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Interreligious perspectives on euthanasia

SUMMARY

Various ethical, legal, theological, and sociological issues arise around the topic of euthanasia. Discussions often become intense as they explore whether patients have the right to desire or even induce their premature death, or whether they have the right to refuse continuation of futile treatment. Proponents of euthanasia emphasize the right to autonomy, self-determination, freedom of will, and dignity. They argue that patients should have the right to choose their moment of death to avoid the humiliation and incapacity associated with a painful and prolonged journey toward death. On the other hand, those opposed to euthanasia stress that human life is, inherently, extremely valuable, which people have a duty to protect. They highlight the sanctity of life, the naturalness of its end, and the potential risk of abuse of the method, as its application could be extended to various vulnerable groups such as the elderly, people with disabilities, and the mentally ill. This article, without overlooking these interesting issues, attempts an interreligious examination of the matter, aiming to reveal how the three major monotheistic religions, as well as Hinduism and Buddhism, assess, interpret, and understand this practice. The purpose of the article is to highlight both the converging and diverging positions of different theories and to more fully understand the various theological and cultural dimensions that shape the contemporary bioethical perception of euthanasia.

Keywords: Euthanasia, bioethics, autonomy, right to die, sanctity of life.

INTRODUCTION

The term “euthanasia” today denotes the act of directly causing death in a controlled and painless manner through the injection of a lethal medication and is borrowed from the Greek language (Oxford English Dictionary, 2024). In its linguistic homeland, it also signifies the action or practice by which death is intentionally caused or allowed for people suffering from incurable diseases or injuries, or who are

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in an irreversible coma (Charalampakis, 2014). As a noun, it is first mentioned in a fragment of the work of the comic poet Poseidippus from Cassandrea in Chalcidice (Franeta & Protopapadakis, 2014), while it appears four more times in classical and Hellenistic literature (Protopapadakis, 2019a). Derived from the words *εὖ* (good) and *θάνατος* (death), it fundamentally means a good death (Babiniotis, 1998). This meaning was also prevalent in Ancient Greece, where it took on the significance of a calm, painless, beautiful death, and in some cases, a glorious death on the battlefield.

Homer describes the case of the heroic death of Hector, who, although aware that his end was near, fought valiantly, proclaiming that he would battle to the death and that future generations would learn of his bravery (Homer, *Iliad*, X, 300-335). A quintessential example of “euthanasia” from Ancient Greece is the death of the famous boxer Diagoras of Rhodes, who was fortunate to witness the success of his two sons, Damagetos and Akousilaos, who both won on the same day at the Olympic Games. Both sons, wanting to show their love and respect for their father, carried him on their shoulders and together made a victory lap around the packed stadium of Olympia. At that moment, a Spartan exclaimed, “Die now, Diagoras; do not wait to ascend to Olympus, for you have already touched the ultimate glory.” Overwhelmed by emotion and joy, Diagoras is said to have breathed his last. In this way, his death became a symbol of absolute human happiness (Plutarch, *Parallel Lives*, 34).

The Hippocratic Oath, known as a cornerstone of medical ethics and attributed to Hippocrates, explicitly states: “I will neither give a deadly drug to anybody who asked for it, nor will I make a suggestion to this effect.” This oath underscores the ethical boundaries set by ancient medical practitioners, firmly rejecting the provision or recommendation of lethal means, even if requested by the patient (Protopapadakis, 2018).

In this spirit, Plato asserts that “human existence is imprisoned and one should not free oneself from it” (Plato, *Phaedo*, 62). This stance indicates that ending life unnaturally is contrary to divine will. Furthermore, Aristotle discusses suicide and, indirectly, euthanasia in his works “Eudemian Ethics” and “Nicomachean Ethics”, condemning the choice of death as an escape from life’s difficulties (Aristotle, *Eudemian Ethics*, 1229b 38-40). In the same vein, Epictetus viewed suicide as a sign of cowardice, while confronting death with bravery was, for him, the ultimate demonstration of virtue (Epictetus, *Discourses*, III.26, 36–38; Pavelich, 2020).

The concept of a good death is embraced by Holy Scripture, but not in the sense of a contemporary definition of euthanasia. The well-known example of Simeon the God-receiver, a righteous and virtuous man, illustrates this according to the biblical narrative. Enlightened by the Holy Spirit, he was led to the entrance of the Temple in Jerusalem during the Presentation of the Jesus. He asked for and received the

Divine Infant in his arms and then proclaimed the famous words: “Lord, now lettest thou thy servant depart in peace, according to thy word: for mine eyes have seen thy salvation, which thou hast prepared before the face of all people; a light to lighten the Gentiles, and the glory of thy people Israel” (Luke 2:29-32). This expression conveys Simeon’s readiness to peacefully depart this life, having fulfilled his divine promise of witnessing the Savior, who serves as a light for revelation to the Gentiles and as glory to the people of Israel (Aquinas, *Summa Theologiae*, I-II, q. 64, art. 5; Nikolaidis, 2006).

