

IS ASSISTED SUICIDE EVER JUSTIFIED?

An increasing number of countries and jurisdictions in the western world have legalized assisted suicide (A-S) in recent years. Our objective in this article is to discuss the considerations surrounding this deeply important and personal question.

Let us start with a definition of what A-S is and what it is not:

- *Assisted suicide* (also known as “physician-assisted death” or “medical aid in dying”) occurs when an individual “patient”, usually suffering from a terminal condition, decides to end his life and engages a doctor or other “qualified” person to provide a fatal dose of medication. The individual then self-administers the medication to cause death.

By contrast, *Euthanasia* which is sometimes confused with *A-S* engages a physician to administer the lethal medication. While this is technically different from A-S, in terms of legal definition, the outcome, and considerations for those involved are identical.

Current legal status of A-S - as of November 2025

In United States, nine states¹ plus the District of Columbia have legalized A-S under their “*Death with Dignity*” or “*Medical Aid in Dying*” laws.

In South America, Columbia has legalized A-S.

Switzerland, the Netherlands, Belgium, Luxembourg, and Spain allow A-S under certain conditions.

Several Australian states and New Zealand have also made A-S legal.

Canada also has “*Medical Assistance in Dying*” (MAID) law for qualifying patients. The combination of this law with Canada’s laws that support organ donation from state-approved suicides, now her the world leader in A-S. This is indicated by statistics showing a big growth in A-S. For example, in 2021, 3.3% of all deaths were attributable to A-S. Two years later in 2023, the BBC reported that MAID, accounted for about 5% of deaths, which translated to nearly one out of every 20 deaths, and making A-S the sixth-leading cause of death in Canada.

Overall, it can be said that idea of A-S is gaining traction in other countries, and increasing gradually in the countries mentioned above. But, at the same time, more

¹ Oregon, Washington, California, Vermont, Colorado, New Mexico, Maine, New Jersey, and Hawaii

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voices are being raised against what is arguably legally sanctioned, intentional, premeditated murder, under the cover of A-S.

How it works

Generally, to be eligible for A-S, the patient must meet certain requirements, as determined by multiple doctors. These include:

- Having a terminal illness, or an incurable medical condition.
- Possessing the information and mental competence to make the decision to end one's life.
- Making several voluntary requests usually with waiting periods in between.

There are usually multiple parties involved in making an A-S decision. They include the patient, the family, and the “facilitator” (i.e., the medical professionals, their assistants, and the supplier of the means of dying). Each is usually influenced by their own ethical/moral philosophical, or spiritual perspective, in analyzing the situation making their decision, regardless of the medical or legal considerations involved.

Pro and Con Arguments on the issue

Ethical Perspective

Dignity and an individual's right to choose the manner and time of death is often given as a justification by those who support or approve of A-S. For such people, to “die with dignity”, means offering the patient relief from suffering and the loss of control that can increase the indignity attached to a helpless prolonged life. They believe that ending the life and not destroying one's dignity is equally important for the terminally ill patient.

On the other hand, those opposed to A-S see this as being in conflict with the moral duty to preserve life, until the individual's “appointed time” to die. They express concern too that legalized A-S could result in putting pressure on the elderly, the depressed, and the disabled to choose death over the dignities that can accompany these situations.

With the increase in transplant surgery, terminally ill patients may also be influenced to see A-S as an altruistic and heroic step to help prolong another person's life by donating their healthy organs.

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Medical Perspective

This debate is also posing an ethical problem for many doctors, as it highlights the conflict between a doctor's healing role versus honoring the patient's wish to terminate their life.

Philosophical Perspective

The philosophical perspective is best captured by the question: *What does it mean to live?* Also, Philosophers over the ages have pondered the question of suicide. Asking, *"If suffering is part of living, is life worth preserving regardless of the discomfort? Shouldn't suicide be the ultimate expression of man's free will to decide."* There is also the argument: *"If no one else is harmed, what could be wrong with suicide"?*

Opponents sound caution against the slippery slope of where such thinking could lead. Could it open the door to endorsing A-S for non-terminal conditions, such as depression or dementia, which can also harbor the prospect of indignity, financial, as well as other burden to the individual, their family?

