

JOINT REPORT OF THE THEOLOGICAL FORUM AND THE FAITH ACTION PROGRAMME LEADERSHIP TEAM ON ASSISTED DYING MAY 2025

Proposed Deliverance

The General Assembly:

1. Receive the Report.
2. Affirm that every human being is made in the image of God with inherent dignity and worth.
3. Call on the Scottish Government to prioritise development of excellent palliative care services to ensure that they are universally available and urgently to review the funding models currently in place.
4. Note the diversity of theological views in the Church on the issue of assisted dying, and the integrity with which they are held.
5. Agree that if assisted dying is legalised, robust safeguards must be in place.
6. Acknowledge that further resources and pastoral care training will be required, from FAPLT, should assisted dying be legalised.
7. Recognising the value of open discussion around death and dying, commend the Report for further study, reflection and dialogue.
8. Thank and discharge the working group on assisted dying.

Report

Assisted Dying: A Spectrum of Belief

This report contains reference to topics that some may find distressing. If you have found this report to raise concerns for you or a loved one, and you would like to talk about this, Marie Curie Information and Support is a free service and can be contacted via their website www.mariecurie.org.uk or by phone on 0800 090 2309.

1. METHODOLOGY

1.1 Over the past two years the working group on assisted dying has endeavoured to listen widely on this complex and often emotive issue. We have consulted with medical professionals and researchers, both in the UK and in places where assisted dying has been legalised; hospital and hospice chaplains and directors for spiritual care; palliative care practitioners; CrossReach and other social service providers; ethicists, academics and politicians. We have also held conversations on assisted dying with members of every Presbytery. For full lists of those with whom we have consulted, please see Appendices A and B.

1.2 We have read widely on the subject, including medical research publications, news reporting, past reports by the Church of Scotland and other denominations, judicial and legislative material as well as theological and ethical academic papers. Some of these can be found in footnotes and in Appendix D.

2. TERMINOLOGY

2.1 We begin this report with a note on language and terminology. Many of the terms used to denote situations where a person's life is ended through medical means are complex and loaded. For this reason, we have provided a glossary of terms below to help the reader navigate this document. We have chosen to use the term 'assisted dying' throughout this report for several important reasons. First, this term reflects the language used in our instruction from the 2023 General Assembly. Second, it is also the term used in the proposed Bill which has been brought to the Scottish Parliament by Liam McArthur MSP, and provides the immediate political context for this report. Third, while we acknowledge that there is little agreement whether or not assisted dying is a form of suicide, we wish to resist the language of 'suicide' being applied to the cases to which this legislation would be relevant. This is because it is a word that regrettably still conveys a suggestion of stigma and judgement due to its association with distressing, sometimes impulsive, premature deaths.

2.2 Terminology is also important because there appears to be a lack of public understanding about what is being proposed in the assisted dying legislation and proposed legal safeguards.^[i] For example, in one study only 43% of people surveyed understood assisted dying to mean providing people who have less than six months to live with lethal drugs to end their life. 42% thought assisted dying meant giving people who are dying the right to stop life-sustaining treatment. 10% thought assisted dying meant hospice type care, and 5% said they did not know what assisted dying meant.^[ii] This is why education around this issue is so important, and why we created opportunities for discussion through the Presbytery conversations to help clarify language and to encourage constructive conversations around the issues raised by assisted dying. Without clarity and shared understanding of key terms, people engaged in discussions and debates often talk past each other.

3. GLOSSARY OF TERMS^[iii]

3.1 Assisted Dying: The prescription of life-ending drugs for terminally ill, mentally competent adults to self-administer, after meeting legal safeguards. Proponents of the use of this term say that it is more apt than 'assisted suicide' because the current Bill proposed in Scotland only applies to terminally ill patients, for whom the question is not whether they will live or die, but rather what kind of death they will have.

3.2 Assisted Suicide: Providing assistance to die through the prescription of life-ending drugs to those with long-term and progressive conditions, those with terminal illnesses and also to those who are not dying. The drugs are self-administered. Some opponents of assisted dying do not accept that it is different from assisted suicide and critique the ambiguity of the term.

3.3 Voluntary Euthanasia: Directly and intentionally administering life-ending drugs to a patient who has requested it, or who has given their consent.

3.4 Non-Voluntary Euthanasia: Directly and intentionally administering life-ending drugs to a patient who has not given their consent, for example if they were in a coma.

3.5 Involuntary Euthanasia: Directly and intentionally administering life-ending drugs to a patient who does not wish to die and who has not given their consent, despite being able to. This is regarded as murder.

3.6 Active Euthanasia: Death is brought about by an act, such as the administering of life-ending drugs.

3.7 Passive Euthanasia: Allowing death to occur by withholding or withdrawing treatment.

3.8 Palliative Care: The holistic care of patients with advanced, progressive illness that cannot be cured. It includes the management of pain and the provision of psychological, practical, social and spiritual support. Its goal is the achievement of the best quality of life for patients and their families and to endeavour to deliver the best possible care around death.

4. INTRODUCTION

4.1 The issue of assisted dying has been constantly in the news in recent times, and provokes strong feelings and passionate debate. While polls show that a majority of the public in the UK favour its legalisation, including those who claim religious adherence,^[iv] many Christian denominations and other faith groups have consistently opposed a change to the current legal situation.

4.2 The Church of Scotland had been consistent in its opposition to assisted dying and euthanasia for decades. In light of the introduction of a Bill to the Scottish Parliament to change the law, in 2023 the Faith Impact Forum invited the General Assembly to reaffirm its historic opposition and encourage members to express that opposition to their MSPs:

[The General Assembly] Support the current legal protections which prohibit assisted suicide/assisted dying and urge members of the Church to make representation to their MSPs.

4.3 However, a countermotion recognising opinion in the Church was more diverse than outright opposition was moved. This countermotion also instructed that this diversity of views be explored further. On a vote, 103 voted for the original motion to reaffirm the Church's blanket opposition to assisted dying, while 225 voted for the countermotion, which then passed 238–71, with five commissioners recording dissent.

4.4 The final Deliverance therefore stated:

[The General Assembly] Noting that the historical decisions of the General Assembly have been to support current civil law as to assisted dying, but now recognising that there exists a range of theological views and ethical opinions on assisted dying within the Church, instruct the Faith Action Programme Leadership Team, the Theological Forum and other relevant parties to explore such views and opinions and report to a future General Assembly.

4.5 Following this decision, a small working group, consisting of members of the Theological Forum, FAPLT and experts in this area, was formed to fulfil the instruction of the General Assembly. This report provides some background and historical context to the Church of Scotland's position on assisted dying before moving to consider theological views. These theological questions have been considered thematically rather than in a 'reasons for and reasons against' structure to avoid perpetuating an unhelpful binary that often characterises this debate. Finally, the report turns to pastoral and practical considerations, and concludes by offering some reflections on the areas of agreement within the Church, and further steps that the Church can reasonably take in addressing this issue. We hope that this report will help members think more deeply about this important issue, and that it will inform a range of views within the Church.

5. BACKGROUND

5.1 The debate and the decision of the 2023 General Assembly was held against the background of the proposed 'Assisted Dying for Terminally Ill Adults (Scotland) Bill' brought to the Scottish Parliament by Liam McArthur MSP. The Bill "will allow terminally ill adults in Scotland, who are eligible, to lawfully request, and to be provided with, assistance by health professionals to end their own life."^[v] The Bill requires the means of assisted dying to be self-administered rather than doctor-administered. To be eligible, applicants would have to be resident in Scotland for at least 12 months, registered with a GP in Scotland, and have the capacity to make the request.

5.2 It is worth noting that at the time of writing this report, the Terminally Ill Adults (End of Life) Bill,^[vi] which would apply only to England and Wales and which could be subject to amendment, was voted in favour by MPs in the House of Commons on Friday 29th November 2024. The Bill for England and Wales will face months of further scrutiny and votes in the Commons and Lords before the proposed legislation could become law. Some of the key differences between the Westminster and Holyrood Bills include eligibility requirements; in Scotland, 16 years would be the minimum age to be given assistance to die, while in England and Wales it would be 18. The Westminster Bill also requires death to be expected within six months, while the Holyrood Bill applies to those with an advanced and progressive disease, illness or condition from which they are unable to recover and that can reasonably be expected to cause their premature death. Both Bills are still at the fairly early stages of the parliamentary journey and could be further amended.

