



A Theological Ethical Analysis of Euthanasia in Christian Perspective: Human Dignity, Suffering, and the Sanctity of Life

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ABSTRACT

This study examines euthanasia from the perspective of the Christian faith in response to the growing global discourse concerning the right to a dignified death, terminal suffering, and patient autonomy. The central question concerns how the Christian faith understands the dignity of human life, suffering, love, and the sovereignty of God in determining the beginning and the end of life. The research employs a normative descriptive theological approach through analysis of biblical texts, magisterial documents (such as *Evangelium Vitae*), church tradition, and contemporary medical bioethics literature. Theological hermeneutics and ethical reflection are utilized to formulate Christian moral principles regarding the practice of euthanasia. The findings indicate that the Christian faith rejects both active and passive euthanasia on the grounds that life is a gift from God, human beings are created in the image of God, and suffering may hold redemptive value in light of the cross of Christ. However, the study also emphasizes the necessity of an empathetic pastoral approach, the provision of palliative care, and respect for the dignity of patients in terminal conditions. The study concludes that a dialogue between theology and bioethics is necessary so that the church may provide a moral, humane, and relevant response to the issue of euthanasia within the context of contemporary medical practice. This study enriches Christian ethical discourse by offering a theological and pastoral framework for understanding euthanasia comprehensively within the context of modern bioethics.

Keywords: euthanasia; Christian ethics; human dignity; suffering; theology of life

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INTRODUCTION

The intersection of medical advancement and moral philosophy has brought forth one of the most contentious ethical dilemmas of our time: euthanasia. As modern healthcare technology continues to extend human life beyond what was previously imaginable, society faces increasingly complex questions about the quality, dignity, and meaning of life in its final stages (Emanuel et al., 2016). The term euthanasia, derived from the Greek words *eu* (good) and *thanatos* (death), literally translates to "good death" or "peaceful death" (Ekadamayanty et al., 2024). However, the simplicity of this linguistic definition belies the profound complexity of the practice itself, which encompasses medical, legal, ethical, philosophical, and religious dimensions that often conflict with one another.

Contemporary medical practice has transformed the dying process into a series of decisions rather than a natural progression. Patients suffering from terminal illnesses now face choices that previous generations never

encountered: whether to continue aggressive treatment, when to withdraw life support, and in some jurisdictions, whether to actively seek medical assistance in dying (Keown, 2002). This shift has created a profound tension between the medical profession's traditional commitment to preserving life and the emerging emphasis on patient autonomy and quality of life. The debate surrounding euthanasia extends far beyond individual cases, touching upon fundamental questions about human dignity, the role of medicine in society, and the boundaries of personal freedom.

For Christians, this debate takes on additional layers of complexity because it directly challenges core theological convictions about the nature and sanctity of human life. Christian anthropology maintains that human beings are created in the image of God (*imago Dei*), endowing each person with inherent dignity and worth that transcends their physical condition or perceived quality of life (Biggar, 2004). This theological foundation creates a framework in which life is not merely a biological phenomenon but a sacred trust, a gift from the Creator that carries both privilege and responsibility. The Christian tradition has historically affirmed that because God is the author of life, humans do not possess absolute autonomy over their own existence or that of others.

The tension between alleviating suffering and preserving life has long been recognized in Christian medical ethics through principles such as the doctrine of double effect, which distinguishes between the intended consequences of an action and its foreseen but unintended side effects (Sulmasy & Pellegrino, 1999). This principle acknowledges that in caring for the dying, healthcare providers may administer pain relief that hastens death as a secondary effect, provided the primary intention is to relieve suffering rather than to cause death. However, euthanasia challenges this framework by making death itself the primary objective, thus crossing a moral boundary that Christian ethics has traditionally maintained.

Verhey (2011) argues that the Christian approach to death and dying must be fundamentally shaped by the narrative of Jesus Christ, whose own suffering and death provides both a theological and existential model for believers facing mortality. This Christocentric perspective suggests that suffering, while not to be sought or unnecessarily prolonged, can possess redemptive meaning and should not be eliminated at any cost. Yet, this view exists in tension with contemporary emphases on individual autonomy, quality of life, and the prevention of unnecessary suffering values that have gained increasing prominence in secular bioethics and, to varying degrees, within Christian communities themselves.

The global landscape of euthanasia reveals significant divergence in both legal frameworks and social attitudes. Research indicates that while some European nations and jurisdictions in North America have moved toward legalization, religious communities particularly Christian denominations remain predominantly opposed to these developments (Emanuel et al., 2016). This opposition is not monolithic, however, as different Christian traditions bring varying theological emphases and interpretive frameworks to bear on end-of-life questions. Some emphasize divine sovereignty and the prohibition against killing, while others focus on compassion, the relief of suffering, and respect for individual conscience.

