



An Integrative Christian Bioethical Framework: Case Analysis of Pothoven and Lambert

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ABSTRACT

Death is an inevitable fact of life, and euthanasia is often an option to end suffering. This study seeks to explore Christian ethical considerations of euthanasia through the case studies of Noa Pothoven, a depressive teenager, and Vincent Lambert, a quadriplegic patient. The need for this research arises from the growing public debate about euthanasia and its significance to reaffirming the Christian ethical perspective on the issue. The methodology used is a qualitative analysis of the Pothoven and Lambert cases, with a biblical and theological basis to understand euthanasia from the perspective of the Christian faith. The purpose of this research is to examine euthanasia through the lens of the sanctity of life, the sovereignty of God, and the value of suffering, including providing ethical enlightenment for Christians in dealing with the complexity of this problem. The results of the research show that the Christian perspective rejects active and involuntary euthanasia because it violates the sixth commandment (you shall not kill) and ignores the sanctity of life. However, natural passive euthanasia is acceptable in irreversible conditions after maximum medical efforts. Finally, the findings of this research also encourage an ethical awareness of praxis to preserve life and provide spiritual and emotional support for those who suffer and survive.

Keywords: death; euthanasia; teenagers; depression; suicide; quadriplegic; Christian ethics

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INTRODUCTION

Since the fall of man into sin, death has become inevitable. Although the Bible records that some have been raised to heaven, such as Enoch and Elijah, no other human being has not experienced death. Not only does the fall of man into sin mean the end of life, but it also means that humans experience various illnesses and sufferings in the course of life. Whoever we are, we will eventually face death. However, those who believe in Christ believe that death is not the end of everything. The death of believers in Christ brings us to eternal life with God. The Christian understanding of life's sanctity is rooted in the belief that human life possesses intrinsic value as created in God's image (Keown & Keown, 2001).

On the other hand, evolutionists believe that human death is the same as animal death, which is meaningless and eternal. Death is nothing more than the destruction of personality and individuality (Sire, 1988). This difference in perspective determines how someone deals with death or when seeing others face death. From a Christian bioethics standpoint, the practice of euthanasia raises fundamental questions about the meaning of human dignity,

suffering, and God's sovereignty over life and death (Engelhardt, 2003). This paper discusses issues related to life and death, especially euthanasia for people with mental illness and partial or total organ paralysis, viewed from the perspective of the Christian faith.

In early and mid-June 2019, two euthanasia cases emerged that were widely discussed by the international public. The first case occurred in the Netherlands against a seventeen-year-old girl who suffered from acute depression due to sexual abuse (Aldersley, 2019). The teenage girl's name was Noa Pothoven. The second case occurred in France involving a forty-two-year-old man who was quadriplegic or partially or completely paralyzed. The man's name was Vincent Lambert. Vincent Lambert eventually passed away a few hours after nine days of being fed and hydrated (Vincent Lambert dies after treatment withdrawn, 2019).

These cases highlight the complexity of end-of-life decisions, particularly when viewed through the lens of Christian anthropology which emphasizes the inherent dignity and sanctity of human life regardless of physical or mental condition. The doctrine of sanctity of life, traditionally characterized as a Judeo-Christian doctrine, maintains that bodily human life is an intrinsic good and that it is always impermissible to kill an innocent human (Gormally, 2023). Contemporary Christian bioethics continues to grapple with these moral challenges, particularly in cases involving mental illness where the capacity for autonomous decision-making may be compromised (Ramsey, 2018).

RESEARCH METHOD

The main focus of this research is to share a Christian perspective as one of the considerations on the matter of euthanasia through literature review and case study method on Pothoven, a teenage-girl, and Lambert, a grown-up man. The elaborated definitions on the matter of death and euthanasia to give certain context and understanding, in general, will precede the discussions. The voices which support euthanasia in general will be further explained. Afterward, the Christian view of euthanasia will be elaborated as the guidelines in analyzing and comparing both cases. The approach to the core problem is conducted by reviewing both euthanasia cases, on Pothoven and Lambert, through the lens of Christian ethical considerations. The underlying final decision on both cases will be examined and interpreted through logical reasoning. Eventually, after a decent amount of considerations and discussions, the conclusion will render Christian basic and normative in viewing death and euthanasia in particular.

RESULTS AND DISCUSSION

In confronting the complexities of euthanasia issues in the modern era, a profound understanding of various fundamental aspects that underlie them is essential. Advances in medical technology have brought new paradigms in viewing life and death, while simultaneously raising ethical dilemmas that require comprehensive examination. The following discussion will explore critical dimensions of euthanasia through in-depth analysis of the concept of death, both from contemporary medical perspectives and theological viewpoints. This study will focus on two significant cases that have attracted international attention: the Pothoven and Lambert cases, each providing complex insights into ethical challenges in modern medical practice.

