Paper J4
Assisted Dying
Worship, Faith, & Order Committee

Basic information

Contact name and email address	Robert Pope, Convenor **rpp20@westminster.cam.ac.uk**
Action required	Acceptance of Resolution
Draft resolution(s)	**Resolution 44** **General Assembly commends to the churches *A Theological Resource on Assisted Dying* for prayerful thought and discussion.**

Summary of content

Subject and aim(s)	To provide material enabling informed debate about Assisted Dying.
Main points	
Previous relevant documents	Resolution 51 General Assembly 2007 and accompanying material
Consultation has taken place with...	None

Summary of impact

Financial	None
External (eg ecumenical)	None

The United Reformed Church's General Assembly last discussed Assisted Dying in 2007 and at that time resolved that medical intervention which deliberately sought the death of the patient could not be supported. This remains the URC's position.

Earlier in 2026, legislation was introduced to legalise Assisted Dying in the United Kingdom, though the Bill before the Westminster Parliament ran out of time as it was debated in the House of Lords and the Scottish Parliament, perhaps unexpectedly, voted against its Assisted Dying Bill.

Legislation has been passed on the Isle of Man and on Jersey but currently awaits Royal Assent. If the media are to be believed, the majority are now in favour of legislation enabling Assisted Dying and it is almost certain that legislation will be reintroduced in the near future seeking to change the law.

The prominence of the topic in public discourse and the political agenda, and the likelihood that it might prove the subject of debate between church members as well as between the church and society, lead the Worship, Faith and Order Committee to

believe that our churches need resources to enable thoughtful, prayerful and theological discussion to take place.

The Committee believes that the material supplied in 2007 was honest and balanced, but some of it belonged to the immediate context. It can be accessed here: https://urc.org.uk/general-assembly-assembly-executive-assembly-committees/general-assembly/general-assembly-archive/

However, developments since 2007 have brought to the fore the need to hear marginalised voices and their concerns, particularly those from the disabled community, those involved in end-of-life care and voices from the Global Majority

Our proposal is that the following pieces should be attractively reproduced and uploaded to a relevant part of the website and therefore be more readily available to the churches

1. The 2007 Resolution;
2. *A Reformed View* (written by Professor Neil Messer, a United Reformed Church minister currently serving as Professor of Theological Bioethics at Baylor University, Texas);
3. The conclusions offered by the then Church and Society Committee which produced the material.

In so doing, the Committee hopes that the material will help inform members of the URC about the issues involved, to respond to questions in an appropriate and pastoral way and, in a spirit of prayer as well as enquiry, help formulate their own response to this complex and emotive matter.

The discussion is ongoing in the Committee and we are currently seeking to commission further work which, it is hoped, can be brought to the Church in the near future. This will include voices from the disabled community, end of life care, the Global Majority. We aim to hear and take seriously the concerns of those who feel most vulnerable as a result of this debate.

The Committee would also welcome any feedback from members and churches and will respond should any further questions be raised or any further information or reflection be requested.

Appendix: Material to be commended to the churches
A Theological Resource on Assisted Dying

The United Reformed Church's General Assembly discussed Assisted Dying in 2007 following the defeat of Lord Joffe's 'Assisted Dying for the Terminally Ill Bill' in 2006. At that time, Assembly affirmed the Report 'Assisted Dying', prepared by the Church and Society Committee, encapsulating its support in the following statements (Resolution 51):

(i) As Christians we regard all human life as being God given, and therefore precious; we believe that death is not the end and we have faith that there is a more perfect life to follow.
(ii) We recognise that there is a time to die and that there are circumstances in which it will be wrong to continue to provide treatment designed to prolong life.
(iii) We recognise that some palliative treatment for the terminally ill makes the patient more comfortable and pain free but can also hasten death. We believe this to be acceptable, as long as the intention of the treatment is pain relief and comfort of the patient.
(iv) We could not support legislation that would empower medical staff to intervene in ways which deliberately seek to assist a patient to die. We would therefore oppose any change in the law to permit voluntary euthanasia or assisted suicide.
(v) We believe that a Living Will or Advance Directive which has been prepared by a patient of sound mind, can be helpful for carers and relatives; however, we do not believe such a document should be used to facilitate a person's death.
(vi) We believe that additional resources are needed to provide more uniformly available and more high-quality palliative care.
(vii) We recognise the valuable contribution made by carers. We express our prayerful support for those who work in, and promote hospices, and others who care, befriend and provide support for the dying.