5.3 In response to the 'Assisted Dying for Terminally Ill Adults (Scotland) Bill', representatives of the Church of Scotland initially expressed strong opposition to the proposals, which was in line with the Church's long-standing position. A formal response was submitted by the Faith Impact Forum in 2019, which resisted any change to the law.^[vii]

5.4 Days before the opening of the 2023 General Assembly, a joint statement on behalf of the Church of Scotland, the Roman Catholic Church in Scotland and the Scottish Association of Mosques included the following:

Our faith traditions are united in the principle that assisted dying in itself inevitably undermines the dignity of the human person, and to allow it would mean that our society as a whole loses its common humanity. The Church of Scotland, the Roman Catholic Church in Scotland, and the Scottish Association of Mosques remain firm in their opposition to assisted suicide and euthanasia. We would call upon Members of the Scottish Parliament to consider carefully the implications of this Bill, to express their concerns, and to vote against it.

5.5 However, the subsequent General Assembly debate and Deliverance indicated that opinion within the Church of Scotland on the issue of assisted dying was more varied than this statement suggested.

6. BRIEF HISTORY OF THE CHURCH OF SCOTLAND'S POSITION ON ASSISTED DYING

6.1 In the last few decades the Church of Scotland has strongly opposed any changes to the law which would permit assisted dying. Its position has been that while the relief of suffering is an obligation, to allow the artificial termination of a life is morally unacceptable.

6.2 The 2009 General Assembly received the 'End of Life Issues' report^[viii] which explained the reasoning for the Church's opposition.

6.3 The General Assembly reaffirmed this position on end of life care in 2014 with a Deliverance in the Church and Society Council's report, in which the General Assembly declared its intention to:

Continue to oppose any change to the legal position with regard to assisted suicide because of concerns about the effect any such change would have on the way society views its weakest and most vulnerable members, whilst recognising that many individuals and families face difficult decisions at the end of life, and urge the provision of better resources for palliative care.

6.4 In the same year, the General Assembly also instructed the Church and Society Council to:

... reflect theologically, in cooperation with the Theological Forum, on the issues surrounding assisted dying, paying attention to recent attempts to change the law and to Christian voices supporting and opposing change and report to a future General Assembly.

6.5 While the Council in 2015 stated that a substantive report would be brought to the 2016 or 2017 General Assembly, for whatever reason, no such report was produced.

6.6 In 2014 and 2015 the Church argued against the Assisted Suicide (Scotland) Bill which was rejected by the Scottish Parliament by 82 votes to 36 in May 2015.

7. OTHER DENOMINATIONS' POSITION ON ASSISTED DYING

7.1 Many Christian denominations oppose assisted dying. This includes some of our ecumenical partners, including the Catholic Church in Scotland, the Church of England, the Free Church of Scotland, the United Free Church of Scotland and The Salvation Army. The reasons given for their opposition are broadly the same reasons as for the Church of Scotland's historic position; the sacredness of life, the protection of the vulnerable, the undermining of palliative care and of suicide prevention, the possibility of widening eligibility criteria, and the permanent alteration of the patient-doctor relationship. Because these Churches are divided on many other issues, some would argue that this unity should give us pause for thought. For opponents of assisted dying, to change the Church of Scotland's stance on this issue would endanger this consensus, leading not only to disagreements with other denominations, but also to a weakening of our shared Christian witness to civic society and the people of Scotland.

7.2 However, there are some denominations that have moved away from outright opposition to assisted dying including our partners in the United Reformed Church, Methodist Church and Scottish Episcopal Church. For example, the Scottish Episcopal Church expressed 'partial opposition' in its response to a 'Call for Views' on the Assisted Dying for Terminally Ill Adults (Scotland) Bill in August 2024. The response acknowledged:

"Whilst believing the principle that all humanity was created in the image of God, and that all human life is sacred, many will support a legal, pastoral, and carefully approached end to suffering in cases of terminal illness. Others will oppose any legislation which seeks to bring about deliberate ending of life...The Church continues to grapple with these issues."^[ix]

7.3 The response made clear that while it reflects views and discussions on the matter of assisted dying, it does not represent the settled view of the Scottish Episcopal Church as a whole.

7.4 The official position of the Methodist Church was expressed in a statement adopted by the Methodist Conference in 1974, which opposed any kind of assisted dying.^[x] However, when the Conference debated the question in 2015, a wide variety of views were expressed and following a referral to the Methodist Council, it was agreed to make available a broad range of resources to assist any who are grappling with issues of death and dying.^[xi] While the official position of 1974 remains, the Methodist Church responds to the issue of assisted dying as a matter of pastoral complexity, with a recognition that differing theological and ethical dimensions exist in tension with one another.

7.5 The United Reformed Church expressed opposition to assisted dying in a 2007 report to the General Assembly. The URC National Synod of Scotland supported the 2013 Scottish Parliament Bill, and they responded ‘neutral/don’t know’ to the consultation on the Assisted Dying for Terminally Ill Adults (Scotland) Bill in August 2024, stating that they “welcome diversity of viewpoints as a means of stimulating debate on the subject and as a mechanism for ensuring that both law and practice receive the highest level of scrutiny and evaluation.”^[xii]

7.6 This acceptance of a diversity of viewpoints is shared by the Quakers in Britain, who in 2019 considered issues and ethics around assisted dying, stating:

“There are strong feelings in all quarters, but it is clear that we have not reached a united view about possible changes to legislation. We do not regard lack of unity as a weakness. Quakers as a religious body embrace diversity in what we believe individually but hold the space for opposing views; we can have conversations, answer questions of ourselves and of God, work through our contradictions and support each other in difficulty.”^[xiii]

7.7 This diversity is not only present ecumenically with other Christian Churches, but also between different faith groups. In the UK, the Religious Alliance for Dignity in Dying^[xiv] is formed of religious organisations, leaders and people who, they state, “follow more than a dozen different denominations and who support a change in the law to enable terminally ill people the ability to determine how, when and where they die alongside high quality end of life care.”

7.8 While it is true that opposition to assisted dying remains significant within Christian denominations, it cannot be said that religious opinion on this matter is homogeneous.

8. SCRIPTURE AND ASSISTED DYING

8.1 Unsurprisingly, the issue of assisted dying is not directly addressed in Scripture. Traditionally, the sixth commandment—‘You shall not kill’ (Exod 20.14; Deut 5.17)—has been taken to include self-killing. For many, this closes the debate. However, as there are many examples of what appear to be divinely sanctioned killing in the Hebrew Bible, mainly in judicial or warfare contexts, the commandment is generally taken to refer specifically to murder of fellow community members outside these contexts.

8.2 Moreover, while Christianity and Judaism both have long-standing traditional opposition to suicide, to include self-killing within the scope of the sixth commandment is complicated by the presence of several deaths by suicide in the Old Testament that pass without particularly critical judgment. There are six self-killings in the Hebrew Bible: two accounts of Saul’s death (1 Sam 31.1–6; cf. 1 Chron 10.1–6); Saul’s armour-bearer (1 Sam 31.5); Abimelech (Judg 9.52–54), Ahithophel (2 Sam 17.23), Zimri (1 Kgs 16.18), and Samson (Judg 16.23–31).

8.3 While there is some moral ambiguity attached to each of these figures, there is no evidence the narrators considered their suicides to contribute to any negative assessment of their characters.^[xv] In fact, there is no explicit criticism of self-killing anywhere in the Old Testament. Indeed, the narrator endorses the result of Samson’s death, in which he not only kills himself, but thousands of Philistine spectators at the same time (Judg 16.30).^[xvi]

8.4 Furthermore, in late Second Temple Jewish literature, there are many positive examples of ‘heroic’ figures dying at their own hand, usually in the context of battle or persecution.^[xvii] It is only in the Rabbinic period that Jewish attitudes to self-killing begin to shift.