Spiritual Perspective

The arguments here present a human being's accountability to The Creator, whose plans for the individual are manifest in the circumstances and conditions of that person's life. This perspective also suggests a more dire consequence for a person who chooses to voluntarily end their own life. Because such action is perceived as punishable obstinacy against the Supreme design for the individual's life.

Socio-Political environment and trends

The socio-political environment is also helping to shape perspectives on this debate. For example, the absence of legal restraints or sanctions has removed a major obstacle to the decision making. Society and people's attitude to A-S is removing the stigma once associated with suicide, and thus another deterrent to the act. For example, the trend to give last funeral rites to a suicide removes a major deterrent for those who believe that without this rite their soul would be condemned to Hell for all eternity.

Earthly Considerations

With the world becoming more secular, and changing attitudes of society, A-S decisions are increasingly driven by the earthly and personal considerations.

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For The Patient

The understandable and overwhelming desire to be free from physical or mental pain, and in this depressed and distraught state, they may feel that an accelerated death is perhaps the best solution. Others fear the financial and mental burden to themselves and their family from a long-term illness. As mentioned earlier, some may see A-S as a noble last gesture of offering healthy organs from a body that is to going to end soon, anyway.

For The Family

Families too are concerned about the physical, emotional, and financial drain on them from providing on-going care to a terminally ill patient and may see A-S as a noble decision to end the pain and suffering of a loved one.

However, there is also consideration of the potential of guilt and regret for ending a life before its time, which some families have reported after an A-S death of a loved one and calmer thinking is restored to their psyche.

For The Facilitator

They ultimately effect the suicide, and their motive for executing the act is one that is often more difficult to ascertain. Is it truly to help end a terminally ill patient's pain, misery and suffering? Or are there hidden financial motivations from sale of the lethal drugs, or harvesting the healthy organs of the suicide?

Also, one cannot rule out that a psychopathic could operate freely under legal cover of legalized A-S. There are enough documented accounts of healthcare givers who have used their professional status to engage in serial killing of patients under their care.

Deeper Spiritual Considerations (The often-overlooked considerations)

The spiritual consideration on how to handle any suffering that could lead one to consider A-S is already hinted at under the *Spiritual perspective* on the debate, which are that:

- A human being is ultimately subordinate to the grand design/plan for his or life before they incarnate on Earth.

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- This grand design is The Creator's Will, which determines the circumstances and conditions into which a person is born, regardless of how miserable they may be.
- Therefore, suffering and pain play a role in the human being's spiritual development and regeneration. The suffering being a regenerative opportunity for the Spirit to learn to correct mistakes made through past actions.

The appreciation and acceptance of this perspective make it clear that one cannot justify an act that goes against the Grand Design for any life on earth. Furthermore, death by suicide clearly violates the fifth commandment of "Do Not Kill", also given to human beings by The Creator.

Even for the nonbeliever, the prospect of guilt that could well up after emotions have subsided should force one to ask *if indeed suicide is the right and only answer?*

There are also the spiritual consequences associated with every decision that man takes, triggered by the inviolable law of *Cause and Reaction*. . This principle is automatically triggered regardless of whether we are aware of it or not, and it affects us whether we believe in them or not.

Based on this law, it becomes evident that the Spirit of all involved in an A-S decision will have to experience the consequences of their action on themselves, at some time in the future. Also, the nature of suffering at that time will invariably involve pain and emotional suffering arising from their intentional destruction of a physical body in this lifetime on earth.

Since the spiritual laws apply to the spirit, and not to just the physical act, it means that they will, at the due time, affect the Spirit, regardless of where that Spirit may be in creation, i.e. in the beyond, after departing this life, or in another life on Earth. At such time, they will have to undergo regenerative experiences in which they will face challenges that will make them wish, again, to escape through suicide. But with this, they are offered a new opportunity to face and hopefully overcome such urges.

