

## 1: BIBLE VERSES ABOUT CHOOSE LIFE

*The three main topics of the book - moral goodness, moral rightness and the ethical and metaphysical puzzles posed by death - are topics that have occupied Professor Feldman throughout his philosophical career.*

And my advice to you is to have nothing whatever to do with it. Is it an easy death, a natural death or a dignified death? Can individuals eliminate the fear and uncertainty of death by taking control of their own demise? Is death by personal design an affront to God—a sin? The Greek and Roman cultures of antiquity tolerated suicide to varying degrees. In the fifth century B. Other early contributors to the debate were the philosophers Plato and Aristotle. In the Pythagorean tradition, both argued against suicide though Plato suggested that it might be justifiable under certain circumstances. Nevertheless the few examples to be found in Scripture are of individuals who had grievously turned away from God: By the 15th century, however, the Renaissance was introducing new perspectives that challenged the prevailing Christian condemnation of suicide. A renewed interest in scientific discovery and learning promoted rationalism, the idea that reasoning is superior to belief in the supernatural. This introduced individualism—a view of man as an individual in search of liberty from external forces. They tell him he should not let the pestilence prey on him any longer, but now that life is simply torture he should not hesitate to die. Since his life is a prison where he is bitterly tormented, he should escape from it on his own or allow others to rescue him from it. English philosopher Francis Bacon is credited with coining the word euthanasia in connection with natural death in the early 17th century. In addition to new philosophical approaches to the subject, scientific and technological advances began to reveal the new power of the medical community to overcome disease and prolong life. Antibiotics, vaccines and other medical inventions made doctors look like miracle workers. For many, God was no longer the only one to turn to in matters of life and death. The right to make pronouncements on the sanctity of life, once the sole dominion of the church, clearly shifted to be shared with the secular realm. Advocates of assisted suicide suffered a major setback, however, when the atrocities of Nazi Germany became public after World War II. The horrific accounts of what was perpetrated under the guise of medical research and mercy killing shocked the world. The Nazis used euthanasia as a euphemism for extermination. Their purpose was not to mercifully relieve pain but to purge society of those they regarded as the unwanted. Still, amazing accomplishments in science and medicine continued. But by the middle of the 20th century, medical advances had become a technological two-edged sword. He also declared that the church would allow for the use of prescribed pain-relieving drugs even if they potentially hastened death, as long as the primary intent was not to end the life. Among the turbulent themes of the s was an increasing emphasis on individual civil rights. It also included the right to refuse prescribed treatment. The public followed the court proceedings closely as these family tragedies revealed the stress and trauma associated with life-and-death decisions. Also common are the descriptors active, passive, voluntary, involuntary and nonvoluntary. Active euthanasia involves a deliberate act that directly causes the death of a terminally ill person. Voluntary euthanasia is done with the consent of the dying person; it is considered involuntary when the person wants to continue living but is euthanized anyway. The most outspoken advocate of active euthanasia at the end of the 20th century was Jack Kevorkian, a pathologist from Michigan. By the end of his career he claimed to have assisted about people in ending their lives with medical devices he designed. At the outset of the 21st century, the Netherlands formally legalized euthanasia after a longstanding tradition of tolerance. Doctors were seen as being caught in an intolerable position, having to choose between two primary though sometimes conflicting medical precepts: But have the results been positive? A December 9, , article in the U. Overall, after a decade of experience and mixed reviews, the taboo surrounding mercy killing appears to be fading in the Netherlands. A July poll of general practitioners found that Presently the Netherlands, Belgium, Luxembourg, Switzerland and Colombia, along with the American states of Montana, Oregon and Washington, are the only places in the world that permit active euthanasia or assisted suicide. Should there be limits on self-sovereignty? It can be hard to tell whether the decisions of the dying are truly their own or have been engineered by those with vested interests. Will financial and economic concerns, personal convenience and other pressures on time and money play a

significant role? Are we being seduced into believing that voluntarily terminating life is the best way to deal with the distress of death? After all, great strides have been made in pain management. Many medications are now administered by the patient as needed, thereby eliminating the wait for the next available nurse. But a more complex principle is needed: Scott Peck, author of *Denial of the Soul: Spiritual and Medical Perspectives on Euthanasia and Mortality* lamented the lack of spiritual reflection in the current euthanasia debate. As a physician, psychiatrist and theologian, Peck argued that we are more than mere genetic composition, that human beings have a spiritual component and have been created for a purpose: A big missing piece. In experiencing weakness, we search for and can discover a new source of strength 2 Corinthians Is there a purpose in suffering? God allowed even His Son to learn through suffering Hebrews 5: God is an advocate of life Deuteronomy Those who have entrusted their futures to Him readily acknowledge limits to personal autonomy as well as His vested interest in the outcome of a human life 1 Corinthians 6: Science and Bioethics, edited by David C. Thomasma and Thomasine Kushner Brody editor , *Suicide and Euthanasia: Historical and Contemporary Themes* , *In Search of a Peaceful Death* Scott Peck, *Denial of the Soul: Spiritual and Medical Perspectives on Euthanasia and Mortality*

### 2: Euthanasia - Wikipedia

*The Good, the Right, Life and Death: Essays in Honor of Fred Feldman - Kindle edition by Jason R. Raibley, Michael J. Zimmerman, Kris McDaniel. Download it once and read it on your Kindle device, PC, phones or tablets.*