The General Assembly, in 2007, resolved that medical intervention which deliberately sought the death of the patient could not be supported. That remains the URC's position.

The current situation
Since 2007, there have been a number of changes to the broader legal and social position on assisted dying, including a much-publicised campaign endorsed by the broadcaster Esther Rantzen which seems to have emphasised 'freedom to choose'. For a time, the momentum appeared to be in favour of changing the law to legalise Assisted Dying under certain circumstances. The Terminally Ill Adults (End of Life) Bill passed through the House of Commons, while the Assisted Dying for the Terminally Ill Adults (Scotland) Bill seemed to gain support in the Scottish Parliament. The Welsh Senedd does not have the power to introduce such a Bill, but it does have the power to stop Assisted Dying being available on the NHS.

Consequently, in January 2026 the Senedd voted to approve Assisted Dying in Wales subject to the result of the vote in Westminster. Assisted Dying has been legalised in the Isle of Man and on Jersey, though both Bills (at the time of writing) await Royal Assent. As a result, there are already URC congregations in jurisdictions where Assisted Dying is legal, or likely to become law, by the end of 2026, and at one point it seemed likely that this would be the case for many more (if not all) our churches. However, the Scottish Parliament voted against its Assisted Dying Bill on 17 March 2026 while the Bill

before the Westminster Parliament ran out of time as it was debated in the House of Lords.

If the media are to be believed, the majority are now in favour of legislation which enables Assisted Dying and it is almost certain that legislation will be reintroduced in the near future. The following material is offered for prayerful consideration in order to help churches and their members to take an informed view.

The Worship Faith and Order Committee believes that the material supplied to the General Assembly in 2007 was honest and balanced, but some of it belonged to the immediate context. It can all be accessed on the United Reformed Church website in the General Assembly Archive.[i]

However, we believe that the following in particular would help present the issues involved to members of the URC. Equally, it should help them respond to questions in an appropriate and pastoral way and, in a spirit of prayer as well as enquiry, help formulate their own response to this complex and emotive matter.

1. *A Reformed View*, by Neil Messer (2007; rev. 2026)

(Neil is a United Reformed Church minister and ethicist, currently serving as Professor of Theological Bioethics at Baylor University, Texas.)

Four areas of debate about assisted dying need some critical attention from a Christian perspective that regards 'the Word of God in the Old and New Testaments, discerned under the guidance of the Holy Spirit, [as] the supreme authority for the faith and conduct of all God's people'.[ii] The first is human autonomy; the second, suffering, compassion and the love of neighbour; the third, the distinction (if any) between acts and omissions, together with the related idea of 'double effect'; and finally, the likely consequences of assisted dying legislation and concerns about a 'slippery slope'.[iii]

1.1 Human autonomy

1.1.1 The principle that human autonomy must be respected is widely held in healthcare ethics. It has philosophical roots in the work of two very different thinkers, Immanuel Kant and John Stuart Mill. Kant particularly might support a more nuanced version of the principle than the versions frequently used in healthcare ethics.[iv] Be that as it may, when respect for autonomy is considered in contemporary debates – including those about assisted dying – it typically means something like this: If I am an adult whose capacity for free and informed decision-making is not significantly impaired by illness, incapacity, coercion, etc., I should be free to do what I choose with my own life, to the extent that my exercise of my freedom does not hinder anyone else's exercise of theirs. This is often taken to include the freedom to end my own life when and how I choose, and the right to receive medical help in doing so. This has been one of the most influential arguments for assisted dying in many countries.