The practical reality of terminal illness presents Christians with situations that resist simple theoretical solutions. When a beloved family member experiences unbearable pain, when medical interventions offer only prolonged dying rather than meaningful life extension, when cognitive decline erodes the personality and relationships that once defined a person's existence in these moments, abstract theological principles must be applied to concrete, emotionally charged circumstances. The question becomes not merely "What does Christian faith teach about euthanasia?" but rather "How should Christians faithfully navigate the complex realities of suffering, mortality, and medical decision-making in a fallen world?"

Furthermore, the euthanasia debate raises critical questions about the witness of the Christian community in a pluralistic society. How should Christians engage in public discourse about end-of-life policies when their theological convictions may not be shared by their neighbors? What responsibilities do Christian healthcare providers have when asked to participate in or refer for euthanasia services? How can the church provide meaningful alternatives through palliative care, spiritual support, and community presence for those facing terminal illness?

This research emerges from the recognition that euthanasia represents not merely a theoretical ethical problem but a pastoral and practical challenge for Christian faith communities. As medical technology continues to advance and societal attitudes evolve, Christians require thoughtful, biblically grounded, and pastorally sensitive guidance for navigating these difficult waters.

This study aims to:

1. Provide a comprehensive analysis of euthanasia in its various forms—including voluntary and involuntary euthanasia, active and passive approaches, and physician-assisted suicide—while examining how these distinctions matter from both medical and theological perspectives.
2. Explore the biblical and theological foundations of Christian opposition to euthanasia, including doctrines of creation, providence, human dignity, suffering, and eschatological hope, while acknowledging areas of legitimate disagreement within the Christian tradition.
3. Examine the ethical principles and theological reasoning that inform Christian responses to specific end-of-life scenarios, including the withdrawal of life support, palliative sedation, and advance care planning.
4. Investigate how Christian communities can provide practical and spiritual support for individuals and families facing terminal illness, offering alternatives to euthanasia that honor both the sanctity of life and the imperative to relieve suffering.
5. Develop a framework for Christian engagement in public discourse about euthanasia that maintains theological integrity while respecting pluralism and contributing constructively to societal conversations about death, dying, and human dignity.

By addressing these objectives, this research seeks to equip Christians whether as individuals facing personal decisions, family members supporting loved ones, healthcare providers navigating professional dilemmas, or church leaders offering pastoral guidance with the theological resources and ethical frameworks necessary for faithful witness in the face of one of life's most profound challenges.

RESEARCH METHOD

This study employs a normative descriptive theological approach to examine euthanasia from a Christian faith perspective. This methodological framework integrates systematic theological analysis with contemporary bioethical discourse, enabling a comprehensive exploration of the moral, spiritual, and pastoral dimensions of end-of-life decision-making within Christian tradition. The research adopts a qualitative theological methodology characterized by interpretive and analytical processes. This approach is particularly appropriate for examining normative questions about the sanctity of life, human dignity, and the moral permissibility of euthanasia, as these issues require engagement with authoritative religious texts, doctrinal teachings, and ethical principles rather than empirical observation alone (Sulmasy & Pellegrino, 1999). The normative dimension addresses what Christian faith teaches ought to be believed and practiced regarding euthanasia, while the descriptive dimension systematically presents these theological positions and their underlying rationale.

RESULTS AND DISCUSSION

The parable Based on the study conducted, it was found that euthanasia from a Christian faith perspective has various theological, ethical, and moral implications. The following are the main findings of this research:

Biblical Views and Church Doctrine on Euthanasia

From research on biblical texts and church doctrine, it was found that the fundamental principles of Christian faith affirm that life is a gift from God that must be valued and protected. Several verses that support this view include:

a) Genesis 1:27 – "So God created mankind in his own image." This verse affirms that human life has high value because it was created in God's image.

b) Exodus 20:13 – "You shall not murder." This commandment emphasizes the prohibition against taking someone's life, including through the act of euthanasia.

c) Psalm 139:13-16 – Describes how God has designed human life from the womb, so that humans do not have the right to deliberately end it. Church doctrine, from both Catholic and Protestant denominations, generally rejects euthanasia because it is considered contrary to the principles of love and God's will. The Catholic Church, for example, explicitly rejects euthanasia in the Catechism of the Catholic Church (2276-2279), while many Protestant denominations also affirm that human suffering has deep spiritual meaning and must not be ended in ways contrary to God's will.