The term “euthanasia” in the sense of ensuring a good and comfortable death (as opposed to intentionally causing death), was first used by the English philosopher Francis Bacon (1561-1626) in the 17th century and approached its modern conception in the late 19th century (Bacon, 2008; Franeta & Protopapadakis, 2014). Bacon spoke of an easy, painless, and happy death and the doctor’s responsibility to alleviate “natural pains.” Thus, the purpose of medicine is the restoration of health and the alleviation of pain, not only when such alleviation can lead to a cure, but also when it can ensure a peaceful and easy death. “The duty of the physician,” he states, “consists not only in restoring health but also in relieving the pain and suffering of patients [...]” According to him, even when there is “no hope,” doctors can “provide” a calm and peaceful death (Bacon, 1977; Vanezou, 2022). The modern meaning of euthanasia was properly articulated nearly two centuries later, when Samuel Williams argued that the use of morphine and other drugs could be justified for the painless termination of life. However, this proposal was criticized in 1885 by the Journal of the American Medical Association, which contended that Williams sought to transform the doctor into an executioner (“The moral side of euthanasia,” 1885).

In the modern era, the concept of euthanasia is presented in the following four forms: 1) voluntary, 2) non-voluntary, 3) involuntary, and 4) indirect. In the first case, the patient actively seeks euthanasia and, being unable to perform it himself, delegates it to others. In the second case, death is induced not by the patient himself, as he is unable to express his will, but by others based on a previously expressed wish through some form of official documentation. In the third case, the death is not desired by the patient but is instead initiated by other parties, such as relatives or medical personnel. In the last case, death is not sought after but occurs as a side effect of administering analgesic drugs to alleviate severe and unbearable pain, but it is controversial as to whether or not this should be considered euthanasia or not (Boudreau, 2011; Brock, 1992; Nikolaidis, 2006; Rachels, 1975).

The four forms of euthanasia can be characterized as either active or passive. In the case of active euthanasia, medical personnel expedite death by administering a lethal substance or by discontinuing mechanical support for the patient. In contrast,

passive euthanasia involves the physician withholding necessary medical treatment or mechanical support that would sustain life, allowing death to occur gradually (Byock, 2000; Nikolaidis, 2006). For this reason, many clinicians do not consider this euthanasia, but rather simply good comfort-based end-of-life care. Thus, active euthanasia entails a deliberate act to cause death, whereas passive euthanasia essentially involves a withdrawal from all therapeutic efforts that could keep the patient alive (Vantsos, 2002).

In most legal systems to date, passive euthanasia is treated as the discontinuation of futile and hopeless suffering of the patient and does not incur penalties, whereas active euthanasia is considered a direct intervention in the life of the patient, an immediate act of killing, and is criminally punishable (Protopapadakis, 2014). It should be clarified that euthanasia does not occur when death results during the administration of treatment aimed at minimizing pain, or when death results from the discontinuation of a treatment that does not contribute to the cure of the disease (Nikolaidis, 2006). Additionally, the involved parties must act with intent. Otherwise, it is not considered euthanasia but a medical error or death that occurs as a side effect – or as a failure – of medical treatment (Protopapadakis, 2009).

The aforementioned raises various ethical, legal, theological, and sociological issues, such as whether patients have the right to desire or even cause their premature death, or whether they have the right to refuse continuation of a futile treatment (Nikolaidis, 2006; Protopapadakis, 2019a). Proponents of active euthanasia argue for the right to autonomy, self-determination, freedom of choice, and dignity (Tsiakiri, 2022). They support the view that patients should have the right to choose the timing of their death to avoid humiliation and incapacity associated with a painful and prolonged process of dying. On the other hand, opponents of active euthanasia emphasize that life is always inherently valuable that people have a duty to protect. They highlight the sanctity of life, the naturalness of its end, and the potential risk of misuse of the method, as it could be extended to various vulnerable groups, such as the elderly, people with disabilities, and the mentally ill. Additionally, broader questions arise, such as whether medical personnel have the right to end a human life, even at the request of the individual (Quiñones, 2022), or whether this action contributes to the degradation and ultimately the trivialization of the value of life (Protopapadakis, 2019a). It also questions how, and more importantly by whom, euthanasia should be performed if it is considered a morally acceptable practice (Protopapadakis & Basilaia, 2024). Although the discussion of the ethical dilemmas arising from the practice of active euthanasia is particularly interesting, this article attempts an interreligious view of the issue, aiming to clarify the stance of religions towards euthanasia.

