



Position Statement

Medically-Assisted Suicide and Euthanasia (MAS & E)

Medically-assisted suicide and euthanasia (MAS & E) are morally controversial practices because they intentionally cause death and thereby contradict the Judeo-Christian and Hippocratic traditions of medical ethics which call for curing and caring, not killing.

Therefore, we oppose MAS & E and affirm the sanctity, dignity, and inherent worth of every human life, grounded in the biblical truth that all people are created in the image of God. Human dignity is not diminished by illness, disability, dependence, or suffering, and patients approaching the end of life deserve compassionate, life-affirming care rather than interventions that intentionally cause death.

Medically-assisted suicide involves a healthcare professional providing the means for a patient to intentionally end their own life, while euthanasia involves a healthcare professional directly administering an intervention to intentionally cause death. Although such practices are sometimes described using euphemisms such as “medical aid in dying” or “death with dignity,” we affirm that clarity in language is essential, as these practices intentionally aim at death and are therefore morally distinct from appropriate end-of-life care.

From a biblical and ethical perspective, intentionally causing or hastening death violates God’s command not to kill innocent human beings and contradicts the healing vocation of the health professions. While death is a reality of our fallen world and may be accepted when it occurs naturally, it is not a good to be pursued or hastened. Christian hope affirms that there is dignity in caring for the dying and in living faithfully until death, but not in deliberately causing death itself.

We reject claims that MAS & E are justified by appeals to autonomy, compassion, or dignity. Respect for patient autonomy does not obligate healthcare professionals to participate in actions that are morally wrong or harmful. True compassion responds to suffering by presence, care, and appropriate symptom relief—not by eliminating the person who suffers. Furthermore, MAS & E risk devaluing vulnerable populations, including the elderly, disabled, cognitively impaired, and those who feel like a burden to others, and may create subtle or overt pressures toward death rather than care.

We strongly affirm the importance of excellent palliative care, which addresses physical, psychological, social, and spiritual suffering while neither hastening nor postponing death. When life-sustaining treatments are no longer beneficial or desired, it may be ethically appropriate to withhold or withdraw such treatments while continuing comprehensive comfort-focused care.

Appropriately administered palliative medications, including palliative sedation when clinically indicated, are ethically distinct from MAS & E because they do not intend death as a means or an end.

As Christian pharmacists, we are called to practice conscientiously and to refuse participation in MAS & E interventions intended to cause death. Such refusal does not constitute abandonment of patients. Rather, Christian pharmacists remain committed to compassionate care, collaboration within interprofessional healthcare teams, patient education, symptom management, and advocacy for life-affirming alternatives. We support robust legal and institutional protections for conscience rights so that pharmacists and other healthcare professionals are not compelled to act against deeply held moral and religious convictions.

We encourage Christian pharmacists to uphold these convictions faithfully in professional practice, public discourse, and patient care.

Approved by the CPFI Board of Directors
Passed with 13 approvals, 0 opposed, 0 abstention
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These statements have been prepared based upon and are in alignment with similar statements from the Christian Medical Dental Association Ethics Statement on Medically-Assisted Suicide and Euthanasia which can be accessed through their website.