

# COUNCIL FOR PUBLIC AFFAIRS

Convener: Very Rev Dr TN HAMILTON, OBE

Secretary: THE CLERK

## EXECUTIVE SUMMARY

1. The Council for Public Affairs met on three occasions since the 2017 General Assembly to receive reports from its Committee, Panels and Task Groups; consider responses to public consultations; and discuss its wider strategy of engagement on issues of public significance.
2. The **State Education Committee** (paragraphs 14-20) oversees matters of state education in Northern Ireland. The Committee's main work is to consider educational developments and transmit thinking to the Transferor Representatives' Council (TRC), through which the Presbyterian Church in Ireland works with the Church of Ireland and the Methodist Church in Ireland on matters of education policy in Northern Ireland.
3. The **Peace and Reconciliation Panel** (paragraphs 21-23) handles matters of public policy that are relevant to peacebuilding and reconciliation.
4. The **Republic of Ireland Panel** (paragraphs 24-28) is responsible for overseeing matters of public policy in the Republic of Ireland.
5. The **Dealing with the Past Project Task Group** (paragraphs 29-33) is responsible for taking forward the project agreed by the 2016 General Assembly to record and examine Presbyterian responses to the Troubles.
6. The **Eighth Amendment Task Group** (paragraphs 34-42) was established by the 2017 General Assembly to report and make recommendations to the Council for Public Affairs and the General Council concerning the Eighth Amendment to the Constitution of Ireland.
7. A substantial paper on euthanasia is attached for consideration by the Assembly as an appendix to this report.

### Introduction

8. This has been a very troubling year for the work of the Council for Public Affairs. The lack of an Executive in Stormont, and the increasingly fractious relationships between Dublin and London over the border implications of Brexit, continue to increase the sense of disillusionment and disengagement with politics and politicians. The quality of public comment and debate is at times atrocious, with social media becoming at times very aggressive towards views that are not seen as politically correct.

9. This context, where the development of public policy is at a standstill in many areas, continues to make it quite difficult for our Church to be heard in the public square, especially on issues such as poverty and welfare reform, education, legacy matters and issues of public morality where we believe we have some expertise and experience on which to draw.
10. Nonetheless, we have been steadily working away on a range of topics to provide the basis for a coherent input to public policy as and when they come back to the centre of public attention. These include issues such as the family, forgiveness in the context of reconciliation, and an amnesty in the event of a statute of limitations being proposed by the Westminster Government.
11. Since the 2017 General Assembly the Council has responded to the following public consultations:
  - Continuing Healthcare (Department of Health NI);
  - NI Health and Social Care Trusts' Savings Plans;
  - Minibus Driving Licence Requirements (Department for Infrastructure NI).
12. Exceptionally valuable work has been done in relation to the Eighth Amendment of the Constitution of Ireland and on education matters by the Republic of Ireland Panel. In addition there is crucially important ongoing work on education in Northern Ireland, peace-making, and dealing with the past, all of which are covered in the body of this report.
13. In this troubling environment, it is of great importance that, as Christian people, we do not join in the collective hand-wringing so apparent in wider society. We are people who have firm confidence in the sovereignty of the God of the nations and in the power of the truth to set people genuinely free. In presenting this report at Assembly, the Convener will also take the opportunity to express deep appreciation to so many people who continue to serve all our people the length and breadth of Ireland with such diligence and commitment in spite of the enormous difficulties they face on a daily basis. We remain a people who are much blessed in a land that is also greatly privileged – especially as we see the horrors that so many millions are facing day and daily in so many parts of God's world.

## STATE EDUCATION COMMITTEE

14. Education continues to be of central importance to PCI, with much work going on through the State Education Committee (SEC), Transferor Representatives' Council (TRC), Controlled Schools' Support Council (CSSC), Education Authority (EA) and various representative, advocacy and lobbying work by the Public Affairs Officer, SEC Convener and

other key PCI members. In acknowledgement of the denomination's interest in this area, the Chief Executive of the EA was recently invited to address the Council for Public Affairs (CPA) on the current state of education in Northern Ireland.

15. At the outset of this report, the SEC wishes to recognise and thank the Public Affairs Officer, Gavin Norris, for all that he has done throughout the year. In addition to his wide-ranging portfolio and workload, Gavin has assumed the de facto role of PCI Education Secretary and has served the denomination with diligence, determination and confidence, ensuring that the voice of the PCI is strong within the world of education.

### **Committee Business**

16. The SEC has met twice since the last General Assembly. At its November meeting members were addressed by the Executive Director of the Goliath Trust, who apprised the Committee of the work being done to tackle educational underachievement in areas of social disadvantage. Members were also updated on a new OCN RE qualification, issues from the TRC and the emerging relationship with the CSSC. At its February meeting, members were updated on the education input into the PCI Human Identity Task Group, a revised TRC Memorandum of Understanding, the EA presentation to the CPA and issues from CSSC.
17. Discussions have continued to take place at the meetings around governance, teacher workload, the delivery of and support for the teaching of RE, educational underachievement and support for schools in issues relating to human identity. The members also confirmed the nomination of John Wilkinson OBE to fill the vacancy following the retirement of Uel McCrea OBE from the TRC. The committee wishes to note its gratitude for the work done by Uel over many years, not least in how instrumental he was in the creation of the CSSC and his tenure as the Interim Chair of the organisation during its initial setting up.