8.5 However, when it comes to the sole example of self-killing in the New Testament—Judas Iscariot—the overwhelming weight of Christian tradition has read the manner of his death negatively. Both Augustine (*City of God* 1.17)^[xviii] and Jerome (*Commentary on Matthew* IV.17 on Matt 27.5)^[xix] argue Judas added to his ‘crime’ of betraying Jesus by taking his own life. Augustine further argues Judas “despaired of God’s mercy and in a fit of self-destructive remorse left himself no chance of a saving repentance.” Augustine’s claim that those who take their own lives make repentance impossible—literally an unforgivable sin—is arguably the root of much of the subsequent centuries of stigmatism in mainstream Christianity.^[xx]

8.6 While Augustine’s reading has been hugely influential in the centuries of subsequent negative interpretations of Judas’ death, it is far from clear this can be justified from Matthew’s text. The narrative is brief and matter of fact. After repenting and returning the thirty pieces of silver, “he went out and hanged himself” (Matt 27.4). As there was not yet any antipathy towards self-killing in Jewish tradition, there is no *a priori* reason to read any direct criticism of the manner of Judas’ death.^[xxi] There are also clear parallels with the Ahithophel story, who, after his counsel against David was ignored, set his affairs in order “and hanged himself”, and was buried with his fathers (17.23).^[xxii]

8.7 Despite the iconic nature of Judas’ suicide in Christian tradition, it is worth noting that in the other New Testament account of his death, he does not in fact die by his own hand, but “falling headlong, he burst open in the middle and all his bowels gushed out” (Acts 1.18). There is at least an implication that God has some responsibility for his death.

8.8 The extent to which biblical self-killings are relevant for modern debates on assisted dying is disputed,^[xxiii] and in any case, these narratives should be read in the context of the ancient tradition of the ‘Noble Death’. In this tradition, self-killing was philosophically acceptable, but only under very strict conditions. The closest biblical example to assisted dying, that of Saul asking his armour bearer to deliver the *coup de grace*, falls under the criterion of avoiding capture on the battlefield. Other criteria include when one’s death is demanded by the authorities or by the gods, to restore honour, to avoid shame, or to end intolerable suffering.^[xxiv]

8.9 While there have been attempts to draw a sharp distinction between ancient Noble Death philosophies and early Christian thought,^[xxv] some early Christian apologists make precisely this comparison in order to commend the phenomenon of Christian martyrdom to sceptical pagan critics who thought Christians too eager for death.^[xxvi] Indeed, a number of Christians recognised as martyrs die at their own hand.^[xxvii] The Christian martyr tradition is illustrative of Paul’s conviction that ‘to die is gain’ (Phil 1.21); death does not have the final word.^[xxviii]

8.10 As there are few direct points of contact between the biblical and early Christian traditions and our contemporary questions about assisted dying, Christians will draw different conclusions on what weight to put on what can be said about self-killing in the ancient world in our current discussions. Some might consider relevant passages where various characters in the Hebrew Bible through desperation asked God to end their lives, but took no action themselves, such as Elijah (1 Kgs 19.4), Job (6.8-10), Jeremiah (20.14-18), and Jonah (4.3). Yet Jonah also offered his own life to save the sailors from the storm (1.11-16), while Samson's prayer to die with the Philistines at his own hand was answered positively (Judg 16.30). Even so, while Christian antipathy towards self-killing is primarily a post-biblical development, it is nonetheless deeply ingrained in our tradition.

9. THEOLOGICAL QUESTIONS AROUND ASSISTED DYING

A number of theological questions are raised by the proposal that assisted dying be legalised.

9.1 Imago Dei (Sanctity of Life/Dignity of Life)

9.1.1 Christians affirm that human beings are made in the image of God (Latin: *imago dei*), a concept found in the Genesis creation account (1.27). While this phrase has been interpreted in many ways over the centuries, they all focus on the inherent dignity and divine purpose of human beings.^[xxix] For Christians, human life is sacred, and all people reflect the goodness of God simply by existing. It can therefore be argued that any violence or action that negatively impacts someone's health or wellbeing is an assault upon the image of God in humanity.

9.1.2 The idea of *imago dei* is closely connected with the concept of dignity. Across the spectrum of Christian opinion on assisted dying, there is agreement that our fundamental dignity as human beings remains intact regardless of our physical circumstances. It is not given to us by society, or Human Rights laws, or by our own or other's opinions. It is innate and inalienable; part of the fabric of human nature as fashioned by our Creator.

9.1.3 Where opinion diverges is whether the indignity that we may suffer on an experiential level with a terminal illness would justify a choice to end one's life. For example, if someone receives a terminal diagnosis and loses certain capacities which cause suffering or an irreversible drop in the quality of life, does this justify the choice to end one's life, all the while understanding that our essential dignity, given to us by God, remains unchanged?

9.1.4 One observation made from both sides of the debate is that we routinely allow our animals a peaceful death through euthanasia. Those in favour of assisted dying may point to the contrast between veterinary and human medicine in which the principle of the former is more concerned with quality of life rather than prolonging it. They might further argue that in denying someone the right to end their lives in the face of intolerable suffering when the outcome of death is a certainty, we risk treating people worse than dogs. Those against assisted dying would argue that is precisely the point – we are not dogs, but people made in the image of God, and should be treated differently.

9.1.5 The central question here is, do we mar the image of God by ending human life prematurely or by denying someone with a terminal illness suffering a particularly undignified death the opportunity to hasten their own death?

9.2 God's Sovereignty

9.2.1 A second theological concern is rooted in the sovereignty of God. Job says in acknowledgment of God's sovereignty, "A person's days are determined; you have decreed the number of his months and have set limits he cannot exceed" (Job 14:5). Ecclesiastes 8:8 speaks in similar terms: "As no one has power over the wind to contain it, so no one has power over the time of their death" (see also Psalm 139.6). Some would interpret these texts to mean that God's sovereign rule implies that any intervention to shorten one's life is an assault upon that sovereignty. In this view, only circumstances can legitimately shorten life, not human intervention. Others would argue these are descriptive of the limits of human understanding in an ancient context, and to take them as prescriptive for contemporary ethics is merely proof-texting.^[xxx] Moreover, taken literally, texts such as these could be used to rule out medical intervention such as vaccination.

9.2.2 All Christians acknowledge that God is the author of all created life, but the complex relationship between God's sovereignty and our free will have been debated throughout Church history. Some consider the taking of life under any circumstances as an assault on God's sovereign rule. So in this view, submission to God's providence in life and death is considered to be an exercise of faith in Divine sovereignty. This is considered to imply acceptance of the outcome once the limits of medical intervention have been reached. However, there is divergence among those who hold this view as to what extent interventions to prolong life are included in this prohibition. While an individual's autonomy is recognised as an important legal and medical principle, this view holds that our autonomy would not extend to choosing to end one's life, which is understood as a denial of God's sovereignty.

9.2.3 Opponents of assisted dying argue that we were not created to be gods in our own right, choosing for ourselves what is right and wrong. However, others might argue that this ignores choices that we frequently make such as the use of contraception, fertility treatment, and choosing or declining chemotherapy or dialysis for treatable conditions, which also arguably 'plays god.' Moreover, Hans Küng criticises an account of sovereignty that reduces people to mere servants owned unconditionally by God, who "simply exercises sovereign control over human beings." Küng argues that the "God of the covenant who shows solidarity, wants to have human beings in his image, as free, responsible partners".^[xxxi] While people might argue that we do not have a right to decide when we die, medical interventions such as vaccines, surgery, and pharmacology already influence the length of our lives. We have the right to withhold or withdraw a life sustaining treatment, which will hasten an inevitable end, or to refuse a treatment such as resuscitation, but these are not viewed as controversial or a denial of God's sovereignty.

9.3 Suffering

9.3.1 Medicine is advancing at a rapid rate. Our technical ability to prolong life through medical intervention has not always kept pace with our moral thinking around the quality of life some of those interventions afford. The line

when prolonging life becomes prolonging suffering may be defined differently by each individual. What one person determines an acceptable quality of life or a tolerable pain or capacity threshold may be unacceptable to someone else. One striking comment from a medical professional was that even with the best palliative care in the world, not all suffering (physical or existential) can be palliated. While physicians can try their best to alleviate physical suffering, the indignity some experience with the loss of function and capacity and the extreme symptoms that can accompany terminal illness towards the end of life cannot always be avoided. One study suggests that “even if every dying person who needed it had access to high quality, specialist palliative care in Scotland, 591 people a year would still have unrelieved pain in the final three months of their life.”^[xxxii]

9.3.2 There is a theological tradition that valorises physical suffering, either as meritorious in itself, or as a spiritual practice to share in the sufferings of Christ. In some traditions this takes the form of fasting or self-mortification, but more widely there is the idea that we draw close to God through the experience of suffering.