THE STANCE OF CHRISTIANITY

The Orthodox Church defines euthanasia as a “good death,” which is preceded by prayer and repentance (Vantsos, 2018; Vlachos, 2010). Consequently, it does not accept the modern practice of active euthanasia, given that human life is considered sacred and belongs to God from beginning to end. The moments preceding biological death are viewed as sacramental and are deemed extremely critical for the subsequent state of each individual. These are moments that finalize communion or non-communion with God. Therefore, any form of euthanasia is assessed either as murder or as suicide (Nikolaidis, 2006).

Despite this, the Orthodox church, which consists of 15 independently autocephalous Churches, has not adopted an official unified position on this issue. However, there are notable documents, including the text issued by the Ecumenical Patriarchate titled “For the Life of the World: Toward a Social Ethos of the Orthodox Church” (“For the Life of the World,” 2020) and the encyclical from the Russian Church titled “The Basis of the Social Concept of the Russian Orthodox Church,” which specifically address the issue of euthanasia (Vantsos, 2003). Furthermore, there are two official documents, approved by local synods, exclusively concerning the issue of euthanasia, from the Patriarchate of Romania (“Euthanasia,” 2001) and the Church of Greece (“Basic Positions on the Ethics of Euthanasia,” 2025; Koious, 2007).

In the thirty-first paragraph of the document issued by the Ecumenical Patriarchate, it is emphasized that euthanasia is a practice alien to the Christian view of life, as the image of God remains inviolable even during the final days in this world. For this reason, it is stated that death should not be hastened even for those suffering from severe diseases, no matter how compassionate such an act may seem. However, it is clarified that it is entirely permissible for those on the threshold of death to refuse extraordinary medical treatments and technologies that artificially prolong physical life beyond the point at which the body would naturally have ceased to function. According to the document, it is not a Christian duty to prolong the torments of the body out of fear of the inevitable end or to cling to this world beyond all reason (“For the Life of the World,” 2020).

Furthermore, in the encyclical issued by the Russian Church, it is noted that the Church cannot recognize as morally acceptable the efforts to legalize euthanasia, which are prevalent in today’s secular societies. According to the encyclical, a patient’s desire for hastened death is sometimes due to severe anxiety that impairs their ability to properly assess their situation. In this context, it is clarified that “the right to death” can easily become a risk to the lives of patients whose financial situation does not allow them to continue treatment. Therefore, it is emphasized that euthanasia constitutes a form of murder or suicide, depending on the patient’s involvement. The

encyclical also addresses doctors, noting that recognizing the legality of euthanasia would lead to a distortion of their professional duty, which calls for them to strive to preserve life rather than to end it (“The Basis of the Social Concept,” 2025).

The document from the Patriarchate of Romania, titled “Euthanasia” (2001), published in both Romanian and English, emphasizes that human life is: 1) a gift from God both spiritually and biologically, 2) a unique reality that must be protected regardless of age, and 3) an inherent good and always deserves respect, regardless of the circumstances. The document includes a brief historical review to illustrate the shifting attitudes of humans and society towards life, highlighting the radical changes Christianity brought to the respect for human life, as it even imbued pain with meaning. In this context, it is noted that Christianity rejects any action or omission that interrupts someone’s life and any means by which someone attempts to commit suicide. The text concludes that euthanasia, whether active or passive, is an act that opposes God. Moreover, the document addresses physicians, emphasizing that no one has the right to take another person’s life. A person cannot give life to another, nor should a person take life away. According to the document, a doctor’s duty is to alleviate suffering but not to hasten the natural process of death intentionally. Furthermore, it states that love for one’s neighbor does not consist of removing someone’s life to relieve them from pain, but rather helping them endure the pain until they surrender to God, at a moment that should be the result of a natural process (“Euthanasia,” 2001).

The document issued by the Church of Greece titled “Basic Positions on the Ethics of Euthanasia” consists of 44 paragraphs, which outline the Orthodox Church’s views on life and death, the significance of pain and its medical treatment, and the implications of modern medical technology. It emphasizes that the contemporary secular perception approaches death in relation to euthanasia as a right rather than as an event that transcends human control; as something whose timing can be chosen by humans, not solely determined by God. In this context, it is noted that euthanasia, while secularly justified as a “dignified death,” in its active form, constitutes assisted suicide – a combination of murder and self-murder. For this reason, it is highlighted as a degenerative social phenomenon that devalues human life.