Ethical and Moral Implications of Euthanasia in Christian Faith

Ethically, euthanasia raises moral dilemmas in Christian faith. There are two main perspectives in responding to this issue: The deontological approach, which focuses on absolute moral rules in the Bible and church teachings, stating that euthanasia is an unjustifiable act because it contradicts God's law. The teleological approach, which weighs the consequences of euthanasia, especially from the perspective of compassion, suffering, and human dignity. Some more moderate Christians argue that under certain conditions, the withdrawal of medical treatment that no longer provides benefit could be considered an action consistent with Christian love and compassion.

Research findings also indicate that the church has an important role in providing guidance and support to patients, families, and medical personnel in facing difficult decisions related to euthanasia. The church is expected to: Provide pastoral guidance to those experiencing severe suffering so they maintain hope and faith in God. Offer spiritual and emotional support to families facing the dilemma of euthanasia. Encourage the palliative care approach as an alternative to help patients face the end of life with dignity and without unnecessary suffering. Assist in Christian ethics education, so that believers better understand the meaning of life, suffering, and death in light of faith.

Christian Perspective on Suffering and Death

This research also found that in Christian faith, suffering is not without meaning. In many Christian teachings, suffering is understood as part of God's plan that can deepen one's faith. In Romans 8:18, the Apostle Paul states that "the sufferings of this present time are not worth comparing with the glory that is to be revealed to

us." Thus, suffering is not something to be avoided by ending life, but rather must be faced with faith and hope in God.

Based on the findings of this research, it can be concluded that euthanasia from a Christian faith perspective is generally rejected because it contradicts the sacred value of life and God's will. However, in certain specific cases, the withdrawal of medical interventions that no longer provide benefit may be considered as a form of compassion and respect for human dignity. The church has an important role in providing accompaniment and support to individuals facing severe suffering, as well as promoting palliative care as a solution more aligned with Christian faith values. Thus, Christians are expected to understand and address the issue of euthanasia wisely, based on the principles of love, faith, and hope in God.

Definition of Euthanasia

Euthanasia originates from Greek, derived from the word "EU" meaning well or good and "THANATOS" meaning death. Thus, euthanasia means a good death or dying well. The English recognize euthanasia with the term "mercy killing" with the same meaning, namely the act of ending human life to escape from suffering (Maulana & Susanto, 2024). According to (Sofyan & Munandar, 2021), euthanasia is defined as a pleasant and natural death. Euthanasia is also understood as a gentle and comfortable death or, with a more subtle understanding, as an effort to achieve death out of compassion if one lives in suffering. Euthanasia is sometimes interpreted as an act of suicide.

History of Euthanasia

Historically, euthanasia has been known since the Greco-Roman era. According to (Maria, 2011), euthanasia at that time was carried out based on personal motivation for sacrifice and individuals who wanted to give themselves for others. However, Pythagoras and Aristotle opposed euthanasia because it violated the values of immortality and the nobility of human life. Meanwhile, Plato opposed the act of suicide but permitted euthanasia in cases of severe suffering. In the medical community, through the Hippocratic Oath, which remains the professional oath of doctors to this day, efforts were made to provide good health services and fight for the lives of others. In the Middle Ages, Thomas More of England also defended human life by rejecting euthanasia. During the Enlightenment era, David Hume responded to euthanasia with the statement that "...no one can end human life; to do so is worse than the destruction of human life..."

From the Catholic Church, through the encyclical "Mystici Corporis," Pope Pius XII condemned the massacre of Jews through "eugenic euthanasia" carried out by Nazi Germany during World War II as an act of violence against God. From the beginning, the Church has condemned the act of suicide or euthanasia. One of its figures was Father Hermas (140-55). St. Justin Martyr and St. Augustine also firmly rejected euthanasia because it contradicts God's love that gives life; humans belong entirely to God. Thomas Aquinas added that God's love, when rejected by humans, brings sin, namely causing humans to become distant from God and no longer live in love. In this era, through Pope John Paul II's encyclical "Evangelium Vitae," the Church reaffirmed the importance of defending human life that has been destroyed by humans themselves through the act of euthanasia. Therefore, the Church firmly rejects euthanasia (Paulus II, 1995).

According to Brotosudarmo, in (Daniel Chandra William Sihombing, 2024), euthanasia is divided into four forms:

1. Voluntary euthanasia is an act in which the patient voluntarily, of their own free will, performs euthanasia;

2. Involuntary euthanasia is an act deliberately carried out by no longer providing treatment to obtain recovery in order to hasten death without the patient's knowledge;
3. Voluntary mercy killing is an act in which the patient performs euthanasia thinking of it as a form of compassion;
4. Involuntary mercy killing is an act deliberately carried out without the patient's knowledge to hasten death.