### **Controlled Schools' Support Council**

18. The relationship between CSSC and the denomination continues to develop. The SEC Convener is the Vice-Chair of the CSSC and sits on its Education and Research Committee, and the Public Affairs Officer sits on the Ethos Working Group. In March the organisation hosted a conference on 'Exploring Ethos' which was addressed and chaired by the SEC Convener. The relationship is one which is highly valued and the SEC commends the excellent work done by the organisation in its first full year.

### **Transferor Representatives' Council**

19. Much of the day-to-day work in education continues to be progressed through the TRC, as the collective policy-making organisation for the education bodies of PCI, the Church of Ireland and the Methodist

Church in Ireland. Since the last General Assembly work has been progressed in the following areas:

- (a) RE and Collective Worship: The TRC has set up a Working Group involving RE practitioners to address some outstanding issues, including the low frequency of RE lessons and collective worship in schools and the lack of support provided to RE teachers. One of its first orders of business was to consider the CCEA RE Advisory Group and it recommended that TRC representatives argue for the retention of the RE Advisory Group and that it focus on (a) facilitating a forum for productive networking within the profession and (b) establishing stronger educational and professional credentials for RE. These suggestions were accepted by CCEA. The Working Group will focus initially on drawing together existing RE resources, updating these where necessary, and making them available to RE teachers. The Group is working on a proposal to bring an intern on board for one year and this will be discussed again at the next meeting of the TRC.
- (b) In addition a working group of the four main Churches, chaired by the Rev Dr Colin McClure, are reviewing the RE Core Syllabus. It is currently gathering materials from other jurisdictions for examples of good practice.
- (c) Area Planning: In previous years the TRC had been involved in area planning groups coordinated by statutory agencies. With the establishment of the Education Authority, a new Steering Group has been formed with senior representatives from stakeholder groups, including EA, the CSSC, CCMS and the new Catholic Schools' Trustee Service. The TRC is in negotiations with the Department of Education to ensure its place on this important body.
- (d) Ethos in Controlled Schools: The TRC is working with the CSSC on the part of its remit to develop and maintain the collective ethos of the Controlled Sector. A Working Group consisting of CSSC and TRC representatives has been established and has met twice. The TRC shared the 'Moving Forward Together' document produced by the TRC in 2007, which offers a transferor's contribution on ethos and core values in controlled schools.
- (e) Transferor Governors: The EA hopes to have reconstituted Boards of Governors in place by October-December 2018. The TRC met with EA officials and strongly emphasised the need for the TRC to be furnished with a complete list of nominating authorities, so that the Churches can update contact information before letters are sent out by EA. The TRC used the opportunity to promote the Churches' role in education and the important role that Transferor Governors can play. It therefore undertook to update and refresh the Governors' Handbook that was issued by the TRC in the mid-1990s. It also commissioned a promotional video for use in congregations.

20. The world of education is one in which the churches have traditionally held a key role and it is vital that this continues to be the case. In a world in which our values and opinions are increasingly being questioned, it is incumbent upon us to ensure that we can articulate clearly our place in the life of educational policy and the day-to-day workings of schools. As we pray for our pupils, teachers and principals in this time of political, economic and societal uncertainty, let us pray too that the cornerstone values of our faith continue to be upheld within schooling and that Christians who have responsibility for guiding policy, leading schools and teaching children do so with confidence, grace and wisdom.

ANDREW BROWN, Convener

## **PEACE AND RECONCILIATION PANEL**

21. At the time of writing, it is highly likely that the 20th anniversary of the Good Friday Agreement will pass without resolution of the political impasse which has prevented the formation of a functioning Executive and Assembly in Northern Ireland since January 2017. This has resulted in budgetary uncertainties and a lack of political direction which has adversely affected the delivery of public services, including those provided through the voluntary and community services. In parallel, the Brexit debate continues to dominate political discourse with sharply divided views on the likely implications for the UK and for Ireland, North and South.
22. It has therefore been a challenging environment in which to promote the Church's role in peace and reconciliation as developments in respect of legacy and victims arising from the Stormont House Agreement remain stalled. However, it remains incumbent on the Church to be an agent of reconciliation and healing and the Panel will continue to seek opportunities to bring a distinctly Christian perspective to the issues which contribute to division in our community.
23. The Panel is conscious of many within our denomination who, unseen and unsung, seek to promote reconciliation within local communities and encourage congregations to consider how they might use the Vision for Society adopted by the General Assembly in 2016 to further this ministry.

EDGAR JARDINE, Convener

## **REPUBLIC OF IRELAND PANEL**

The Republic of Ireland Panel met twice since the last General Assembly.

