

Medical and Religious Ethical Views on Assisted Dying in Scotland (and the UK).

Ending one's own life is not illegal in Scotland, but remains opposed by the major religions in the country. The law on assisting a death remains ambiguous, but in the cases which have reached court in over forty years in Scotland (others were not seen to be in the public interest to pursue) every individual who assisted the death of another has ultimately walked free.¹ The recent Bill proposed by Liam McArthur² in Scotland, and the Bill introduced for England and Wales by Kim Leadbeater³ amplified the debate on assisted dying (AD), but both were unsuccessful, in part due to the lobbying by religious groups. This brief overview touches upon the wider UK and further afield but primarily focuses on Scotland. It is far from comprehensive, and is intended as a general introduction to and comparison of the changed positions held within medical communities and the relatively unchanged positions held within religious communities.

In Switzerland and Germany, there is an extensive practice of assisting those who wish to die without explicit legislation. It can be argued that assistance in accelerating deaths has been provided in a range of scenarios within Scotland for some time⁴, again without specific AD legislation. In other states, assisted dying has been formally legalised or is in the process of legalisation. In Europe - Belgium, Austria, Luxembourg, the Netherlands, Spain, Portugal, France, Iceland, The Isle of Man, Jersey and on February 2026, the Welsh Senedd voted in favour of assisted dying. In the Americas - Canada, Oregon, Washington, New Jersey, New Mexico, Hawaii, Montana, Maine, Colorado, California, New York, the District of Columbia, Vermont, Illinois, Delaware, Colombia and Ecuador. Kentucky, Maryland, Massachusetts, Tennessee, Indiana, Missouri, New Hampshire, Florida, and Nevada have introduced AD bills, and bills in Missouri, Wisconsin, and Georgia are expected later in 2026. Legislation is in process in Uruguay, with the Chamber of Representatives passing an AD bill. A euthanasia case (Ana Estrada) in Peru has now set a precedent. In Australasia - New Zealand, all six Australian states, plus the Australian Capital Territory have all passed AD legislation. In Slovenia however, a successful referendum to introduce assisted dying legislation was reversed by a subsequent referendum in no small part due to significant opposition by the Catholic Church and other religious voices.

¹ Robertson, J Legal Rulings, Legislation and Social Change in Scotland Relating to Assisted Dying. 2026: 27-28.
https://www.academia.edu/166070815/LEGAL_RULINGS_LEGISLATION_AND_SOCIAL_CHANGE_IN_SCOTLAND_RELATING_TO_ASSISTED_DYING

² Assisted Dying For Terminally Ill Adults (Scotland) Bill (2024).

³ Terminally Ill Adults (End of Life) Bill. (2025).

⁴ Robertson, J Legal Rulings, 2026: 32-38 as above.

Medical Ethics

Strinic observes that

[a]dvances in medical technology means that people are living longer. The population is aging, and modern medicine has extended people's life span with the result that it is more likely now than in the past that the people will die of chronic degenerative diseases. Euthanasia has been a subject of controversy for more than three thousand years.⁵

The original Hippocratic Oath states, "I will follow that system of regimen which, according to my ability and judgment, I consider for the benefit of my patients, and abstain from whatever is deleterious and mischievous."

The original oath also states "I will neither give a deadly drug to anybody if asked for it, nor will I make a suggestion to this effect". This is generally understood, but not without disagreement in some quarters, to be a reassurance that the doctor will be neither one of the many untrained 'quacks' and medical charlatans operating in that period, nor an assassin working for an enemy. The poison proviso has long since been removed from almost all modern oaths, along with other anachronistic maxims such as the restriction that only men should practice medicine, and the pledge to allow barbers to wield the scalpel and operate on the sick. Strict adherence to "no deadly drug" would bar any risky treatment involving anything with a possible lethal toxicity, and indeed any treatment that could be applied under the doctrine of 'double-effect'.

Euthanasia, a Greek word meaning "a good death" was practiced in ancient Greece before, during and after the introduction of the Hippocratic Oath. In Hippocrates' time and subsequently, self-administered deaths were permitted, and "some physicians were instrumental in helping terminally-ill or fatally injured individuals to die".⁶ Macleod et al note that "there is little doubt that throughout human history those charged with providing healthcare services have assisted very-ill individuals to die more rapidly than nature would have allowed".⁷ As Rothschild observed in 2008:

Medicine is a science that today would be incomprehensible to Hippocrates when he penned his oath so many years ago. Traditional medical ethics, as well as medical law, are lagging behind the progression of both medical science and patient autonomy, when they should be ahead or at least abreast of medical

⁵ Strinic, Visna. *Arguments in Support and Against Euthanasia*, British Journal of Medicine & Medical Research 2015; 9(7): 1-12. <http://geographical.openscholararchive.com/id/eprint/998/1/Strinic972015BJMMR19151.pdf>

⁶ Macleod et al. *Assisted or Hastened Death: The Healthcare Practitioner's Dilemma*. Global Journal of Health Science; 2012: Vol. 4, No. 6. https://www.researchgate.net/publication/230817383_Assisted_or_Hastened_Death_The_Healthcare_Practitioner's_Dilemma

⁷ Macleod et al. *Assisted or Hastened Death, 2012, as above.*

practice so that the medical profession has standards it can follow rather than improvise.⁸

The original Hippocratic Oath has seen multiple revisions over the centuries, with each new contemporary version reflecting changes in medical and ethical practice. As of 1993, only 14% of medical oaths prohibited euthanasia.⁹ The 1964 adaptation by Louis Lasagna, Academic Dean of the School of Medicine at Tufts University, and used in many medical schools today states: “I will apply, for the benefit of the sick, all measures [that] are required, avoiding those twin traps of over-treatment and therapeutic nihilism.”¹⁰

Since those ancient times science has advanced to the point that medical intervention can keep a person alive long beyond the natural death that would have occurred. The question persists: just because we can, should we keep those we love alive at all costs? Where does the notion of help stop and detriment start? As far back as 2001, BMA/RC/RCN guidance expressed a commitment to ‘quality of life’:

Prolonging a patient’s life usually provides a health benefit to that patient. Nevertheless, it is not an appropriate goal of medicine to prolong life at all costs with no regard to its quality or the burdens of treatment on the patient.¹¹