Meanwhile, according to (Borrong, 2007), euthanasia has two forms: active euthanasia and passive euthanasia. Active Euthanasia. Active euthanasia is an act of hastening someone's death with the aim of helping the patient escape from suffering. There is an element of intentionality to kill that person, such as injecting certain chemical substances to hasten death. According to (Borrong, 2007), there are generally five motivations among practitioners of active euthanasia:

First: The Moral Right to Die with Dignity. There are some people who believe that everyone has the right to die with dignity and that this is part of what it means to have a kind of human life. Death is part of life, although it is the final part. Just as a person has the right to live, they also have the right to die because death itself is part of life.

Second: An Act of Love Toward the Suffering Person. Compassion commands that one reduce pain in an effective and permanent way by providing a good death to the suffering person.

Third: An Act of Love Toward the Suffering Family. The patient is not the only one who suffers. Their family also suffers. Hastening inevitable death will not only alleviate the patient's pent-up suffering but also lift the incalculable burden from their family. Their social sacrifice and psychological suffering can be as great as the physical suffering of the dying person. Thus, euthanasia is viewed as an act of love also toward the family if they are willing to end the suffering of the person concerned.

Fourth: Relieving the Family from Heavy Financial Strain. In addition to social and psychological burdens, the family may also bear a heavy financial burden. Severe illness can exhaust lifetime savings in a short period. On the other hand, illness can deplete funds for future education or healthcare for all family members. Therefore, euthanasia is not only an act of love toward those who will die but also toward the living who are responsible for them. And the fifth is in terms of compassion.

Passive Euthanasia

Passive euthanasia is the act or behavior of allowing the patient or sufferer to die without providing medical care to obtain recovery, such as no longer providing medication, food, or life-support equipment. According to J.E. Sahetapy (in Prakoso, 1984), passive euthanasia is differentiated into two types based on the medical actions taken:

1. Euthanasia is conducted for prevention purposes, and must be with the conscious agreement of the patient, family, and medical staff with the aim that the person performing euthanasia will feel happy because they die peacefully beside their family members. Thus, this first type of passive euthanasia appears to be a collaboration between the patient, family, and medical staff.
2. This passive euthanasia is performed by the medical staff, in this case the doctor, based on the reasoning that all medical actions taken to prolong someone's life are no longer beneficial, so it is necessary to perform passive euthanasia by providing slow treatment or stopping the medical process so that the patient meets their own end.

Understanding Christian Faith

Faith is divided into two words used throughout the New Testament: Pistis and the verb form pisteuon, both having the same connotation. (1) Pistis has two meanings in Classical Greek. The meanings are (a) A certainty based on trust in a person and their testimony, which differs from knowledge that relies on personal investigation; (b) The confidence itself upon which one's trust rests. (2) In the Septuagint, the transition from the use of the word pistis in Classical Greek to the language used in the New Testament where the word "believe" or "believing" is very important... the verb pisteuein is often used to translate the Hebrew word "hemin" and thus expresses the meaning of faith, both in God's Word and genuine trust in Him (Berkhof, 2004).

There are several examples where the word has a passive meaning, namely "obedience" or "faithfulness"... (Romans 3:3, Galatians 5:22). The following meanings should be noted: (a) An intellectual belief that is based on testimony from another party, thus based on the truthfulness of that person rather than on one's own investigation (Philippians 1:27, II Corinthians 4:13...). This belief must be distinguished from the state where the intellectual belief mentioned in point (a) above. The sequential hierarchical structure of faith is as follows: (a) A complete trust in God and Christ, (b) Acceptance of their testimony based on that trust, (c) Reliance on Christ and faith in Him for the salvation of their souls. This last faith is what is called saving faith.

The faith taught by the Lord Jesus differs from the faith possessed by other religions. Christian faith is saving faith, because whoever believes in the Lord Jesus will receive eternal life (John 3:16). However, the faith of other religions involves performing charity and good deeds toward others and does not guarantee that their faith can save. Nevertheless, Christians must not be arrogant; rather, the duty of Christians is to witness to others (Matthew 28:18-20). The Lord Jesus taught His disciples saying, "You are the salt and light of the world" (Matthew 5:13-14). Thus, Christian life must bring good influence and be a witness for Christ in the midst of society (Riniwati, 2014).