Instinctively we feel we should dim the lights, lower our voices and draw the screens. We want to give the dead, dying and the grieving room. And that is true but not for these reasons. On the Irish island where my family have lived in the same village for the last years, and in much of the rest of Ireland, death still speaks with a louder voice. Along with the weather reports of incoming Atlantic storms, the local Mayo country and western radio station runs a thrice daily deaths announcement enumerating the deaths and the funeral arrangements of the 10 or so daily freshly departed. There is even a phone line, 95c a minute, just so you can check up on those corpses you might have missed. There should be nothing strange about this. If the local radio in London or New York did the same as that Mayo station, the announcer would have to read out the names of dead strangers, three times a day, just to keep up. Of course, if you live in a city such as London, where 85,000 people die each year, you would never know of these things. Such a very public naming of the dead, an annunciation of our universal mortality, would be an act of revelation in the Anglo-Saxon world. More shocking still then would be the discovery of another country where the dying, like Sonny, the living, the bereaved and the dead still openly share the world and remain bound together in the Irish wake. And death, in its very ordinariness, is no stranger. My father, Sonny Toolis, was too a very ordinary man. He was never rich or powerful or important. He never held public office and his name never appeared in the newspapers. The world never paid him much attention and Sonny also knew the world never would. He was born poor in a village on an island, devoid of electricity, mains water and tarred roads, in much the same way the poor have been born in such places for most of human history. Sonny never got the chance to get much of an education and worked most of his life as a foreman on building sites earning the money to pay for the university education of his seven children. Sonny was good with his hands though. Useful to have around if things went wrong with the electric, the drains, or you needed the furniture moved. He did have a great singing voice, played the bagpipes and the accordion, and taught his children to sing by what he called the air "by listening along. In the 60s, he bought a 35mm German camera, took pictures, and ran the prints off in his own darkroom. He even shot film on Super 8. But it was never more than a hobby. Like a lot of us, Sonny had some talents he would never fully realise in life. But Sonny really did have one advantage over most of us. He knew how to die. And he knew how to do that because his island mothers and fathers, and all the generations before, had shared their deaths in the Irish wake and showed him how to die too. His dying, his wake, his willing sharing of his own death, would too be his last parental lesson to his children and his community. The wake is among the oldest rites of humanity first cited in the great Homeric war poem the Iliad and commonly practised across Europe until the last years. And such rituals would be easily recognisable to any wake-goer on the island today. For our ancestors, a wake, with its weight of obligations between the living and the bodies of the dead, and the dead and living, was a pathway to restore natural order to the world, heal our mortal wound, and communally overcome the death of any one individual. An act, in our current, thin psychological jargon, of closure. Through urbanisation, industrialisation and the medicalisation of death, the wake died away in most of the western world and death itself came to be silenced by what might be called the Western Death Machine. But out in the west, among the Celts, this ancient form of death sharing lives on. When he was 70, my father was diagnosed with pancreatic cancer "still among the most fatal cancers among western men. He did not want to die but when he knew he had no choice, he never wasted the time he had left. He got on with his dying the same way as he had got on living, day by day, pressing forward, husbanding his energy. Unlike the shunning of the Anglo-Saxon world, his house filled with visitors who came to see him because he was dying. Dying is an exhausting, self-centring act. Sonny, always a powerful physically imposing man, rapidly shed powers like a snake shedding skin. His world shrank to two rooms and Sonny knew he would never see the end of that fateful summer. Our last words together on his deathbed were very ordinary, bland. When I returned, he had lapsed into a coma and could no longer speak. But our parting was fitting. There was

no more mystery to share. No revelation to be uncovered. Our identities as father and son had already been written out in the deeds of our life together; Sonny changing my nappy, not losing his temper in my teenage contrariness, encouraging me in my education and the summers we shared on building sites when I worked alongside him while still a student. And in all the countless ways he showed me in his craft how to be a man and father myself. Sonny died just before dawn on the longest day of the year at home in the village of ancestors. He was already home with us. His body was washed and prepared for his coffin by his daughter and sister-in-law. It was blessing of a kind, an act of grace. To be truly human is to bear the burden of our own mortality and to strive, in grace, to help others carry theirs; sometimes lightly, sometimes courageously. In communally accepting death into our lives through the Irish wake we are all able to relearn the first and oldest lessons of humanity. How to be brave in irreversible sorrow. How to reach out to the dying, the dead and the bereaved. How to go on living no matter how great the rupture or loss. How to face your own. And how, like Sonny, to teach your children to face their death too.

## 3: Creation Stories

*Note: Citations are based on reference standards. However, formatting rules can vary widely between applications and fields of interest or study. The specific requirements or preferences of your reviewing publisher, classroom teacher, institution or organization should be applied.*