Dr Taj Hargey, Imam to the Oxford Islamic Congregation and Director of the Oxford Institute for British Islam, reflected that Qur’anic teachings on suffering and ending one’s own life must be assessed in light of modern medical advances, which can often prolong the dying process. He asks:

“when the quality of a person’s life has deteriorated to such an extent and reached a point of no return in terms of endless pain and gratuitous anguish, should an empowered individual not have the right to depart this life?”¹²

Speaking to the Jewish Chronicle, former senior rabbi of West London Synagogue Baroness Neuberger said her rabbinical experience brought about a change of mind on the issue:

⁸ Rothschild, Alan. Physician-Assisted Death An Australian Perspective. From Giving Death a Helping Hand: Physician-Assisted Suicide and Public Policy. An International Perspective. Edited by DIETER BIRNBACHER and EDGAR DAHL 2008 Springer Science+Business Media B.V.

⁹ Hajar, Rachel. *The Physician's Oath: Historical Perspectives*. Heart Views 2017: 18(4):p 154-159, Oct–Dec. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5755201/>

¹⁰ Lasagna, Louis. *The Hippocratic Oath: Modern Version*, 1964. https://www.pbs.org/wgbh/nova/doctors/oath_modern.html

¹¹ BMA/RC/RCN (2001) Decisions Relating to Cardiopulmonary Resuscitation: a joint statement from the British Medical Association, the Resuscitation Council (UK) and the Royal College of Nursing. Journal of Medical Ethics, October 2001: 7. <https://jme.bmj.com/content/27/5/310>

¹² Dignity in Dying. Disability rights campaigner, palliative care doctor, rabbi and imam speak out in support of assisted dying law. July 2021. <https://www.dignityindying.org.uk/news/disability-rights-campaigner-palliative-care-doctor-rabbi-and-imam-speak-out-in-support-of-assisted-dying-law-as-lords-and-holyrood-prepare-to-debate-prospective-legislation/>

“I had always been opposed to any form of assisted dying but I have changed my view in that in that I think given the way healthcare has gone, and given that we are ageing longer, I think there are times when individuals find their suffering unbearable.”

As Clarke & Egan note:

The traditional role of the physician has been to preserve human life. However, we have now reached a stage where physicians are often accused of preserving human life long after life itself has become a burden to the person living it.¹³

Currently the World Medical Association’s revised International Code of Medical Ethics operates by the four fundamental ethical principles of *beneficence*, *non-maleficence*, *respect for autonomy*, and *justice/fairness*, as defined by Beauchamp and Childress, augmented by the two additional core ethical principles of *respect for human life* and *respect for human dignity*.¹⁴

It should be noted that previous opposition to AD by most Scottish and UK medical and palliative care organisations has been dropped. While the Association for Palliative Medicine (of Great Britain and Ireland) and the British Geriatrics Society continue to oppose AD, the Association of Palliative Care Social Workers take no position on AD,¹⁵ Hospice UK has “no collective view”¹⁶, Marie Curie maintains a neutral position, and the Scottish Partnership for Palliative Care (SPPC) did not “adopt a position in principle either in support or in opposition to a change in the law”.¹⁷

Between 2009 and 2024, the General Medical Council, the British Medical Association, various Royal Colleges, palliative care organisations and other medical representative organisations moved to a neutral position on AD.

The General Medical Council

Key elements within the GMC guidance are “Respect every patient’s dignity and treat them as an individual” and “Listen to patients and work in partnership with

¹³ Egan A, Clarke, DL. “Euthanasia - Is There a Case?” South African Journal of Bioethics and Law, Health and Medical Publishing Group, 2009.

https://www.academia.edu/117086765/Euthanasia_is_there_a_case?email_work_card=view-paper

¹⁴ Parsa-Parsi et al. *The revised International Code of Medical Ethics unites doctors under one global medical ethos*. BMJ 2024;384 doi: <https://doi.org/10.1136/bmj.q449>

¹⁵ Association of Palliative Care Social Workers. Statement on Assisted Dying, November 2024. <https://apcsw.org.uk/wp-content/uploads/sp-client-document-manager/7/apcsw-full-statement-on-assisted-dying-november-20241.pdf>

¹⁶ Hospice UK. Our position on assisted dying. <https://www.hospiceuk.org/assisted-dying> 22/04/25

¹⁷ Scottish Partnership for Palliative Care (SPPC). Response to Proposals for an Assisted Dying for Terminally Ill Adults (Scotland) Bill, December 2021. <https://www.palliativecarescotland.org.uk/content/publications/SPPC-Response-to-Proposals-for-an-Assisted-Dying-Bill.pdf>

them, supporting them to make informed decisions about their care.”¹⁸ While the type of advice and support for a patient’s wishes remains limited by law, doctors are advised by the GMC to:

treat patients as individuals and respect their dignity and privacy; respect competent patients’ right to make decisions about their care, including their right to refuse treatment, even if this will lead to their death.¹⁹

The General Medical Council adopted a neutral stance on physician-assisted dying in 2021.

The Royal College of Nursing

In 2009 the RCN adopted a neutral stance and an approach to be committed to supporting its members provide high quality end of life care to ensure a comfortable and dignified death, with the intention of alleviating distress.²⁰

The British Medical Association

In 2019 the BMA published updated guidelines²¹ on responding to patient requests for assisted dying, despite it remaining illegal. The guidance noted that there was a degree of ambiguity if a doctor’s involvement in encouraging or assisting suicide concerned a close relative or partner²², and recognised the likelihood of continuous sedation contributing to death in patients who are starving themselves, as it may “when combined with a refusal of food and fluids, be construed as indistinguishable from assisted suicide.”²³

This latter process is common practice. The document notes, but seeks to exclude from a definition of assisted suicide, ‘withdrawing or withholding life-sustaining treatment’, and ‘pain and symptom relief’, noting that “doctors can provide strong pain relief, even if that might risk hastening death”.²⁴ The guidance also notes that “a patient with capacity can make an informed and contemporaneous refusal of medical

