

# Ecumenical Patriarchate of Constantinople (Orthodox Christian)<sup>1</sup>

## 1. The legal regulations on end of life choices in Greece and Turkey

(Note: The term “euthanasia” in this survey is assumed to mean *voluntary active euthanasia*: an act that causes the death of the patient through administering life-shortening treatment at the expressed will of the patient.)

In Turkey, euthanasia is not allowed legally and it is considered as homicide. “Active” euthanasia remains unlawful in Turkish Criminal Law (Article 455), while “passive” euthanasia is punishable as intentional killing (448). This is firmly based on Islamic teaching which absolutely forbids it. Although this is the case, the trend among health care professionals and a large percentage of the educated populous to support euthanasia is interpreted as the falling away of traditional moral and religious values.<sup>2</sup> There is no palliative care specialisation in Turkey. However, internists, medical oncologists, family physicians, paediatricians and anaesthetists all provide some form of palliative care service.<sup>3</sup>

In Greece’s Code of Law, the term euthanasia is not used. It is though considered homicide and thus considered a criminal offence. Article 299 of the Greek penal code proscribes involuntary homicide with a mandatory sentence of life imprisonment.<sup>4</sup> However, there is a qualified sanctity of life, in that under certain circumstances the law will reflect the motive of the person who kills.<sup>5</sup> Article 300 of the Penal code allows for voluntary euthanasia, though it is not called such. However, the legislature does not equate euthanasia with murder, and the penalty is not so harsh, providing the patient’s consent has been sought.<sup>6</sup> It punishes anyone who decides and executes homicide after an intense and persistent suffering from an incurable and unbearable disease with a sentence of 10 days to 5 years. Greek law has never referred to the right of the patient to ask for or to allow themselves to terminate his/her own life. Neither is there a law which directly refers to a doctor “pulling the cord”. Most Greeks still follow a traditional pattern of “medical authority” as the prime decision maker in end of life issues and are very slow in changing towards a system of patient driven healthcare. In practice, the physician is given great power by the people to make decisions on their behalf.<sup>7</sup> The inexplicitness of the law in direct regard to euthanasia gives him/her a certain liberty in making end of life choices regarding the extent of the “treatment” they will administer. Palliative care, in its holistic sense, is not well organized. There are no laws regarding palliative care as known in most European countries. Neither are there palliative care programs subsidized by the State. In general, though, palliative care in Greece is mostly centred on pain management by Pain Centres of Anaesthesia Departments or of Oncology Departments of hospitals. Only a few special palliative care programs with a holistic approach have been launched in Greece, the most recent being one for children.<sup>8</sup>

## 2. The view of the Orthodox Church on end of life choices?

The Orthodox Church does not issue “statements” on ethical issues. The purpose of theological thought and spiritual direction is not to place or determine the “correct” or “incorrect” decisions regarding life choices, such as that which pertain to end of life situations, but to attempt to clarify the principles by which we view life and death in relation

to the substance of the human's being. Human life is sacred, but just as sacred is the entire process of a dying. *Life and health do not constitute a commodity or simply a human right, but a priceless divine gift.* Taking this into account, we can firmly say that the Orthodox Church does not condone *voluntary active euthanasia* (as it has been dealt with in this survey). On the other hand, a violent - aggressive - insistent attempt to maintain the human body "alive" reinforces a supercilious stance regarding life, just as it does in regard to life's termination. We do not have the right to hasten death, just as we do not have the right to avoid it. We are obliged to accept it and respect it.<sup>9</sup> In light of this, physical pain can be a source of spiritual maturity just as it can be a source of resentment and despair. It is something that we must accept, in the hope that it will be relieved.

