

Why Indiana's Right to Die Legislation is Wrong and Why it Matters To You.

By Pastor Woods

As I write this Indiana is considering HB 1561 (Indiana End of Life Options Act) that would allow terminally ill patients who meet certain requirements to request life-ending medication. A number of states are now considering such legislation. The argument is for terminally ill patients to use prescribed

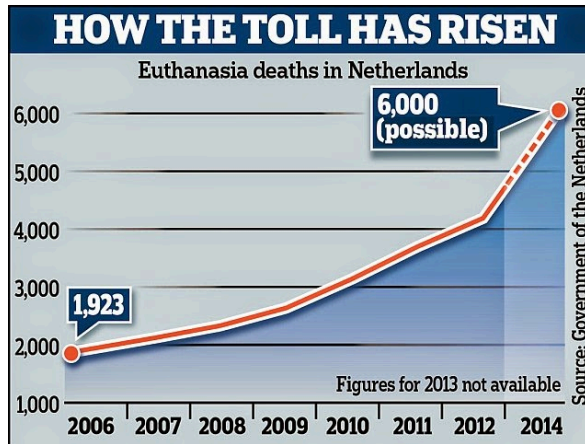


medication to end their lives “peacefully” rather than suffering a painful and protracted death.

Advocates of this kind of legislation want to make us believe using kinder terminology helps make their case. What used to be properly called “Dr. Assisted Suicide” is being replaced by “Death with Dignity” and “aid in dying”. Proponents argue that “suicide” does not apply to terminally ill people who would prefer to live but, facing certain death within months, choose a more gentle way of dying. In fact, Indiana’s proposed law states that terminating one’s life under the law is *not* suicide. (See [HB 1561, Section 10.](#))¹ This is how it begins. Legislators have been doing this for years. The most famous example is to promote abortion by calling it “pro-choice”. Once the terminology changes somehow it stops being “Dr. Assisted Suicide”. Then what usually follows is that to call it suicide is not compassionate just as being Pro-life is somehow opposed to being against women making choices for their “personal reproductive health.” It becomes a disconnect from reality to simply change the terminology. The goal of such terminology is to frame it in a way that frame opponents as not compassionate nor caring.

The other implication of the bill is that it assumes that terminally ill people want to end their life. I have yet to meet any terminally ill person who even suggested such a thing. Having been at the deathbed of dozens of terminally ill members over my twenty years as a Pastor I can’t remember a single time where any one person ever expressed hastening their death. Knowing that time was short my experience has found that terminally ill friends begin to savor every moment they have left. They are not in a hurry to leave loved-ones. Often they have been aided by Hospice care, which sees to it that “dying with dignity” can be done without hastening the process. Related to this I can’t remember where a pronouncement by any doctor of time left to live has been accurate. Many in fact who were told that they only would survive months or years have in many cases lived much longer allowing families to enjoy their loved one much longer.

Euthanasia is Assisted Suicide and it is always a slippery slope. The HB 1561 bill has a lot of definitions and explanations that attempt to express limits of what can and cannot be done in its effort to be very narrow in its so-called compassion. As soon as we give ourselves permission to end life for the sake of compassion new legislation is not far behind to expand the process. Holland is a prime example of how far it will go. A 2014 Breitbart Article reported that “Deaths from euthanasia have risen by a total of 151 percent in a period of just seven years.



The figures do not include “terminal sedation”, where the patient is sedated and then has food and fluids withdrawn. If they did, however, euthanasia would account for one in eight of all deaths in the Netherlands.ⁱⁱ

Liberty Voice confirmed the findings. According to the current law in Belgium, only physicians are allowed to perform euthanasia. However, a number of nurses have been reported to also have euthanized a patient. Half of those nurses who admitted to euthanizing patients, committed the act without consent. This is reported in the most

recent study by the Canadian Medical Association Journal, which surveyed 1768 nurses around Belgium.

The CMAJ also found that the percentage of assisted deaths in Belgium that occurred without request was just under 32 percent. The worst occurs in Northern Belgium in Flanders, where 47 percent of the assisted deaths went unreported.ⁱⁱⁱ Many such reports continue to confirm that the written law is not being followed and is impossible to regulate. The problem then becomes the interpretation of terminal. If one has Dementia, which I know personally can last decades, does that make them terminal? Does simply having stage-four cancer automatically make me terminal? And if I am terminal should I be put down like an animal against my will?