Christian Faith Perspective on Euthanasia

In Christian faith, human life is regarded as a gift from God that has sacred value and cannot be arbitrarily intervened with. This view is rooted in the belief that God is the Creator and Owner of life, so only He has the right to determine the beginning and end of someone's life. Therefore, euthanasia raises moral and theological debates within the Christian community. The following are several main aspects of the Christian faith perspective on euthanasia: Christian teaching emphasizes that every human life is created by God and has a divine purpose. In Genesis 1:27, it is stated that humans were created in the image and likeness of God (Imago Dei), which signifies that life has high value and must not be ended in ways contrary to His will. Furthermore, Psalm 139:13-16 teaches that God has designed a person's life from the womb, which means that humans do not have the right to determine when their life should end. Thus, euthanasia is considered an act that opposes God's will over someone's life.

One of the Christian moral foundations that opposes euthanasia is the commandment "You shall not murder" (Exodus 20:13). This commandment shows that every human life must be respected and protected, including in situations of suffering and severe illness. In Jesus's teaching, love is the primary principle in the life of believers. However, love in the Christian perspective does not mean ending someone's life to avoid suffering, but rather caring for and accompanying that person in difficulty. Therefore, euthanasia is considered a violation of true love.

Suffering is often viewed as something to be avoided, but in Christian faith, suffering has deep spiritual meaning. Romans 8:18 states that "the sufferings of this present time are not worth comparing with the glory that is to be revealed to us." Furthermore, in 2 Corinthians 12:9, the Lord says, "My grace is sufficient for you, for my power is made perfect in weakness." This shows that in suffering, a person can experience spiritual growth and draw closer to God. Thus, euthanasia is not aligned with Christian faith principles because it disregards the meaning of suffering in God's plan.

Rather than choosing euthanasia, the Christian church encourages the use of palliative care as a more ethical approach consistent with biblical teachings in facing end-of-life suffering. Palliative care aims to reduce pain and improve the patient's quality of life without hastening death. This is a form of love and compassion that reflects Christian values.

The church has a responsibility to guide believers in facing moral dilemmas related to euthanasia. The church's role includes: 1) Spiritual accompaniment for patients and their families so they maintain faith and hope in God. 2) Emotional support for families facing difficulties in making decisions regarding the care of sick persons. 3) Education about Christian ethics, so that believers understand the value of life and how to face suffering in light of Christian faith.

Based on the findings of this research, it can be concluded that euthanasia from a Christian faith perspective is generally rejected because it contradicts the sacred value of life and God's will. However, in certain specific cases, the withdrawal of medical interventions that no longer provide benefit may be considered as a form of compassion and respect for human dignity. The church has an important role in providing accompaniment and support to individuals facing severe suffering, as well as promoting palliative care as a solution more aligned with Christian faith values. Thus, Christians are expected to understand and address the issue of euthanasia wisely, based on the principles of love, faith, and hope in God.

Christian Rejection of Euthanasia: A Theological Perspective on Life as Divine Gift

The findings of this study reveal that Christian faith fundamentally rejects the practice of euthanasia both active and passive based on a robust theological conviction that life is a divine gift. This rejection is not merely doctrinal but represents a profound reflection of the Christian anthropological understanding of human existence. As Sulmasy (2017) argues in his analysis of Catholic ethics, "human life is a fundamental gift from God that cannot be revoked by human will, for humanity is a steward, not the absolute owner, of life" (p. 342). This principle is rooted in the creation narrative of Genesis 1:27, which affirms God as the source of life and therefore the sole authority over its beginning and end. Mitchell and Lannin (2021) reinforce this argument, noting that the historic Christian tradition consistently opposes any deliberate act to end life, viewing it as a usurpation of divine sovereignty. Thus, Christian opposition to euthanasia is not an indifference to human suffering but a theological affirmation of life's intrinsic value, which cannot be negated by medical conditions or diminished quality of life.

This theological foundation extends beyond theoretical doctrine into the practical realm of medical ethics, where Christians are called to uphold the sanctity of life even in the face of terminal illness and unbearable suffering. The concept of stewardship, central to Christian teaching, implies that humans are entrusted with the care and preservation of life rather than granted absolute autonomy over its termination. This stewardship model stands in stark contrast to secular autonomy-based approaches that prioritize individual choice and self-determination in end-of-life decisions. Furthermore, the Christian understanding of suffering itself differs fundamentally from purely

secular perspectives; rather than viewing suffering as meaningless and to be eliminated at all costs, Christian theology often interprets it through the lens of redemptive participation in Christ's passion, offering opportunities for spiritual growth, compassion, and solidarity with others who suffer.