1.1.2 Such a view of autonomy is open to question from several perspectives. For example, some feminist ethicists have long been concerned about the individualism expressed in this view, which they argue privileges male experience.[v] From a Reformed Christian standpoint, the basic assumption that my life is my own, to do as I like with, seems highly problematic. A key biblical theme is that God is the creator, owner and giver of human life, and no human can claim

absolute ownership of their – or anyone else's – life. This seems to be part of what underpins some commands in the Torah, particularly those about taking life. And in a key New Testament text, Paul tells his readers: 'you are not your own … you were bought with a price' (1 Cor. 6:19-20). In other words, we have been (in Paul's metaphor) 'purchased' by Christ's saving death, so that our lives might be transformed and renewed to become all God means them to be. Paul argues that this sets limits on the things we ought to do with our own, or others', bodies. Of course, this text is addressed to a very different context from present debates about assisted dying: Paul is admonishing the church in Corinth about matters of sexual behaviour. But it also implies a more general theological claim that *is* transferable to these debates: in Christian perspective, flourishing as human creatures in relation to God and one another is not well described as individual self-possession and self-rule.

1.1.3 In short, if Christians are to think about assisted dying, respect for autonomy will prove an unsatisfactory starting point. A more promising start can be made by considering how God's gift of life should be respected and protected in these agonisingly difficult circumstances – or as Karl Barth formulated it in his ethics of creation, what it means in these circumstances to obey the divine command 'You shall not kill'.[vi] Barth himself thought that in extreme situations (including some cases of abortion and war, for example), protecting some human lives might require the taking of others. This *might* therefore be 'permitted or commanded' by God. But he did not seem to think this could ever be true of euthanasia. Christians who wish to make a case for medically assisted dying in these terms would need to show that Barth was wrong: that euthanasia and/or assisted suicide could in some circumstances be ways of obeying God's command to respect and protect human life.

1.2 Suffering, compassion and love of neighbour

1.2.1 Perhaps the most influential argument in the assisted dying debate is based on compassion: some patients, particularly some who are chronically or terminally ill, experience terrible pain and suffering and long for death to release them. Surely the compassionate thing to do is to help such patients to a quick, painless and dignified end.

1.2.2 The Christian imperative to love our neighbours as ourselves might seem to reinforce this argument. Those who have not experienced such suffering in their own lives or those of loved ones should be cautious in what they say about this: it would be easy to speak glibly or even callously. That said, this line of argument contains at least one buried assumption that is problematic from a Reformed Christian perspective. Namely: that our over-riding obligation to our suffering neighbours is to end their suffering by any means necessary, including ending their lives if that is what it takes. Now, it goes without saying that the relief of suffering is a hugely important expression of Christian love.

The long Christian history of healthcare provision – including of course the Christian origins of the modern hospice movement – bears witness to that. But this does not necessarily mean that eliminating suffering is the *only* or *over-riding* requirement of Christian love, or that caring for our suffering neighbours can be *reduced* to ending their suffering. The assumption that it can seems to owe more to Enlightenment thinkers such as the avowedly secular Jeremy Bentham, whose

utilitarian ethical theory effectively reduces the human good to pleasure and the absence of pain.[vii]

1.2.3 The biblical roots of Christian tradition suggest a more nuanced understanding of both suffering and love. For example, Paul pleaded with God to be relieved of the 'thorn in his flesh', but received the answer 'My grace is sufficient for you, for power is made perfect in weakness' (2 Cor 12:1-10). This hints at an understanding of suffering both richer and more complex than the utilitarian view summarised above. Certainly, in Paul's story, his suffering is a real and terrible evil; but at the same time, mysteriously, it has become an occasion by which he has experienced God's grace in a powerful way.

1.2.4 In no way should Paul's story lead us to make light of pain or to mouth platitudes like 'suffering is good for the soul'. But Paul also witnesses to the mysterious ways in which God may be encountered in the midst of suffering. His testimony suggests it is over-simple to conclude that love of our suffering neighbours requires us to end their suffering by any means necessary, including ending their lives. To be sure, pain and suffering are real and sometimes terrible evils, and Jesus teaches that being a neighbour means showing compassion to those who need our care (Luke 10:25-37).