Dying, which ultimately is the price tag attached to human rebellion Gen. It shuts the door to this-world activity Eccl. We have gathered several of these inquiries that have been posed to us in recent times, and, in this article, explore them for study and reflection. Is not this a form of euthanasia? The morphine remedy is, in a manner of speaking, a double-edged sword. The design of the medication is to provide the cancer victim, for instance, with some relief from pain in the agonizing final phases of terminal illness. While it is true that the morphine does tend to restrict certain bodily functions, as a by-product of the relief of suffering, it is not the intent of the administering physician, and the family, to terminate the life of the patient. In the judgment of most morally sensitive people, it is much better to provide some easement from the torturous painâ€”even if life is abbreviated slightlyâ€”than it is to allow the victim to languish in agony as the inevitable approaches. This may not be the most ideal situation imaginable, but until something better is developed, most caring people see no ethical problem in the humane relief of suffering. There are numerous medical techniques that are risky. Nonetheless, in many cases the physicians, in concert with the patient and his or her family, will opt for a procedure, knowing full well that such could result in death. At times, we struggle in knowing precisely what to do in attempting to save life or to provide comfort. We try to do the very best that we can for the patient. The latter is not an ethical option. May he refuse chemotherapy, knowing that such would only add a few months to his life and that with considerable suffering? Is it wrong to refuse permission to be connected to a machine that can sustain biological functions, when one knows that death will result otherwise? The Scriptures, however, are perpetually relevant, and they do contain principles that will enable the devout person to make reasonably confident decisions in many of these areas of ethical concern. Let us consider the following. The Christian must acknowledge that human life is a gift from God Acts No person, therefore, has the arbitrary right to destroy that lifeâ€”either by homicide or suicide. Mercy-killing is morally wrong. It is an infringement into divine territory. As a consequence of human rebellion, death has passed to all people Rom. What, then, is one to do if he is informed that he has terminal cancer? Suppose your physician tells you: Some may decide to take the treatment hope springs eternal, feeling that such will provide them with the opportunity to continue doing good works, even under dire circumstances. Perhaps, they envision, a dramatic cure will be discovered. One certainly could not argue against that choice, should a person elect to make it. On the other hand, it would be extremely presumptuous to contend that this prolonged agony was divinely required. Could one be morally faulted for not wanting to delay his journey to heaven? Here is the point: Allowing death is not the equivalent of producing death. Must a Christian family prolong the physiological processes of a loved one who is in a state of suspended animationâ€”and that for years? There is nothing in the Scriptures that would mandate this. Where is our hope ultimately focused? Sometimes the very best thing that one can do for a Christian loved one is to let him go on home to be with the Lord 2 Cor. In the process it has been discovered that he is consumed with cancer, and he has only a short time to liveâ€”under the most ideal circumstances. Should he or she be told of his or her condition, or may we simply let our beloved die in peace without added anxiety over his or her impending fate? In other words, is it ethical to lie under certain circumstances? The rational patient is bound to ask about his status. First, it must be noted that death is the most serious event that a human being will experienceâ€”ever! Death is not the cessation of human existence. It is a transition from the environment of this earth to a region that accommodates a purely spiritual existence. One thing is clear to the careful Bible student. One cannot live wrong and die right cf. In view of this, the following observations are in order. The lucid person has the right to know that he or she is dying. There may be physical and material decisions e. And the dying person should have an opportunity to make such arrangements. More importantly, there may be spiritual decisionsâ€”with eternal consequencesâ€”that need to be confronted. It is never too late to surrender to God as long as one retains his ability to make responsible

choices. And no person should be deprived of that opportunity. Facing death provides one with the opportunity of exhibiting some of the best qualities of which the human being is capable. We may grossly underestimate a person when we assume that an awareness of his approaching death will bring only terror. In her book, titled, *On Death and Dying*, Dr. Elisabeth Kubler-Ross, who studied the matter with considerable detail, set forth five mental stages through which she perceived that most people pass in facing the certainty of approaching death. First, there is denial and possible isolation with silence and self contemplation. The situation of impending death does not justify lying. It is far better to allow the patient his liberty of making choices, and face the reality of his mortality with dignity, than to follow the crooked road of duplicity. The dying deserve honesty from those who love them most. I know of no Bible principle that would be violated by the benevolent act of donating a kidney to help save the life of another. The fact is, it frequently is the case that one diminishes his own life in the interest of others. A mother or father may work herself or himself into an early grave in the interest of their children. A fireman may rush into a burning building to save a helpless victim. A hero may dart into the path of a car to save a straying toddler. There are many examples of such nobility. Paul commended the saints in Galatia by suggesting that while he was with them initially, had it been possible, they would have plucked out their eyes and donated them to him Gal. Contemplate, then, the love of Jesus, who gave his life for us while we were yet sinners Rom. Many of the early Christians were willing to forfeit their lives rather than withhold the saving gospel from those who are lost. But there are two points that must be made before departing from this inquiry. One does not have the right to arbitrarily take his own life. Self-murder is not a responsible, benevolent attempt to sacrifice for others; rather, it is a self-willed attempt to escape responsibility. Every suicide recorded in the Scriptures is presented in a negative light. In the aftermath of the tragedy of September 11, , during which many brave souls lost their lives attempting to rescue others, society, with a casual wave of the hand, assigned the heroes an eternal abode in heaven. While such an emotional response may be understandable to a degree, it is without validity. How does a doctor know when a patient is actually dead? Could not a physician act prematurely, removing a vital organ, when the patient only appears to be dead? As I understand it, these procedures must be enacted quickly before the organs deteriorate. There is not a mere single criterion by which to measure this terminal event; rather, a combination of factors is employed in making such decisions. It is an extremely rare event when a death is misdiagnosed, and even then, there is most probably carelessness involved. Finally, it would never be permissible to arbitrarily and forcefully remove an organ from a patient who is close to death, in order to provide a benefit for someone else who is critically ill. That would be nothing short of murder. Yet, we may live to see horrors unspeakable become commonplace in such matters! Conclusion Again we must emphasize that one must look to the Author of life for answers pertaining to critical life and death decisions. As we stated earlier, many of these issues are not spelled out explicitly in the Scriptures. However, there are principles in the Sacred Book that guide us in making these crucial judgments.