9.3.3 However, some theologians reject the notion that God wills anyone to suffer.^[xxxiii] Hans Küng rejects as “religious rigorism without compassion” the view that intolerable suffering should be borne as an act of submission to God, as if that suffering has been inflicted by God.^[xxxiv] Instead, Küng argues, “for the terminally ill our theological task is not spiritualizing and mystification of suffering or even a pedagogical use of suffering (‘purgatory on earth’) but – in the footsteps of Jesus, who healed the sick – one of reducing and removing suffering as far as possible.”^[xxxv]

9.3.4 These two different accounts of suffering are held within the Church of Scotland. Indeed, we heard numerous poignant and heart-breaking accounts of Commissioners at the General Assembly describing the trauma of losing their loved ones in this way.^[xxxvi] For some, while they would not contend that God wants us to suffer, there is the belief that we draw closer to God through the experience of suffering. Jesus himself cried on the cross “my God, my God why have you forsaken me?” This view was represented in the 2024 General Assembly debate by one commissioner, who spoke of her husband who died 18 months after his diagnosis of motor neurone disease. While there were times when both she and her husband cried the same refrain as Jesus did, she counselled that we should listen to the value in suffering as well. Conversely, others do not see any particular value in suffering, and do not believe that God would want suffering to continue. This stance was also represented at the General Assembly by another commissioner whose sibling endured immense suffering from a rare disease which left her completely immobile. Her last words were, “help me, help me”, but no one could. This commissioner did not believe that God would have wanted her sister to suffer, and now pleads for the Church to support carefully regulated assisted dying. As demonstrated above, two people can accompany their loved ones through a devastating terminal diagnosis and reach very different conclusions about the meaning and purpose of their suffering.

9.3.5 While there is divergence of opinion on the role of suffering, all can agree that it is to be met with love and care. The divergence of interpretation is whether assisting someone to die and end their suffering can ever be the ‘best’ option in a bad situation. The disagreement does not lie in the call to be compassionate, but rather how that compassion is lived out. This may mean that while we may personally recognise some value in end of life suffering, we may not wish to impose this theology on others, or in the words of Stanley Hauerwas, who nonetheless opposes assisted dying, “it is one thing for us to make our own suffering part of our life in service to God, it is quite another to make another’s suffering part of his or her service to God.”^[xxxvii]

10. PERSONAL AUTONOMY/COMMUNITY RESPONSIBILITY

10.1 Some may consider human autonomy as one of the stronger arguments in favour of a change in the law. The principle of autonomy and personal decision-making is a key – often decisive – consideration in the provision of medical care. End of life care often involves a choice whether or not to undergo treatment that would almost certainly extend life, but has to be balanced by the side-effects of that treatment or a personal judgement about the quality and value of that extended life. In most cases the right to refuse treatment is a decision for patients and is respected. We see this with ‘do not resuscitate’ orders or advanced directives, where individuals can say whether or not they would wish to be kept alive in a persistent vegetative state. In principle, this involves a decision about the relative value of life that overrides the medical ability to extend it. Therefore, it could be argued that it is a relatively small step to extend this principle of personal bodily autonomy to a right for life to be brought to a more dignified end with medical assistance at a time and in circumstances of one’s own choosing.

10.2 However, even those who believe the principle of human autonomy is a critical factor in medical ethics would also acknowledge that any right to human freedom has theological, legal, and social limits. It is an established principle that living in community or society limits absolute individual freedoms. We have already considered the theological issue of God’s sovereignty over creation, but there are also potential social consequences should the law on assisted dying be changed. Our decisions do not affect us alone, but impact loved ones, health professionals, and there may also be effects on society. We have heard concerns from some working in the medical profession that a change to the law would change the nature of health care, potentially violating the principle of ‘do no harm’. Others are concerned about the role of personal conscience, and whether those who would not wish to assist someone in ending their life would be protected. While provision may well be made to protect the conscience of medical staff, it would be more difficult to extend this legal protection to care workers or residential staff. Clearly, should there be a change in the law, it would be wrong to prevent someone from being able to exercise the right to an assisted death on the basis of the moral objections of others. Nonetheless, the potential tension should be acknowledged, and as far as is possible addressed.

10.3 The impact on carers is perhaps more complex. We have already heard that those who care for loved ones can reach divergent views on whether or not assisted dying would have helped them. Some may also take the view that the opportunity for what they perceive as a more dignified death, cutting short a time of prolonged agony or ignominy, may help loved ones remember their life rather than these memories being overwhelmed by the horror of their death.

On the other hand, some loved ones may be deeply troubled by the choice of assisted dying, which may also create long-term negative memories. We have to accept that it is difficult to reach a definite conclusion on this aspect of the discussion.

10.4 One further concern is the effect a change in the law might have on society. There is a fear that the legalisation of assisted dying may signal an erosion of the value of life. While it is unhelpful to conflate shortening the life of a terminally ill patient by a few weeks with wider suicide prevention strategies, some worry that the State sanctioning the deliberate ending of life may have unintended consequences, and render some lives of lesser value. This potentially could lead to the erosion of protection for vulnerable people or people with certain disabilities, whose lives may be deemed to be not worth living. Proposed legislation is restricted to people with a terminal illness and a short life expectancy, so these fears are at present potential rather than actual. Nonetheless, this does not render them unimportant.

10.5 Here is a similar fear that the economically disadvantaged could be vulnerable and targeted to access assisted dying. However, it is important to note that this is not borne out by data from Canada which challenges the idea that access to MAiD (Medical Assistance in Dying) is driven by social or economic vulnerability.^[xxxviii] The current prohibition on assisted dying in our country means those without financial means do not have the option to travel to countries in which assisted dying is legal. Therefore, there is currently inequality of access on economic grounds. There is also the danger that even those who could afford to do so may fear losing capacity to travel at the time of their choosing, which might lead them to arrange their deaths earlier than they would otherwise have chosen.

10.6 Therefore, while some may see the appeal to personal autonomy as decisive in this discussion, this has to be balanced by the fact that we live in community, and cannot live our lives ignoring the potential consequences on others. For some Christians, the command to love our neighbour means opposing a change to the law that might risk devaluing the lives of vulnerable people, yet for theologian Paul Badham, the love commandment, and Jesus' concern for people on an individual level, is the primary reason for his supporting the right of people to choose an assisted death in certain regulated situations.^[xxxix] Similarly, Küng, who sees his position as mediating between "anti-religious libertinism" and "religious rigorism without compassion" (as he terms it) argues strongly for God-given responsible autonomy at the end of life. He writes: "I am convinced that the all-merciful God, who has given men and women freedom and responsibility for their lives, has also left to dying people the responsibility for making a conscientious decision about the manner and time of their deaths. This is a responsibility which neither the state nor the church, neither a theologian nor a doctor, can take away."^[xli]

11. PASTORAL CARE AND RELATIONSHIPS

11.1 The divergent biblical and theological understandings explored above inform the Church's concern about assisted dying in relation to one of its most important duties: pastoral care.

11.2 There are various reasons why people seek assisted dying after a terminal diagnosis. Sometimes it is not due to incurable pain, but rather 'existential distress', that is, anxiety or despair over their diagnosis and its effects. Studies vary widely on how influential existential distress is to their decision. In a study where respondents chose multiple reasons influencing their decision, 87% of respondents indicated that existential distress was a contributing factor.^[xli] In another study however, only 4.7% respondents indicate such distress to be a contributing factor.^[xlii] Despite this variation, we are in agreement that helping those in existential distress is one of the core callings of the Church, though we differ in how we do that.

11.3 The current report is designed to assist the Church to come to a considered position on a difficult—but at the time being potential—situation. Should there be a change in the law, this potential situation will become a reality, and we believe further work would then need to be done to outline principles of pastoral care where Ministers, Deacons, Office Bearers and members may find themselves ministering or involved in situations where a decision to seek assisted dying is being actively considered. Further guidance and support would be necessary to navigate issues of pastoral care and conscience, and we have requested that this be acknowledged in section 6 of the Deliverance of our report.

