we should learn to regard our lives as gifts bestowed on us by a gracious Creator," which he argues creates a sense that "living is an obligation."³¹ To Hauerwas, the fact that life is given signifies relational obligations and deep dependency to "our Creator and one another."³² Humans are connected to God as their Creator and sustained by his grace and gifts; yet, they are also in relation to wider humanity as fellow limited creatures.³³ Of course, Hauerwas is not alone in this, even historically, as Aquinas takes a similar tone by arguing against the morality of suicide because of the breakdown of relationships it implies with natural law, oneself, one's community, and God himself.³⁴

So, in Canada today, where euthanasia is a legal, government-funded, and widespread option, it is worth considering how life as a choice potentially obscures the possibility of seeing life as a gift.³⁵ Verhey remarks again that "when we provide social legitimation of the option of suicide, we may increase options, but we also effectively eliminate an option, namely, staying alive without having to justify one's existence."³⁶ However, when life is viewed as gifted, living is an obligation that extends outward relationally towards God and others, seeing the individual as dependent on these interconnected relationships for survival and for meaning.

²⁸ Justin Martyr, *Second Apology*, in *Readings in World Christian History*, edited by John W. Coakley and Andrea Sterk (Maryknoll: Orbis Books, 2004), 39.

²⁹ Augustine of Hippo, *City of God*, in *Readings in World Christian History*, edited by John W. Coakley and Andrea Sterk (Maryknoll: Orbis Books, 2004), 198.

³⁰ Ephesians 2:8, LEB.

³¹ Stanley Hauerwas, "Rational Suicide and Reasons for Living," in *On Moral Medicine*, edited by M. Therese Lysaught, Joseph J. Kotva Jr., Stephen E. Lammers, and Allen Verhey, 3rd Edition (Grand Rapids: Eerdmans, 2012), 1100.

³² Hauerwas, 1100.

³³ Hauerwas, 1100.

³⁴ Thomas Aquinas, *Summa Theologica: Complete English Edition in Five Volumes*, translated by Fathers of the English Dominican Province. Vol. 3. II-II, Q. 64, A. 5 (Allen: Christian Classics, 1981), 1463.

³⁵ Verhey, 333.

³⁶ Verhey, 333.

What's more, if two of the main bioethical pillars for human beings are based on autonomous self-determination and the elimination of suffering, the story of Jesus strikes a discordant chord. Two of the holiest seasons in the Christian calendar, Christmas and Holy Week, are invitations to remember when Jesus had the least autonomy in his life. The first depicts God as a helpless infant in a feeding trough and born to an impoverished family. The second remembers God as a burden to his friends, his family, and himself. By the standards of Western autonomy, Jesus is not worth much in Christmas and Holy Week, as his self-rule is severely restricted. However, there is something inherent in Jesus that no amount of humbling can remove, and there is something earth-shattering in Jesus's death that causes a worshipful response. If suffering and the loss of autonomy are wrapped up in how Christ defines his purpose and ministry, then in some way, there is an expectation that humble suffering will also be a part of what it means to be his followers. Humans are also, in many ways, holy burdens that walk with Jesus towards the cross—a place where the obedient and burdensome are forever intertwined with the divine and powerful.

Yet, it is also true that the biblical tradition would be mischaracterized if care for those suffering was not deeply reflected in Christian common practice. The laws in the Torah, the prophets' accusations, Jesus's own teaching, and the apostles' letters all denote deep concern from God for the sufferer, while also calling ancient Israel and the church into action. Perhaps most poignantly, this gets displayed when Jesus recounts the parable of the sheep and the goats, where the righteous will be marked by their compassion and care to their neighbor through which they are actually serving Christ.³⁷ However, when these passages are also combined with others, such as Philippians 2, Christian action is reframed away from the elimination of suffering precisely because suffering is not viewed as the greatest enemy. Instead, as Gilbert Meilaender explains: "The principle that governs Christian compassion...is not 'minimize suffering.' It is 'maximize care.'"³⁸ For in the human experience that Christians are called to step into, suffering can have "meaning or purpose," even if we affirm that it is, in itself, not a good that should be invited or sought after.³⁹ Minimizing suffering has the potential to elevate suffering to be more worth our attention than the individual. Maximizing care may involve some mitigation of suffering, but not at the expense of the one being cared for.

Considering all this, what then is the church in Canada called to do? How then should we live? In this short survey of examining MAID from contemporary, historical, and theological lenses, I have left the most essential questions unanswered in what I hope will become a charge for reflection. Because we deeply need from within our churches urgent reflections on what it looks like to be compassionately present with those suffering, to be proactive instead of reactive, to train the church to have a different vision for good dying than the one MAID provides, and to engage in a radical hospitality that communicates a sense of worth given by God. There is no

³⁷ Matthew 25:37-40.

³⁸ Meilaender, 78.

³⁹ Meilaender, 78.

perfect answer, but regardless, it is still essential to begin—to grapple with MAID as churches seeking “to do justice, love kindness, and walk humbly with [our] God.”⁴⁰

⁴⁰ Micah 6:8