¹⁸ General Medical Council *The duties of medical professionals registered with the GMC* (as at Nov 7 2024). <https://www.gmc-uk.org/professional-standards/professional-standards-for-doctors/good-medical-practice/the-duties-of-medical-professionals-registered-with-the-gmc>

¹⁹ General Medical Council. *When a patient seeks advice or information about assistance to die* (as at Nov 7 2024). <https://www.gmc-uk.org/professional-standards/professional-standards-for-doctors/when-a-patient-seeks-advice-or-information-about-assistance-to-die/when-a-patient-seeks-advice-or-information-about-assistance-to-die>

²⁰ Royal College of Nursing. *RCN position on assisted dying*. 2009. <https://www.rcn.org.uk/About-us/Our-Influencing-work/Position-statements/rcn-position-on-assisted-dying>

²¹ British Medical Association. *Responding to patient requests for assisted dying: guidance for doctors*. 2019. <https://www.bma.org.uk/media/1424/bma-guidance-on-responding-to-patient-requests-for-assisted-dying-for-doctors.pdf>

²² British Medical Association. *Responding to 2019, as above*.

²³ British Medical Association. *Responding to 2019, as above*.

²⁴ British Medical Association. *Responding to 2019, as above*.

treatment and/or food and fluids, which must be respected.” This can include the aforementioned continuous sedation/induced coma. The document then goes on to offer guidance on the degree of involvement (in England and Wales) where “a prosecution is less likely to be required”.²⁵

Dr Andrew Green, the chair of the BMA’s medical ethics committee, which leads on assisted dying, said that barring doctors from raising the option with patients would put unprecedented legal restriction on doctors – though he said no doctor should be obliged to mention the procedure.

“After careful debate, we did conclude that there should be no requirement on doctors to raise the subject, but equally, they should be able to do so sensitively when they thought it was in the best interest of their patients.”²⁶

A 2020 British Medical Association survey²⁷ found that 50% supported doctors being able to prescribe life-ending drugs.

In 2021 the BMA adopted a neutral stance and published guidelines²⁸ on how they proposed Assisted Dying should operate.

The Royal College of Physicians

In 2019 the Royal College of Physicians polled its 36,000 members on AD, and while 43.4% remained opposed, the majority of 56.6% were now neutral (25%) or supported AD (31.6%). The former Chair of the Committee on Ethical Issues in Medicine at the Royal College of Physicians has stated: “[a]s a doctor I used to think palliative care was the answer. Now I realise that keeping people alive can be unspeakably cruel”.²⁹

The Royal College of Radiologists’ (RCR) Faculty of Clinical Oncology

In 2019 the Royal College of Radiologists’ (RCR) Faculty of Clinical Oncology polled its members and a minority (42.9%) opposed, while the majority of 57.1% were now neutral (30.3%) or supported AD (26.9%).

The Royal College of General Practitioners

²⁵ British Medical Association. *Responding to 2019, as above.*

²⁶ Elgot, J. BMA wants physicians to be allowed to raise procedure with patients, but some MPs disagree. *Guardian*, 15 January, 2025. <https://www.theguardian.com/society/2025/jan/15/doctors-to-speak-out-against-changes-to-proposed-assisted-dying-law-in-england-and-wales>

²⁷ British Medical Association. BMA Survey on physician-assisted dying: Research Report, 2020: 3 <https://www.bma.org.uk/media/3367/bma-physician-assisted-dying-survey-report-oct-2020.pdf>

²⁸ British Medical Association. The BMA’s views on legislation on physician-assisted dying (2021). <https://www.bma.org.uk/advice-and-support/ethics/end-of-life/physician-assisted-dying>

²⁹ Duckworth, Prof Stephen (2022) Written evidence submitted by Professor Stephen Duckworth OBE, DSc, PhD, FKC, MSc LRCP MRCS (ADY0002) <https://committees.parliament.uk/writtenevidence/114065/pdf/>

The Royal College of General Practitioners (RCGP) has also now moved from opposition to adopting a neutral position on assisted dying.³⁰ Also in 2019 the Royal College of General Practitioners (RCGP) polled members, and the results were 2% abstain, 47% opposed, but by a narrow margin a majority had 11% neutral and 40% support outright.³¹

The Royal College of Surgeons

In February 2023, the Royal College of Surgeons surveyed its 17,631 members, and found 52% supported AD, 20% were neutral and only 25% opposed.

The Royal College of Anaesthetists

In 2024 the Royal College of Anaesthetists moved to a neutral position on assisted dying.

Healthcare Workers Surveyed.

50% of doctors personally support changing the law on assisted dying.³² 58% of doctors also believe, if the law were to change, people experiencing unbearable suffering with no prospect of improvement should be eligible for an assisted death. Only a minority of doctors (24%) think assisted dying should be restricted to people with six months left to live.³³ 46% of Scottish healthcare professionals have experience of caring for someone who has suffered at the end of their life despite receiving high quality palliative care.³⁴ According to ‘The Inescapable Truth About Dying in Scotland’, “62% of Scottish healthcare professionals believe there are circumstances in which doctors or nurses have intentionally hastened death as a compassionate response to patients' requests to end their suffering at the end of life.”³⁵ Only 29% of Scottish healthcare professionals think refusing treatment to bring about death is more ethical than giving people the option of an assisted death.³⁶ Only 14% of Scottish healthcare professionals think that without an assisted dying law there are sufficient options available to give dying people meaningful control

³⁰ Grierson, J. UK GPs body drops opposition to assisted dying and moves to neutrality. Guardian, Fri 14 Mar 2025. <https://www.theguardian.com/society/2025/mar/14/professional-body-for-uk-gps-softens-position-on-assisted-dying-to-neutral>

³¹ British Medical Association. Public and professional opinion on physician-assisted dying. 2023: 5. <https://www.bma.org.uk/media/ejcdado1/public-and-professional-opinion-on-pad-updated-jan-2025.pdf>

³² My Death My Decision. Medical Opinion. <https://www.mydeath-mydecision.org.uk/professional-and-public-opinion/>

³³ My Death My Decision. Medical Opinion. As above.