24. Presbyterians continue to be honoured with a distinctive influence and presence in the Republic of Ireland, despite being a small minority. One of the key aims of the Panel is to continue to develop relationships

with TDs and Senators. The Convener was therefore pleased to be able to join the Moderator and Clerk of the General Assembly, and members of the Church of Ireland and Methodist Church in Ireland, in a church-state dialogue with An Taoiseach and other members of the Irish Government on 22nd January 2018. The agenda for the meeting included: migration, direct provision and overseas aid, the impact of Brexit on Ireland and Northern Ireland, abortion and the Eighth Amendment to the Constitution, homelessness, social housing and wider economic issues and education issues. The PCI delegation also had the privilege of meeting the Ceann Comhairle of Dáil Éireann to discuss opportunities for further engagement with the Oireachtas.

25. The Panel continues to oversee education matters in the Republic of Ireland. Last year the Panel reported on a submission made to the Department of Education and Skills on four possible options set out by the Minister that would have limited or removed the role of faith in determining admissions to oversubscribed faith-based schools. This submission, along with many others from schools, churches and individuals around the country, appears to have had a positive effect, as minority religion schools were excluded from the new catchment-area driven regulations (which, at the time of writing, are yet to be published or enforced).
26. The Panel will continue to monitor proposals by the National Council for Curriculum and Assessment (NCCA) on structure and time allocation within the primary school curriculum, which would move religious education out of the core curriculum and into 'flexible time' alongside assembly time, roll call, breaks etc. A further consultation on this and other aspects of the primary school curriculum is expected in 2019. The Moderator and other representatives of faith-based school patrons have already written together to the NCCA to express concern that such proposals, if implemented, would damage the characteristic spirit of faith-based schools and undermine the value of religious education as an intellectually developmental learning experience.
27. Debate is well underway concerning the upcoming referendum on the Eighth Amendment to the Constitution. The Government has recently set out its proposals to repeal the Eighth Amendment and introduce legislation to permit, inter alia, abortion on request until the 12th week of pregnancy. The approach of the PCI to the referendum is set out in the report of the Eighth Amendment Task Group.
28. Conscious of the invaluable work done by PCI congregations throughout the Republic of Ireland, the Panel is keen to engage with elected representatives and others in civic society on migration and other important socio-economic issues on which the Church should be heard. To that end, the Panel has begun a conversation with colleagues in the Irish Council of Churches about how we work together with others to advocate on behalf of the most vulnerable people in our society.

TREVOR MORROW, Convener

## **DEALING WITH THE PAST PROJECT TASK GROUP**

29. The Task Group's remit is to take forward the project agreed by the 2016 General Assembly to explore how Presbyterians responded to the Troubles. The aim is to tell a wider story than has been available to date, to recognise that which is good, and to reflect upon the times when Presbyterians failed to be faithful peacemakers.
30. Approximately one hundred and thirty replies were received to the letter sent out to active ministers in March 2017 seeking potential participants. The Task Group worked through the different categories of participants over the following months to identify interviewees.
31. In June 2017 Dr Jamie Yohanis was appointed by Queen's University Belfast as the research assistant on the project. The funding received from the Irish Department for Foreign Affairs and Trade was used to employ Dr Yohanis as a research assistant from June-December 2017. In that time, Dr Yohanis and Dr Gladys Ganiel conducted 106 interviews with 122 Presbyterians with a variety of experiences, including ordained ministers, security forces, victims and survivors, people from border areas, ex-combatants, emergency responders, health and social care workers, 'critical friends' from outside the PCI, and those who left Presbyterianism.
32. Dr Gladys Ganiel has already begun work on a book that will be a key research project output. Other proposed outputs include web resources, public events, reflective essays and educational resources for trainee ministers at Union Theological College and local congregations.
33. The public launch of the research will take place during 2019. Throughout the remainder of 2018 the Task Group will focus on planning the launch events and developing the other resources mentioned above.

TONY DAVIDSON, Convener

## **EIGHTH AMENDMENT TASK GROUP**

34. The Task Group was established by the 2017 General Assembly with the following remit:
  - (a) To draw up a report and recommendations concerning the Eighth Amendment to the Constitution of Ireland – Bunreacht na hÉireann, to be presented to both the Council for Public Affairs and the General Council, with the General Council authorised, if necessary, to act on behalf of the Assembly in connection with any issue arising;
  - (b) To make submissions to the Joint Oireachtas Committee on the Eighth Amendment on behalf of the Presbyterian Church in

Ireland, following the approval of the General Council or, if time constraints do not permit such approval, as authorised by the Moderator and Clerk of the General Assembly.