11.4 The Church has the privilege of coming alongside people as they wrestle with illness and death, often making healthcare choices different to what we might choose for ourselves. We would want to affirm that this would remain the same should there be a change in the law, and while we would affirm the important principle of freedom of conscience to disagree with someone else's decision, the Church would still be there to offer pastoral care with love, support, and prayer.^[xliii]

12. SLIPPERY SLOPE CONCERNS

12.1 By far the most commonly deployed arguments against a change in the law on assisted dying are those that might be called consequentialist or 'slippery slope' arguments. Even those who either support or can accept the case for assisted dying in principle may determine that the potential for harmful consequences is decisive in coming to a decision on the issue. So, for example, even if robust safeguards were to be put in place, over time these could be eroded, such that there could be fewer protections. Where the slippery slope ends is often imagined or potential, but in the case of assisted dying, it is often the case that opponents will point to other countries in which there has been increased relaxation of the law, such that people with disabilities or mental health illnesses have been allowed to elect an assisted death. Therefore, while the proposals currently being considered in Scotland are restricted to people with a terminal illness with a short life expectancy, some worry the eligibility criteria could be expanded in the future.

12.2 At the same time, it is fair to say that the legal situation in other countries is not always accurately described or well understood, often hampering the quality of public debate. In 2024, the Westminster Parliament's Health and Social Care Committee produced a detailed report on the issues around assisted dying designed to be a resource for the debate rather than advancing any specific position. The committee noted: "both the individuals who agree and those who disagree with the current law...frequently used examples from international jurisdictions to support their viewpoint" (115).^[xlv] The Committee noted as a point of fact (at the time of writing) that "jurisdictions which have introduced [assisted dying] on the basis of terminal illness have not changed the law to include eligibility on the basis of 'unbearable suffering' (142).

12.3 The fact that as yet there are no examples from the international community where a jurisdiction has expanded eligibility criteria where it was initially restricted to terminal illness does not, of course, guarantee that it could not happen. Nor is it impossible that, should the Bill with its current restrictions be passed in Scotland, a future Parliament could seek to amend the eligibility criteria. However, this would have to be done through the legislative process, and a future General Assembly would similarly wrestle with the theology and implications of what was being proposed. For example, it may be that there are already different views on the current Bill's eligibility restriction to those who are able to self-medicate, potentially excluding those who are terminally ill with certain neurological conditions making self-administering difficult or impossible.

12.4 Another, perhaps more powerful, argument runs that even with robust safeguards, people receiving end of life care might feel pressured to choose an assisted death; in short, a 'right to die' could become a 'duty to die'. The force of this argument lies in the fact that, as an anticipated theoretical risk, it is difficult – if not impossible – to adequately counter. While it is not a risk absent from current decisions around end of life care, it illustrates how important assessment and safeguards would be in the implementation of any legislation. For some, this risk is decisive. For others, the absence of a right to die creates a certainty of avoidable suffering, and while acknowledging the potential problem, believe it can be overcome.

12.5 A related concern is the potential effect on the perceived value of vulnerable groups, particularly disabled people. In Scotland there are conflicting reports on whether the disability community would support assisted dying or would want access to it or protections from it,^[xlv] while the Westminster Health and Social Care Committee heard a variety of different views from disability groups and campaigners (202-211). While some respondents thought legislation might lead to a perception that disabled people's lives "weren't worth living" (e.g. 138), others argued by failing to recognise the diverse voices among disabled people risked devaluing their lives even more, especially by refusing to respect their autonomy (e.g. 139). In Canada when MAiD (Medical Assistance in Dying) initially excluded those with disabilities to protect the vulnerable of society, it was disabled people who sued and won the right to be included in MAiD.^[xlv] Any decisions of exclusions or safeguards for disabled people in Scotland should be made in consultation with the disability community themselves, honouring the disability advocacy principle of 'nothing about us, without us.'

12.6 There is also fear that introducing assisted dying may cause patients, families and healthcare professionals to stop looking for – and, crucially, investing in – improvements to palliative care both for individuals and within wider society. Currently, palliative care is not equitably available in the UK, particularly for poor and rural communities. Indeed, data shows that there is inequality of access to good palliative care among minority groups due to socioeconomic factors, race, rurality and other intersectional injustices.^[xlvii] A 2019 study in England looking at urban and rural differences in geographical accessibility to inpatient palliative care found that rural dwellers are less likely to die at palliative and end-of-life care inpatient facilities, compared to their urban counterparts.^[xlviii] Moreover, the 2024 Better End of Life 'Time to Care' report,^[xlix] which was based on a large survey of 1179 responses of people's experiences at the end of life in England and Wales, concluded:

"Our findings reveal patchy and inconsistent provision of care for people approaching the end of life. While there were examples of excellent care, the overall picture is of overstretched services, with health and care staff lacking enough time to provide care, and where coordination and communication are inadequate. This means that people lack timely management of symptoms and family carers spend precious time struggling to access, navigate, and manage different services, in addition to providing much of the care needed themselves. This leaves carers feeling unprepared, unsupported, traumatised, and let down, which has lasting consequences into bereavement."

12.7 While this data is from England and Wales, it can be extrapolated to our context in Scotland. Research funded by Marie Curie shows that the palliative care need in Scotland is projected to increase by up to 20% by 2040, which could mean an additional 10,000 people needing end-of-life care.^[l] Concern for the potential negative effects that the introduction of assisted dying may have on palliative care is expressed by Dr Ian Morrison, Consultant Neurologist at Ninewells Hospital, Dundee, and clinical lead for Motor Neurone Disease in NHS Tayside, who stated when interviewed for a video produced for the Presbytery conversations on assisted dying:

"Care in the community costs a lot, and I worry that assisted dying will become palliative care on the cheap...At a national level, where is the incentive to focus on the significant needs of palliative and social care if there's a cheaper alternative available? The truth is that money unfortunately is a very significant part of this debate...Once we have a system in place where everyone can access outstanding palliative care, then I think assisted dying would be a potential alternative, because in that scenario, people would have a choice that is fair and reasonable."^[li]

12.8 However, the fear that palliative care may be negatively impacted by legalising assisted dying has not materialised in Canada, where the evidence suggests that following the introduction of MAiD, both the access to and uptake of palliative care has been expanded.^[lii] Nonetheless, the authors of this report are unanimous in believing the Church should strongly advocate for better provision and access to palliative care, and we ask the General Assembly to call on the Scottish Government to prioritise development of palliative care services to ensure that they are universally available and to urgently review the funding models currently in place, in section 3 of the Deliverance of this report.

12.9 There is also a concern that should legislation pass, it would effectively introduce a form of state-sanctioned suicide. This in turn, it may be argued, could damage the effectiveness of suicide prevention strategies. Indeed, in 2021, the Faith Impact Forum of the Church of Scotland argued in a response to proposed legislation that “While many work to support those who are at risk due to self-harm or suicide, we feel that to allow a legally assisted form of suicide would send the wrong signal to those who are most vulnerable.”^[liii] Subsequent events have demonstrated that opinion in the Church of Scotland is more diverse than this response might suggest, and a further response more reflective of this diversity was submitted to a consultation in 2024.^[liv] While some in the Church may still hold to the view expressed by the Faith Impact Forum in 2021, others may find it unhelpful. Those eligible for assisted dying under the current proposals—those with an advanced and progressive disease, illness or condition from which they are unable to recover and that can reasonably be expected to cause their premature death—are not choosing between life and death, but between two types of death.^[lv] This, some might argue, is in a different category from the tragedy of suicide, and to conflate the two is not only unhelpful, but dangerous. We have already noted this is one of the reasons why the terminology of assisted suicide is rejected in favour of assisted dying.

12.10 This list of potential consequences is by no means exhaustive. Opinion will vary on how much weight to put on ‘slippery slope’ arguments. Paul Badham argues that “it is wrong to oppose something for fear of something else if in fact it is possible to exclude the other by careful [legislative] drafting.”^[lvi] People who reach different conclusions might nonetheless agree slippery slope arguments are secondary to the principles at stake. Others who may or may not have strong views on the principles, may determine that the weight of the argument rests on the practical outworking of the proposals, and whether any safeguards would be sufficient. We should acknowledge that not only is there diversity of opinion on whether or not there should be a change in the law on assisted dying, we each reach our views in a diversity of ways.

13. PRESBYTERY CONVERSATIONS

13.1 Between September and November 2024, a series of Presbytery ‘conversational’ events around the issue of assisted dying were undertaken, one event being hosted by each of the Presbyteries. These meetings took a variety of forms: some were held as part of a regular Presbytery meeting; some as stand-alone events. Many were in-person, a number were held as online or hybrid events. The format was similar at each event, with a brief introduction to set the scene, and then a video^[lvii] summarising a number of voices from within the Church of Scotland was shown. Participants were then given the opportunity to engage in facilitated small group discussions, with a number of questions aimed at eliciting discussion about what people knew about assisted dying, what their views were, and how they felt they should act in relation to this.

