

When a Church Member Wants Medically Assisted Suicide **By: Steve Jones, FEB Canada President**

Becky has been an active member in your church for 12 years. She loves Jesus.

She got sick this year. It's terminal. The pain has been increasing.

Her daughter sends you an email inviting you to "mom's send-off" this Thursday at 3:00pm at the local hospital.

What do you do? What do you say? Do you go?

The Current Landscape

Between 2016 and 2020, over 20,000 Canadians sought medically assisted suicide. Bill C-14 passed into law on June 6, 2016 making this legal. In 2019 there were 5,425 medically assisted deaths in Canada, representing 1.9% of all deaths. In 2020, the number increased to 7,383 deaths or 2.4% of all deaths in Canada – an increase of 36% over just one year. The trend continues.

This month, March 2023, people with mental illness alone and mature minors were to become eligible for medically assisted death. This eligibility was due to a change in the law in 2021, a two-year delay was applied which has recently been extended for further consultation.

If our pastors and chaplains have not had to deal with the realities surrounding someone seeking medically assisted suicide – they will soon.

What is a servant of God to do? How do you shepherd the patient's family, especially when some family members do not agree with the dying wishes of their mother?

What should you do or say?

I asked several colleagues within our own Fellowship family to weigh in on this subject and share some counsel. I asked it to be practical. I hope these suggestions and comments are helpful:

One pastor turned to Scripture:

"I have had two Christian men at my church ask me about MAiD; both were in late stages, cancer and ALS. My approach was not to argue but to agree that because medical science was the only reason they were still alive it didn't seem unreasonable for them to consider medical science as a way of ending their life. Then I read John 21:18-19 to them and pointed out that the goal of a Christian is to glorify God in everything – especially our death, that the primary factor for each of us as we die is – how can I glorify God in this death? Neither man opted for MAiD, but I think it was primarily the influence of their wives."

One Fellowship chaplain shared his practice:

"When invited, I have decided to be present at the hospital. However I will not be in the hospital room where the lethal meds are being administered. I will sit in the hospital hallway or waiting room outside the 'treatment' room with other family members who disagree or are struggling with their family member's decision to end their life. After the death has occurred, I enter the room seeking to minister to the family."

One Fellowship pastor has had two experiences:

“I’ve only had two MAiD situations involving individuals on the fringe of our community. In one family the husband informed his family that he had called for a MAiD administration. They chose to be with him and to share memories of their happiest times before his final hour. They didn’t inform me until he was gone. I supported by listening without judging. During the second situation, the husband wrestled with how to respond to his wife’s request for MAiD after her years of cancer suffering. He brought me the forms and we discussed what it meant to finish well, to care for those who were suffering, to make decisions without regret, to trust God, and to take time for family with every minute we have. Although his wife had signed the forms she chose not to submit them and she was given comfort meds which gave her an extra 10 days to say farewell to her grandkids etc. I spent a lot of time with the husband comforting him in his grief and listening to his conflicting emotions. Just because something is legal doesn’t mean it is right.”

One theology professor in a Fellowship seminary shares some counsel:

“This is a tough one, and while I have my theological take on the matter, the pastoral one is much more difficult. One thought that comes to mind is one similar to the abortion issue. In my view we lose our voice in speaking against these things unless we are prepared to actively and intentionally care for those affected. We can be shrill about abortion but unless we put caring structures in place as the Church and churches, our voice becomes muffled. The same with MAiD. While in principle I see this as morally wrong, unless we are prepared to ensure that our brothers and sisters who are affected deeply by the things that push people toward MAiD are cared for and given the supports needed, and that we actively participate in the complexities of folks and family members who are suffering, our protest speech becomes muffled, even silenced. This means time, effort, and money on the part of churches to provide the care and the structures needed to provide compassionate and legitimate options to MAiD. We can’t just punt this away based on our moral and theological understanding of the issue, and stand in judgment on those who proceed with this. In my view, part of the gospel is this kind of care.”

One Fellowship pastor offers a pastoral concern:

“Among the many realities brought about by MAiD, the biggest one for me is the looming opening of the restrictions on MAiD in the area of mental health. I counsel many who struggle with depression in its many forms and with a broken medical system (one psychiatrist in my region has a six-year—yes, year, not month—waiting list) and lack of other support, those already struggling with suicidal thoughts now have a medically affirmed way to end their life. For those in the throes of deep darkness, this seems like light and a solution, especially because many struggle to actually go through with their carefully crafted plans despite their despair. Now, they can seemingly cleanly and easily end the heavy weight and seemingly endless imprisonment. Hope is a powerful thing (Romans 15:13) and its absence is as devastating as its presence is a blessing. As a pastor and Biblical counsellor, giving hope has always been a matter of life and death, but now, perhaps as never before in Canada, even more so. I continue to pray against this culture of death which appears as compassion but is only masquerading as such. God give us grace and mercy.”

One Fellowship pastor will treat MAiD like any other suicide:

“I have put intentional thought into this, but unfortunately, I don’t have a lot to offer. I have not had to deal with this situation. In fact, I’ve never had to pastor a suicide (thank God!) though I have pastored several attempted suicides. As a result, I’ve not had to wrestle deeply with these matters.

“However, I can offer these reflections:

1. I don’t think we should approach MAiD any differently than other suicides. The remaining comments are made in light of that.
2. If I’m asked to come in prior to someone dying, my focus will be to convince the person in question that their life has value and they should not end it. I would make my priority clear upon invitation, in case they want to un-invite me.
3. If I’m asked to conduct the funeral, I would accept. I accept pretty much every funeral invitation I can since I think they are such great opportunities for the gospel. If the family wanted to characterize it more positively than I would, I wouldn’t try to convince them otherwise. But I would steward my influence and voice to reflect my views.

Have a blessed week,
Steve