35. Part (b) of the Task Group's remit was not exercised, as the Joint Oireachtas Committee clarified that it would not take evidence from interest groups.
36. The Task Group met on three occasions to consider the position of the PCI on both abortion and the Constitution of Ireland, and to reflect on the political developments that occurred throughout the year.
37. During February and March 2018 the Government revealed proposals to repeal the Eighth Amendment and introduce legislation which will allow, *inter alia*, abortion on request up to twelve weeks of pregnancy and abortion on health grounds after twelve weeks. A referendum looks set to be held on 25th May 2018.
38. It was obvious to the Task Group that the PCI's position on abortion is much closer to that of the Constitution than it is to the proposals of the Government of Ireland. Moreover the Task Group established that the PCI does not approach the question of the Eighth Amendment from the standpoint of political or constitutional theory. The PCI is not committed to any generalised theological theory on constitutional and legislative socio-political order. The Task Group therefore concluded that:
  - (a) The most theologically consistent and practicable position for the PCI to adopt is that its position on abortion be applied flexibly in view of different political and constitutional arrangements obtaining in different jurisdictions;
  - (b) The decision on whether or not to support the Eighth Amendment must be a practical one, reached by considering the ramifications of such a decision and the alternative possibilities for legislation; and
  - (c) If the Eighth Amendment, particularly as understood and as complied with in political practice, more closely accords with the PCI's position than does an alternative politically viable possibility, the PCI may consistently support it.
39. The Task Group was also particularly conscious of the tragic effects of abortion on request in other jurisdictions where unborn life has been steadily devalued, and is deeply concerned that Ireland will follow a similar path if the Government's proposals are passed.
40. As there is currently no realistic possibility of protecting unborn life in accordance with our convictions by another political and legislative option, the Task Group recommended that the PCI supports the retention of the Eighth Amendment in the referendum debate.
41. Though the Task Group's primary task was to report on the political and legal aspects of the Eighth Amendment of the Constitution, the difficult situations facing women and their families have been at the forefront of members' minds. In our congregations and in the wider



community there are women facing pregnancy crisis and profound loss who need help and support. During its discussions the Task Group heard moving accounts of pain and loss, and examples of where further care and support could be provided. The Task Group therefore further recommended that a Task Group be established by the most appropriate Council of the Church to review and develop our pastoral care for women and families affected by pregnancy crisis, pregnancy loss, the diagnosis of a life-limiting condition and other related circumstances, and that this should include support for those caring for children and young people with disabilities.

42. Both recommendations were supported by the Council for Public Affairs and adopted by the General Council at their March meetings.

TREVOR MORROW, Convener

## APPENDIX 1

### EUTHANASIA AND ASSISTED SUICIDE

#### Introduction

1. Euthanasia and assisted suicide are currently illegal in both Northern Ireland and the Republic of Ireland. In recent years, a number of high-profile ‘right to die’ cases have reignited debate about end of life issues, including whether doctors should be permitted to assist a patient to commit suicide.
2. The purpose of this paper is to help the General Assembly to set out its views on euthanasia and assisted suicide.

#### 3. Definitions

- (a) **Assisted dying** is a euphemism used by campaigners for legal change to refer to physician-assisted suicide. It is sometimes used to include also physician-administered euthanasia.
- (b) **Assisted suicide** is assistance provided by one person to another to enable the latter to end his or her life.
- (c) **Euthanasia** literally means ‘good death’ but has become almost exclusively applied to the deliberate ending of life.
- (d) **Palliative care** is the multi-disciplinary branch of health care which specialises in alleviating the pain or other suffering arising from incurable illness. It comprises specialist medicine, nursing, physiotherapy and psychological and spiritual care.
- (e) **Physician-administered euthanasia** is the administration of lethal drugs to a patient by a doctor in order to end that patient’s life. PAE may be with or without the patient’s request or consent.

- (f) **Physician-assisted suicide** is assistance with suicide provided by a physician. The doctor provides the means – the drugs, apparatus and technical knowledge – but the patient initiates the final event.
- (g) **Voluntary euthanasia** is the intentional killing of a patient at the patient's request.<sup>1</sup>

#### 4. **The Legal Position**

##### (a) **Northern Ireland**

Euthanasia and assisted suicide are illegal in Northern Ireland. Guidance by the Public Prosecution Service (PPS) for Northern Ireland issued in 2010 states:

- A person commits an offence under section 13 of the Criminal Justice Act (Northern Ireland) 1966 if he or she does an act capable of encouraging or assisting the suicide or attempted suicide of another person, and that act was intended to encourage or assist suicide or an attempt at suicide.<sup>2</sup>

The offence of encouraging or assisting suicide carries a maximum penalty of 14 years' imprisonment. However, in its policy document on assisted suicide, the PPS states that 'it has never been the rule that a prosecution will automatically follow where the evidential test of the Test for Prosecution is satisfied'.<sup>3</sup> The PPS will look at each individual case to ascertain whether a prosecution should be brought and will consider a number of factors, including the motivation and actions of the person who has assisted a suicide.