It’s Already Here

“Pastor, that won’t happen here.” It already has. Back in 2008 ABC reported on a 64 year old woman, Barbara Wagner who received a crushing letter from her insurance company. When her cancer returned with the usual vengeance that returning cancer is famous for, her last hope was a \$4,000-a-month drug that her doctor prescribed for her. The Oregon Health Plan refused to pay but did agree to cover the \$50 drugs for a physician-assisted death. Wagner, a low-income bus driver said that even at her lowest point, she never even considered ending her life by her own hand.^{iv} This law is letting very dangerous thinking into our culture.

It is well-known that *Compassion and Choices* (formerly the Hemlock Society) a Dr. assisted suicide advocacy organization, was deeply involved—by the group’s own account—in drafting portions of the Obamacare legislation. My opposition to Obamacare has always been its subtle promotion of Euthanasia and Abortion. Hemlock Society founder Derek Humphry told us this (dying with dignity law) was coming, writing in *Freedom to Die*:

A rational argument can be made for allowing PAS [physician-assisted suicide] in order to offset the amount society and family spend on the ill... There is no contradicting the fact that since the largest medical expenses are incurred in the final days and weeks of life, the hastened demise of people with only a short time left would free resources for others.^v

Humphry’s ideology intentionally brings pressure to “cut costs”. That pressure will come from any entity (including government) that refuses to pay for treatment that may prolong life. It is a return to the mindset of Eugenics champion, Margaret Sanger who promoted through Planned Parenthood birth control for a better and purer race. In her book the *Pivot of Civilization*, Sanger called immigrants and the poor “human weeds” and “reckless breeders,”

even “human beings that should never have been born.” Alveda King, the niece of the Rev Dr. Martin Luther King Jr. notes that Planned Parenthood still targets vulnerable communities, typically setting up their abortion clinics in the inner city, targeting the African-American community.^{vi} This mindset is intentional and will lead to applying more and more pressure toward cutting costs (i.e. rationing). Indiana End of Life Options Act will end up like the rest. Options will turn into pressure towards ending life and abuse by “compassionate” caregivers will happen. Not Good!

The Value of Human Life is Found in the Cross

Last Sunday I ask the question, “How much is human life worth?” It’s not a dollar amount. It’s in the heart of the beholder. A mother who loves a developmentally disabled child will not look at her the same way as a legislator. A grandmother with Dementia will get proper care because ‘she is my grandmother.’ “I will spend as much energy and resources as I need to if there is a chance that the treatments will work for my spouse.” In the heart of the beholder our loved one is worth the cost. The Love of Jesus is no different. In the heart of the Creator we have within us an intrinsic value that motivated Jesus to spare no expense, nor withhold His best to save every human being deformed and wounded by sin. The cross is God’s answer to how much a human life is worth. “We are not our own, but bought at a price” (1 Corinthians 6:20).

Legislating life never takes the cross into an account. What’s more, as human beings, we are made in the image of God and Ecclesiastes 3 tells us that everything has its place, even death. “There is a time to die...God makes everything beautiful in its time. He has also set eternity in the human heart; yet no one can fathom what God has done from beginning to end.” Only one death was supposed to be intentional, Jesus’ death on the cross and that was followed up by a resurrection. The goal is to have life and have it in full. I encourage our legislature to say no to this slippery slope known as HB 1561, (Indiana End of Life Options Act). (Go to the site and read for yourself at <https://iga.in.gov/legislative/2017/bills/house/1561#document-742d2e0f>).

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ⁱ <http://www.nolo.com/legal-encyclopedia/death-with-dignity-indiana.html>

ⁱⁱ <http://www.breitbart.com/london/2014/10/03/assisted-suicide-out-of-control-in-netherlands/>

ⁱⁱⁱ <http://guardianlv.com/2014/02/euthanasia-already-out-of-control-in-belgium/>

^{iv} <http://abcnews.go.com/Health/story?id=5517492&page=1>

^v <http://www.lifenews.com/2013/10/03/euthanasia-activists-say-obamacare-will-lead-to-more-assisted-suicides/>

^{vi} Peter Scaer, Associate Professor of Exegetical Theology at Concordia Theological Seminary in Fort Wayne; “You Matter”, Lutheran Witness, January 2017 page 18-19