### **3. The main tensions in the chaplains' general practice concerning quality of end of life?**

There are three factors which contribute to the clergy's "tensions" around end of life issues. 1) The patient is very often unaware of the seriousness of his/her condition, as it has not become a common practice to tell the patient his/her diagnosis. 2) The family is not willing to be open about the seriousness of the situation. 3) The priest is usually not part of the therapeutic team that is treating the patient, and he is usually not called on by the family to offer spiritual care until the final days of the terminal illness, and this is done to give the dying Holy Communion. Thus, there is not only a tension in regards to the quality of life but also in the quality of spiritual care that can be offered in the final stage of death. There remains a prerequisite that those that participate in the Eucharist that they be conscious in order to accept the sacrament. Having been called in the "final hour" to administer the sacrament and finding the patient unconscious, the priest is often put in the position of having to deny the family's request to "give" communion. This causes a great deal of discontent and tension between the family and the pastor. Even if the patient is conscious, the pastor usually cannot be open with the patient, being that the patient usually not aware of his/her condition. Being that the priest is not part of the therapeutic group, he does not have the "right" to express his opinion regarding the medical care offered. Within the liturgical tradition of the Orthodox Church, following death, there are many liturgical ceremonies that provide for many pastoral opportunities to care for the family in bereavement.

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<sup>1</sup> The Ecumenical Patriarchate's administrative jurisdiction is around Constantinople (present day Istanbul, Turkey). The Ecumenical Patriarch and Archbishop of Constantinople though is the "first among equals" amongst all Orthodox Churches and presides over Pan-Orthodox Councils, whenever they take place. Specifically and on a regular basis, he presides over the Holy and Sacred Synod of the Ecumenical Throne, which is made up of Metropolitans from Asia Minor and Europe. Within the realm of Europe, subject to the Patriarchate, are the Churches of Great Britain (including Ireland and Malta), France and the Iberian Peninsula, Germany, Austria and Hungary, Scandinavia, Belgium, Switzerland, Italy, the Southern Greek Islands and Crete. The provinces of Northern Greece are spiritually under the Ecumenical Patriarchate but belong administratively to the Holy Synod of the Church of Greece. This survey will view legal regulations in Turkey and Greece. Orthodox Christians in other European countries are, of course, subject to the laws of their respective place of residence.

<sup>2</sup> - N.Yasemin Oguz, M.D., Ph.D., *Euthanasia In Turkey: Cultural and religious perspectives*, Eubios Journal of Asian and International Bioethics 6 (1996), 170-1. Sahin Aksoy M.D., Ph.D., *Ethical Considerations on the End of Life Issues in Turkey*, <http://www.eubios.info/ABC4/abc4079.htm>

<sup>3</sup> Aki, Z., Kotiloglu, G., and Ozyilkan, O. 2000. *A patient with a prolonged prothrombin time due to an adverse interaction between 5-Fluorouracil and warfarin*. American Journal of Gastroenterology, vol. 950: 1093-1094. (see also EAPC Task Force on the development of Palliative Care in Europe-TURKEY

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(<http://www.eapcnet.org/download/forPolicy/CountriesRep/Turkey.pdf> )

<sup>4</sup> Mystakidou, Kyriaki, *The Evolution of Euthanasia and its Perceptions in Greek Culture and Civilization*, [2005] 48(1) *Perspect. Biol. Med.* 95, 97, 98, 100

<sup>5</sup> Mavroforou, Anna, *Euthanasia in Greece, Hippocrates' birthplace*, [2001] 8(2) *Eur. J. Health Law* 157, 161, 159.

<sup>6</sup> Pridgeon, J. Lucy, *Euthanasia Legislation in the European Union: is a Universal Law Possible?* *Hanse Law Review* Vol. 2 No. 1 (March 2006); Horafas N. *Criminal law*, Volume A, 9th edition. Athens: Sakkoulas, 1978.

<sup>7</sup> Ploumbidis, D., *Ethical issues of deinstitutionalisation in Greece*, 2001, *Ethical Aspects of Deinstitutionalization in Mental Health Care Final Report*, 68.

<sup>8</sup> See: [www.Merimna.org.gr](http://www.Merimna.org.gr)

<sup>9</sup> Metropolitan Pergamou Ioannis (Zizioulas) *Euthanasia – Apofasis kata to telos tis Zoes, Pandochion, Iounios 2002*, 6:58; Harakas, Stanley, *Contemporary Moral Issues Facing the Orthodox Christian*, Light & Life Publishing Co, Minneapolis, 1982, p. 176.; Metropolitan of Mesogias and Lavroattica Nicholas, *METH – Sto metexion tiw zoes kai tou thanatou*, <http://www.bioethics.org.gr/Methorio%20zois%20kai%20thanatou.pdf>