Through a multidisciplinary approach, this analysis aims to provide holistic understanding of how medical technological developments influence definitions of life and death, and their implications for critical decisions in healthcare. The discussion will begin by exploring fundamental concepts of death as a foundation for understanding the complexities of euthanasia issues more deeply.

Before Redefining Death in the Age of Medical

Technology: From Biblical Perspectives to Contemporary Brain Death Criteria.

Before discussing euthanasia in more depth, especially in relation to the two cases of Pothoven and Lambert, we will first discuss death. Technological advances have provided new definitions of death and quality of life. Artificial respirators can now extend the possibility of life. Along with this comes the dilemma of what is called the state of "alive" or "dead". Dr. Willard Gaylin states that it is one thing to try to define death to reduce the suffering experienced by the individual and his or her family, and another thing to try to define death because of a strong desire for spare parts, even for humanitarian purposes (Davis, 1993). We must have the right perspective on death and how to deal with it. Medical technology should be used to support the hope for life, not to impose and be a way out of all the problems that exist. This will be clear when we discuss the two cases related to Pothoven and Lambert.

Frame (2008) stated that the Bible itself writes down the criteria for the cessation of breathing that cannot be returned or changed as the criteria for physical death (Job 9:18; 27:3; Psalm 104:29; 135: 17; Daniel 10:17; Habakkuk 2:19; Matthew 27:50; Mark 15:37; Luke 23:46; John 19:30, Acts 5:5, 10). Hebrew itself translates "breath" as "spirit" which indicates the separation of the spirit or soul from the body which is then referred to as death (Frame, 2008). This biblical criterion of death is similar to the traditional view that death is marked by the cessation of the respiratory and circulatory systems. However, this certainly does not make us close our eyes to medical developments in the understanding of death.

The more modern definition was proposed by Harvard Medical School in 1968, which investigated brain-related deaths. There are three criteria that are put forward: (1) the inability to receive and respond to both external stimuli and internal needs; (2) the loss of spontaneous muscle movement; and (3) the absence of reflex movements and flat lines on the electroencephalogram (Davis, 1993).

In 1981, the latest definition of death was then legalized by the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research. The definition of death changed to the irreversible cessation of the respiratory and circulatory systems and the entire brain, including the brain stem (Davis, 1993). The definition of death based on the Uniform Declaration of Death Act does not necessarily contradict the Bible. This makes our understanding even deeper because these vital organs are interrelated and makes us more aware of why and when the respiratory function cannot be restored. Hence with this new definition, it is the brain, especially the brain stem, that is the final indicator of life. This definition should be a clear test against euthanasia, the determination of premature death or unethical forms of experimentation on sick and dying people.

Euthanasia

A clear definition of death is apparently not enough as a test for euthanasia. This is related to the fact that there are medical devices that support life. The question of the extent to which assistive devices should be provided is a dilemma in itself for the relevant parties. Can euthanasia be a biblical solution for cases of acute (*terminal illness*) and human suffering? We will begin by discussing the definition and forms of euthanasia before discussing some cases.

Definition of Euthanasia

Euthanasia comes from the Greek *eu*, which means good, and *thanatos*, which means death (Feinberg & Feinberg, 1993). The term euthanasia is then often translated into English as “*good (or happy) death*” (Geisles, 1989). Organizations campaigning to legalize euthanasia popularize the term “*mercy killing*,” which means killing out of compassion (Clark & Rakestraw, 1996). John Frame defines euthanasia or “*mercy killing*” as the act of killing or taking away a person's life for the good of that person to minimize their suffering, or to end what people think of as irreversible or irreversible quality of life (Frame, 2008). However, in practice, there are many different standards of what is considered a quality life. This will be discussed in the pros and cons of euthanasia, between the sanctity of life and the quality of life.

Forms of Euthanasia

The definition of euthanasia has given rise to various euthanasia practices due to existing dissatisfaction. There are at least seven forms of euthanasia that can also be linked to one another.

Active Euthanasia

Active euthanasia is defined as a direct medical act that intentionally ends a patient's life for a specific purpose, usually to prevent suffering (Emanuel et al., 2016). In active euthanasia practice, a physician or other party actively causes death through the administration of medications or other methods that directly terminate vital bodily functions. A systematic research conducted by Dierickx et al. (2023) identified several practical clinical challenges in implementing active euthanasia in countries where it has been legalized. The study found that standard protocols for active euthanasia still vary between jurisdictions, creating inconsistencies in clinical practice.