### 4: Swipe Right: The Life-and-Death Power of Sex and Romance by Levi Lusko

*Right back to where you started from [Chorus: Good Charlotte] These are the chronicles of life and death and everything between The Chronicles of Life and Death Good Charlotte. 1.*

Brain death no neuronal activity Pallor mortis , paleness which happens in the 15â€” minutes after death Livor mortis , a settling of the blood in the lower dependent portion of the body Algor mortis , the reduction in body temperature following death. This is generally a steady decline until matching ambient temperature Rigor mortis , the limbs of the corpse become stiff Latin rigor and difficult to move or manipulate Decomposition , the reduction into simpler forms of matter, accompanied by a strong, unpleasant odor. For example, brain death, as practiced in medical science, defines death as a point in time at which brain activity ceases. As a point in time, death would seem to refer to the moment at which life ends. Determining when death has occurred is difficult, as cessation of life functions is often not simultaneous across organ systems. This is difficult, due to there being little consensus on how to define life. This general problem applies to the particular challenge of defining death in the context of medicine. It is possible to define life in terms of consciousness. When consciousness ceases, a living organism can be said to have died. One of the flaws in this approach is that there are many organisms which are alive but probably not conscious for example, single-celled organisms. Another problem is in defining consciousness, which has many different definitions given by modern scientists, psychologists and philosophers. Additionally, many religious traditions, including Abrahamic and Dharmic traditions, hold that death does not or may not entail the end of consciousness. In certain cultures, death is more of a process than a single event. It implies a slow shift from one spiritual state to another. Thus, the definition of "life" simultaneously defines death. Death was once defined as the cessation of heartbeat cardiac arrest and of breathing , but the development of CPR and prompt defibrillation have rendered that definition inadequate because breathing and heartbeat can sometimes be restarted. Events which were causally linked to death in the past no longer kill in all circumstances; without a functioning heart or lungs, life can sometimes be sustained with a combination of life support devices, organ transplants and artificial pacemakers. Today, where a definition of the moment of death is required, doctors and coroners usually turn to "brain death" or "biological death" to define a person as being dead; people are considered dead when the electrical activity in their brain ceases. It is presumed that an end of electrical activity indicates the end of consciousness. Suspension of consciousness must be permanent, and not transient, as occurs during certain sleep stages, and especially a coma. In the case of sleep, EEGs can easily tell the difference. The category of "brain death" is seen as problematic by some scholars. These patients maintained the ability to sustain circulation and respiration, control temperature, excrete wastes, heal wounds, fight infections and, most dramatically, to gestate fetuses in the case of pregnant "brain-dead" women. Eventually it is possible that the criterion for death will be the permanent and irreversible loss of cognitive function, as evidenced by the death of the cerebral cortex. All hope of recovering human thought and personality is then gone given current and foreseeable medical technology. In , the Terri Schiavo case brought the question of brain death and artificial sustenance to the front of American politics. Even by whole-brain criteria, the determination of brain death can be complicated. EEGs can detect spurious electrical impulses, while certain drugs , hypoglycemia , hypoxia , or hypothermia can suppress or even stop brain activity on a temporary basis. Because of this, hospitals have protocols for determining brain death involving EEGs at widely separated intervals under defined conditions. Legal death The death of a person has legal consequences that may vary between different jurisdictions. Ouseley claimed that as many as 2, people were buried prematurely each year in England and Wales , although others estimated the figure to be closer to People found unconscious under icy water may survive if their faces are kept continuously cold until they arrive at an emergency room. The lack of electrical brain activity may not be enough to consider someone scientifically dead. Therefore, the concept of information-theoretic death [21] has been suggested as a better means of defining when true death occurs, though the concept has few practical applications outside the field of cryonics. There have been some scientific attempts to bring dead organisms back to life, but with limited success. List of causes of death by

rate and List of preventable causes of death The leading cause of human death in developing countries is infectious disease. The leading causes in developed countries are atherosclerosis heart disease and stroke , cancer , and other diseases related to obesity and aging. By an extremely wide margin, the largest unifying cause of death in the developed world is biological aging, [6] leading to various complications known as aging-associated diseases. These conditions cause loss of homeostasis , leading to cardiac arrest , causing loss of oxygen and nutrient supply, causing irreversible deterioration of the brain and other tissues. Of the roughly , people who die each day across the globe, about two thirds die of age-related causes. Home deaths, once commonplace, are now rare in the developed world. American children smoking in Tobacco smoking caused an estimated million deaths in the 20th century. One such disease is tuberculosis , a bacterial disease which killed 1. Ziegler says worldwide approximately 62M people died from all causes and of those deaths more than 36M died of hunger or diseases due to deficiencies in micronutrients. The evolutionary cause of aging is, at best, only just beginning to be understood. It has been suggested that direct intervention in the aging process may now be the most effective intervention against major causes of death. He demonstrated that stress decreases adaptability of an organism and proposed to describe the adaptability as a special resource, adaptation energy. The animal dies when this resource is exhausted. Later on, Goldstone proposed the concept of a production or income of adaptation energy which may be stored up to a limit , as a capital reserve of adaptation. It is demonstrated that oscillations of well-being appear when the reserve of adaptability is almost exhausted. In high-income and middle income countries nearly half up to more than two thirds of all people live beyond the age of 70 and predominantly die of chronic diseases. In low-income countries, where less than one in five of all people reach the age of 70, and more than a third of all deaths are among children under 15, people predominantly die of infectious diseases. It is usually performed by a specialized medical doctor called a pathologist. Autopsies are either performed for legal or medical purposes. A forensic autopsy is carried out when the cause of death may be a criminal matter, while a clinical or academic autopsy is performed to find the medical cause of death and is used in cases of unknown or uncertain death, or for research purposes. Autopsies can be further classified into cases where external examination suffices, and those where the body is dissected and an internal examination is conducted. Permission from next of kin may be required for internal autopsy in some cases. Once an internal autopsy is complete the body is generally reconstituted by sewing it back together. Autopsy is important in a medical environment and may shed light on mistakes and help improve practices. A "necropsy" is an older term for a postmortem examination, unregulated, and not always a medical procedure. In modern times the term is more often used in the postmortem examination of the corpses of animals. The stated rationale for cryonics is that people who are considered dead by current legal or medical definitions may not necessarily be dead according to the more stringent information-theoretic definition of death. Life extension Life extension refers to an increase in maximum or average lifespan , especially in humans, by slowing down or reversing the processes of aging. Average lifespan is determined by vulnerability to accidents and age or lifestyle-related afflictions such as cancer , or cardiovascular disease. Extension of average lifespan can be achieved by good diet , exercise and avoidance of hazards such as smoking. Maximum lifespan is also determined by the rate of aging for a species inherent in its genes. Currently, the only widely recognized method of extending maximum lifespan is calorie restriction. Theoretically, extension of maximum lifespan can be achieved by reducing the rate of aging damage, by periodic replacement of damaged tissues , or by molecular repair or rejuvenation of deteriorated cells and tissues. A United States poll found that religious people and irreligious people, as well as men and women and people of different economic classes have similar rates of support for life extension, while Africans and Hispanics have higher rates of support than white people. Researchers of life extension are a subclass of biogerontologists known as "biomedical gerontologists ". They try to understand the nature of aging and they develop treatments to reverse aging processes or to at least slow them down, for the improvement of health and the maintenance of youthful vigor at every stage of life. Those who take advantage of life extension findings and seek to apply them upon themselves are called "life extensionists" or "longevists". The primary life extension strategy currently is to apply available anti-aging methods in the hope of living long enough to benefit from a complete cure to aging once it is developed. Therefore, practitioners of this approach, e. It took many years to shift to this new