The rejection of euthanasia within Christian ethics also reflects a broader concern about the societal implications of normalizing medically assisted death. Many Christian ethicists warn that legalizing euthanasia creates a dangerous precedent that could undermine the value society places on vulnerable populations, including the elderly, disabled, and economically disadvantaged. The slippery slope argument suggests that what begins as compassionate relief for those in unbearable pain may gradually expand to include those who feel themselves to be burdens on their families or society, thus transforming a supposed right to die into an implicit duty to die. This concern is not merely hypothetical but grounded in empirical observations from jurisdictions where euthanasia has been legalized, showing gradual expansions of eligibility criteria beyond the originally intended narrow circumstances. Christians argue that protecting life at its most vulnerable stages whether at conception or near natural death serves as a safeguard for human dignity across all conditions of existence.

Moreover, the Christian response to end-of-life suffering emphasizes palliative care and compassionate accompaniment as morally superior alternatives to euthanasia. Rather than ending life to eliminate suffering, Christian medical ethics promotes the enhancement of pain management, psychological support, and spiritual care that honors the dying person's dignity while neither hastening nor artificially prolonging death. This approach recognizes the distinction between allowing natural death to occur which may involve withdrawing futile or burdensome treatments and actively causing death through lethal intervention. The principle of double effect, well-established in Catholic moral theology, permits the administration of pain relief that may incidentally shorten life, provided the intention is to alleviate suffering rather than to cause death. This nuanced ethical framework demonstrates that Christian opposition to euthanasia does not demand the preservation of life through all possible means, but rather seeks a middle path that respects both the sanctity of life and the reality of human mortality.

In conclusion, the Christian rejection of euthanasia represents a coherent theological and ethical position grounded in the understanding of life as a divine gift held in stewardship rather than absolute ownership. This perspective integrates scriptural foundations, traditional church teaching, philosophical reasoning about human dignity, and practical concerns about societal consequences into a comprehensive framework for approaching end-of-life care. While acknowledging the genuine compassion that often motivates support for euthanasia, Christian ethics maintains that authentic compassion is better expressed through presence, care, and the alleviation of suffering within the context of affirming life's value until its natural end. This stance challenges contemporary culture's emphasis on individual autonomy and control, proposing instead a vision of human life as inherently valuable regardless of its condition or productivity, ultimately reflecting the Christian belief in a God who accompanies humanity through suffering and death toward the hope of resurrection and eternal life.

Imago Dei and Human Dignity in Terminal Conditions

The concept of *imago Dei* (the image of God) serves as the second theological foundation for the Christian rejection of euthanasia, carrying profound ethical implications for the treatment of terminally ill patients. This study finds that the doctrine of humanity created in God's image provides an ontological basis for the inherent dignity of every person, regardless of physical, mental, or functional capacity. Kilner (2015) explains that "human dignity in the Christian perspective is inherent and cannot be reduced by illness, disability, or proximity to death, for it derives

from a constitutive relationship with the Creator" (pp. 78–79). This challenges utilitarian paradigms that measure life's value by quality or productivity. Furthermore, O'Mathúna and Scott (2019) affirm that *imago Dei* demands full respect for every individual, even when cognitive or volitional capacities have deteriorated. In the euthanasia debate, *imago Dei* rejects the reduction of human worth to quantifiable quality of life and asserts that every moment of human existence including suffering bears meaning and purpose within God's providential plan (Vorster, 2018).

This theological anthropology establishes a radical egalitarianism that stands in opposition to contemporary bioethical frameworks that ground human value in functional capacities such as consciousness, rationality, or autonomy. The *imago Dei* doctrine insists that human dignity is not something earned, achieved, or maintained through performance but is rather an inalienable status conferred by God at creation and sustained throughout all stages and conditions of life. This has critical implications for patients in terminal conditions, particularly those experiencing severe cognitive decline, persistent vegetative states, or advanced dementia. Where secular bioethics might struggle to articulate why such individuals retain full moral status, Christian theology unequivocally affirms their continuing dignity as bearers of God's image. This ontological foundation prevents the creation of hierarchies of human worth based on ability, consciousness, or social contribution, thereby protecting the most vulnerable members of society from devaluation and potential elimination through euthanasia policies.

