

1 The Business Committee of the Thirty-first General Synod has recommended this proposed  
2 resolution be sent to a Committee of the General Synod.

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4 **Resolution of Witness in Support of**  
5 **Legislation Authorizing Medical Aid in Dying**

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7 **A Resolution of Witness**

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9 **Submitted by: Central Atlantic Conference**

10 **Summary:**

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12 This resolution supports and urges the enactment of legislation authorizing medical aid in dying,  
13 under specific guidelines as determined by each State and the District of Columbia, for an adult  
14 patient who: (1) has a medically diagnosed, terminally/incurably debilitating illness or condition;  
15 (2) has a medical prognosis of death within six months; (3) is legally competent to make medical  
16 decisions; and (4) is expressing a voluntary and personal choice to die. Such authorization  
17 becomes especially exigent morally when the patient has periods of severe, unrelenting, and  
18 intolerable physical discomfort or pain, without meaningful relief from medication and without  
19 prospect of significant improvement, and no longer wishes to suffer in such a state.

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22 **Biblical, Theological, and Historical Grounding:**

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24 At its 2008 Annual Meeting, the Central Atlantic Conference of the United Church of Christ  
25 (UCC) adopted for consideration by the 27<sup>th</sup> General Synod of the UCC (2009) a Resolution  
26 entitled “In Support of Physician Assistance in Dying.”

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28 This Resolution was referred for consideration in the study process that was established by the  
29 26<sup>th</sup> General Synod of the UCC (2007) in response to “Legalization of Physician Aid in Dying,”  
30 07-GS-37, a Resolution submitted by the Northern California Nevada Conference of the UCC.

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32 This study process, which was conducted by a working group convened by the UCC’s Justice  
33 and Witness Ministries, resulted in a six-week guide, *Faithfully Facing Dying: A Lenten Study*  
34 *Guide on Critical Issues and Decisions for the Members of the United Church of Christ*, a  
35 resource for congregations, Associations, and Conferences to use in 2010 in discussing the range  
36 of choices involved in their understanding of death and dying.

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38 The working group reported in March 2011 that at the conclusion of its deliberations, it remained  
39 divided on the question of legalizing physician-assisted dying and therefore did not offer a  
40 recommendation for consideration by the 28<sup>th</sup> General Synod of the UCC (2011) on the public  
41 policy proposals contained in the 2007 and 2009 Resolutions.

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43 Instead, the working group planned to prepare and post for downloading, as a resource for use by  
44 individuals, a revision of *Making End-of-Life Decisions: United Church of Christ Perspectives*

45 (Julie R. Harley, ed., 1993; updated 1997) that would draw on material from the *Faithfully*  
46 *Facing Dying* study guide. Because of a lack of resources, this plan did not come to fruition.  
47 The working group did offer, however, two mini-workshops on “7 Steps to Begin Discussion on  
48 End-of-Life Issues” at the 28<sup>th</sup> General Synod (2011).

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50 The subject of medical assistance in dying was not on the agenda of the 29<sup>th</sup> General Synod  
51 (2013) or the 30<sup>th</sup> General Synod (2015).

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53 Since no fewer than twenty states and the District of Columbia are currently or have recently  
54 considered some form of legislation to allow terminally ill people the option of medical aid in  
55 dying, and because five states (Oregon, Washington, Montana, Vermont, and California) already  
56 permit such assistance to a dying adult under certain conditions, now seems to be a propitious  
57 time for the UCC to revisit this issue and to take a decisive stand defending freedom of choice  
58 and advocating for compassion – as is characteristic of its historical (and historic!) social justice  
59 witness.

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61 Such a defense and advocacy has a theological foundation. God intends that created life be more  
62 than simply the existence of a human organism. The Gospel of John reports Jesus as saying, “I  
63 came that you might have life, life in all its fullness.” (John 10:10) Life is also a perishable gift.  
64 Mortality is universal. There is a time to be born and a time to die. When medical science shifts  
65 from expanding the length and quality of life and begins simply to postpone the reality of death,  
66 the sacredness of life is no longer being served. Such prolongation may cause unnecessary  
67 suffering and/or loss of dignity while providing little or nothing of benefit to the individual.  
68 God’s will does not involve suffering beyond the limits of human endurance. It does not honor  
69 God to cling to an existence that has become an empty shell. The continuance of a mere physical  
70 existence is neither morally defensible nor divinely ordained.

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72 When illness leaves one so impaired that what is most valuable and precious is gone, the mere  
73 continuance of the body by medicine or drugs is a violation of the person. Many persons,  
74 because of their religious beliefs or for other reasons, will choose to draw the last possible  
75 breath, no matter what. That choice will remain for every person who wants it. Some others,  
76 when end-of-life suffering becomes unbearable, will decide that continued existence on earth  
77 without hope or meaning is no longer “life in all its fullness”; in fact, it is no longer tolerable.  
78 They may rightfully ask to have the choice of a peaceful release.

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80 God has granted humanity the right of personal choice, which must include decision over end-of-  
81 life matters. The gift of abundant life is more than the avoidance of death, and over-regard for  
82 the mere continuance of the life of the body, without proper concern for the needs of the person  
83 or the human spirit, can become idolatrous. What is required is a balanced appreciation of the  
84 whole person. At some point, an individual has the right to die and not be simply maintained.