The document identifies eight deeper spiritual causes that lead to a favorable attitude towards euthanasia. These causes are: 1) rampant materialism, 2) the spiritual denudation of humanity, 3) the lack of faith, 4) the denial of God, 5) viewing pain and illness as misfortune or injustice, 6) the desacralization of life, 7) associating life only with external beauty and physical and economic robustness, and 8) seeing death as a fatal socio-biological event rather than as an intermediate stage in the human journey.

According to the document from the Church of Greece, the life of each individual is solely in the hands of God, and everything that happens to a person is for their benefit. For this reason, humans do not have the right to alter God's plan. In this context, the Church rejects any death that results from human choices – no matter how “good” it is termed. Such actions are characterized as “hubris” against God, while any medical act that deliberately hastens the moment of death is condemned as contrary to deontological ethics and an affront to the medical profession (“Basic Positions on the Ethics of Euthanasia,” 2025).

The positions outlined above are of great interest both in themselves and in comparison, with each other, and they carry significant weight, given that they originate from autocephalous Churches. The first two documents serve as texts for discussion and reflection, while the latter two represent synodically approved positions specifically on the issue of euthanasia. In any case, the issue of euthanasia needs to be examined by the Pan-Orthodox Bioethics Committee, whose proposal must be ratified by a forthcoming Holy and Great Council, in order to achieve a common and unified decision of all Orthodox Churches on this matter (Ladas, 2018).

The Roman Catholic Church also does not accept euthanasia (Vantsos, 2002). Since the early 1980s, the Vatican Council for the Doctrine of the Faith condemned the practice as “a violation of the divine law,” “an offense against human dignity,” and “a crime against life” (“Declaration on Euthanasia,” 1980). The statement clarified that advances in medical technology have blurred the line between ordinary and extraordinary means of sustaining life. Therefore, patients in the final stages are permitted to refuse treatment that prolongs death, especially in cases where a doctor believes that the harm from the treatment outweighs the benefits (Dugdale & Ridenour, 2011). Fifteen years later, Pope John Paul II issued the encyclical *Evangelium Vitae*, which among other bioethical issues, contains the official positions of the Roman Catholic Church on the subject of euthanasia (John Paul II, 1995). Twenty-five years later, on September 22, 2020, at a time when governments around the world, including those of traditionally Catholic countries, were discussing the legalization of euthanasia, the Vatican Council for the Doctrine of the Faith convened and issued the encyclical *Samaritanus bonus*, which reiterated the Roman Catholic Church's opposition to euthanasia, characterizing it as “assisted suicide.” It also criticized certain life-terminating protocols and urged Catholic hospitals and healthcare workers not to engage in “immoral practices,” including referring patients to other hospitals where they could undergo euthanasia (Povoledo, 2020). Additionally, it addressed legislators who enacted related bills, labeling them as “accomplices in a grave sin.” It is important to note that the encyclical emphasizes the Church's tolerance for patients in the final stages to refuse treatments that extend death (Winfield, 2020).

The Anglican Church also rejects euthanasia, viewing life as a gift from God. At the same time, it recognizes the importance of autonomy and compassion. For this reason, emphasis is placed on relieving pain and supporting quality of life. However, the Anglican Church does not dismiss discussions about the legislative regulation of euthanasia, but the Synod of the Church of England has expressed concerns about the potential misuse of such legislation, emphasizing the need to protect vulnerable groups.

Protestant Churches and denominations also reject active euthanasia, based on the principle that only God has the right to determine the moment of death (Bartmann, 2003). However, they exhibit a variety of views regarding passive euthanasia, depending on their theological approach and cultural context (Grove, Lovell & Best, 2022). While all Protestant denominations prioritize compassion and palliative care, some liberal Protestant groups, particularly in Northern Europe and the USA, emphasize individual autonomy and accept the legislative regulation of euthanasia, especially for cases involving incurable diseases.

It is noteworthy that in the Bible, the figure of Job, in the book bearing his name, presents a story that could be particularly useful for the topic under examination. Job was a wealthy and devout man who, without knowing why, suddenly lost all his possessions, including his family and health. During this severe trial, his wife tempted him with the prospect of immediate relief from his sufferings, but he responded with the question, "Shall we indeed accept good from God and not accept adversity?" (Job 2:10), implying that if we gratefully accept the blessings from God's hands, should we not also endure hardships? Despite severe trials and moments of human frailty (Job 30:1-40), Job did not lose his faith or hope and ultimately experienced God's abundant blessings as his health, wealth, and family were restored (Job 42:1-17). Therefore, as professor Miltiadis Vantsos highlights, Job endures what could lead a person to such a tragic state that they might seek a redemptive death, yet he perseveres with patience (Vantsos, 2016).