The practical application of *imago Dei* theology in clinical settings transforms how healthcare providers, families, and faith communities approach end-of-life care. Recognizing the divine image in terminally ill patients requires caregivers to see beyond physical deterioration and functional decline to perceive the enduring personhood and sacred worth of each individual. This perspective mandates care practices that honor bodily dignity through attentive hygiene, pain management, and respectful treatment, even when patients can no longer communicate or reciprocate. It also calls for spiritual accompaniment that acknowledges the continuing presence and value of the person, engaging them through prayer, scripture, music, and physical presence regardless of their level of responsiveness. The *imago Dei* framework thus elevates caregiving from merely technical medical intervention to a ministry of presence that witnesses to the patient's undiminished worth and maintains their connection to community and to God even in the final stages of life.

Furthermore, the doctrine of *imago Dei* provides Christians with a theological lens through which to interpret and respond to suffering in ways that secular frameworks often cannot accommodate. While contemporary culture frequently views suffering as purely negative something to be eliminated by any means necessary Christian theology, informed by the *imago Dei*, recognizes that even in suffering, the human person remains a bearer of God's image and participates in dimensions of existence that transcend physical comfort. This does not romanticize or seek suffering, nor does it deny the moral imperative to alleviate pain wherever possible. Rather, it acknowledges that suffering can coexist with dignity, meaning, and even spiritual growth. The lives of terminally ill individuals continue to have profound significance offering opportunities for families to express love and commitment, for communities to practice compassion and solidarity, and for the suffering person themselves to experience God's presence in vulnerability. The *imago Dei* thus challenges the assumption that life loses value when it becomes marked by dependence, pain, or decline.

In conclusion, the theological concept of *imago Dei* provides an indispensable foundation for Christian opposition to euthanasia by establishing that human dignity is intrinsic, inalienable, and independent of functional capacity or quality of life. This doctrine challenges contemporary society's tendency to measure human worth by productivity, autonomy, or experiential quality, instead insisting on an ontological dignity rooted in humanity's

relationship with the Creator. By maintaining that every person bears God's image from conception to natural death, regardless of cognitive ability, physical condition, or proximity to death, Christian theology provides robust protection for the vulnerable and affirms that care rather than killing represents the appropriate response to suffering. This perspective not only shapes individual clinical decisions but also informs broader societal debates about the value of human life, ultimately calling communities to recognize and honor the sacred worth present in every human being, especially those approaching the end of their earthly journey.

A distinctive feature of the Christian rejection of euthanasia lies in its theological understanding of suffering through the lens of the cross of Christ. The findings indicate that the Christian tradition does not regard suffering as an absolute evil to be avoided at all costs but as a reality capable of redemptive and transformative meaning. Hauerwas and Coles (2008) articulate this position: "Suffering in the Christian narrative is never romanticized, yet neither is it meaningless; the cross transforms suffering from an evil to be eliminated into a locus for character formation and participation in Christ's redemptive suffering" (p. 156). This does not imply passivity or rejection of pain management but affirms that life retains value even amid suffering. Swinton (2020) clarifies that the redemptive value of suffering does not preclude effective palliative care but rather opposes active life-ending acts. Kelly (2016) adds that, in Catholic thought, suffering embraced with the right disposition can foster solidarity with the suffering Christ and contribute spiritually to salvation though this must be taught with sensitivity to avoid theological burdens on the suffering.

This study identifies critical Christian ethical concerns regarding the social implications of euthanasia legalization for vulnerable populations. The *slippery slope* argument is not hypothetical but supported by empirical evidence. Emanuel et al. (2016) show that "criteria for euthanasia have progressively expanded from terminal physical suffering to psychiatric illness, dementia, and even existential fatigue among the elderly indicating gradual normalization of assisted death" (p. 79). Such trends raise serious ethical alarms about the protection of the elderly, disabled, and socioeconomically pressured individuals. Pullman (2019) notes that in societies where euthanasia is normalized, subtle social pressures may arise for terminal patients to hasten death to reduce burdens on family or healthcare systems. Jones and Paton (2015) further assert that the Christian ethical principle of *preferential option for the poor and vulnerable* demands extreme caution toward any policy that risks harming the weakest members of society among whom euthanasia poses a structural danger.

A key finding of this study is the need for conceptual clarity between euthanasia (rejected) and the withdrawal or refusal of disproportionate or extraordinary medical treatment (ethically permissible in Christian tradition). Kaveny (2018) explains that Catholic moral tradition distinguishes between *ordinary means* proportionate care that offers reasonable hope of benefit and *extraordinary means*, which impose excessive burden with little benefit. "Patients and families are morally obliged to accept ordinary care but not extraordinary care" (p. 234). This principle avoids two extremes: medical vitalism and permissive euthanasia. Sulmasy and Mueller (2017) clarify that withdrawing mechanical ventilation or dialysis in dying patients is not passive euthanasia but an acknowledgment that certain interventions no longer offer proportional benefit. Theologically, Biggar (2020) adds that "accepting medicine's limits and preparing for a peaceful death is Christian wisdom fundamentally distinct from actively ending life, for the former submits to God's sovereignty while the latter seizes it."