The law has been described as having 'a stern face but an understanding heart' in that it upholds the illegality of assisting suicide as an important deterrent but has the discretion to look at the circumstances of each case.<sup>4</sup>

##### (b) **Republic of Ireland**

Euthanasia and assisted suicide are also illegal under Irish law. Section 2(2) of the Criminal Law (Suicide) Act 1993 states:

*A person who aids, abets, counsels or procures the suicide of another, or an attempt by another to commit suicide, shall be*

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1. This is not an exhaustive list of definitions. For further discussion see the Living and Dying Well think tank website ([www.livinganddyingwell.org.uk/about/glossary](http://www.livinganddyingwell.org.uk/about/glossary)) and John Wyatt, *Matters of Life and Death: Human dilemmas in the light of the Christian faith*, Inter-Varsity Press, 2009, pp.192-197.
  2. 'Policy on Prosecuting the Offence of Assisted Suicide', Public Prosecution Service for Northern Ireland, February 2010, p.1.
  3. *Ibid.*, p 5.
  4. Robert Preston, remarks at PCF's 'Living and Dying Well' conference, 22nd January 2015.

*guilty of an offence and shall be liable on conviction on indictment to imprisonment for a term not exceeding fourteen years.*<sup>5</sup>

The Director of Public Prosecutions has not issued guidelines on assisted suicide, however, in a 2013 judgement the High Court noted that “the very fact that UK guidelines on assisted suicide now exist must surely inform any exercise of discretion by the Director in this jurisdiction.”<sup>6</sup> The Court went on to say that:

*... where reliable evidence of compliance with a list of factors, such as those specified in the U.K. Prosecutors guidelines, is presented to the Director ex post facto the event... She is then free to apply her discretion and make a fully informed decision about whether or not to initiate a prosecution... The Court feels sure that the Director, in this of all cases, would exercise her discretion in a humane and sensitive fashion, while it would stress that, of course, she must retain the full ambit of that discretion to decide whether to prosecute or not. The timing and sequencing involved in this approach leaves intact the legislative framework which underlines and upholds the pre-eminent right to life as enshrined in the Constitution... It also protects against the ‘slippery slope’ dangers identified in all of the cases whereby elderly or ill persons might be induced or otherwise coaxed or manipulated into seeking prematurely to terminate their own lives.*<sup>7</sup>

The Fleming case concerned a woman, Marie Fleming, who suffered from multiple sclerosis and applied to the High Court for a declaration that her husband could lawfully assist her to commit suicide. She was unsuccessful, and in a subsequent appeal the Supreme Court upheld the High Court’s decision, ruling that there is no explicit right to commit suicide, or to determine the time of one’s death, in the Constitution.<sup>8</sup> The Court noted, however, that the Oireachtas has the option of legislating in this area and the courts could then determine whether the legislation is constitutional, based on any safeguards included.<sup>9</sup>

## 5. Examples of international practice

Euthanasia and/or assisted suicide are legal in a number of states.

### (a) Belgium

Euthanasia was legalised in Belgium in 2002. The relevant Act confirmed that ‘a physician who performs euthanasia commits no criminal offence when he/she ensures that:

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5. [www.irishstatutebook.ie/eli/1993/act/11/enacted/en/print](http://www.irishstatutebook.ie/eli/1993/act/11/enacted/en/print)

6. *Fleming v Ireland and Ors* [2013] IEHC 2, para 171.

7. *Ibid.*, para 175.

8. *Fleming v Ireland and Ors* [2013] IESC 19, para 99.

9. *Ibid.*, paras 107-108.

- (i) The patient has attained the age of majority or is an emancipated minor, and is legally competent and conscious at the moment of making the request;
- (ii) The request is voluntary, well-considered and repeated, and is not the result of any external pressure;
- (iii) The patient is in a medically futile condition of constant and unbearable physical or mental suffering that cannot be alleviated, resulting from a serious and incurable disorder caused by illness or accident.<sup>10</sup>

Between 2002 and 2015, 12,726 people were euthanised in Belgium. Numbers have been steadily climbing, reaching 2,022 cases in 2015.<sup>11</sup> In 2014 and 2015, cancer was the main condition for which people asked to be euthanised (67.7%). This was followed by cases of multiple pathologies, which has been interpreted as the ‘coexistence of several serious and incurable disorders’. These are not necessarily fatal. Examples given by the Federal Commission for Euthanasia Control and Evaluation include disorders of gait and mobility due to osteoporosis, hearing impairment and the onset of dementia.<sup>12</sup>

(b) **The Netherlands**

Euthanasia and physician-assisted suicide were legalised in the Netherlands in 2002 by the Termination of Life on Request and Assisted Suicide (Review Procedures) Act:

*In the words of ‘the Act’, the questions that must be asked include the following. Was the physician satisfied that the patient’s request was voluntary and well-considered and that their suffering was unbearable, without prospect of improvement? Did the physician come to the conclusion, together with the patient, that there was no reasonable alternative in the patient’s situation?’<sup>13</sup>*

In 2016 the Dutch Euthanasia Review Committees received 6,091 notifications of euthanasia or assisted suicide, 4% of the total number of people who died in the Netherlands that year. 83% of cases concerned patients with cancer, neurological disorders (such as Parkinson’s disease, multiple sclerosis and motor neurone disease), cardiovascular disease or pulmonary disease. Around 2% of cases concerned patients with dementia and around 1% concerned patients with a psychiatric disorder.<sup>14</sup>

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10. ‘The Belgian Act on Euthanasia of May, 28th 2002’, *Ethical Perspectives* 9 (2002), 2-3, p.182.