Passive Euthanasia

Passive euthanasia can be understood as a form of allowing death to occur or an action to avoid unnecessary prolongation of the dying process (Beauchamp & Childress, 2019). Unlike active euthanasia, passive euthanasia involves the cessation or withholding of treatments that could prolong life.

Passive euthanasia (commonly known as “pulling the plug”) is legal under certain circumstances in many countries. This form is generally more ethically and legally acceptable because it does not involve active intervention to cause death, but rather allows the natural process of dying to proceed.

Voluntary Euthanasia

Voluntary euthanasia emphasizes the presence of a conscious request from the patient for euthanasia to be performed. The main characteristic of this form is the presence of consent given consciously and voluntarily by a mentally competent patient (Ganzini et al., 2016).

Longitudinal research shows that in the context of voluntary euthanasia, comprehensive psychological evaluation becomes crucial to ensure that such decisions are made in stable mental conditions and are not influenced by treatable mental disorders (Rooney et al., 2018).

Non-voluntary Euthanasia

Non-voluntary euthanasia occurs when patients cannot make decisions about the end of their lives themselves. This condition can occur in patients who are in a coma, severe dementia, or similar conditions that eliminate decision-making capacity (Rietjens et al., 2017).

In this context, decisions are usually made by closest family members or legal guardians based on what is believed to be in the patient's best interest. However, this practice raises complex ethical dilemmas related to the principle of patient autonomy and potential conflicts of interest.

Involuntary Euthanasia

Involuntary euthanasia constitutes the act of terminating a patient's life without seeking or attempting to obtain consent from the patient in question, even when the patient chooses to continue living (Clark & Rakestraw, 1989). This decision is typically made because death is considered the optimal alternative rather than continuing to live with suffering.

In contemporary bioethics literature, involuntary euthanasia refers to actions by clinicians or medical professionals who make decisions to end a patient's life without their consent or contrary to their expressed wishes (Taylor & Francis, 2019). This definition emphasizes the fundamental aspect of patient autonomy violation that serves as the primary characteristic of this practice.

Ethically and legally, involuntary euthanasia receives universal rejection from the medical and bioethics communities. Involuntary euthanasia (as in Nazi practices) has been condemned by all commentators (Oxford Academic, 2022). This reflects a strong consensus that the act of ending someone's life who explicitly refuses or fails to provide consent constitutes a fundamental violation of human rights and medical ethical principles.

The fundamental distinction between involuntary euthanasia and other forms of euthanasia lies in the aspects of consent and patient volition. Involuntary euthanasia is the term used to describe situations where euthanasia is performed when the patient has not requested it, with the intention of relieving their suffering – which is, essentially, equivalent to murder (Australian Medical Student Journal, 2012). This definition confirms that involuntary euthanasia is categorically different from voluntary euthanasia, which is based on explicit patient requests, as well as non-voluntary euthanasia, which is performed on patients who are incompetent to make decisions.

The ethical dimensions of involuntary euthanasia involve complex interactions among legal, medical, and ethical factors within the context of end-of-life decision-making. Previous research has explored the ethical dimensions of euthanasia, primarily focusing on general practice and, to a lesser extent, psychiatry (BMC Medical Ethics, 2024). However, involuntary euthanasia remains a concept that is rejected within all ethical frameworks because it violates the fundamental principles of beneficence, non-maleficence, and particularly autonomy.

From the perspective of modern bioethics, involuntary euthanasia contradicts all fundamental ethical principles recognized in medical practice. The principle of autonomy is directly violated by disregarding patient wishes, the principle of beneficence is questioned because there are no clear benefits for patients who wish to live, and the principle of non-maleficence is violated by causing the ultimate harm of unwanted death (Beauchamp & Childress, 2019). The debate regarding the legalization of euthanasia and assisted suicide involves various participants including physicians, ethics and health law scholars, politicians, and the general public (Dovepress, 2024), yet involuntary euthanasia is consistently rejected by all parties in these discussions.

The legal implications of involuntary euthanasia are unambiguous and stringent across international jurisdictions. This practice is categorized as homicide because it disregards the patient's will to live and fails to meet

any legal criteria for acceptable euthanasia. This differs from ongoing debates regarding voluntary euthanasia or physician-assisted suicide in various countries that maintain different legal frameworks.

Direct or indirect euthanasia

Direct (*direct*) or indirect (*indirect*) euthanasia differs from the term voluntary euthanasia with non/involuntary. Direct and indirect euthanasia emphasize whether the person concerned performs the euthanasia act on himself or not, for example whether the patient who injects himself dies or the doctor or other party who does it (Feinberg & Feinberg, 1993).