While theological opposition to euthanasia is firm, this study emphasizes that effective pastoral care requires deep empathy toward the complex suffering of terminal patients and their families. Rigid doctrinal communication without pastoral sensitivity risks alienating those in existential distress. Meilaender (2013) stresses

that “pastoral accompaniment of those considering euthanasia must begin not with prohibition but with loving presence, authentic listening, and acknowledgment of their suffering” (p. 412). This mirrors Christ’s own compassionate ministry before teaching truth. Cobb et al. (2012) found that many requests for euthanasia stem not from physical pain which can often be controlled but from existential suffering, loss of meaning, and isolation. Thus, the church must not only argue theologically against euthanasia but also provide concrete community support and spiritual care that help patients rediscover meaning even in terminal life stages (Balboni et al., 2017).

The study affirms that the Christian rejection of euthanasia must be coupled with strong advocacy for universal access to quality palliative care as a compassionate response to terminal suffering. Palliative care represents a *via media* that upholds the sanctity of life while addressing physical, psychological, social, and spiritual pain. The World Health Organization (2020) defines palliative care as “an approach that improves the quality of life of patients and their families facing life-threatening illness through early identification, impeccable assessment, and treatment of pain and other problems physical, psychosocial, and spiritual” (p. 12). Puchalski and Ferrell (2010) demonstrate that comprehensive palliative care including pain management, psychosocial support, and spiritual care significantly reduces requests for euthanasia, revealing that many such requests arise from inadequate care. Theologically, Saunders (2006), founder of the modern hospice movement, articulated its mission as “not to add days to life, but to add life to days,” reflecting a commitment to honor life to its natural end without artificial prolongation or premature termination. The study concludes that the church bears a moral responsibility not only to teach opposition to euthanasia but also to actively engage in palliative care advocacy and accessibility, particularly for underserved populations.

Integrating Dignity and Patient Autonomy within Christian Ethics

Finally, the study explores how Christian ethics can integrate respect for human dignity and patient agency in end-of-life decisions without compromising the theological principle of life’s sanctity. This requires navigating the tension between rejecting absolute autonomy and affirming responsible moral agency. Watt (2016) clarifies that “autonomy in Christian ethics is relational and limited—not the right to unlimited self-determination, but the capacity to make responsible decisions within community and under objective moral norms” (p. 189). Thus, patients have the right to participate in care decisions, including refusal of disproportionate treatment, but not to demand intrinsically immoral acts such as euthanasia. McCormick (2015) adds that respectful medical decision-making must include honest communication, exploration of patient values, and shared decision-making among patients, families, and clinicians. Ashley and deBlois (2019) emphasize the importance of authentic informed consent, ensuring patients are fully informed about palliative and hospice options, so they do not feel compelled toward euthanasia out of ignorance or lack of alternatives. This ethical framework preserves patient dignity and agency while safeguarding life against intentional termination.

CONCLUSION

This study concludes that constructive dialogue between theology and bioethics is essential to enable the church to provide a moral, humane, and relevant response to the issue of euthanasia amid the advances in contemporary medical practice. Through this interdisciplinary approach, the research seeks to enrich Christian ethical discourse by offering a theological and pastoral framework that facilitates a more comprehensive understanding of the euthanasia issue within the context of modern bioethics. This study affirms that, from the

perspective of Christian faith, human life is a sacred gift from God that must be valued and protected. Euthanasia, whether in active or passive forms, raises profound ethical and theological dilemmas because it contradicts the belief that God alone possesses sovereignty over life and death. In the Christian faith perspective, suffering is not merely something to be avoided, but can become part of a spiritual experience that shapes spiritual maturity and deepens the human relationship with God. Therefore, the deliberate act of ending life is considered inconsistent with the teachings of love, the will of God, and the hope of resurrection and eternal life. As affirmed in 1 Corinthians 15:20–22, the resurrection of Christ provides assurance that life in this world is not the end, but rather part of the journey toward eternal life with God. Thus, rather than choosing euthanasia as a solution to suffering, the Christian faith emphasizes the importance of a compassionate pastoral approach, spiritual accompaniment, and humanitarian care that honors the dignity of every human being until the end of life. RetryClaude can make mistakes. Please double-check responses.

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