location where dying was commonly taking place outside the home.

### 5: Death - Wikipedia

*As this pair of questions suggests, the debate about the right to choose death may appear to present a stand-off between people who endorse life's intrinsic value, and those who think life's value depends on the interests, judgments, and choices of the person whose life it is.*

They said she had six months to a year to live. Three weeks later, she was in critical condition, and my wife was flying up to see her. Never before have I seen life and death in such close proximity. Cormac McCarthy once said these are the only two subjects worth writing about, life and death. After experiencing it first hand this month, I get it. When you place orange next to dark blue, both colors look more vibrant which is why sunrises are so beautiful. When you place life next to death or vice versa , both become more meaningful. She was unconscious, had that gaping mouth of the dazed dying. Someone got a picture of him with her. This is the mystery, that these two things could exist in the same world. How do you explain that? The title is very appropriate. The story follows a man trying to understand the suicide of his best friend fifty years prior, a man at the end of his life trying to understand the end of someone he cared about. Great writers write about death. By exploring death, you naturally draw out the meanings behind life. Sometimes when I look at my son, I wonder what it will be like for him as an old man, looking back on his life. Will he be content with what his life as he faces death? What can I do, I wonder, at the start of his life, to make sure the end is successful? Develop the Contrast in Your Story Great art employs contrast. If you want to create art, ask how can you develop the contrast in your story? How can you increase the proximity between death and life? How can you draw out the meaning of life by writing about death? Write for fifteen minutes. And if you post, be sure to comment on a few practices by other writers. You can follow him on Instagram [jhbunting](#).

### 6: Write About Life and Death - The Write Practice

*This story comes from the Kono people of Guinea. Like many African stories, it is as concerned with the origin of death as with the origin of life, and with the origin of the many races that inhabit the earth.*

This may include dying quietly and with dignity, being pain free, and without distress. Oregon, US ]. Although the Oregon law does not require specific data collection concerning whether persons choosing to use DDA have disabilities that preexisted their terminal illness, there is no evidence that since its passage DDA has had a disproportionate impact on person in vulnerable populations, including persons with disabilities. Some in the disability community remain concerned that DDA poses a threat to people with disabilities and argue that these many protections and safeguards are insufficient and that no safeguards would ever be sufficient. Concerns about whether enough data are collected and whether the collected data are preserved for a long enough period of time have been raised by opponents of DDA. Opponents also suggest that unreported instances of DDA may be occurring in Oregon; however, there are no data to support this contention. A higher level of education is strongly associated with the use of DDA; those with a baccalaureate degree or higher were 7. During the first 10 years it has been a legal option, only Oregonians chose to use DDA. Oregon doctors report that since passage, efforts have been made to improve their ability to provide adequate end-of-life care. These efforts include improving their knowledge of the use of pain medications for the terminally ill, improving their ability to recognize depression and other psychiatric disorders, and referring their patients to hospice programs more frequently. Representatives of a hospice-based palliative care provider in Oregon stated that the physicians they work with are more comfortable discussing end-of-life issues with their patients since the enactment of DDA, which focused attention on end-of-life care and the options available to individuals. Physicians throughout the country report that they regularly receive requests for aid in dying. The evidence shows that complications are more likely when this occurs in a covert, unsanctioned, and unregulated practice. For example, there is greater chance of an extended time until death after consuming lethal medications if the practice is unregulated or unsanctioned. In addition, the stress and anxiety for the patient and family is much higher when no physician can legally be involved to counsel the patient and family and provide a prescription. The Oregon Department of Human Services www. APHA rejects providing only partial information on which to base health decisions. Encourages that where such option is available to vulnerable populations, including persons who have a disability which existed before the terminal illness, data be collected on the incidence when vulnerable populations and persons with disabilities that are independent of their terminal illness decide to hasten their death. Supports measures to ensure that patients eligible to receive information about death with dignity and are able to choose alternatives such as aggressive pain and symptom management, palliative care, hospice care, and care to maximize quality of life and independence. Supports the provision of information about the full range of end-of-life care options to terminally ill patients permitted by law in the state in which the patient is receiving care, including, for example, voluntarily stopping eating and drinking and palliative sedation. References American Public Health Association. APHA policy statement American Public Health Association; Accessed November 29, The concept of quality of life of dying persons in the context of health care. J Pain Symptom Manage. Pearlman R, Starks HE. Why do people seek physician-assisted death? Johns Hopkins University Press; Pew Research Center for the People and the Press. Strong Public Support for Right to Die. Accessed December 2, Drug Policy Alliance Network. Supreme Court of the United States. Gonzales, Attorney General, et al. Legalized physician-assisted suicide in Oregonâ€”the second year. N Engl J Med. Legalized physician-assisted suicide in Oregon: So far so good: Psychol Public Policy Law. Physician assistance with dying: Legal physician-assisted dying in Oregon and the Netherlands: Government Accountability Office; Accessed December 8, Increased family reports of pain or distress in dying Oregonians: Cerminara KL, Perez A. Empirical research relevant to the law: Experiences of Oregon nurses and social workers with hospice patients who requested assistance with suicide. Family member involvement in hastened death. Accessed December 3, Letters to the editor, Death with dignity. A Time to Die: The Place for Physician Assistance. Yale University Press; Smith DM, Pollack D. A psychiatric