Patients, or people who see A-S as a noble way of donating their organs, also need to consider the following Spiritual questions/realities associated with organ donation:

First, ...*"is a soul/spirit immediately severed from the physical body at the moment of death, or does it remain connected to the body for some period of time afterwards? If so for how long?*

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Some people who have had a “near death experience” report seeing themselves hovering over their bodies, but still connected, somehow, to the body, before re-entering it.

If organs are removed before the connection of the soul/Spirit to the body is severed completely, is it possible that the soul could feel the pain of the surgery, without anesthesia, to remove the organs being harvested?

Also, if the harvested organs are implanted in another body or bodies, could the discarnate spirit still be connected to their organs? And, if a spirit can remain connected to a body, as reported in near death experiences, could there remain a connection to their donated organ(s) while it/they is/are still alive in the recipient(s)?

Surely these questions should serve as serious food for thought because the consequences could hinder the discarnate donor’s progress in the beyond. There is also the question of how the recipient may be affected by the unnatural connection that is created to the discarnate spirit, through the implanted organ their body.

Although these questions are presented as hypothetical, they are indeed based on reported experiences of discarnate donors and organ recipients.

Conclusion

Considering all the points touched upon, a prudent person should conclude that, based on the overarching spiritual laws for all parties involved, the answer to the question, *Is Assisted Suicide Ever Justified?* should be a resounding *No!*

Where support for A-S is driven by ill-motive, such as gain from sale of donated organ, or an egotistical drive for renown as a surgeon, the decision then combines Murder with Greed and Egotism. And each motivation triggers its own regenerative reaction. Thus, the person would have to face three reactions, which, likely, would require three separate, painful, and burdensome regenerative lifetime experiences for each spiritual crime.

Thus, though the facilitator may be free of legal responsibility, they too incur spiritual consequences for their decision and action!

Final Word

This article would not be complete without offering a ray of hope to those who are grappling with what is undoubtedly a painful and frightening experience.

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But this ray of hope is incumbent on one accepting that there is a benevolent Creator, and that the grand regenerative design for the patient's life must also include loving measures to help the person live through their vital experience.

As anyone who has experienced a deep inner crisis will attest, the more we fight or struggle to bring things under our control, (especially situations that are beyond our control such as a terminal illness) the more psychological and emotional pain we experience. However, we also find that acceptance helps us to manage the situation.

But such acceptance only comes when we no longer look for the cause or source of problem, or who to blame. We may not have an answer to the “*why?*”, and the crisis has not disappeared, but acceptance somehow removes that inner pressure caused by us wanting to control the situation. And for reasons that many cannot really explain, acceptance helps us find ways to continue to live our lives.

Even modern Psychology recognizes acceptance as a key tool for coping and living with deep traumatic experience or condition.

However, it should be stated that acceptance is different from fatalistic submission, or silent begrudging of our fate. These mental states belie the still strong inner feeling or desire to control a situation which we recognize is beyond our control. But our rebellious state of mind makes it difficult for us to see any other benefits that life may offer us. Even though these may also hold some of the regenerative experiences from which we need to learn and grow to overcome our challenge. For example, the experience of being helpless and dependent on other people's care may be an opportunity offered to us to learn to trust other people, and through this learn to begin to also want to help others. The learning to trust and the desire to want to help others then become important practical lessons that one has learned on the path towards the greater and loftier spiritual goal of “*Love thy neighbor as thy self*”. Thus, we see how a regenerative pathway of suffering offers a “*real*” and lasting means of teaching spiritual lesson versus the pedagogical approach that we human being tends to use.

Viewed from this spiritual perspective, the inexplicable calm that arises from acceptance is the benevolent help that is always available to us as we go through our painful or difficult regenerative experiences. This help allows us to focus on living and making the best of our circumstances and from that begin to see other learning opportunities from the challenging situation. Much of this may take place in the

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psyche (Spirit), unconscious to the brain/intellect, but recorded in the Spirit and the person's grand design for life.