11. European Institute of Bioethics, *Analysis of The Seventh Report of the Federal Commission for Euthanasia Control and Evaluation to the Legislative Chambers* (for the Years 2014 and 2015), October 2016, p.1.

12. *Ibid.*, pp.3-4.

13. Regional Euthanasia Review Committees, *Annual Report 2016*, p.4.

14. *Ibid.*

(c) **Oregon, United States**

Physician-assisted suicide was legalised in Oregon in 1997. According to the Oregon Health Authority:

Oregon's Death with Dignity Act (DWDA), enacted in late 1997, allows terminally ill adult Oregonians to obtain and use prescriptions from their physicians for self-administered, lethal doses of medications.<sup>15</sup>

The legislation states:

*An adult who is capable, is a resident of Oregon, and has been determined by the attending physician and consulting physician to be suffering from a terminal disease, and who has voluntarily expressed his or her wish to die, may make a written request for medication for the purpose of ending his or her life in a humane and dignified manner in accordance with ORS 127.800 to 127.897.*<sup>16</sup>

As of January 2017, the Oregon Health Authority had received reports of 133 people who had died in 2016 from ingesting the medications prescribed under the Act. A total of 1,127 people had died in this manner from 1997.<sup>17</sup>

## 6. **Arguments put forward for changing the law**

### (a) **Fear of suffering and dependence**

Fear is one of the great driving forces for legal change. Some of the main reasons people seek assisted suicide or euthanasia are captured in a recent report by the Public Health Department of Washington State, where physician-assisted suicide has been legal since 2009. Among the end of life concerns of those who died in 2016 were loss of autonomy (87%), loss of dignity (66%), being a burden on family, friends and/or caregivers (51%) and inadequate pain control or concern about it (41%).<sup>18</sup>

In the 1990s, the focus of debate around changing the law was on people dying in terrible, uncontrollable pain. With advances in medical science, palliative care and pain control, the focus has shifted to neurodegenerative conditions that lead to a loss of control and dependence. In one of the most recent cases to reach the High Court of England and Wales, a leading campaigner with motor neurone disease, explained:

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15. Oregon Death with Dignity Act, Data Summary 2016, Oregon Health Authority, February 2017, p.4.

16. [www.oregon.gov/oha/ph/providerpartnerresources/evaluationresearch/deathwithdignityact/pages/ors.aspx](http://www.oregon.gov/oha/ph/providerpartnerresources/evaluationresearch/deathwithdignityact/pages/ors.aspx)

17. *Ibid.*, p.5.

18. 2016 Death with Dignity Act Report, Washington State Department of Health, September 2017, p.8.

*I do not wish to get to a stage where my quality of life is so limited, in the last six months of life, that I am no longer able to find any enjoyment in it. This disease is a relentless and merciless process of progressive deterioration. At some point, my breathing will stop altogether or I will become so helpless that I will be effectively entombed in my own body. I would not like to live like this. I would find it a totally undignified state for me to live in. I find the prospect of this state for me to live quite unacceptable and I wish to end my life when I feel it is the right moment to do so, in a way that is swift and dignified...*<sup>19</sup>

Cancer is the most common condition affecting people who choose euthanasia or assisted suicide where it is legal. Despite the significant advances in end of life care, fear of pain, uncertainty and loss of control remains an important factor in efforts to change the law in Ireland, the UK and elsewhere.

(b) **Personal autonomy**

*“Most of all, I believe in a person’s right to determine their own life and the manner of ending it, as that is a sovereign principle. We each own our lives and no one else defines that for us.”*  
Chloe Smith MP

The ‘right’ to self-determination is propelling the drive for assisted suicide and euthanasia in the West. Professor John Wyatt notes:

*The last 50 years have seen a striking rise in radical libertarian concepts of personal autonomy. The right to self-determination has been enshrined in a succession of legal judgements and changes in primary legislation... To modern thinkers autonomy has become the freedom to do whatever I wish and whenever I wish, without any requirement for rational or moral justification. And it seems self-evident to many that the right to self-determination must include the right to self-destruction.*<sup>20</sup>

To many people, it seems outrageous that they can control almost every aspect of their life but are not allowed to control the manner and timing of their death.

(c) **Social and economic factors**

In 2008 Baroness Mary Warnock caused controversy when she argued in favour of medical killing as a socially responsible option:

*If you’re demented, you’re wasting people’s lives – your family’s lives – and you’re wasting the resources of the National Health Service... if somebody absolutely, desperately wants to die because*

19. R (Conway) v The Secretary of State for Justice [2017] EWHC 2447 (Admin), [www.judiciary.gov.uk/wp-content/uploads/2017/10/r-conway-v-ssj-art-8-right-to-die-20171006.pdf](http://www.judiciary.gov.uk/wp-content/uploads/2017/10/r-conway-v-ssj-art-8-right-to-die-20171006.pdf)

20. John Wyatt, ‘Euthanasia and assisted suicide’, *Cambridge Papers*, volume 19, no. 2, June 2010, p.2.

*they're a burden to their family, or the state, then I think they too should be allowed to die.*<sup>21</sup>

It has also been suggested that, as people live longer with increasingly complex medical conditions, they should be allowed to end their lives to free up the time and resources of the state, family and friends.