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### 7: Why the Irish get death right | Life and style | The Guardian

*28 Profoundly Beautiful Quotes About Life And Death "Life is so beautiful that death has fallen in love with it, a jealous, possessive love that grabs at what it can. But life leaps over.*

For example, it will be difficult to deal with people who want to implement euthanasia for selfish reasons or pressurise vulnerable patients into dying. This is little different from the position with any crime. People have the right to die Human beings have the right to die when and how they want to In So long as the patient is lucid, and his or her intent is clear beyond doubt, there need be no further questions. The Independent, March Many people think that each person has the right to control his or her body and life and so should be able to determine at what time, in what way and by whose hand he or she will die. Behind this lies the idea that human beings should be as free as possible - and that unnecessary restraints on human rights are a bad thing. Allied to this is a firm belief that death is the end. Religious objections Religious opponents disagree because they believe that the right to decide when a person dies belongs to God. Secular objections Secular opponents argue that whatever rights we have are limited by our obligations. The decision to die by euthanasia will affect other people - our family and friends, and healthcare professionals - and we must balance the consequences for them guilt, grief, anger against our rights. We should also take account of our obligations to society, and balance our individual right to die against any bad consequences that it might have for the community in general. These bad consequences might be practical - such as making involuntary euthanasia easier and so putting vulnerable people at risk. There is also a political and philosophical objection that says that our individual right to autonomy against the state must be balanced against the need to make the sanctity of life an important, intrinsic, abstract value of the state. Secular philosophers put forward a number of technical arguments, mostly based on the duty to preserve life because it has value in itself, or the importance of regarding all human beings as ends rather than means. Top Other human rights imply a right to die Without creating or acknowledging a specific right to die, it is possible to argue that other human rights ought to be taken to include this right. Opponents of euthanasia may disagree, and argue that allowing euthanasia will greatly increase the risk of people who want to live being killed. The danger of violating the right to life is so great that we should ban euthanasia even if it means violating the right to die. The rights to privacy and freedom of belief include a right to die This is the idea that the rights to privacy and freedom of belief give a person the right to decide how and when to die. It concluded that the right to life did not give any right to self-determination over life and death, since the provisions of the convention were aimed at protecting and preserving life. English law already acknowledges that people have the right to die This argument is based on the fact that the Suicide Act made it legal for people to take their own lives. Opponents of euthanasia may disagree: Euthanasia opponents further point out that there is a moral difference between decriminalising something, often for practical reasons like those mentioned above, and encouraging it. They can quite reasonably argue that the purpose of the Suicide Act is not to allow euthanasia, and support this argument by pointing out that the Act makes it a crime to help someone commit suicide. This is true, but that provision is really there to make it impossible to escape a murder charge by dressing the crime up as an assisted suicide. Libertarian argument This is a variation of the individual rights argument. It is included here for completeness. In most countries there is a shortage of health resources. As a result, some people who are ill and could be cured are not able to get speedy access to the facilities they need for treatment. At the same time health resources are being used on people who cannot be cured, and who, for their own reasons, would prefer not to continue living. Allowing such people to commit euthanasia would not only let them have what they want, it would free valuable resources to treat people who want to live. Abuse of this would be prevented by only allowing the person who wanted to die to initiate the process, and by regulations that rigorously prevented abuse. Objections to this argument This proposal is an entirely pragmatic one; it says that we should allow euthanasia because it will allow more people to be happy. Such arguments will not convince anyone who believes that euthanasia is wrong in principle. Others will object because they believe that such a proposal is wide-open to abuse, and would ultimately lead to involuntary euthanasia because of shortage of health

resources. In the end, they fear, people will be expected to commit euthanasia as soon as they become an unreasonable burden on society. Top Moral rules must be universalisable One of the commonly accepted principles in ethics, put forward by Immanuel Kant, is that only those ethical principles that could be accepted as a universal rule i. You find variations of this idea in many faiths; for example "do unto others as you would have them do unto you". To put it more formally: A rule is universalisable if it can consistently be willed as a law that everyone ought to obey. The only rules which are morally good are those which can be universalised. The person in favour of euthanasia argues that giving everybody the right to have a good death through euthanasia is acceptable as a universal principle, and that euthanasia is therefore morally acceptable. This alone does not justify euthanasia This is sound, but is not a full justification. Universalisability is therefore only a necessary condition, not a sufficient condition for a rule to be a morally good rule. How similar can situations be? Every case is different in some respect, so anyone who is inclined to argue about it can argue about whether the particular differences are sufficient to make this case an exception to the rule. Universal exceptions to universal rules Oddly enough, the law of universalisability allows for there to be exceptions - as long as the exceptions are themselves universalisable. So you could have a universal rule allowing voluntary euthanasia and universalise an exception for people who were less than 18 years old.