³⁴ Riley, L & Hehir D. The Inescapable Truth About Dying in Scotland, as above. 2019: 8 https://www.dignityindyingScotland.org.uk/wp-content/uploads/sites/2/2025/02/DiD_Inescapable_Truth_Scotland_WEB.pdf

³⁵ Riley, L & Hehir D. The Inescapable Truth 2019: 8 as above.

³⁶ Riley, L & Hehir D. The Inescapable Truth 2019: 8 as above.

over their deaths.³⁷ A further 7.4% reported they had made decisions with, to some degree, the intention to hasten a person's death.³⁸

Over the centuries since the original version of the Hippocratic Oath, there is no doubt that there has been great variance and indeed evolution in interpretation of what is ethical in relation to AD. Science, medicine and philosophy have advanced from the bronze age to the twenty-first century. Medicine as a science has progressed through innovation rigour and proof in testing concepts and theories. Religion by contrast may be accused by some of calcifying in dogma in contrast, but it is also fair to say that debate and challenge has been far from unknown, and not least recently in relation to AD.

Religion

A common refrain from supporters of AD is that we don't force animals to die as badly as those we purport to love and care for. Kanellopoulou notes:

In the Judaeo-Christian tradition human life is of special significance because God has set humans apart from other created beings in virtue of establishing the possibility of a personal relationship with them. The contention that human beings are their souls became a widely held Christian belief as a result of the influence of the Hellenistic thought. The Catholic Church holds that "ensoulment" is the basis for personhood but the justification it offers is not a philosophical but a moral one.³⁹

Rev Craig Kilgour notes:

"You occasionally hear opponents to the Bill use the slippery slope argument, but this argument has been used for every social advance we have made in society: giving emancipation to people of colour, votes for women – we celebrate 125 years in New Zealand – decriminalizing homosexuality, same sex marriage. We are making society more permissive but more humane....if God is love – and love is shown, yes God is present."⁴⁰

The concept of purification through suffering, pain as karma or God's will, and suffering as a test of faith is found within a number of the most influential religions, including Christianity, Islam, Hinduism and Buddhism. Those who oppose assisted dying argue that they feel it is "playing god" or against God's will. Under that logic,

³⁷ Riley, L & Hehir D. *The Inescapable Truth* 2019: 8 as above.

³⁸ Seale, C, *Hastening death in end-of-life care: A survey of doctors*. *Social Science & Medicine*, 69(11), 1659 - 1666, 2009 .

³⁹ Kanellopoulou, Georgia. *Euthanasia in the UK and the Need for a Legislative Change*. https://www.academia.edu/25211206/Euthanasia_in_the_UK_and_the_need_for_a_legislative_change

⁴⁰ Wood, Ian (2020) *Rev Craig Kilgour, New Zealand. Sermon – My nephew had an assisted death in Canada: it was compassionate, it was humane, it was right and good*. Christians Supporting Choice for Voluntary Assisted Dying. <https://christiansforvad.org.au/rev-craig-kilgour-new-zealand-sermon-my-nephew-had-an-assisted-death-in-canada-it-was-compassionate-it-was-humane-it-was-right-and-good/#more-560>

every medical intervention to help somebody, from anaesthesia to blood-transfusions to heart-transplants and beyond, could be seen to be working against God's will. Jackson⁴¹ observes that "God's monopoly on determining the moment of death has already been substantially usurped by modern medicine."

Rabbi Jonathan Romain, the chair of Inter-Faith Leaders for Dignity in Dying and George Carey, former Archbishop of Canterbury state:

"Some mainstream faith leaders might claim that this is contradicted by the verse from Job: "God gives and God takes" (1:21), and we cannot usurp that prerogative. Yet the God barrier has long been pushed aside both at the beginning and end of life, with humans acting in lieu of God, whether by doctors' efforts to create life using test tubes or to postpone death through heart transplants. If the religious ideal is to imitate God's ways, then it is our duty to use our God given abilities as much as possible. We could argue, therefore, that assisted dying is part of the constant act of playing God in the sense that God wants us to help people in distress: to heal where possible, to comfort when needed, and to help let go of life when desired—this is what being religious means."⁴²

As Kenan Malik notes:

"As social attitudes to slavery and witch-burnings transformed, so Christians came to interpret the Bible differently – which is another way of saying that they chose different values as making more sense within their religious perspective.... Today, some Christians, reading passages in Leviticus and in Paul, think that the Bible justifies the execution of gay people. Others, reading the same Bible differently, celebrate the ordination of gay priests. Similarly with controversies from abortion rights to the treatment of asylum seekers. Each side reads the Bible as they wish to fit into their own moral framework. God is not the designer of that framework but comes to be its justification. And what is true of Christians is true also of Muslims, Jews, Hindus and believers in every other faith.... Insisting that God mandates particular political and moral views, and so makes them unchallengeable, is equally to close off political debate and to ignore the variety of perspectives within any faith."⁴³

As the Church of Scotland Joint Report of the Theological Forum and the Faith Action Programme Leadership Team on Assisted Dying notes:

some theologians reject the notion that God wills anyone to suffer. 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

⁴¹ Jackson, Emily and Keown, John. *Debating Euthanasia* Hart, Oxford, 2012 (reprinted 2013 & 2014): 38

⁴² Carey, G & Romain, J *There is nothing holy about agony: religious people and leaders support assisted dying too*. BMJ 2021; 374 doi: <https://doi.org/10.1136/bmj.n2094>. 09 September 2021. BMJ 2021;374:n2094

⁴³ Malik, M. Who should have the last word on assisted dying in a secular Britain? *Guardian*, 1 Dec 2024. <https://www.theguardian.com/commentisfree/2024/dec/01/who-should-have-the-last-word-on-assisted-dying-in-a-secular-britain>

has been inflicted by God. 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.⁴⁴

In Scotland no religious group can enforce their views upon a general population which includes non-believers. Religious individuals can continue to live according to religious doctrine even if the law of the nation is contrary. For example a Christian can choose not to work on the sabbath, even if others do. Similarly, that individual can choose not to avail themselves of a right to choose an assisted death, even if others do. They can however also choose to do so. Loewy notes:

An argument about an ethical question can be settled by “authority” only within an enclave of persons who accept the same “authority” without further question—a religious community that determines “right” and “wrong” as derived from a book or from the head of such an organization may be an example. To believers, such a “proof” will be convincing; to the non-believer it will be irrelevant.⁴⁵