## 7. Potential harms

### (a) Placing vulnerable people in danger

Many people, especially older people, are already vulnerable to malicious actions by others. Research has suggested that over 23,000 older people in Northern Ireland have experienced serious physical, mental or financial abuse.<sup>22</sup> A 2010 report by the Republic of Ireland's Health Service Executive, National Centre for the Protection of Older People and University College Dublin estimated that 10,000 people over the age of 65 had experienced mistreatment,<sup>23</sup> and in 2014 the HSE's Elder Abuse Service received 2,592 referrals.<sup>24</sup>

In many cases abuse is perpetrated by family or carers, often motivated by financial gain. It would be naive and irresponsible to think that such people would not seek to exploit a change in the law. Moreover, many older or disabled people would feel pressurised to 'do the decent thing' to stop themselves 'being a burden' to others. It is not hard to see how 'you can take this route' could quickly become the norm that 'you should take this route'. This concern has already been expressed by many individuals who are dependent on others for care. Changing the law to allow euthanasia and/or assisted suicide would undoubtedly place increased numbers of vulnerable people in danger of harm.

### (b) A mind shift from healing to killing

If we concede that people have a right to die in certain circumstances it follows that society has a duty to provide the means for their death, if they cannot arrange it for themselves. This responsibility would pass to the medical profession. Doctors would be called upon to decide when the death of a patient would be appropriate, and, if they were not directly arranging the death themselves, they may have a duty to authorise others to help with, or administer the fatal procedure. Under the guise of compassion we would be introducing a drastic change to the

21. Mary Warnock, *Daily Telegraph*, 19th September 2008.

22. 23,000 elderly people abused in Northern Ireland every year, says charity, *Belfast Telegraph*, 13th September 2017

23. *Abuse and Neglect of Older People in Ireland: Report Summary*, UCD, NCPOP and HSE, 2010, p.4.

24. *Open Your Eyes: HSE Elder Abuse Services 2014*, HSE, 2014, p.45.

values of our society – particularly a presumption in favour of life – and distorting the traditional role of medicine from its mission of healing and treating pain and discomfort. If assisted and/or euthanasia is normalised the underlying social dynamic will change. Laws are not just regulatory instruments; they communicate values and norms. The message that would be sent in this case is that if you are sick or old and a burden, ending your life is something you ought to consider.

(c) **Deciding when the unbearable is unbearable**

There is also severe risk and insurmountable difficulty in seeking to define how unbearable a person's life must be before the state agrees that assisted suicide or euthanasia is appropriate. Just as we are all different in our abilities to cope with pain and indignity, what might be an unacceptable quality of life for one person could well be accepted by someone else. Perhaps we could simply rely on the wishes of the person concerned, but would our society really be content to arrange the death of people who simply considered that they were too old or unhappy to live? How would society decide when reasons for requesting assisted suicide or euthanasia are unacceptable? The most recent report of the Netherlands' Regional Euthanasia Review Committees (RTE) states:

*Opinions differ widely on whether it should in future be made possible to receive assistance with suicide if patients regard their life as 'completed', without there being a medical dimension to their suffering (which falls outside the current legal framework). In many cases where patients are suffering from multiple geriatric syndromes, they phrase their euthanasia request in terms of being 'finished with life' or state that they regard their life as 'completed'. Can a boundary be drawn between 'multiple geriatric syndromes' and 'completed life' that is practicable for both physicians and patients?... These questions are also the subject of intense discussions in the RTE... it could be beneficial to patients and their loved ones, physicians performing euthanasia, independent physicians and society at large if they could obtain greater legal certainty than the RTE can give.<sup>25</sup>*

It is hard to see how these questions could ever have a clear answer and it is easy to see how the scope of legalisation could continue to grow and grow, particularly if personal autonomy is used as moral justification for suicide.