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86 Furthermore, since God has made human beings responsible for the very beginning of human  
87 life, it is consistent to assume that the same God has made the end of human life a human  
88 responsibility. Thus, the principle of the sanctity of human life may yield to the principle of self-  
89 determination when someone is terminally ill.

90 Choosing death with dignity over a life that has become either hopelessly painful and

91 dysfunctional or empty and devoid of significance allows us to honor the God in whose image  
92 we are created.

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94 We are co-creators with God, given free will and the ability to make compassionate choices. The  
95 proposed Resolution, on grounds of compassion and choice, would permit medical aid in dying  
96 to be legal as long as strict safeguards to prevent abuse are provided.

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99 **The Text of the Resolution:**

100  
101 WHEREAS, life is both a sacred and a perishable gift from God;

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103 WHEREAS, it is clear that our loving God does not want anyone to suffer needlessly;

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105 WHEREAS, medical technology, pain management, and palliative care have made great  
106 advances, yet some persons still face intolerable suffering during a terminal illness;

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108 WHEREAS, the purpose of medicine is to alleviate suffering, and sometimes ending a life is the  
109 only way to do it;

110  
111 WHEREAS, the physical pain that individuals may face at the end-of-life stage is one form of  
112 suffering, the psychic pain that may result from the loss of autonomy and self-respect that  
113 sometimes accompanies that stage is another such form;

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115 WHEREAS, a crucial question for dying patients is whether they are living or merely existing;

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117 WHEREAS, life's very sacredness means that it should not be allowed to linger in suffering or  
118 indignity, and that in some cases medical aid in dying can be a greater form of respect for human  
119 life's sanctity than mere prolongation of existence;

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121 WHEREAS, if the intent of withholding or withdrawing life sustaining treatment is to cause a  
122 merciful death, this purpose can be accomplished more swiftly and humanely, and at the time of  
123 the patient's choosing, by medical aid in dying;

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125 WHEREAS, assistance in dying is well within the role of modern medicine, since resorting to  
126 extreme measures to try to keep alive the terminally ill at all costs does not in every case respect  
127 the patient;

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129 WHEREAS, medical aid in dying is a last resort for those cases in which hospice care is  
130 ineffective or unacceptable to dying patients;

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132 WHEREAS, denial of medical aid in dying is, in fact, doing harm when it perpetuates a patient's  
133 continued suffering and is against the will of the patient;

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135 WHEREAS, individuals who do not want medical aid in dying are free to follow that path but  
136 should not be allowed to require anyone else to die a painful, protracted, and agonizing death;

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138 WHEREAS, in those jurisdictions in which current law prohibits medical aid in dying,  
139 favoritism is shown to those who believe it is immoral, thus denying equal (not preferential)  
140 treatment to those who believe medical aid in dying can be a principled moral choice for  
141 themselves;

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143 WHEREAS, such equal treatment would be affirmed in the case of legalization of medical aid in  
144 dying;

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146 WHEREAS, by establishing a set of procedures for legal assistance in dying, each State and the  
147 District of Columbia can ensure that only people who are medically diagnosed as terminally ill  
148 and of sound mind qualify for medical aid in dying and so can be released from an insufferable  
149 state if it comes to that;

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151 WHEREAS, as of the end of 2016, four states (Oregon in 1997, Washington in 2008, Vermont in  
152 2013, and California in 2015) have enacted laws authorizing medical aid in dying (also known as  
153 Death-with-Dignity) for persons who are at least eighteen years of age, are terminally ill and  
154 expected to die within six months, and who make two oral requests, fifteen days apart, and one  
155 written request for a doctor to issue a prescription for a lethal drug which the person must take  
156 voluntarily, without assistance;

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158 WHEREAS, as of the end of 2016, in another twenty-one jurisdictions, legislatures are  
159 considering similar legislation; and

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161 WHEREAS, the United Church of Christ has historically supported the principles and values of  
162 autonomy and dignity, compassion and mercy that undergird the laws enacted in Oregon,  
163 Washington, Vermont, and California authorizing medical aid in dying;

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165 THEREFORE, BE IT RESOLVED, that the Thirty-First General Synod of the United Church of  
166 Christ supports and urges nation-wide the enactment of legislation authorizing medical aid in  
167 dying, under specific guidelines as determined by each State and the District of Columbia, for an  
168 adult patient who: (1) has a medically diagnosed terminal illness or condition; (2) has a medical  
169 prognosis of death within six months; (3) is legally competent to make medical decisions; and  
170 (4) is expressing a voluntary and personal choice to die; and

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172 BE IT FURTHER RESOLVED, that the Thirty-First General Synod of the United Church of  
173 Christ directs that the General Minister and President communicate in writing this resolution to  
174 the Mayor and Council Chairman of the District of Columbia and to the Presidents of the Senates  
175 and Houses, as well as Governors, of those States considering enacting medical aid in dying  
176 legislation.

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178 **Funding:**

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180 The funding for the implementation of the Resolution will be made in accordance with the  
181 overall mandates of the affected agencies and the funds available.

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183 **Implementation:**

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185 The Collegium of Officers, in consultation with appropriate ministries or other entities within the  
186 United Church of Christ, will determine the implementing body.