Although the biblical narrative of Job does not directly or indirectly address the issue of euthanasia, it primarily explores the suffering of the righteous and devout. Nonetheless, the conclusions that can be drawn are highly significant for the study of this subject, not only for the Orthodox Church and other Christian denominations that accept the Holy Scriptures but also for the three monotheistic religions, commonly referred to as the Abrahamic faiths.

THE STANCE OF ISLAM

The Islamic stance on euthanasia is primarily based on three sources: the Quran, religious decrees (fatwas), and Islamic codes of medical ethics (Aramesh & Shadi, 2007). In Islam, human life is considered sacred and viewed as a gift from Allah. According to the Quran (39:42 and 56:83), death is defined as the moment when the physical body and the immaterial soul separate, to reunite on the Day of Judgment (Brockopp, 2008). The holy book explicitly states that no one can die except by Allah's permission at a predetermined time (Quran 3:145), which can neither be delayed nor hastened (Quran 16:61). Prominent Islamic scholars highlight the concept of human dignity (Âfzali, 2010), while hadiths assert that a true Muslim will never seek to end their life, even if suffering from pain or nearing biological death (Mousavi et al., 2011). For this reason, believers are encouraged to show patience and endure life's trials, as this is considered a blessing from Allah. Thus, the naturalness of death is significant for every Muslim.

In this spirit, active euthanasia is rejected and considered equivalent to murder within Islam (Madadin et al., 2020). Any active practice to end life, whether by the patient themselves or by others, including medical personnel and caregivers, is also condemned (Nikolaidis, 2021). Passive euthanasia may be conditionally acceptable, only in cases where treatment is deemed futile (Ayuba, 2016). For example, religious leaders have noted that it is permissible for doctors to remove mechanical support from patients considered clinically dead (Mousavi et al., 2011). However, heirs who promote or request euthanasia may lose their right to inheritance due to their involvement in deliberate killing (Yakin & Syafi'ie, 2020). Given that, in Islam, the intention behind every action (*niyyah*) plays a significant role, the cessation of futile treatment must be purely to alleviate pain and not to hasten death. In this context, pain relief and palliative care are encouraged. In any situation, a Muslim should not lose hope when facing hardships, trials, and tribulations, but instead should maintain their hope alive (Ayuba, 2016).

Indeed, the Islamic stance on euthanasia may vary slightly depending on the Islamic school of thought and the cultural influences of each country (Shah & Aung, 2018). For example, Sunnis emphasize absolute dependence on Allah and reject any intervention that would result in the termination of life, while Shiites, who adopt a similar stance, may accept passive euthanasia in cases where treatment offers no benefit and prolongs suffering.

In countries with a strong Islamic tradition, such as Saudi Arabia, any form of euthanasia is strictly prohibited and severely punished (Rayan, Alzayyat & Khalil, 2016). Prominent Muslim scholars have issued decrees banning euthanasia. The Grand Mufti of Saudi Arabia, Sheikh Abdul Aziz bin Abdullah bin Baz, has stated

that euthanasia is contrary to Sharia law. Similarly, Egyptian scholar Sheikh Yusuf al-Qaradawi has compared euthanasia to murder (Aramesh & Shadi, 2007). In secular Muslim countries, like Turkey, there is greater flexibility, but active euthanasia remains socially and legally unacceptable (Erdemir, Demirhan & Elçioğlu, 2001). It should be noted that Islamic codes of medical ethics, such as those issued by the First International Conference on Islamic Medicine in Kuwait in 1981, state that a doctor should not take an active role in terminating a patient's life. However, actions such as discontinuing futile treatment or administering analgesics that may shorten a patient's life to relieve pain are acceptable under specific conditions (Aramesh & Shadi, 2007).

THE STANCE OF JUDAISM

The Jewish religious stance on euthanasia is grounded in Hebrew Bible (the Old Testament), particularly the Torah, and rabbinical teachings. In Judaism, human life is considered sacred, as it is a divine gift. Like in Christianity, humans are created "in the image" and "likeness" of God. God is the sovereign over life and death, and only He can decide its end. Human existence, even under difficult conditions, holds immeasurable value, and any intent to terminate life is seen as a violation of the divine order. This means that no one is allowed to intervene with the aim of hastening or ending life (Nikolaidis, 2021). Thus, the administration of a lethal substance is utterly condemned and regarded as murder. Even if a patient wishes to end their life, euthanasia is not permitted.