Assisted Suicide

Miriam-Webster Dictionary defined suicide committed by the person concerned with the assistance of others, including doctors ("Assisted Suicide, 2025), can also be categorized as euthanasia.

Terms Related to Euthanasia

There are several terms that are often used in relation to euthanasia. These terms will be used in the pros and cons of euthanasia because their definitions are quite fluid.

Dying

The condition of *dying* is related to the condition of patients who are close to the definition of death, which is the condition of the cessation of respiratory and brain functions that are *irreversible or* irreversible. This irreversible condition in medical practice means that there is no hope for life, and even the best medical equipment will not be able to stop death, which is only a matter of time (Geisler, 1989).

DNR (Do Not Resuscitate) Order

A *Do-Not-Resuscitate order* is a medical order written by a doctor with the knowledge of the patient or the patient's family before an emergency occurs (Martin, 2025). This *Do-Not-Resuscitate order* specifically instructs the relevant medical personnel not to administer *CPR (cardiopulmonary resuscitation)* or cardiac arrest or attempt to provide breathing if the patient stops breathing or their heart stops beating (Martin, 2025).

Living Will

In 1991, more than forty states in the United States agreed that extraordinary means or special medical tools would not be used to keep patients alive when there was no hope for life or the person was physically or mentally unable to express his or her desire or wish to live (Davis, 1993). This agreement is then called a living will. Parties who support the enactment of this living will also support non-voluntary euthanasia (Clark & Rakestraw, 1989). This is related to the alternative of a *living will* which states that the patient, with the presence of a lawyer, can legally appoint another party to replace him/her in making medical decisions (Clark & Rakestraw, 1989). This is referred to as a *durable power of attorney*. Another similar alternative is that the court can appoint another party who is responsible for making medical decisions for the patient concerned. Clark and Rakestraw (1989) referred this as *substituted judgment*.

Extraordinary Means

Extraordinary means or special medical tools include all medications, medical procedures, and surgeries that cannot be used without causing excessive pain or if used will not offer more benefits than life expectancy (Davis, 1993). Respirators, artificial hearts, and dialysis machines (kidneys) are included in special medical devices (Geisler, 1989).

Ordinary Means

Ordinary means or ordinary medical tools include all medications, medical procedures, and surgeries that can be used without causing excessive pain or if used can provide more benefits than life expectancy (Davis, 1993). Food, drink, and oxygen are included in the ordinary or natural means although there are those who debate whether eating and drinking with the help of tools is a usual thing (Geisler, 1989).

There are some medical devices that are not necessarily easy to categorize, such as *intravenous* feeding, oxygen masks, and some types of antibiotics (Geisler, 1989). Respirators and kidney dialysis equipment can also be categorized as *ordinary means* depending on the situation related to the possibility of living (Davis, 1993). We have to admit that it is quite difficult to make a sharp distinction between *extraordinary* and *ordinary* means because the condition of patients in the field varies greatly. However, having guidelines will help in decision making.

Killing and Letting Die

The difference between killing and letting die is necessary in terms of ethics, especially regarding euthanasia. Frame (2008) stated in general, we are guilty when we let someone die when we have the ability to help them stay alive. John Frame provides the principle that we should never murder anyone, but we should also not prolong the process of death. Therefore, letting die is different from killing. The condition that makes it possible to let death occur (*letting die*) is the condition of dying (Frame, 2008). A (*dying*) condition in which medical assistance cannot restore normal blood circulation, breathing, and brain function. The condition of allowing to die (*letting die*) should not negate (*ordinary means*) medical devices such as feeding and hydration tubes (Frame, 2008). Frame (2008) stated that withdrawing food and drink is the same as murder. The condition of letting die (*letting die*) is categorized as natural passive euthanasia (Geisler, 1989). Wayne Boulton himself sees that the distinction between *killing* and *letting die* must be seen in context or story. Boulton (1994) saw this as better than just making propositions that might not be appropriate.

Support for Euthanasia in General

Various arguments surrounding euthanasia have arisen and the justification for euthanasia is debated. There are several reasons for euthanasia, including active and passive euthanasia. After trying to examine support for euthanasia in general in this section, we will examine the Christian faith that we believe in relation to the issue of euthanasia in the next section.

Personhood

This view emphasizes what it means to be human. The contemporary view, or more precisely the view of secular humanists, states that humans are basically the same as animals because they adhere to evolution. This view is supported by an intellectual named Prof. Peter Singer, who states that, "*our ethics on the idea that human beings*

are a special form of creation, made in the image of God, singled out from all other animals, and alone possessing an immortal soul” (Davis, 1993).