13.2 Many people said how grateful they were to have the opportunity to discuss this challenging and sensitive topic and to do so in a non-adversarial setting, as part of a genuine conversation. People came with a wide variety of views, some informed by professional (e.g. medical or legal) experience and expertise, but often by personal experience. Many felt able to share deeply personal stories. Some spoke of concerns for themselves or their loved ones, or of the societal implications. One aspect that came out repeatedly was a concern that this was a pivotal issue on which the Church should speak and that it should do so based on theology.

13.3 The video resource was appreciated, and many expressed an intention to use it in similar discussion events in, for example, a Kirk Session. The vast majority of participants felt they had benefited from having taken part. Comments on the feedback forms included surprise at some of the strictures being proposed in the Scottish legislation (some that they were too lax or too strict, or that they might be unworkable in practice). Many felt that such legislation was long overdue, while concerns of a ‘slippery slope’ were repeatedly expressed, as were intentions to contact their MSPs. Some concluded that there is no right or wrong answer.

13.4 Participants in the conversations were asked to complete evaluation forms before and after the event, and more than 250 responses were received, the results of which demonstrate increased knowledge and understanding of the issues around assisted dying and what is currently being proposed. There was also evidence of more confidence in participants being able to articulate their faith perspective on the issue, as well as where to find information on the Church’s work on societal issues. Many expressed the view that such a listening space was a rarity as death and dying is still considered to be a taboo subject. There was a desire for more opportunities to discuss the experiences, fears, and issues around death and dying.^[lviii]

14. CONCLUSION

14.1 In 2023, the General Assembly declined the opportunity to reaffirm the Church of Scotland’s historic opposition to assisted dying. Instead it supported a counter-motion that recognised a range of views on the subject existed in the Church, and called for these views to be explored further. In this report we have explored this spectrum of opinion, outlining the nuances and complexities of the different theological and ethical approaches, and have explained why members of the Church come to different conclusions. We do this in the hope that we may all seek a better understanding of those approaches that we may not agree with, and to encourage humility on all sides of the debate.

14.2 We also acknowledge that the issue of assisted dying is not purely theoretical and abstract, but grounded in people’s real, and often painful, experiences of love and loss. Ultimately, we wish to stress that while the different theologies and ethical opinions considered in this report vary greatly, we believe they are all rooted in a deep, heartfelt compassion for human suffering and the desire to alleviate it. In this spirit, we find it helpful to reflect on the areas on which we found general agreement:

- We agree that life is precious. We are children of God made in God’s image. Illness and suffering do not in any way diminish this status.

- We agree that the fear of being or becoming a burden to loved ones because of disease or diminished capacity should not be an acceptable criterion for assisted dying.
- We agree that legalising assisted dying is a serious step for Scotland with inherent risks. It is crucial that legislation not be rushed and that intended and unintended consequences are carefully considered and monitored.
- We agree that palliative care is valuable and necessary, and that the Church should advocate for increased funding and availability of palliative care. We would all wish to see the availability and effectiveness of palliative care vastly improved.
- We agree that if this Bill passes, pastoral care should be offered by the Church to those who would choose assisted dying as well as those who would not.
- We agree that death is too much of a taboo subject in society and there is a need to talk more openly about death and dying so that people are educated about the issues around end of life and can make informed decisions for themselves.
- We agree that caricaturing views in support of positions we do not hold is unhelpful and obscures our ability to see and engage constructively with our neighbours who disagree with us.
- We agree that the Church can have a positive role in fostering healthy discussion on dying, death, and bereavement – discussion that seeks mutual understanding and which would benefit our societal engagement on this issue.

14.3 At the same time, we acknowledge that the range of views in the Church explored above may lead to three broad positions:

- People who would continue to support the historic opposition to assisted dying.
- People who would not choose assisted dying for themselves for theological or other reasons, but would support a change in the law as they recognise the ethical legitimacy of that choice for others.
- People who would support a change in the law and would be at peace in their Christian faith to consider and/or choose assisted dying if they received a qualifying terminal diagnosis.

14.4 Having explored the theological and ethical reasoning behind this spectrum of belief, we conclude that they can all be held with theological integrity within the Church of Scotland.

14.5 We appreciate that this conclusion may lead some to question, ‘what does this mean for the Church’s position on assisted dying?’ We acknowledge that it moves the church away from a binary ‘for’ or ‘against’ approach. Some may argue that this ambiguity makes advocacy difficult, and that it may diminish the Church’s public witness. While these are valid concerns, we would respond that this approach more accurately reflects where we are currently as a Church on this matter. It reflects the complex and nuanced conversations that Presbyteries have had on assisted dying, and the Church’s most recent response to the Scottish Parliament’s consultation.^[ix] We do not see this diversity as a weakness. Instead we have found positive theological support for this diversity of views on the issue of assisted dying. We hope readers who already have a view on the issue will find their position fairly reflected, and will be able to appreciate those who hold a contrary opinion, while those whose opinion is not fixed will find the report a useful resource. We therefore offer this report as a resource for the Church of Scotland and wider community.

In the name of the Faith Action Programme Leadership Team and the Theological Forum

TOMMY MACNEIL, *Convener*
KAY CATHCART, *Secretary*
LIAM J FRASER, *Convener*
NATHALIE MARES MACCALLUM, *Secretary*
JOHN FERGUSON, *Working Group Convener*

Appendix A**List of those with whom we have consulted:**

Researcher in Medical Ethics, Our duty of care/Care not Killing	15 November 2023
Consultant Neurologist in NHS Tayside	15 November 2023
Division Head, Palliative Care, Ottawa Hospital Cancer Centre	6 December 2023
Strategic Lead for Spiritual Care and Bereavement at NHS Fife and Scottish Government Adviser on Spiritual Care	14 June 2024
Liam McArthur MSP	9 September 2024
Chief Executive, CrossReach	9 September 2024
Vice Convener, CrossReach	9 September 2024
Chaplain, Strathcarron Hospice	9 September 2024
Policy and Public Affairs Manager, CHAS	9 September 2024
President of the College of Healthcare Chaplains and Head of Pastoral Care, Royal Devon University Healthcare NHS Foundation Trust	13 September 2024

Appendix B**List of Presbytery conversations on Assisted Dying:**

Presbytery	Date of conversation
Lothian and Borders	7 September 2024
Fife	21 September 2024
Glasgow	2 October 2024
NENI	8 October 2024
England	12 October 2024
Edinburgh	22 October 2024
Perth	2 November 2024
Clèir Eilean Ì	6 November 2024
South West	19 November 2024
Clyde	26 November 2024
Forth Valley and Clydesdale	27 November 2024

Appendix C**Feedback from Presbytery conversations on Assisted Dying**

Participants were offered the opportunity to provide feedback on the helpfulness of the sessions. They were invited to state the extent to which they agreed with four statements on a scale of 1 (no agreement) – 10 (full agreement). The change was measured before and after the event.

	Mean score		
	Before	After	Change
I am confident in my knowledge and understanding of issues around assisted dying	5.7	6.9	+1.2
I know what is being proposed in the Assisted Dying for Terminally Ill Adults (Scotland) Bill	5.2	6.5	+1.4
I can speak confidently about what my faith says about assisted dying	5.5	6.2	+0.7
I know where I can find out more information about the Church's work on societal issues	6.3	7.1	+0.7

Appendix D

Further Reading and Resources

Books

- Paul Badham, *Is there a Christian Case for Assisted Dying? Voluntary Euthanasia Reassessed*. London: SPCK, 2009.
- Michael Banner, *Christian Ethics and Contemporary Moral Problems*. Cambridge University Press, 1999 and *The Ethics of Everyday Life: Moral Theology, Social Anthropology, and the Imagination of the Human*. Oxford University Press, 2014.
- Nigel Biggar, *Aiming to Kill: The Ethics of Suicide and Euthanasia*. London: Darton, Longman & Todd, 2004.
- Robin Gill (ed.), *Euthanasia and the Churches*. London: Cassell, 1998.
- Hans Küng and Walter Jens, *Dying with Dignity: A Plea for Personal Responsibility*. New York: Continuum, 1998.
- Emily Jackson and John Keown, *Debating Euthanasia*. Oxford: Hart Publishing, 2012.
- David Albert Jones, *Approaching the End: A Theological Exploration of Death and Dying* (Oxford Studies in Theological Ethics). Oxford University Press, 2007.
- Gilbert Meilaender, *Bioethics: A Primer for Christians*. Grand Rapids, MI: Eerdmans Publishing Co, 2005.
- Neil Messer (ed.), *Theological Issues in Bioethics: An Introduction with Readings*. London: Darton, Longman & Todd, 2002.
- Mary Warnock and Elisabeth MacDonald, *Easeful Death: Is there a case for assisted dying?* Oxford University Press, 2009.