Kettell notes that “[s]trong links exist between higher levels of religiosity and more conservative attitudes towards assisted dying, indicating that religious opposition is driven by theological concerns.”⁴⁶ Kettell’s research indicates however that there has been a clear strategic shift by larger religious organisations to couch their opposition around non-religious arguments, a ‘strategic secularism’ in order to promote an underlying religious agenda. Bache⁴⁷ notes that “religious actors have increasingly employed secular rather than theological modes of argumentation” as arguments based on their religious core beliefs have fared less well in the public forum. Most religious bodies give strong prominence to non-religious debate-points when making their arguments against assisted deaths⁴⁸. Arguments presented in lieu of religious arguments revolve around any change or clarification in the law being only the

⁴⁴ Church of Scotland Assembly Business Committee. Report of the Assembly Business Committee. 2025. https://www.churchofscotland.org.uk/data/assets/pdf_file/0004/133645/Volume-of-Reports-2025.pdf

⁴⁵ Cosyns, M. “Euthanasia, Physician Assisted Suicide and Other Methods of Helping Along Death.” *Health Care Analysis*, Springer Nature, 2004. https://www.academia.edu/113873484/Euthanasia_Physician_Assisted_Suicide_and_Other_Methods_of_Helping_Along_Death?email_work_card=view-paper

⁴⁶ Kettell, S. How, When and Why Do Religious Actors Use Public Reason? The Case of Assisted Dying in Britain. *Politics and Religion*, Volume 12, Issue 2, June 2019: 385 - 408 DOI: <https://doi.org/10.1017/S175504831800086X> <https://wrap.warwick.ac.uk/id/eprint/112166/1/WRAP-how-when-why-religious-assisted-dying-Kettell-2018.pdf>

⁴⁷ Bache, I. How (and when) does party matter? Explaining MPs’ positions on assisted dying/assisted suicide. *Parliamentary Affairs* (2025) XX, 1–21 Advance Access Publication 1 March 2025: 8. https://www.academia.edu/128612404/How_and_when_does_party_matter_Explaining_MPs_positions_on_assisted_dying_assisted_suicide

⁴⁸ Kettell, S. How, When, and Why Do Religious Actors Use Public Reason? The Case of Assisted Dying in Britain. *Politics and Religion*, Volume 12, Issue 2, June 2019: 385 - 408 DOI: <https://doi.org/10.1017/S175504831800086X>

beginning of a slippery slope (no matter how stringent the democratic process), that lives of the vulnerable may be put at risk by this ‘devaluation’ of life, or who may be coerced into accepting euthanasia (even to the extent of comparisons to the murder of disabled in Nazi Germany^{49 50 51}), or that palliative care is sufficient and should receive any available funding. These may be genuinely held concerns, and they certainly appear to play better publicly than the proposition that they want you and your loved ones to suffer to suit their interpretation of their god’s will.

Influential religious organisations continue to oppose assisted dying. In 2005, the Chief Rabbi’s Office quoted a Jewish law expert Rabbi JD Bleich in evidence to a Westminster parliamentary select committee:

Any positive act designed to hasten the death of the patient is equated with murder in Jewish law, even if the death is hastened only by a matter of moments... No matter how laudable the intentions of the person performing an act of mercy-killing may be, his deed constitutes an act of homicide.⁵²

Although the phrase ‘qatalur-rahmah’ or mercy-killing exists within Islamic culture and texts, the concept remains opposed by Islamic organisations. The British Board of Imams & Scholars (BBSI) cites⁵³ a variety of quotations from the Qur’an indicating for the sanctity of life and against the taking of one’s own life. Their position is that suicide and euthanasia are forbidden by Allah:

Islam is unequivocal in its prohibition on suicide, and assisted dying. The BBSI holds strongly to this position. We underscore Islam’s deep care and consideration for those who suffer from illnesses. This compassion does not grant us the right to end the great gift of life.

In England Justin Welby, the Archbishop of Canterbury, before he resigned, declared opposition to assisted dying along with 23 other faith leaders.⁵⁴

⁴⁹ Kaplan, HM. The Nazi Analogy Muddles Our Thinking About Physician Aid-in-Dying in the US. *AMA Journal of Ethics*, 2021;23(1):E78-81. <https://journalofethics.ama-assn.org/article/nazi-analogy-muddles-our-thinking-about-physician-aid-dying-us/2021-01>

⁵⁰ Chambers, S. Nazi analogy has run its course in assisted dying debate. *Policy Options*. 2017. <https://policyoptions.irpp.org/2017/07/nazi-analogy-run-course-assisted-dying-debate/>

⁵¹ Maclaren, H, Dr. MSPs looking at assisted dying should remember the Nazi 'mercy deaths'. *Glasgow Herald (Letters)*, 1st October 2024. <https://www.heraldscotland.com/opinion/24620214.msps-looking-assisted-dying-remember-nazi-mercy-deaths/>

⁵² Pope, F. What does Judaism say about the assisted dying bill? Surprisingly, rabbis argue. *Jewish Chronicle* November 7, 2024. <https://www.thejc.com/news/uk/what-does-judaism-say-about-the-assisted-dying-bill-surprisingly-rabbis-argue-t87z7z8u>

⁵³ British Board of Scholars and Imams. The BBSI’s View on the Assisted Dying Bill: The Islamic Perspective. [https://bbsi.org.uk/portfolio/assisted-dying-bill/#:~:text=Islam is unequivocal in its,the great gift of life.](https://bbsi.org.uk/portfolio/assisted-dying-bill/#:~:text=Islam%20is%20unequivocal%20in%20its,the%20great%20gift%20of%20life.)