Michael Tooley, an American philosopher, also states that one of the ways in which humans are viewed is based on whether or not their brain functions normally (Davis, 1993). Accordingly, if the so-called human being can no longer function normally, he can no longer be called a whole human being. Joseph Fletcher also has a similar opinion, namely that people with an IQ of forty and below should question their existence (Frame, 1988). Fletcher even goes further by providing criteria that define the concept of personhood such as control over circumstances, curiosity, balance between ratio and feeling, and the response of euphoria and affection to the attention given (Frame, 1998).

The other side of the coin is the concept of the human person, which emphasizes the human soul. A human being who does not exhibit the personality that should be present in a human being cannot be called a human being. Furthermore, this view holds that there is no obligation to preserve a biological life that does not support a personal life (Feinberg & Feinberg, 1993). This then justifies the revocation of life support for comatose patients.

Perception of God

A contemporary view based on secular humanism rejects the existence of God as Creator. This statement is clearly stated in the *Human Manifesto II* document, which recommends not only euthanasia but also abortion and suicide (Geisler, 1989). Human Manifesto II clearly claims a secular humanistic atheist view by stating that, “*the nature of the universe depicted by modern science makes unacceptable any supernatural or cosmic guarantee of human values. .. the universe is self-existing and not created*” (Geisler, 1989).

This view states that in the absence of a Creator, there is no source that can guarantee any value. Moral values depend solely on human experience. This ethic is even more autonomous and situational in nature (Geisler, 1989). Therefore with this thought, all arguments against euthanasia based on God who is the Creator and Owner of life are dropped.

Joseph Fletcher, a theist, has a quite different perception of God. Fletcher acknowledges that the modern medical world can indeed do what is called “*playing God*”. However, “*which or whose God are we playing?*” (Feinberg & Feinberg, 1993). For Fletcher, a conservative God who does not allow or give space to his creation to intervene in matters of life and death is a dead God (Feinberg & Feinberg, 1993).

Quality of Life

Proponents of euthanasia associate quality of life (*quality of life*) with the concept of *personhood* that is the basis of a viable existence. This view, which emphasizes quality of life, holds that those who hold to the *sanctity of life* will also reach a point where enough is enough (Feinberg & Feinberg, 1993). Furthermore, they question whether enough is enough as a limit. Shouldn't it be the kind of quality of life one leads that determines it, rather than the sanctity of life? Simply put, a life that is difficult and suffering for whatever reason that indicates a low quality of life is not a life worth living.

Utilitarian

Joseph Fletcher justifies euthanasia on utilitarian grounds. Feinberg and Feinberg (1993) noted this utilitarian attitude emphasizes pleasure or happiness and human welfare as the highest good, which must be recognized will

ultimately sacrifice the minority. A decision that ultimately chooses who will live and let who die is ultimately decided on utilitarian grounds, namely, who is most useful to society (Feinberg & Feinberg, 1993). Then any method can be morally justified based on what the intended goal is.

Other considerations

Relationship between doctor and patient

In general, patients expect their doctors to do their job, which is to fight for life. However, this is not always the case. Sometimes there is a conflict between the duties of a doctor and their obligations to their patients, especially if the patient asks the doctor to end their life (Feinberg & Feinberg, 1993). This is related to the autonomy of patients. Beauchamp and Childress state that,

“Autonomy is a form of personal liberty of action where the individual determines his or her own course of action in accordance with a plan chosen by himself or herself” (Frame, 1988).

These things are then also used as the basis for the implementation of voluntary euthanasia.

Ordinary dan extraordinary means

The distinction or difference between ordinary and special medical devices used to prolong life can also be used as a basis for euthanasia. The diversity of patients' conditions and environments makes the difference between *ordinary* and *extraordinary means* fluid, so that proponents of euthanasia can use it as a basis for support.

Double effect principle

This *double effect principle* has long been discussed, especially in the Roman Catholic tradition. This principle states that under certain conditions there are two effects that will arise, namely the expected effect and the unexpected effect (Davis, 1993). Therefore, to evaluate the action to be taken, four criteria are needed, namely, (1) the action must be morally good; (2) the expected good effect must outweigh the bad effect; (3) the motivation for the action must be to achieve the expected good effect; (4) the good effect that occurs must be at least in the same proportion as the bad effect that may occur (Davis, 1993). Therefore, the administration of pain relievers (*pain killers*) such as morphine, which can relieve pain in cancer patients, is justified even though it may shorten their life expectancy. However, it should also be noted that pain killers or tranquilizers should not be given to people who are not ready to face death or who want to feel the pain for spiritual reasons (Davis, 1993).