### 8: The Good, the Right, Life and Death : Professor Michael J. Zimmerman :

*In this world of technological achievement, the human family is confronted with numerous life-and-death decisions that are taxing indeed. Frequently we struggle with such issues. The Scriptures-divinely given and perpetually relevant-can guide us in these heart-rending decisions if we will seek their counsel.*

This story comes from the Kono people of Guinea. Like many African stories, it is as concerned with the origin of death as with the origin of life, and with the origin of the many races that inhabit the earth. Death, and Life and Death In the beginning there was nothing: In this world lived only Death, whose name is Sa, and his wife and and their only daughter. Needing a place for his family to live, Sa eventually used his magical powers to create a vast sea of mud. They lived in this filth and instabililty for many years. Finally the god Alatangana came to visit Sa and his family. Alatangana was appalled at the mess in which they lived, and he condemned Sa for creating such a dirty place that lacked light and life. To set things right, Alatangana first consolidated the mud into the solid earth. However, this lifeless expanse across which he could now walk still depressed him. First he made plants to cover the new earth, and then animals to live on it. Even Sa realized that Alatangana had made the world a much better place, and he took Alatangana in as his guest. They had fourteen children. Seven were girls and seven were boys, and of each four had light skin and three had dark. This did not distress Alatangana, but he and his wife were shocked to find that their children spoke different languages that the parents did not understand. Frustrated with this state of affairs, Alatangana finally went to Sa for advice. Alatangana returned home, and eventually his children went off to found the peoples of the world, the French, the English, and the other European peoples, and the Kono, the Guerze, the Manon Malinke, and the Toma Yacouba of Africa. All these descendents of Alatangana and his wife still lived in darkness, because although Alatangana had made the life that covered the earth, he had could not find a way to make light. As before, his frustration forced him to call on Sa for help, but rather than face his hostile father-in-law, he decided to send two messengers. He chose the tou-tou bird, a small red bird that is one of the first to arise each morning in the forest, and the rooster. These two birds went to ask Sa how the world could be lit so that the new peoples of the earth could see to work. When the two presented their problem to Sa, he invited them into his home and taught them a song with which they could call forth daylight. When the two returned to Alatangana, he was furious at the nonsense they reported about a song they had learned. He nearly killed them, but eventually he sent them on their way. Not long afterward, the rooster broke into song, and the tou-tou bird sang its first notes. For the first time, dawn began to appear, and soon it was day. The sun that they had called forth made its way across the sky, and when it set the stars appeared to provide faint light at night. Every day since has begun the same way, with the call of the tou-tou bird and the cry of the rooster. Alatangana was grateful for the gift that he now realized Sa had given to him and his children. Sa was not long, however, in calling for payment of the debt. London, Heinemann Educational Books Ltd.

## 9: The Life and Death Parade by Eliza Wass

*Article 2: Right to life. 1. Everyone's right to life shall be protected by law. No one shall be deprived of his life intentionally save in the execution of a sentence of a court following his conviction of a crime for which the penalty is provided by law.*

In particular, these include situations where a person kills another, painlessly, but for no reason beyond that of personal gain; or accidental deaths that are quick and painless, but not intentional. A kills another person B for the benefit of the second person, who actually does benefit from being killed". Based on this, she offered a definition incorporating those elements, stating that euthanasia "must be defined as death that results from the intention of one person to kill another person, using the most gentle and painless means possible, that is motivated solely by the best interests of the person who dies. Their definition specifically discounts fetuses to distinguish between abortions and euthanasia: In response, Wreen argued that euthanasia has to be voluntary, and that "involuntary euthanasia is, as such, a great wrong". Hence, euthanasia can be voluntary only. In the definitions offered by Beauchamp and Davidson and, later, by Wreen, consent on the part of the patient was not considered as one of their criteria, although it may have been required to justify euthanasia. Voluntary euthanasia See also: Right to die Voluntary euthanasia is conducted with the consent of the patient. Active voluntary euthanasia is legal in Belgium, Luxembourg and the Netherlands. Passive voluntary euthanasia is legal throughout the US per *Cruzan v. Director, Missouri Department of Health*. When the patient brings about his or her own death with the assistance of a physician, the term assisted suicide is often used instead. Assisted suicide is legal in Switzerland and the U. Non-voluntary euthanasia Non-voluntary euthanasia is conducted when the consent of the patient is unavailable. Examples include child euthanasia , which is illegal worldwide but decriminalised under certain specific circumstances in the Netherlands under the Groningen Protocol. Involuntary euthanasia Involuntary euthanasia is conducted against the will of the patient. Passive and active euthanasia Voluntary, non-voluntary and involuntary types can be further divided into passive or active variants. While some authors consider these terms to be misleading and unhelpful, they are nonetheless commonly used. In some cases, such as the administration of increasingly necessary, but toxic doses of painkillers , there is a debate whether or not to regard the practice as active or passive. In his work, *Euthanasia medica*, he chose this ancient Greek word and, in doing so, distinguished between euthanasia interior, the preparation of the soul for death, and euthanasia exterior, which was intended to make the end of life easier and painless, in exceptional circumstances by shortening life. That the ancient meaning of an easy death came to the fore again in the early modern period can be seen from its definition in the 18th century Zedlers *Universallexikon*: According to Marx, a doctor had a moral duty to ease the suffering of death through encouragement, support and mitigation using medication. Such an "alleviation of death" reflected the contemporary zeitgeist , but was brought into the medical canon of responsibility for the first time by Marx. Marx also stressed the distinction between the theological care of the soul of sick people from the physical care and medical treatment by doctors. Thomas Aquinas opposed both and argued that the practice of euthanasia contradicted our natural human instincts of survival, [33] as did Francois Ranchin " , a French physician and professor of medicine, and Michael Boudewijns " , a physician and teacher. Questel described various customs which were employed at the time to hasten the death of the dying, including the sudden removal of a pillow, which was believed to accelerate death , and argued against their use, as doing so was "against the laws of God and Nature". A similar use of chloroform was revealed by Joseph Bullar in However, in neither case was it recommended that the use should be to hasten death. In Samuel Williams, a schoolteacher, initiated the contemporary euthanasia debate through a speech given at the Birmingham Speculative Club in England, which was subsequently published in a one-off publication entitled *Essays of the Birmingham Speculative Club*, the collected works of a number of members of an amateur philosophical society. That in all cases of hopeless and painful illness, it should be the recognized duty of the medical attendant, whenever so desired by the patient, to administer chloroform or such other anaesthetic as may by-and-bye supersede chloroform " so as to destroy consciousness at once, and put the sufferer to a quick