In Judaism, active euthanasia is categorically rejected. Conversely, passive euthanasia is conditionally permitted, as there is no obligation to artificially prolong the life of a patient in the final stages, especially when they are suffering greatly. Indeed, the pointless prolongation of life may actually be prohibited according to Jewish tradition (Gesundheit et al., 2006). Therefore, passive euthanasia could be acceptable if the intention is to relieve the patient from unbearable pain, not to induce death. Moreover, administering medication for pain relief is permissible and mandated, even if its side effects might hasten death (Gesundheit et al., 2006). Additionally, doctors may discontinue futile treatments that only prolong the patient's agony, provided that the decision is made with respect for human dignity and life (Jacobovits, 2015).

In Judaism, the distinctions are focused solely on the potential cessation of artificial life support or nutrition (Nikolaidis, 2021). Orthodox Judaism rejects all forms of active euthanasia, but accepts the discontinuation of "futile" treatments under specific circumstances. The primary emphasis is on the preservation of human life. American Rabbi Bleich emphasizes the sanctity of life, while Orthodox Rabbis Jakobovits,

Feinstein, and Tendler oppose (active) euthanasia, arguing that according to Jewish law, any act or deliberate acceleration of death, with or without the patient's consent, is considered outright murder (Baeke, Wils & Broeckaert, 2011). Conservative Judaism adopts more flexible interpretations but remains opposed to active euthanasia. While Rabbis Dorff and Reisner both oppose euthanasia, Rabbi Sherwin tends towards acceptance. Liberal/Reform Judaism shows greater understanding towards patient autonomy, though it remains committed to the fundamental value of life (Baeke, Wils & Broeckaert, 2011). According to Reform Jewish views, when death is inevitable, it should not be delayed in any way. The focus on individual autonomy and quality of life leads some Reform rabbis to support euthanasia in cases of unbearable pain and incurable diseases (Baeke, Wils & Broeckaert, 2011). Therefore, both the disconnection of artificial support and the avoidance of actions that impede death are approved (Nikolaidis, 2021). It should be noted that modern rabbinical authorities consider the possibility of stopping or even removing any artificial measures that “prevent the departure of the soul” (Gesundheit et al., 2006).

In countries with a significant Jewish presence, such as Israel, euthanasia is generally prohibited and viewed as a serious violation of religious law within Jewish communities (Levy et al., 2012). However, Israeli legislation permits the discontinuation of futile treatments, provided that the patient consents and the condition is irreversible. This reflects a balance between respecting the sanctity of life, as emphasized in Jewish law, and acknowledging the patient's autonomy and the realities of medical outcomes.

THE STANCE OF HINDUISM

The stance of Hinduism regarding euthanasia is complex, as it is influenced by various Hindu teachings, with a focus on karma and the principle of non-violence (*ahimsa*). The concept of a “good death” exists in Hinduism but refers to a “spiritual death” achieved through tranquility and inner peace. Hindus hold specific beliefs that influence their attitude towards death, which are not directly related to the end-of-life period, but more so to reincarnation or Brahman, the ultimate reality (Firth, 2005).

According to the Vedas, the sacred hymns and ritual verses of Hinduism, death should be postponed as long as possible. Life is considered part of the samsara cycle (birth, death, and rebirth), and terminating it can disrupt one's karma, affecting the individual's next life. The untimely separation of the soul from the body, outside the natural cycle set by the eternal law (dharma), can have negative consequences on reincarnation for both the patient and the doctor who commits the unnatural and violent act of euthanasia. It is also believed that the doctor will assume the

patient's unfinished karma, the duties left incomplete due to the abrupt end of life (Gielen, 2023; Ziaka, 2007). Furthermore, any act leading to death could be seen as a violation of the principle of non-violence (*ahimsa*), though the intention behind the act plays a critical role. If the intent is compassion and not violence, the action might be assessed differently. Additionally, pain is considered part of one's karma, and enduring it patiently may be seen as part of a spiritual purification process. Many view illness as either part of the typical life experience or a trial (Lakhan, 2008). Therefore, there is a distinction between the deliberate death of a spiritually mature individual and someone who wishes to end their life due to unbearable pain (Firth, 2005).

In general, Hinduism rejects active euthanasia and shows some tolerance towards passive euthanasia, especially when intended to avoid unnecessary pain or when treatment proves futile. The cessation of mechanical support or treatments that prolong death may be considered morally acceptable, provided it aims to alleviate pain and not to cause death. It should be noted that certain religious sects within Hinduism support euthanasia as a means of relieving pain. These exceptions are limited and based on the principle of alleviating pain and avoiding needless suffering (Shekhawat et al., 2017). Those who support this view believe that assisting in ending a painful life is a righteous act, which aligns with their ethical obligations (Ziaka, 2007). In India, active euthanasia is illegal, while passive euthanasia was legalized in 2018 by the Supreme Court, which allowed the withdrawal of mechanical support for patients in a permanent vegetative state or suffering from incurable diseases.