Documentaries

- A Time to Die — True Vision TV <https://www.truevisiontv.com/films/a-time-to-die> <https://www.itv.com/watch/a-time-to-die/10a3960>
- Better Off Dead? BBC <https://www.bbc.co.uk/programmes/m001z8wc>
- Beyond Belief – Assisted Dying – BBC Sounds <https://www.bbc.co.uk/programmes/m001y272#:~:text=The%20debate%20about%20assisted%20dying,the%20heart%20of%20all%20religions.>

Church of Scotland Reports and Videos

- 2023 General Assembly debate on assisted dying, 2:02-2:48 https://www.churchofscotland.org.uk/about-us/general-assembly/previous-general-assemblies/general-assembly-2023/video-highlights#group_one-29
- Interim Joint Report of the Theological Forum and the Faith Action Programme Leadership Team on Assisted Dying May 2024 https://www.churchofscotland.org.uk/_data/assets/pdf_file/0018/121194/Interim-Joint-Report-of-the-Theological-Forum-and-Faith-Action-Programme-Leadership-Team-on-Assisted-Dying.pdf
- Interim Report on Assisted Dying, General Assembly 2024 debate https://stream1.churchofscotland.org.uk/about_us/general_assembly/archive/interim_report_on_assisted_dying
- The Church of Scotland's response to the Assisted Dying for Terminally Ill Adults (Scotland) Bill, August 2024: https://www.churchofscotland.org.uk/_data/assets/pdf_file/0005/125978/2024.08.16-Assisted-Dying-for-Terminally-Ill-Adults-Scotland-Bill-Stage-1-Call-for-Evidence.pdf
- Assisted Dying: A Brief Introduction to some of the Issues: <https://www.youtube.com/watch?v=T6Wn0FAaQFA>

The Assisted Dying for Terminally Ill Adults (Scotland) Bill:

The Assisted Dying for Terminally Ill Adults (Scotland) Bill, as introduced 27 March 2024 <https://www.parliament.scot/-/media/files/legislation/bills/s6-bills/assisted-dying-for-terminally-ill-adults-scotland-bill/introduction/bill-as-introduced.pdf>

A summary by Palliative Care Scotland of the key features of the Bill: <https://www.palliativecarescotland.org.uk/content/publications/Key-Features-of-the-Bill.pdf>

The Terminally Ill Adults (End of Life) Bill, House of Commons:

The Terminally Ill Adults (End of Life) Bill, as introduced, 11 November 2024: <https://publications.parliament.uk/pa/bills/cbill/59-01/0012/240012.pdf>

Briefing and overview of the Terminally Ill Adults (End of Life) Bill: <https://commonslibrary.parliament.uk/research-briefings/CBP-10123/>

References

- [i] <https://www.churchofscotland.org.uk/about-us/our-views/end-of-life/respond-to-the-proposed-assisted-dying-for-terminally-ill-adults-scotland-bill>
- [ii] <https://www.dyingwell.co.uk/wp-content/uploads/2021/09/Survation-Assisted-Dying-Survey-July-2021-Summary-3.pdf>
- [iii] Sources used for Glossary: <https://www.bmj.com/assisted-dying> <https://cks.nice.org.uk/topics/palliative-care-general-issues/background-information/definition/#:~:text=The%20National%20Institute%20for%20Health,and%20spiritual%20support%20is%20paramount.>
- [iv] In 2019 a Populus poll showed that 82% of respondents who identified as Christian were in support of legalising assisted dying for terminally ill people. <https://www.dignityindying.org.uk/news/poll-assisted-dying-support-84-britons/>
- [v] <https://www.parliament.scot/bills-and-laws/bills/assisted-dying-for-terminally-ill-adults-scotland-bill/introduced> The Bill can be read in full at the following web address: <https://www.parliament.scot/-/media/files/legislation/bills/s6-bills/assisted-dying-for-terminally-ill-adults-scotland-bill/introduction/bill-as-introduced.pdf>
- [vi] <https://publications.parliament.uk/pa/bills/cbill/59-01/0012/240012.pdf>
- [vii] <https://www.churchofscotland.org.uk/about-us/our-views/end-of-life/respond-to-the-proposed-assisted-dying-for-terminally-ill-adults-scotland-bill>
- [viii] https://www.churchofscotland.org.uk/data/assets/pdf_file/0007/3877/end_of_life_ga09.pdf
- [ix] https://yourviews.parliament.scot/health/ecdded04/consultation/view_respondent?show_all_questions=0&sort=submitted&order=ascending&q_text=episcopal&q_question-2021-10-07-9548647634-radiosubquestion=Organisation&uuld=532250072
- [x] https://media.methodist.org.uk/media/documents/pi_euthanasia_74_bNiGJld.pdf
- [xi] <https://www.methodist.org.uk/faith/life-and-faith/death-and-dying/>
- [xii] https://yourviews.parliament.scot/health/ecdded04/consultation/view_respondent?show_all_questions=0&sort=submitted&order=ascending&q_text=reformed&q_question-2021-10-07-9548647634-radiosubquestion=Organisation&uuld=785904856
- [xiii] <https://quaker.org.uk/documents/mfs-2021-04-follow-up-package>
- [xiv] <https://www.dignityindying.org.uk/religiousalliance/>
- [xv] For a survey and analysis, see Paul Middleton, 'The "Noble Death" of Judas Iscariot: A reconsideration of Suicide in the Bible and Early Christianity. *Journal of Religion and Violence* 6/2 (2018), 245–266. A more accessible version can be found in the *Society of Biblical Literature Bible Odyssey Project*: <https://m.bibleodyssey.org/articles/suicide-in-the-bible/>
- [xvi] The positive presentation and reception of Samson's self-killing causes some scholars to designate Samson's death as somehow not a suicide. So Dónal P. O'Mathúna ("But the Bible Doesn't Say They were Wrong to Commit Suicide, Does it?" in Timothy J. Demy and Gary P. Stewart [eds], *Suicide: A Christian Response: Crucial Considerations for Choosing Life* [Grand Rapids: Kregel, 1998], 349–366) redesignates his death as a martyrdom rather than suicide (361). Eugene H. Merrill ("Suicide and the Concept of Death in the Old Testament" in Timothy J. Demy and Gary P. Stewart [eds], *Suicide: A Christian Response: Crucial Considerations for Choosing Life* [Grand Rapids: Kregel, 1998], 315–326), whose essay considers suicides in the Hebrew Bible as tantamount to murder does not include Samson in his discussion, despite Samson killing several thousand people through his death. A different approach is taken by Kenneth Cragg (*Faith at Suicide: Lives Forfeit, Violent Religion, Human Despair*. Brighton: Sussex Academic Press, 2005). He views the depiction of Samson negatively, arguing his death made him "a victim of his own hate" (32). However, there is nothing in the text of Judges, let alone his positive reception in Hebrews 11.32–36, to warrant this negative assessment. For discussion of the complex interplay between suicide, murder, and martyrdom, including Samson, see Paul Middleton, *Martyrdom: A Guide for the Perplexed* (London: T & T Clark, 2011), 1–30.
- [xvii] For example, individuals such as Eleazar Avaran (1 Macc 6.45–46) or Razis (2 Macc 14.37–46), or families (Josephus, *Ant.* 14.15.5), or even whole communities, most notably at Masada in the aftermath of the Roman Jewish war (Josephus, *War* 7.8–9).
- [xviii] <https://www.gutenberg.org/files/45304/45304-h/45304-h.htm>
- [xix] [https://isidore.co/CalibreLibrary/Jerome,%20St./Commentary%20on%20Matthew%20\(7526\)/Commentary%20on%20Matthew%20-%20Jerome,%20St..pdf](https://isidore.co/CalibreLibrary/Jerome,%20St./Commentary%20on%20Matthew%20(7526)/Commentary%20on%20Matthew%20-%20Jerome,%20St..pdf)
- [xx] In recent years, churches have adopted more compassionate attitudes to suicide. For example, the Church of Scotland's 1995 report, *Euthanasia, A Christian Perspective*, observes that 'suicide is still recognised by most people as a tragedy, but no longer as a sin'. https://www.churchofscotland.org.uk/data/assets/pdf_file/0008/3878/euthanasia_book.pdf