Christian View of Euthanasia

According to the Bible, death is something that humans should not experience but is inevitable because humans have fallen into sin. Death is a consequence of human sin (Genesis 2:17, Romans 6:23). However, as followers of Christ, we believe that death is not the end of everything. Death as the ultimate enemy has been defeated by Christ through His death and resurrection. Therefore, as followers of Christ, we have assurance and have a different attitude towards death as well as towards living a life worth living.

We accept the fact that death is inevitable, therefore advanced special medical efforts only prolong the misery of the (*dying*) person. Moral and medical considerations must be made between when to hope and when to withdraw from other special efforts. This happens, for example, in advanced acute illnesses where there is no more treatment that can be given, accordingly various medical treatments can be stopped because they will only prolong the

irreversible process of death. In this condition, the treatment provided is palliative (*palliative care*). Davis (1993) defined *palliative care* as treatment aimed at improving patient comfort while controlling pain, including food and drink. This is also intended to relieve tension for the patient and their family. Next, we will examine the main ideas of the Christian view of euthanasia in general.

God's Sovereignty over Life

The Bible says that God is the Creator and Owner of all life (Genesis 1:1, Psalm 24:1). Therefore, only God who gives life also has the right to take life from His creation. Feinberg and Feinberg (1993) stated that no one can add or subtract a single thing in his life outside of God's decree (Job 14:5, Ecclesiastes 3:2). Euthanasia, except for *natural passive euthanasia*, tries to "get ahead of" God with the intention of causing death. But on the other hand, those who are trying to prolong life desperately, regardless of the patient's condition, need to remember what Ecclesiastes 3:2 says that there is a time to be born and a time to die (Feinberg & Feinberg, 1993).

The Sacredness of Life

God does not only create and own everything. God created humans in His image and likeness (Genesis 1:27). Geisler (1989) stated that human life is sacred because humans were created in the image and likeness of God, humans bear resemblance to God. Feinberg and Feinberg (1993) noted that regardless of their condition, whether or not they have certain limitations that make it difficult or impossible for them to interact, humans are still the image and likeness of God. God is present in the state of a person who is (*dying*) or in a coma (Davis, 1993). Even a (*dying*) body can still become an ode to the Holy Spirit (1 Corinthians 6:19), then human life is sacred (Davis, 1993).

Human life is also sacred because it is God who creates, gives, and sustains it. Life is a *gift* from God. Therefore, human beings are responsible for living the life that God has given us according to God's intention. This includes how we treat ourselves and others who are also the image and likeness of God.

God considers the sacredness of human life which is His image and likeness, then God also gives a clear command not to kill (Exodus 20:13, Matthew 5:21; 19:18; Mark 10:19, Luke 18:20, Romans 13:9) because it is the same as attacking God and making oneself God. Feinberg and Feinberg (1993) stated that however, war (*just war*), state punishment (*capital punishment*), and self-defense do not fall under this category of killing.

Value in Suffering

Proponents of euthanasia usually give the reason that euthanasia aims to avoid unnecessary suffering or pain. The Bible teaches us to see suffering from the other side. The Bible teaches that suffering has existed since the fall of man into sin. This does not mean that suffering should be avoided at all costs. James 1:2-4 teaches us to consider it a joy when we fall into various trials because it will test and purify our faith and produce perseverance so that we may be perfected like Christ (Geisler, 1989). Hence even though suffering is something that makes us very uncomfortable, God can use it to purify and shape and grow our faith and character. Suffering does not mean nothing at all, a true struggle with God will actually be a testimony that glorifies God.

Other Considerations

Humans are not animals

Geisler (1989) explained that the secular humanist view considers death to be the end of everything, accordingly human death is no different from animal death. We cannot just shoot to kill a human being who is in pain or suffering like shooting a horse in pain. Human beings have dignity as the image and likeness of God, which we must both protect. Taking human life is the same as taking the image and likeness of God, and God will demand accountability for the innocent blood that is shed.

The end does not justify the means

Utilitarian ethics justify using any means to achieve happiness that frees society from burdens. However, this actually underestimates the intrinsic value of human life. Geisler (1989) stated that killing as a means is still unjustifiable because the goal is still lethal, which only considers the material side and not the spiritual side. We as fellow human beings must learn to live together and support each other because each of us has weaknesses and needs each other.

Financial

Human life cannot really be measured in monetary terms. Each person is the image and likeness of God in their own uniqueness. Hence it is not ethical to relate it to financial matters. Our Christian faith strives for life and strives for the best. No material value is comparable to the spiritual value that exists in humans as the image and likeness of God (Geisler, 1989). After doing our best with everything, we work but God wills otherwise, only with a clear conscience before God, we allow conditions such as *natural passive euthanasia* to occur. Paul in Philippians 1:20-24 expresses his desire to leave this world and be with Christ. For Paul, to live is Christ and to die is gain. Frame (2008) stated that it is difficult to imagine Paul preferring to use a very large amount of money for himself and not for ministry. This is related to the high cost of special maintenance that must be provided continuously instead of regular tools.