THE STANCE OF BUDDHISM

Within the same context as Hinduism, Buddhism, with its diversity of schools and traditions, does not have a uniform stance on euthanasia. However, it generally focuses on the avoidance of harm to all forms of life (*ahimsa*), the significance of intention (*cetana*), and the understanding that life and death are parts of the cycle of *samsara* (birth, death, and rebirth). In many Asian cultures, Buddhism is recognized as the religion that has most extensively addressed death. Indeed, Buddhist teachings emphasize the inevitability of death, and for this reason, Buddhists tend to be psychologically prepared to accept impending death with tranquility and dignity (Keown, 2005).

In the biological end of a human, existence is not considered to have ceased, but rather as part of a continual cycle (Chattopadhyay, 2008). Generally, all forms of violence are rejected. Consequently, the termination of life, even if motivated by philanthropic feelings, cannot be easily accepted, as it is believed there are better

ways to demonstrate compassion, such as alleviating pain through palliative care (Lecso, 1986). Additionally, intention is critical for the ethical evaluation of an act. If the intention is to reduce pain and not to end life, the act may be considered less problematic, but it remains controversial. In any case, causing death is ethically problematic. It is indicative that although Buddhism views the world as a source of pain and sorrow, it does not advocate for a violent escape from this painful world (McCormick, 2013; Ziaka, 2007).

Buddhism cannot accept active euthanasia, as such an act would lead all involved into the vicious cycle of reincarnations, depriving them of attaining the highest good, nirvana (Young, 2008; Ziaka, 2007). Some schools, such as Tibetan Buddhism, particularly emphasize the importance of spiritual preparation for death, while others, like Zen Buddhism, focus on accepting death as a natural process. All Buddhist traditions reject active euthanasia, as it involves deliberate intervention to end life, which interrupts an individual's spiritual progress and affects the karma of both the patient and others involved. Conversely, passive euthanasia is approached more favorably, provided it is intended to reduce suffering and not to hasten death (Keown, 2005).

The fact that Buddhism has not taken an official stance on whether to avoid or accept euthanasia is erroneously interpreted by some as tolerance of this practice. This occurs because Buddhism is the religion of compassion and mercy towards humans and all beings (Ziaka, 2007). In countries with Buddhist traditions, such as Thailand and Japan, euthanasia is generally illegal, but there are discussions about accepting passive euthanasia under strict conditions.

CONCLUSIONS

Euthanasia constitutes a current, burning, and controversial ethical and theological issue, which will maintain its relevance as medical beds continue to host the agonizing and painful end of human life (Protopapadakis, 2019b). The reason it is prominently discussed in modern times is none other than the tremendous progress that has been made in the field of biomedicine and medical technology. The rapid scientific advancements allow for the extension – sometimes inappropriately – of a patient's death, thanks to mechanical support devices, without which the patient would have long since passed (Franeta & Protopapadakis, 2014). It is evident that similar ethical and theological dilemmas would not have arisen in previous decades when medical technology did not have these capabilities.

Unlike other bioproblems, the matter of euthanasia concerns everyone, not only on a theoretical but also on a personal level. The contemplation of a “good death” pertains

to every individual, as the end of life is the inevitable conclusion for all (Vantsos, 2016). While there seems to be no meaning in the senseless prolongation of death for a loved one experiencing their final days in indescribable pain and degrading indignity, for ethics and theology, as we have seen, often there are more significant goods which are prioritized (Protopapadakis, 2009). However, in modern times, the (over)emphasis on the right to euthanasia reveals that society disregards these goods and is not as open to the trials of its members as to convince them that they can experience the process of death in communion with others, as a triumph of human dignity (Kornarakis, 2017).

The discussion on euthanasia has primarily evolved in secular societies, where traditional values such as God, personhood, and family undergo crises and are replaced by more human-centric, individualistic, and hedonistic values (Nikolaidis, 2006). In the contemporary secular view, life is equated with biological existence and thus ends with death. On the other hand, from a theological perspective, death does not imply the end but the completion of life. That is, individuals transition to another mode of existence, to the true and eternal way of being (Vlachos, 2010). However, those with a different view may despair at the peak of pain and fail to perceive death in its eschatological and soteriological dimension, simultaneously relativizing and rationalizing the value of human life (Nikolaidis, 2006).