- [xxi] While most commentators reach a negative judgement on Judas' self-killing, the basis for this conclusion is generally an appeal to Jewish and Christian antipathy towards suicide which had not yet developed (e.g. Raymond E. Brown, *The Death of the Messiah: From Gethsemane to the Grave*. [New York: Doubleday, 1994], 644). In other words, they 'appeal to a tradition that simply did not exist, and owes more to importing later Jewish and Christian attitudes to suicide' (Middleton, 'The "Noble Death" of Judas Iscariot', 263).
- [xxii] First century Jewish historian Josephus comments that "it was better for him to remove himself from the world in a free and noble spirit" rather than to face punishment by David (*Antiquities* 7.229). Later Rabbinic opinion is more divided on Ahithophel's death.
- [xxiii] See Arthur J. Droge and James D. Tabor, *A Noble Death: Suicide and Martyrdom among Christians and Jews in Antiquity* (HarperSanFrancisco, 1992), and a vigorous response by Darrel W. Amundsen, "Did Early Christians 'Lust after Death'? A New Wrinkle in the Doctor-Assisted Suicide Debate" in Timothy J. Denny and Gary P. Stewart (Kregal, 1998), 285–295.
- [xxiv] For introductions to the Noble Death tradition, see Droge and Tabor, *A Noble Death*, 17–51; Friedrich Avemarie and Jan Willem van Henten, *Martyrdom and Noble Death: Selected Texts from Graeco-Roman, Jewish, and Christian Antiquity* (London: Routledge, 2002).
- [xxv] For example, Niceto Blázquez, "The Church's Traditional Moral Teaching on Suicide" in Jacques Pohier and Dietmar Mieth (eds), *Suicide and the Right to Die* (Concilium: Religion in the Eighties. Edinburgh: T & T Clark, 1985), 63–74; O'Mathúna, "But the Bible Doesn't Say They were Wrong to Commit Suicide, Does it?".
- [xxvi] For example, Tertullian, *Apology* 50; *To the Martyrs* 4; John Chrysostom, *Homily IV on 1 Corinthians 1.18–20*. While excusing the self-killing of some women martyrs to protect their virginity, Augustine decisively rejects the Noble Death tradition in his discussion of suicide (*City of God* 1.16–20)
- [xxvii] Eusebius, *Church History* 6.41.7; 8.6.6; 8.12.3–4; Ambrose, *On Virginity* 3.7; *Martyrdom of Carpus, Papyrus and Agathonice*, 42–44.
- [xxviii] Paul Badham (*Is there a Christian Case for Assisted Dying? Voluntary Euthanasia Reassessed*. London: SPCK, 2009) makes some appeal to the enthusiastic Christian martyr tradition, but especially resurrection hope in making his Christian case for assisted dying.
- [xxix] For an introduction to some of the ways of interpreting this concept, see Michelle A. Gonzalez, 'Created for God and for Each Other: Our Imago Dei,' in Mary Ann Hinsdale and Stephen Okey (eds), *T&T Clark Handbook of Theological Anthropology* (London: T&T Clark, 2021), 61–70.
- [xxx] Hans Küng argues this account of Divine sovereignty basically reduces God to an 'executioner'. See Hans Küng and Walter Jens, *Dying with Dignity: A Plea for Personal Responsibility* (New York: Continuum, 1998), 36.
- [xxxi] Küng and Jens, *Dying with Dignity*, 36.
- [xxxii] The Inescapable Truth About Dying in Scotland, Dignity in Dying Scotland, 2019.
- [xxxiii] Paul Badham pointently asks, "If suffering is so good, why do we use painkillers?" (*Is there a Christian Case for Assisted Dying?*, 89).
- [xxxiv] Küng and Jens, *Dying with Dignity*, 38.
- [xxxv] Küng and Jens, *Dying with Dignity*, 27.
- [xxxvi] <https://www.churchofscotland.org.uk/news-and-events/news/articles/elders-terminally-ill-sister-asked-for-help-to-end-her-life>
- [xxxvii] Stanley Hauerwas, *Naming the Silences: God, Medicine, and the Problem of Suffering*; Eerdsman's: Grand Rapids, 1990) 96.
- [xxxviii] <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7043822/>
- [xxxix] Badham, *Is there a Christian Case for Assisted Dying?*
- [xl] Küng and Jens, *Dying with Dignity*, 37–38.
- [xli] <https://www.washingtonpost.com/news/to-your-health/wp/2017/05/24/its-not-pain-but-existential-distress-that-leads-people-to-assisted-suicide-study-suggests/?fbclid=IwAR3X0kVichMXSlR-HBSQe1-RLWL4QayWqVwdqn6hzqdn97x0B8qp3bo5OnE>
- [xlii] <https://www.canada.ca/content/dam/hc-sc/documents/services/medical-assistance-dying-annual-report-2019/maid-annual-report-eng.pdf>
- [xliii] A helpful articulation of this view from a theology of kenosis can be found in Laura Gilmore's auto ethnographic reflection on the spiritual and moral integrity of hospice chaplains in relation to assisted dying. <https://jebs.eu/ojs/index.php/jebs/article/view/1240/1031>
- [xliv] The Committee's report can be accessed here: <https://committees.parliament.uk/publications/43582/documents/216484/default/>
- [xlv] <https://www.betterwaycampaign.co.uk/assisted-suicide-law-would-heighten-inequality-dr-miro-griffiths/>; <https://www.dignityindyingScotland.org.uk/blog-post/79-disabled-people-support-change-law-assisted-dying/>; <https://www.humanism.scot/wp-content/uploads/2023/09/PolicyBriefingDisabilityAndAssistedDyingLaws.pdf>

- [xlvi] <https://www.cba.org/Sections/Health-Law/Resources/Resources/2022/HealthEssayWinner2022>
- [xlvii] [Enhancing equity and diversity in palliative care clinical practice, research and education | BMC Palliative Care | Full Text](#)
- [xlviii] <https://ij-healthgeographics.biomedcentral.com/articles/10.1186/s12942-019-0172-1>
- [xlix] <https://www.mariecurie.org.uk/globalassets/media/documents/policy/beol-reports-2024/beol-2024-time-to-care-report.pdf>
- [l] <https://www.pure.ed.ac.uk/ws/portalfiles/portal/199188756/e041317.full.pdf>
- [li] <https://www.youtube.com/watch?v=T6Wn0FAaQFA> 15:44-21:10
- [lii] <https://www.cihi.ca/sites/default/files/document/access-to-palliative-care-in-canada-2023-report-en.pdf>
See <https://www.pcads.org/wp-content/uploads/2024/10/PCADS-Policy-Paper-Palliative-Care-and-Assisted-Dying.pdf> for more data showing increase and improvement in palliative care in those countries with assisted dying.
- [liii] <https://www.churchofscotland.org.uk/about-us/our-views/end-of-life/respond-to-the-proposed-assisted-dying-for-terminally-ill-adults-scotland-bill#1>
- [liv] https://www.churchofscotland.org.uk/_data/assets/pdf_file/0005/125978/2024.08.16-Assisted-Dying-for-Terminally-Ill-Adults-Scotland-Bill-Stage-1-Call-for-Evidence.pdf
- [lv] So Paul Badham notes assisted dying is 'choosing to end a life that is already dying' (*Is there a Christian Case for Assisted Dying?*, 61).
- [lvi] Badham, *Is there a Christian Case for Assisted Dying?*, 56.
- [lvii] <https://youtu.be/T6Wn0FAaQFA>
- [lviii] For participant feedback on the events, see Appendix C.
- [lix] https://www.churchofscotland.org.uk/_data/assets/pdf_file/0005/125978/2024.08.16-Assisted-Dying-for-Terminally-Ill-Adults-Scotland-Bill-Stage-1-Call-for-Evidence.pdf