⁵⁴ *Guardian (Letters)*. Assisted dying: leaders of faith communities speak out against new bill. 5 Sep 2015. <https://www.theguardian.com/theobserver/2015/sep/05/assisted-dying-bill-leaders-faith-communities-letter-against>

In strong contrast a majority of lay members support the introduction of Assisted Dying. A 2019 Populus poll found that 80% of religious people – and 84% of the general public – supported a change in the law to allow assisted dying.⁵⁵ The ongoing debate has been international, as well as national. Archbishop Desmond Tutu argued:

Dying people should have the right to choose how and when they leave Mother Earth. I believe that, alongside the wonderful palliative care that exists, their choices should include a dignified assisted death...In refusing dying people the right to die with dignity, we fail to demonstrate the compassion that lies at the heart of Christian values.⁵⁶

In other parts of the world, AD has been legalised in spite of religious objections. Governor Jerry Brown, a committed Catholic who had formerly trained as a Jesuit, wrote about signing Assisted Dying into law in a letter addressed to the California State Assembly:

“In the end, I was left to reflect on what I would want in the face of my own death. I do not know what I would do if I were dying in prolonged and excruciating pain. I am certain, however, that it would be a comfort to be able to consider the options afforded by this bill. And I wouldn’t deny that right to others.”⁵⁷

Closer to home religious opinions (and opinions from religion-supported sources) continue to play a significant role within the overall AD debate.

Religious opposition to assisted dying.

Some religious leaders argue for the sanctity of life insofar as it is not the right of men or women to take a life. Suicide is regarded as a sin by a number of religious organisations.

The British Board of Scholars and Imams argues that all that happens is the will of Allah: “Allah does not burden a soul beyond that it can bear.” Dr Musharraf Hussain expands upon this point: “Suffering as a test and submission to Divine Will: Suffering in Islam has spiritual significance, serving as a test of faith and character.”⁵⁸

As far back as 1994, the General Assembly of the Church of Scotland agreed that “..the General Assembly opposes the introduction of legislation on Euthanasia, abhors

⁵⁵ Sherwood, H. *Religious leaders ‘out of step with flocks’ on assisted dying, says UK rabbi*. Guardian, 3 Jul 2023 14. <https://www.theguardian.com/society/2023/jul/03/religious-leaders-out-of-step-with-flocks-on-assisted-dying-says-uk-rabbi-jonathan-romain>

⁵⁶ Tutu, D. *Archbishop Desmond Tutu: When my time comes, I want the option of an assisted death*. Washington Post. 6 Oct 2016. https://www.washingtonpost.com/opinions/global-opinions/archbishop-desmond-tutu-when-my-time-comes-i-want-the-option-of-an-assisted-death/2016/10/06/97c804f2-8a81-11e6-b24f-a7f89eb68887_story.html

⁵⁷ McGreevy, P. *After struggling, Jerry Brown makes assisted suicide legal in California*. Los Angeles Times. 5 Oct 2015 <https://www.latimes.com/local/political/la-me-pc-gov-brown-end-of-life-bill-20151005-story.html>

⁵⁸ Hussian, M. *The Muslim Perspective on the Assisted Dying Bill*. 14 Nov 2024. <https://www.musharrafhussain.com/the-muslim-perspective-on-the-assisted-dying-bill/>

its practice, and rejects the principles on which it is proposed.”⁵⁹ In a detailed 2009 review of end-of-life options, the Church of Scotland states:

The command from God which says 'you must not kill' is usually interpreted as meaning 'you must not murder'. However, a broader interpretation is that you must not take human life. This rules out euthanasia (and assisted suicide), as carrying these out would be against God's commandments, and would be an attack on the sovereignty of God.⁶⁰

The Church of Scotland however also recognised “[h]owever, for those with different, or indeed no religious beliefs, many would claim the right to exercise autonomy in taking this final decision.”⁶¹

In Scotland, the Church of Scotland, Roman Catholic Church, and the Scottish Association of Mosques have opposed assisted dying and euthanasia.⁶² In May 2023, Bishop John Keenan, the Rt Rev Iain Greenshields, and Imam Shaykh Hamza Khandwalla, Imam of Dundee Central Mosque signed a statement⁶³ urging MSPs to vote down Liam McArthur’s proposal. The Free Church of Scotland, the United Free Church of Scotland and independent evangelical churches also joined in opposition to AD⁶⁴.

The Roman Catholic Church in Scotland remains opposed to assisted dying. In 2024, Scottish Bishops urged Catholics to reject the ‘dangerous’ assisted dying proposal.⁶⁵ Bishop John Keenan stated:

Assisted suicide sends a message that there are situations when suicide is an appropriate response to one’s individual circumstances, worries, anxieties. It normalises suicide and accepts that some people are beyond hope.⁶⁶

A joint statement in 2023 from Rev Dr Iain MacLeod Greenshields, Moderator of the General Assembly of the Church of Scotland, and Rev Bishop John Keenan, Bishop of Paisley, reiterated that the churches:

⁵⁹ Church and Society Council. End of Life Issues. Church of Scotland. May 2009: 7. https://www.churchofscotland.org.uk/_data/assets/pdf_file/0007/3877/end_of_life_ga09.pdf

⁶⁰ Church and Society Council. End of Life Issues, 2009: 19, as above.

⁶¹ Church and Society Council. End of Life Issues, 2009: 8, as above.

⁶² Horan, A. Scottish Faith Leaders speak out against Assisted Suicide. Catholic Parliamentary Office. <https://rcpolitics.org/scottish-faith-leaders-speak-out-against-assisted-suicide/>

⁶³ Kearney, P, Silvis, H, & Heaney, B. Religion: Scottish Faith Leaders Speak Out Against Assisted Suicide. The Democrat. 18 May, 2023. <https://democratonline.net/2023/05/18/religion-scottish-faith-leaders-speak-out-against-assisted-suicide/>

⁶⁴ United Free Church of Scotland. Letter to MSPs on Assisted Dying. <https://www.ufcos.org.uk/letter-to-mmps-on-assisted-dying/>

⁶⁵ Horan, A. Bishops urge Catholics to reject ‘dangerous’ assisted suicide proposal. Catholic Parliamentary Office. <https://rcpolitics.org/bishops-urge-catholics-to-reject-dangerous-assisted-suicide-proposal/>

⁶⁶ Roman Catholic Church in Scotland. Catholic Church responds to “damaging” Assisted Suicide Bill. Diocese of Paisley. 28 March 2024. <https://www.bcos.org.uk/Home/ArticleID/584>

do not believe that this is the correct approach to the alleviation of suffering.... The ways in which similar laws in other countries are being applied, and the effect that its introduction would have some of the most vulnerable in our society, including older people and people with disabilities, would be extremely detrimental. Society is called to care for those who are suffering, not to end their lives.... The Church of Scotland and the Roman Catholic Church in Scotland remain firm in their opposition to assisted suicide and euthanasia.⁶⁷