and painless death; all needful precautions being adopted to prevent any possible abuse of such duty; and means being taken to establish, beyond the possibility of doubt or question, that the remedy was applied at the express wish of the patient. Euthanasia in the United States Felix Adler , circa , the first prominent American to argue for permitting suicide in cases of chronic illness The rise of the euthanasia movement in the United States coincided with the so-called Gilded Age , a time of social and technological change that encompassed an "individualistic conservatism that praised laissez-faire economics, scientific method , and rationalism " , along with major depressions , industrialisation and conflict between corporations and labour unions. Felix Adler offered a similar approach, although, unlike Ingersoll, Adler did not reject religion. In fact, he argued from an Ethical Culture framework. In , Adler argued that those suffering from overwhelming pain should have the right to commit suicide, and, furthermore, that it should be permissible for a doctor to assist " thus making Adler the first "prominent American" to argue for suicide in cases where people were suffering from chronic illness. Hall , a wealthy heiress who was a major figure in the euthanasia movement during the early 20th century in the United States. Hall had watched her mother die after an extended battle with liver cancer , and had dedicated herself to ensuring that others would not have to endure the same suffering. Towards this end she engaged in an extensive letter writing campaign, recruited Lurana Sheldon and Maud Ballington Booth , and organised a debate on euthanasia at the annual meeting of the American Humane Association in " described by Jacob Appel as the first significant public debate on the topic in the 20th century. A motion to reject the bill outright was voted down, but the bill failed to pass, 79 to However, the Iowa legislation was broader in scope than that offered in Ohio. It allowed for the death of any person of at least ten years of age who suffered from an ailment that would prove fatal and cause extreme pain, should they be of sound mind and express a desire to artificially hasten their death. In addition, it allowed for infants to be euthanised if they were sufficiently deformed, and permitted guardians to request euthanasia on behalf of their wards. The proposed legislation also imposed penalties on physicians who refused to perform euthanasia when requested: The proposal proved to be controversial. The movement campaigned for the legalisation of euthanasia in Great Britain. In January , King George V was given a fatal dose of morphine and cocaine to hasten his death. At the time he was suffering from cardio-respiratory failure, and the decision to end his life was made by his physician, Lord Dawson. Jost argued that control over the death of the individual must ultimately belong to the social organism, the state. Ultimately the argument was biological: A similar petition had been sent to the New York Legislature in , signed by approximately 1, New York physicians. McCormick stated that "The ultimate object of the Euthanasia Society is based on the Totalitarian principle that the state is supreme and that the individual does not have the right to live if his continuance in life is a burden or hindrance to the state. The Nazis followed this principle and compulsory Euthanasia was practiced as a part of their program during the recent war. We American citizens of New York State must ask ourselves this question: However, the petition did not result in any legal changes. According to euthanasia opponent Ezekiel Emanuel , proponents of euthanasia have presented four main arguments: Pro-euthanasia activists often point to countries like the Netherlands and Belgium , and states like Oregon , where euthanasia has been legalized, to argue that it is mostly unproblematic. Similarly, Emanuel argues that there are four major arguments presented by opponents of euthanasia: Top reasons were a loss of dignity, and a fear of burdening others. You may improve this article , discuss the issue on the talk page , or create a new article , as appropriate. November Main article: In the Netherlands and Belgium, where euthanasia has been legalized, it still remains homicide although it is not prosecuted and not punishable if the perpetrator the doctor meets certain legal conditions. The apex court remarked in the judgment that the Constitution of India values liberty, dignity, autonomy, and privacy. A bench headed by Chief Justice Dipak Misra delivered a unanimous judgment. It states that, "intentional euthanasia, whatever its forms or motives, is murder. It is gravely contrary to the dignity of the human person and to the respect due to the living God, his Creator". Because of this, the practice is unacceptable within the Church. Among Protestant denominations, the Episcopal Church passed a resolution in opposing euthanasia and assisted suicide stating that it is "morally wrong and unacceptable to take a human life to relieve the suffering caused by incurable illnesses.

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