Case Study, Noa Pothoven

Noa Pothoven is a seventeen-year-old teenager from Arnhem, the Netherlands. At the age of eleven, she was sexually assaulted and abused at a friend's birthday party. This happened again when she was fourteen, twice. This series of events caused her to fall into prolonged depression, acute stress and led to her suffering from anorexia. She also kept the sexual abuse she experienced from her parents for years because of the shame and fear that haunted her (AlderSley, 2019). Pothoven herself has tried several times to commit suicide, but was successfully rescued by her family and a team of doctors. Finally, at the age of seventeen, she decided to end her life and announced it on his Instagram account. Pothoven stated that she had tried for years to survive and that she was now too tired. She felt dirty after the attack that happened to her at a young age and decided to end her life immediately (AlderSley, 2019). She said in her last Instagram post that in a maximum period of ten days, she would die because she was stopping to eat and drink or provide nutrients to her body. Noa Pothoven finally died on June 2, 2019, at her home (Waterson, 2019).

Pothoven once went to an euthanasia clinic in around 2017 to apply for euthanasia but was refused. The circumstances of her death now leave a mystery as to whether Pothoven underwent euthanasia or not. The Dutch government itself stated that it was not euthanasia that was performed on Pothoven. However, we can ask some legitimate questions. First, from Pothoven's own statement that she had started to stop eating and drinking and that

she would die within a maximum period of ten days. The knowledge that she would die of starvation and dehydration within a maximum of ten days is not common knowledge. The medical community must be aware of this, as well as people who persist in trying to commit suicide. This death was caused by the failure of vital internal organs, which culminated in an irreversible condition. The second is the statements and actions of the family and the medical profession itself. Noa Pothoven's parents knew that their daughter had decided to stop eating and drinking, but neither the parents nor the medical profession did anything and allowed Pothoven to continue her actions until she reached the point of irreversible condition. Therefore, this can be categorized as euthanasia in the form of assisted suicide, or at least suicide.

Like killing, suicide is an act that violates the sixth commandment. Killing cannot be justified because it destroys the image and likeness of God (Genesis 9: 6) and suicide is included in this sin. Pothoven himself decided to commit suicide because he could no longer bear his suffering. No matter the affection of those around her, depression spoke more strongly and darkly to her, leading her to commit suicide.

The Bible gives the example of people like Moses, Elijah, and Jonah who begged God to take their lives, but God did not grant their request (Frame, 2008). God has blessings in store that the prophets have not yet realized. The church also needs to pay attention to people who are suicidal because they need special attention to the compassion of the body of Christ and the grace of the cross. Frame (2008) encouraged that our approach to them is not to judge sin in the first place, but to show what God has done to his prophets in their weakness. God has promised not to abandon His children and promised not to bring us to a situation where self-destructive sinfulness is the only option (Frame, 2008).

Pothoven also had time to write in his book, *Winning or Learning*, his hope for a special institution that deals with psychiatric problems, especially for teenagers who experience similar problems in the Netherlands (Waerson, 2019). This shows that mental *illness* should not end in suicide as a solution. Hauerwas and Bondi state that suicide is an act of community erosion (Feinberg & Feinberg, 2019). Suicide indicates an attitude of abandonment both from the individual who commits suicide and from society. We as a community, especially as the church of God, need to learn to care for one another in love and truth, to support and help one another because every person is both weak and sinful. Therefore, each of us is in need of God's grace, so that redemption in relationships might be realized. This should be the answer, the solution, instead of suicide.

Vincent Lambert

Vincent Lambert suffered a fatal motorcycle accident in 2008 that left him in a condition called quadriplegic with minimal consciousness ("Vincent Lambert: Frenchman at the centre", 2025). *Quadriplegic is a condition in which some or almost all of the organs of the body become paralyzed. Since then, Vincent Lambert has remained alive through a tube or hose to channel food and drink to his body. He himself is still able to breathe without a respirator and sometimes still opens his eyes* ("Vincent Lambert: Frenchman at the centre", 2025). After five years in these conditions, the medical team contacted his wife to withdraw treatment, and Vincent Lambert's wife agreed. Rachel Lambert, his wife, said that before the accident occurred, Vincent said that he did not want to live with special medical devices ("Vincent Lambert, Frenchman at Heart", 2025). However, Lambert's parents, who were not contacted by the medical team, refused ("Vincent Lambert: Frenchman at the center", 2025).