After a 2024 consultation, the Church of Scotland reiterated concerns on issues such as capacity, vulnerability, coercion, and the possibility of the law broadening the scope of eligibility in the future. The response noted:

The Church is "partially opposed" to the legislation becoming law due to its historic opposition to assisted dying while recognising that this position is currently under review following debates and decisions made by the General Assembly in 2023 and 2024.⁶⁸

In 2025, A Joint Report of the Theological Forum and the Faith Action Programme Leadership Team on Assisted Dying was presented to the General Assembly of the Church of Scotland for consideration as the McArthur Bill was being debated, citing biblical text and theological philosophers, with a view to a possible move to neutrality. The Report also offered a common argument that:

[t]hose 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.⁶⁹

However, the position of the report “recognising the integrity of the range of views that exist in the Church”⁷⁰ on AD was rejected by the General Assembly by 149–145, and the Church’s opposition to AD persists.

Concerns have consistently been expressed by proponents of AD that opponents, including some religious opponents have been guilty of misrepresentation, dissembling and scaremongering. In some religious campaigning it may be assumed

⁶⁷ Scottish Legal News. Churches oppose Scottish bill on assisted dying. Scottish Legal News. 18 MAY 2023. <https://www.scottishlegal.com/articles/churches-oppose-scottish-bill-on-assisted-dying>

⁶⁸ Church of Scotland. Official Response to the Assisted Dying for Terminally Ill Adults (Scotland) Bill. 16 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

⁶⁹ Church of Scotland. Joint Report of the Theological Forum and the Faith Action Programme Leadership Team on Assisted Dying. 2025. 12.9, 09. https://www.churchofscotland.org.uk/_data/assets/pdf_file/0018/133443/13.-Joint-Report-of-the-Theological-Forum-and-the-Faith-Action-Programme-Leadership-Team-on-Assisted-Dying.pdf

⁷⁰ Church of Scotland. Church recognises diversity of opinion but reaffirms opposition to Assisted Dying. 2025. <https://www.churchofscotland.org.uk/news-and-events/news/articles/church-recognises-diversity-of-opinion-but-reaffirms-opposition-to-assisted-dying>

that misrepresentation is regarded as a much lesser and acceptable sin in order to forestall a much greater sin, of the legal introduction of assisted deaths.

Cooperation with counterparts opposing AD in England and Wales was to be expected. Beyond that however is the perhaps newer phenomenon of involvement, cooperation, strategising and funding from fundamentalist, some would say theocratic, evangelical Christian organisations⁷¹ from the United States such as the Alliance Defending Freedom, an organisation designated a hate group by the Southern Poverty Law Centre in the US. A common strategy is ‘flooding the zone’ where the objective is less to win an argument through presentation of facts, but rather to sow confusion and doubt. Tactics such as ‘astroturfing’ are also employed, i.e. pursuing lobbying objectives via organisations that present themselves as secular when actually religious.⁷² In addition, although opposition may be a minority view, even amongst those who regard themselves as religious, and the public in general, a significant amount of finance is raised and committed to campaigning against AD. Schuklenk argues that:

[e]ssentially, it is a propaganda war between a fairly small band of deeply religious and well-organised opponents of assisted dying and mostly secular proponents of a change in legislation. Opponents today hide behind a gaggle of secular names to hide their religious backgrounds. Their arguments have also switched from their traditional “God doesn’t permit assisted dying” to various public reason-based arguments.⁷³

Support for assisted dying within religious communities.

Some who support assisted dying feel that those denying AD to others are not demonstrating their god’s love and mercy, but that it is in fact cruelty masquerading as piety on purely religious dogmatic grounds. As Thomas Paine wrote, “belief of a cruel god makes a cruel man”. Any religious-based preference to deny the choice of AD to others and to impose suffering on others is by no means uncontroversial within current religious debate. As the Church of Scotland Joint Report of the Theological Forum and the Faith Action Programme Leadership Team on Assisted Dying acknowledges:

“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

⁷¹ Robertson, J Legal Rulings, 2026: 4-6 as above.

⁷² Robertson, J Legal Rulings, 2026: 4-6 as above.

⁷³ Schuklenk, U. Assisted Dying in Canada. Healthcare Papers Vol. 14 No. 1 42
https://www.academia.edu/9188749/Assisted_Dying_in_Canada?email_work_card=view-paper

our life in service to God, it is quite another to make another's suffering part of his or her service to God."⁷⁴

As noted earlier, the report's proposals were rejected by four votes. It remains an indicator however that a significant section within the Church of Scotland hold alternative views to the status quo. Also noted earlier, a significant majority of Scots who regard themselves as religious nonetheless support the introduction of AD.

During the McArthur Bill campaign the Scottish Christian Forum on Assisted Dying (SCFAD) was active in lobbying for the legislation. The SCFAD is "a network of individuals with particular interest in the implications of assisted dying from a perspective of Christian ethics and Christian pastoral support" and approximately half are ordained ministers in one of the major Christian denominations including the Church of Scotland, Scottish Episcopal Church and the Roman Catholic Church in Scotland,⁷⁵ and are "are broadly supportive of the case for enacting a legal framework to permit assisted dying in Scotland, subject to appropriate safeguards, as being in line with Christian ethics."⁷⁶

The Religious Alliance for Dignity in Dying members are worshippers in major faith groups in the UK and numerous denominations: Church of England, Church of Scotland, Church of Wales, Church of Ireland, Catholicism, Baptism, Evangelism, Methodism, Unitarianism, United Reformed Church, Quakerism, Scottish Episcopal, Pentecostal, New Life Church, Jehovah's Witness and Mormon along with Liberal Judaism, Reform Judaism, Modern Orthodox, Masorti and United Synagogue, plus Islamic, Hindu, Zoroastrian and pagan faith groups. They interpret their God's will differently in relation to those intractably suffering. Rabbi Dr Jonathan Romain has argued that "it is possible to be both religious and in favour of assisted dying."⁷⁷