For those caring for dying patients, this will include using all the resources of good palliative care – up to and including palliative sedation[viii] – to relieve pain and suffering according to patients' needs and wishes. But showing love and compassion to suffering neighbours may also mean offering forms of human relationship and community which help them *endure* pain or indignity. Some Christian thinkers would suggest that this is one of the most important contributions Christian churches can make to debates about euthanasia and assisted suicide: to be the kinds of communities that can help suffering human beings find the resources to endure their suffering.

Stories can be told of remarkable ways in which this does happen in Christian care for suffering and dying people (again, the Christian roots of the hospice movement are noteworthy), but churches don't always manage to live up to this calling. If Christian practice falls short, Christian words and arguments – on *either* side of the assisted dying debate – are likely to ring hollow.

1.3 Acts, omissions and 'double effect'

1.3.1 A third line of argument for assisted dying is that, in effect, we already practice forms of euthanasia, so we might as well be honest and do it more efficiently and effectively. Doctors withhold or withdraw life-prolonging treatments when patients refuse them (or when they are judged not to be in the best interests of patients who lack decision-making capacity). This is accepted as good medical practice by most opponents of assisted dying. Yet assisted dying supporters argue that this is inconsistent. If the result is the same – the patient's death – why permit doctors to bring it about by omission, but forbid actions that would achieve it, such as giving a lethal injection?

Indeed, advocates argue, the actions might achieve quicker and easier deaths than the omissions. A related issue is the principle of 'double effect', which states that an action with a good intention may be permissible even if it also results in a foreseen but *unintended* evil consequence. A much-discussed example in end-of-

life care is that doctors could be justified in giving a pain-relieving drug even if that drug had the foreseeable side-effect of shortening the patient's life. This may be more of a theoretical than a real example, because palliative care clinicians emphasise that pain-relieving drugs do *not* shorten life when properly used. But however common or rare such scenarios actually are, some supporters of assisted dying criticise the double-effect principle on similar grounds to their critique of the acts/omissions distinction. They argue that both distinctions – acts vs. omissions and intended vs. foreseen consequences – are false, because the outcomes are the same either way. Therefore, they say, if we accept some kinds of action or inaction that hasten patients' deaths, we should also accept direct intentional killing.[ix]

1.3.2 These issues are more philosophical than theological. However, many who deny the significance of the acts/omissions distinction and the validity of the 'double effect' principle assume a view of ethics in which the only relevant factor in assessing the morality of an act is its consequences. A strong case can be made that Christians are committed to a richer view of moral action. For example, we may have good reasons to distinguish between *aiming to relieve pain* (knowing that this might also hasten death) and *aiming to kill*.

Part of the difference between these kinds of action might lie in the effects they would have on those who performed them, and on the communities and societies that sanctioned them. It is not only the end results of actions that matter, but also the kinds of people and communities we become. A doctor who became accustomed to intentionally ending terminally ill patients' lives might gradually become a different kind of person than if they simply aimed to relieve their patients' pain. Similarly, a society that became accustomed to the intentional killing of its terminally ill members might gradually develop an altered moral character as a result.[x]

1.4 Consequences, slippery slopes, and the common good

1.4.1 Another important strand of public debate concerns the possible consequences, beneficial and harmful, of proposed legislation. Opponents of assisted dying sometimes argue that even if it could be morally justified in individual cases, the effect of legislating for it would be to put the lives of many innocent and vulnerable people at risk.[xi] A related claim is that even if legislation contained built-in safeguards, permitting assisted dying would set society on a 'slippery slope' that could eventually lead to widespread euthanasia, loss of respect for human life, and loss of protection for the vulnerable.