Vincent Lambert's parents continued to strive for life for their son for years. His mother, Viviane Lambert, even petitioned the United Nations for Vincent's right to live. A group of people in Paris also provided life support

for Vincent Lambert. But in the end, a French court allowed the medical team to withdraw Vincent's feeding and drinking tubes. Finally, at dawn on July 11, 2019, Vincent passed away after struggling for nine days after the withdrawal of his food and drink tubes. The first euthanasia attempt on Vincent himself took place in 2013. At that time, the doctor only gave him 250-300 mL to drink per day, and Vincent managed to survive hunger and thirst for 31 days (Foltzenloge, 2019).

This shows a strong will to live even though Vincent cannot express it verbally. Vincent's mother also recorded videos of Vincent's response of looking up and blinking when his parents called him. This clearly shows that Vincent is conscious and not even in a vegetative state. He has a condition called *quadriplegic*. Joni Eareckson Tada, who is paralyzed from the neck down, also has a similar condition. Joni is still able to live and even claims that his life is fruitful because of God's help. All of Adam's descendants are the image and likeness of God, and have the right to live as well as the obligation to live as long as God permits (Frame, 2008).

The Vincent Lambert case, based on a Christian faith review, is a crime of the sixth violation of the law on murder. What happened to Vincent was a form of *involuntary euthanasia*, which is the same as a form of covert murder. This is clearly seen from the withdrawal of his food and drink tubes. The withdrawal of food and drink tubes for patients is not an act against the disease but a form of action that withdraws the nutrients that sustain life (Clark & Rakestraw, 1989). What the medical team did to Vincent clearly intended to kill him. It should be emphasized that Vincent was still able to breathe even without the help of a respirator. Feeding tubes and drinkers are common medical devices for patients. This is because no one does not need food and drink to survive. When we are babies or too old and sick, we need other people to help us provide food. The attitude of giving of ourselves, helping each other, and giving of ourselves to be helped is part of being human. We should do it. Sinfulness makes us live for our own sake and not want to be bothered by others. No one can live alone and we are not called to live for ourselves. The Christian faith teaches us to live to glorify God and be a blessing. Unfortunately, Vincent had to experience this, due to the pull of secularism and liberalism which are strong in the West, particularly in France.

Vincent himself did not necessarily die; he struggled to survive without food and drink for a long period of nine days. If a person is in an irreversible condition, he will die immediately (*imminent death*). Even with minimal consciousness, only moving his head and making eye contact, Vincent is still human. We can still share a human nature even though we cannot perform all functions. A person is human, the image and likeness of God, simply because he is born as a human (Clark & Rakestraw, 1989). Vincent, not even one person, wants to experience this. Clark and Rakestraw (1989) stated that if someone or we have an accident at work and have to lose a hand, does that person or we become non-human and unfit for life? Of course not, after all, people who have work accidents are still human. God has special attention for those with limitations and we are called to love them.

CONCLUSION

The Christian perspective fundamentally rejects euthanasia as it constitutes a violation of the sixth commandment and contradicts the fundamental principle of life's sanctity. Christian ethics are grounded in the belief that life is a sacred gift from God, who serves as both Creator and sovereign authority over all existence. Consequently, the deliberate termination of life stands in direct opposition to divine will, regardless of circumstances or motivations.

Rather than actively ending life, Christian doctrine advocates for allowing death to occur through natural processes. This approach, commonly referred to as natural passive euthanasia, involves maintaining ordinary care

provisions, including essential nutrition and hydration, while refraining from extraordinary life-prolonging measures. Such decisions should only be considered after exhaustive medical efforts have been undertaken, earnest prayer has been offered to discern God's will, and the patient's condition has been determined to be irreversibly terminal.

The desire to terminate life due to suffering, despair, or the psychological need to control one's mortality reflects a fundamental challenge to God's sovereignty over life and death. These motivations, while understandable from a human perspective, represent inadequate solutions to the profound questions surrounding end-of-life care. The primary focus should instead be directed toward achieving spiritual peace and reconciliation with God during life's final stages.

As members of the human community, Christians are called to serve as agents of hope and transformation in the world, actively choosing and advocating for life both for themselves and others. The Christian responsibility extends beyond mere preservation of biological existence to encompass the provision of love, compassion, and the promise of eternal hope through faith in Christ. Rather than offering assistance in death, the Christian community is commissioned to offer sustenance for the soul and the assurance of life beyond physical mortality.

This theological foundation establishes clear boundaries for Christian engagement with euthanasia debates while emphasizing the positive calling to provide comfort, hope, and spiritual support to those facing end-of-life circumstances.

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