## 8. **Our approach as Christians**

It is a bleak fact that pain, suffering, distress and death itself are inevitable parts of human life. Even if we happen to escape serious illness or injury during our lives we will always know someone who

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25. Regional Euthanasia Review Committees, 2016, pp.6-7.



will have to endure the circumstances we fear the most. In contrast to the view that all suffering is merely a pointless and destructive threat to individual autonomy, Christians, while being alive to the realities of pain, disease and injury in human lives, believe that God can transform suffering for His own good ends. For example, Christian ethicist Stanley Hauerwas argues that suffering is a call to live in community:

*It is the burden of those who care for the suffering to know how to teach the suffering that they are not thereby excluded from the human community. In this sense, medicine's primary role is to bind the suffering and the non-suffering into the same community.*<sup>26</sup>

Compassion for our fellow human beings means that we are bound to support efforts made to reduce pain and enable healing, and have a duty to help people to die in as comfortable and peaceful ways as we can. That is the spirit behind the development of palliative care (pioneered almost entirely by Christians) which “is a striking demonstration of the belief that the process of dying need not be one of devastating loss and despair.”<sup>27</sup>

As Christians, we should not be constrained by the cultural taboo but should be able and willing to consider what it means to die well. This will mean facing up to the fact that our beliefs about the sanctity of life do not mean prolongation of painful life at all costs. Christians have long accepted the propriety of medical interventions designed to relieve pain which may unintentionally shorten life. This distinction between intention and foresight must be handled very carefully but is both valid and important. There is an important difference between doing something that is intended to end the life of the person concerned and taking action which has a high probability of shortening the person's life but which is intended to deal with pain rather than cause death.

Some, of course, would argue that we should go further than simply give care and attempt to relieve pain. They believe that there are situations when we should actively take steps to end the life of the person who is suffering on the grounds that life has become too unbearable to continue. If they are right, then we have a duty to kill, or, at least, help bring about the death of people who suffer in this way and wish to end their lives.

However, in Christian thinking, our lives are not only given by God but are also a reflection of His being. We are made by God in His image and reflect His character. Our emphasis on the value of human life has nothing to do with physical or mental ‘perfection’, nor with added value in economic terms, or economic cost. A human being's value does not lie in what he or she can do but exists simply because of what and who they are. This is one crucially important reason why we value and seek to care for those with disabilities of all kinds. The dignity and worth of individual life cannot be derived simply from an analysis by

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26. Stanley Hauerwas, *Suffering Presence*, T&T Clark, 1986, p.26.

27. Wyatt, 2010, p.5.

an individual of the value of his or her own life. Thus the offence of taking human life is explicitly linked to with the indwelling image of God (Genesis 9:6). Intentional killing (as in euthanasia, assisted suicide and abortion) is wrong because it violates a profound moral order that human life really does matter and has innate value.

Furthermore, the way of Jesus Christ seems to imply a firm conviction that the timing of our deaths should be left to God. The Apostle Paul earnestly believed that for him to live was Christ and to die would be gain (Philippians 1:21), that he would rather be absent from the body and present with the Lord (2 Corinthians 5:8), but he was convinced that the decision was for God to make, not himself (Philippians 1:22-26). The fact is, we do not belong to ourselves, we have been bought with a price (1 Corinthians 6:19-20). We can never really know what work God has to complete even in a person whose mind seems to be utterly confused or who is barely conscious because of sedation to relieve pain.

As human beings made for relationship with God and each other, we also have to recognise our interdependence. What we do affects others and what others do affects us. It is indeed true that “no man is an island”. This is very important to keep in mind as we consider the possible legalisation of euthanasia and assisted suicide, and the very real dangers that would be created for vulnerable people. As Christians commanded to love our neighbours, we cannot view this as a matter of a ‘sovereign principle’ at work, self-determination or economic value. Rather, we must value the systemic protection of the weak and vulnerable over the sheer maximisation of individual autonomy.

## 9. **Conclusion**

The current laws on assisted suicide and the guidance that has been given for their administration continue to provide a fair, balanced and compassionate approach to a difficult and complex issue. Christians should resist the legalisation of assisted suicide and euthanasia while urging government and wider society to adopt the other options that are available for the alleviation of pain and suffering. Resources must be given generously to support palliative care research and delivery because of the need and vulnerability of those affected. Facilities like the Hospice Movement must be encouraged. Above all, the Christian community should take the lead in showing the prayerful, dignified, respectful care which assures people that they are valued and loved, even in the midst of pain and helplessness.

## RESOLUTIONS

1. That the General Assembly express deep concern and frustration about the prolonged absence of an Executive in Northern Ireland, the resulting stagnation in public policy and the negative effects on the most vulnerable in society, and repeat their call for all involved in the political process to find a resolution that establishes good and stable government based on good working relationships.
2. That the General Assembly note with concern the sense of disillusionment and low morale amongst governors, principals and teachers, caused by the financial situation in schools and the uncertainty for the future of education in Northern Ireland, and therefore call upon politicians if necessary to set aside their differences to enable an Executive to be formed to bring about both democratic accountability and strong leadership that will provide the clarity so urgently needed on an agreed way forward for the education system in the province.
3. That the General Assembly believe that Religious Education has a very important role to play in the spiritual, moral and intellectual development of children and young people, and therefore affirm the place of RE within school curricula and encourage time-tabling and resourcing of RE which reflect its fundamental value to school life.
4. That the General Assembly:
  - (a) strongly oppose any legislation which allows assisted suicide and/or euthanasia; and
  - (b) strongly commend palliative care, calling on the governments in Northern Ireland and the Republic of Ireland to ensure the adequate resourcing of both research and delivery in this important area.
5. That the report of the Council for Public Affairs be received.