Thus, an individual's right to choose when and how to die remains a theological and ethical challenge and a difficult dilemma for society, especially considering the potential implications for patients, their families, physicians, and the legal system. For this reason, the acceptance and legal status of euthanasia vary significantly across different cultural and legal contexts, reflecting a broad spectrum of values and social norms. The social acceptance of euthanasia significantly differs among countries and is influenced by cultural, religious, and ethical factors.

Euthanasia, as understood, is a multifaceted issue that deeply touches the moral, theological, and cultural sensibilities of all religions. Both in the three major monotheistic religions and in Hinduism and Buddhism, there has been a convergence of views and identifications. This fact is pleasantly surprising, on the one hand, because we do not share a common morality, generally and specifically, and on the other hand, because this issue almost always causes disputes that reflect fundamentally conflicting moral visions and have significant implications for bioethics and health care policy (Engelhardt, 2001).

Active euthanasia is universally rejected by all major religions, while passive euthanasia is met with greater understanding, always under strict conditions. Religions approach the complex moral and theological dilemmas arising from both active and passive euthanasia based on fundamental principles such as respect for the sanctity of life,

the freedom of will, the significance of pain, non-violence, and the acceptance of death as part of human existence. According to religious teachings, sacrifice may be justified only for a supreme purpose (freedom, dignity, avoidance of dishonor), but never to escape a difficult situation attributed to illness or age, as the premature removal of life, either through the provocation of a painless death or its acceleration, is not in their intentions (Ziaka, 2009). In these contexts, the concept of martyrdom still exists, but this is a different matter from euthanasia (Ziaka, 2007).

The stance of major religions towards euthanasia is characterized by a common core, yet differentiated by their theological, ethical, and cultural traditions (Ladas, 2024). All religions regard life as sacred, viewing it as a gift from God or a part of the spiritual cycle of existence. Causing death is considered a violation of divine order or the natural flow of life. Active euthanasia is rejected as it is seen as a form of homicide or an interference in matters that belong exclusively to divine jurisdiction. Most religions emphasize the intention behind an act. If the intention is to relieve pain and not to cause death, the act may be judged more leniently. There is greater tolerance for passive euthanasia when it involves discontinuing treatments that prolong death without hope of recovery. However, each religion sets strict conditions to ensure that decisions are made with respect for human life. In this context, it should be noted that religious doctors and medical personnel may face an ethical conflict when asked to participate in procedures that result in the intentional causing of a patient's death (Engelhardt & Smith Iltis, 2005).

The increasing emphasis on individual autonomy, particularly in secular societies, poses challenges for religious traditions that prioritize other values. The enhancement of palliative care represents a common point of agreement, offering a humanitarian alternative to euthanasia. Therefore, the interfaith approach to the issue highlights the importance of support and recognizes the need for dialogue between religious and secular values in the modern world. It is certain that the theological approach to the issue can substantially contribute to the ongoing dialogue, and also bring closer the three major monotheistic religions, as well as Hinduism and Buddhism, as the issue of euthanasia appears to unite religious bioethical reflection.

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Međureligijska stajališta o eutanaziji

SAŽETAK

Tema eutanazije otvara niz etičkih, pravnih, teoloških i socioloških pitanja. Rasprave često poprimaju na žestini jer istražuju imaju li pacijenti pravo željeti ili čak izazvati svoju preranu smrt, odnosno odbiti nastavak beskorisnog liječenja. Pristalice eutanazije naglašavaju pravo na autonomiju, samoodređenje, slobodu volje i dostojanstvo. Oni tvrde da bi pacijenti trebali imati pravo odabrati trenutak svoje smrti kako bi izbjegli poniženje i nemoć povezane s bolnim i dugotrajnim procesom umiranja. S druge strane, protivnici eutanazije ističu da je ljudski život sam po sebi iznimno vrijedan te da ga ljudi imaju dužnost štititi. Naglašavaju svetost života, prirodnost njegova završetka i potencijalni rizik zlorabe ove metode jer bi se njezina primjena mogla proširiti na različite ranjive skupine, poput starijih osoba, osoba s invaliditetom i psihički oboljelih. Ovaj članak, ne zanemarujući ta zanimljiva pitanja, pokušava međureligijski razmotriti ovu temu, nastojeći prikazati kako tri velike monoteističke religije, kao i hinduizam i budizam, procjenjuju, tumače i razumiju ovu praksu. Cilj je ovog članka istaknuti podudarna i divergentna stajališta među pojedinim teorijama te potpunije razumjeti različite teološke i kulturne dimenzije koje oblikuju suvremenu bioetičku percepciju eutanazije.

Ključne riječi: eutanazija, bioetika, autonomija, pravo na smrt, svetost života.