The 2025 Church of Scotland General Assembly received a Joint Report of the Theological Forum and the Faith Action Programme Leadership Team on Assisted Dying. The Report noted that:

"The Church of Scotland had been consistent in its opposition to assisted dying and euthanasia for decades... 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

⁷⁴ Church of Scotland. Joint Report of the Theological Forum and the Faith Action Programme Leadership Team on Assisted Dying. 2025: 06. https://www.churchofscotland.org.uk/__data/assets/pdf_file/0018/133443/13.-Joint-Report-of-the-Theological-Forum-and-the-Faith-Action-Programme-Leadership-Team-on-Assisted-Dying.pdf

⁷⁵ Scottish Christian Forum on Assisted Dying. About Us. <https://www.scfad.org.uk/about/>

⁷⁶ Scottish Christian Forum on Assisted Dying. Policy. <https://www.scfad.org.uk/about/>

⁷⁷ Watt, Nicholas *Former archbishop lends his support to campaign to legalise right to die*. Guardian. 12 Jul, 2014. <https://www.theguardian.com/society/2014/jul/12/archbishop-canterbury-carey-support-assisted-dying-proposal>

opposition to assisted dying, while 225 voted for the countermotion, which then passed 238–71, with five commissioners recording dissent.”⁷⁸

The subsequent report cites a number of examples of self-killing in both Christian and Jewish religious texts that pass without criticism, for example:

“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. . . . Indeed, a number of Christians recognised as martyrs die at their own hand.”⁷⁹

In relation to the sovereignty of God, the Report notes:

“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. Moreover, taken literally, texts such as these could be used to rule out medical intervention. . . . 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.”⁸⁰

In the conclusion to the Joint Report of the Theological Forum and the Faith Action Programme Leadership Team on Assisted Dying acknowledges 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.

⁷⁸ Church of Scotland. Joint Report of the Theological Forum 2025: 2. As above.

⁷⁹ Church of Scotland. Joint Report of the Theological Forum 2025: 4. As above.

⁸⁰ Church of Scotland. Joint Report of the Theological Forum 2025: 5. As above.

- 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.

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.”⁸¹

It can be argued that beneficence, and indeed non-maleficence can be seen to be achieved by ensuring greater harm, i.e. unnecessary suffering, is actively forestalled.

The Oxford Institute for British Islam states⁸²

“from the Qur’anic perspective - in contrast to the popular but fabricated ecclesiastical dogmas - there is no scriptural prohibition for devout Muslims enduring endless agony and inoperable suffering to terminate their lives if they so desire”.

Reverend Canon Rosie Harper has stated:

“God surely does not insist on extreme suffering when there is a different, better way? There is no condemnation in the bible for someone who is too compassionate...by failing to support the change you personally are requiring other people to suffer extreme agony on behalf of your own conscience. That is neither moral or Christian.”⁸³

In a sermon Rev. Scott McKenna notes that:

“We must move beyond the theology which says that God alone will choose the hour of death and what kind of suffering is to be endured and for how long. God gives us moral responsibility, the gift of choice, along with sense, reason and intellect. We are to use our gifts and leave behind a theology which portrays God as distant, brutal and unloving.”⁸⁴

Former Archbishop of Canterbury Lord Carey said “[t]he fact is that I have changed my mind. The old philosophical certainties have collapsed in the face of the reality of needless suffering.”⁸⁵ Lord Carey further stated:

"I would have paraded all the usual concerns about the risks of 'slippery slopes' and 'state-sponsored euthanasia'. But those arguments which persuaded me in the past seem to lack power and authority when confronted with the

⁸¹ Church of Scotland. Joint Report of the Theological Forum 2025: 10. As above.

⁸² Oxford Institute for British Islam. Written evidence submitted by Oxford Institute for British Islam (ADY0449). UK Parliament. 2023. <https://committees.parliament.uk/writtenevidence/117055/pdf/>

⁸³ Harper, R. *Written evidence submitted by Revd Canon Rosie Harper* (ADY0066). UK Parliament. 2022. <https://committees.parliament.uk/writtenevidence/114616/pdf/>

⁸⁴ McKenna, S. Reverend Scott McKenna Mayfield Salisbury Sermon 28 Oct, 2012: 4. https://christiansforvad.org.au/wp-content/uploads/2014/08/Reverend_Scott_McKenna_Mayfield_Salisbury_Sermon_28-Oct-2012.pdf

⁸⁵ Carey, G. *Assisted dying: Ex-Archbishop of Canterbury Lord Carey backs bill*. BBC News. 12 July 2014. <https://www.bbc.co.uk/news/uk-28274531>

experiences of those approaching a painful death. It fails to address the fundamental question as to why we should force terminally ill patients to an unbearable point. It is the magnitude of suffering that has been preying on my mind as the discussion over the right to die has intensified.”⁸⁶

In a submission to MPs, Lord Carey said Assisted Dying was instead an

“act of great generosity, kindness and human love to help those when it is the will of the only person that matters... It is profoundly Christian to do all we can to ensure nobody suffers against their wishes. Some people believe they will find meaning in their own suffering in their final months and weeks of life. I respect that, but it cannot be justified to expect others to share that belief.”⁸⁷

As Rabbi Dr Jonathan Romain states:

“We can believe in the sanctity of life - how precious it is - but that does not mean believing in the sanctity of suffering, or disregarding steps to avoid it. There is nothing holy about agony.”⁸⁸

Conclusion?

⁸⁶ Watt, N. *Former archbishop lends his support to campaign to legalise right to die*. Guardian. 12 Jul 2014. <https://www.theguardian.com/society/2014/jul/12/archbishop-canterbury-carey-support-assisted-dying-proposal>

⁸⁷ Carey, G. *Written evidence submitted by Lord Carey George Carey (ADY0293)*. Jan 2023. <https://committees.parliament.uk/writtenevidence/116625/pdf/>

⁸⁸ Romain, J. *It's time to legalise assisted dying, in the name of compassion*. The Jewish Chronicle. 30 June, 2023. <https://www.thejc.com/opinion/its-time-to-legalise-assisted-dying-in-the-name-of-compassion-ulchmt7t>