One Christian framework for addressing these questions, familiar from Catholic social teaching but also increasingly used by Protestants, is the 'common good'.[xii] This refers to the social conditions which enable all members of a society or community to flourish as fully as possible. So, quite apart from the question whether assisted dying could ever be morally justified in individual cases, Christians can also ask whether assisted dying *legislation* would serve the common good. If it turns out that such legislation tends to put significant numbers of vulnerable people at risk or create slippery slopes, the answer will most likely be 'No'. To answer this question – whether or not assisted dying legislation would serve the common good – will require not only a theologically-informed understanding of human flourishing, but also careful analysis of the evidence from those jurisdictions around the world that have already adopted such legislation.

3 Some tentative conclusions (2007; rev. 2026)

3.1 Assisted Dying is a complex subject; advances in technology and medicine pose new challenges. We believe there is a time to die, and we recognise that there are circumstances in which it will be wrong to continue to provide treatment designed to prolong life. However, we do not believe it is right to empower, or to give doctors responsibility for providing, medical intervention which deliberately seeks to assist a patient to die. We recognise that these are often matters of fine judgment, but we do not support changes to legislation to allow assisted dying or euthanasia.

3.2 There is clearly considerable interest in the subject within the Church. Many people have views born out of personal experience of seeing suffering in body, mind or spirit – or all three. Most have experienced the death of a loved one and that has helped form their view on death and the way of dying. Sensitivity rather than dogmatic pronouncement is therefore required.

3.3 We recognise that the issues raised have implications for the Church and the pastoral care of the chronically sick and the terminally ill. There is a need to offer prayerful support, for sufferers and carers. We recognise pain can be in body, mind and spirit, and that care must be taken to address all three.

3.4 We recognise and respect the fact that those of other faiths, or no faith, may have a different view of life, death and suffering.

3.5 Whilst acknowledging the dilemma and anxiety which sometimes surrounds terminal illness, we believe the vulnerable might be at risk from possible abuse of legislation that would empower medical staff to intervene in ways which deliberately seek to assist a patient to die. However, we do support the right that terminally ill patients already have, to decline treatment that might prolong life.

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[i] https://urc.org.uk/wp-content/uploads/2022/01/book-of-reports-2007.pdf.
[ii] United Reformed Church, The Basis of Union, Schedule D.
[iii] In the following discussion, I shall not always differentiate between euthanasia (in which doctors or others perform interventions such as lethal injections to hasten patients' deaths) and assisted suicide (in which they provide patients with the means, such as lethal drugs, to end their own lives). Most of the ethical arguments I shall examine are first and foremost arguments for euthanasia. If they justify it, they will also *a fortiori* justify assisted suicide.
[iv] Onora O'Neill, *Autonomy and Trust in Bioethics*, Cambridge: Cambridge University Press, 2002.
[v] Susan Frank Parsons, *Feminism and Christian Ethics*, Cambridge: Cambridge University Press, 1996, pp. 53-6, 137-41; see also Catriona Mackenzie and Natalie Stoljar (eds.), *Relational Autonomy*, New York: Oxford University Press, 2000.
[vi] Karl Barth, *Church Dogmatics*, vol. 3, part 4.
[vii] See further Gerald P. McKenny, *To Relieve the Human Condition: Medicine, Biotechnology, and the Body*, Albany: State University of New York Press, 1997.
[viii] Caroline Barry et al., 'Palliative Sedation at the End of Life: Practical and Ethical Considerations', *Clinical Medicine* 25 (2025), e100338.
[ix] A classic statement of these critiques is Peter Singer, *Practical Ethics*, 3rd ed., Cambridge: Cambridge University Press, 2011, ch. 7.
[x] Acts, omissions and double effect are helpfully discussed by Nigel Biggar, *Aiming to Kill: the Ethics of Suicide and Euthanasia*, London: Darton, Longman & Todd, 2004.
[xi] E.g. Biggar, *Aiming to Kill*.
[xii] See Nicholas Sagovsky and Peter McGrail (eds.), *Together for the Common Good: Towards a National Conversation*, London: SCM Press, 2015.