CAPITAL UNITARIAN UNIVERSALIST CONGREGATION

ORDER OF SERVICE – Sunday, November 1st, 2015

Welcome: Board Member: Peter Scales

Prelude: Komm Süsser Tod (Come Sweet Death), Bach Janet Yonge

Opening Words 444 and Lighting the Chalice: Peter

Song: #360 “Here We Have Gathered”

~~Story for all ages (#413 Go Now in Peace) Peter~~

Joys and Concerns: “Pebbles Fall…”

Offering: Lacrymosa from the Requiem, Mozart Janet

Acceptance: "From you I receive…”

Meditation: *The Death of Socrates*

Song: #292 “If I Can Stop One Heart from Breaking”

Homily: The Morality of Euthanasia Peter

Song: #295 “Sing Out Praises for the Journey”

Closing Words & Extinguishing the Chalice: Peter

Linking Song: #123 “Spirit of Life”

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Ad blurb: The Morality of Euthanasia. Where is the line that separates the biblical injunction against suicide from respecting a person's integrity and rational choice? Discussions of capital punishment and physician-assisted suicide rarely mention the decision to self-deliver when life becomes unbearable. Award-winning documentary "How to Die in Oregon" (available at the public library) deals directly with euthanasia. Peter hopes to illuminate the morality and legality of self-delivery.

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Janet’s prelude music was Bach’s “Come Sweet Death”

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| **German original** | **English translation** |
| *Komm, süßer Tod, komm selge Ruh!**Komm führe mich in Friede,**weil ich der Welt bin müde,**ach komm! ich wart auf dich,**komm bald und führe mich,**drück mir die Augen zu.**Komm, selge Ruh!* | Come, sweet death, come, blessed rest!Come lead me to peacefor I am weary of the world,O come! I wait for you,come soon and lead me,close my eyes.Come, blessed rest! |

Death of Socrates image on the front of the order of service… Socrates had been ordered to drink hemlock… not really euthanasia and hardly even suicide… the great philosopher carried out the sentence of the court which had condemned him.

Offering Music is *Lacrymosa* from Mozart’s Requiem:

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| *Lacrimosa dies illa**Qua resurget ex favilla**Judicandus homo reus.**Huic ergo parce, Deus:**Pie Jesu Domine,**Dona eis requiem. Amen.* | Mournfully be that dayOn which from ashes shall ariseThe guilty man to be judged;O God, have mercy on him.Gentle Lord Jesus,Grant them eternal rest. Amen. |

Suicide is the name of a crime, and as such it carries a lot of baggage. Euthanasia is from Greek words meaning “good death.” Self-delivery is a euphemism for suicide. I had considered using “self-delivery” throughout this talk but friends suggested that this would not be clear enough. So until the word suicide loses some of its sting, and until the term self-delivery gains more traction, let’s use *euthanasia* to refer to good deaths. Today I hope to illuminate the legality and morality of euthanasia, to spark discussion and perhaps even to inspire action.

I have been touched by both kinds of suicide: in the violent kind, at least two of my work colleagues [Capt S.K., at home; Maj M K.M., in her room in Afghanistan] used firearms to kill themselves. In the subtle kind, a beloved uncle walked home from being at the bedside of his wife as she died… he tidied their apartment, asked a neighbour to check in on him in the morning, took pills, and died in his chair. Uncle Gordon had lived a long life, his health was reasonable, but he had outlived two wives and could no longer face life alone. He and his wife were given Christian funerals together.

My aim today is talk about euthanasia by people who fit the Supreme Court of Canada definition of “grievous and irremediable” medical condition (an illness, disease or disability) that causes enduring suffering that is intolerable to the individual. [Dying With Dignity points out that the court did not define “grievous and irremediable,” but it is clearly not limited to terminal illness. Only competent, consenting adults will be allowed to access PAD. Someone who has dementia but is still competent to provide informed consent may qualify, provided their suffering is, at the time of the request, intolerable to them.] I want to acknowledge the terrors of teen suicide, suicide among First Nations and Inuit, and suicide by working-age people who suffer from PTSD or other mental disease, but they are the subjects of future talks by someone else.

Why do I and many Unitarians care about euthanasia? 22 years ago the annual gathering of UU congregational representatives approved a resolution:

<http://cuc.ca/resolutions-1993-choice-and-the-act-of-dying>

**“Choice and the Act of Dying”** [Posted by April Hope, May 1993]

BECAUSE the principles of Unitarian Universalism affirm the worth and dignity of every person, the right of conscience, and the justice, equity and compassion in human relations; and

BECAUSE a substantial majority of Canadian Unitarians polled advocated the right of terminally or irreversibly ill persons to choose the manner of their dying; and

BECAUSE a substantial majority of those polled approve the increasing public involvement of the Canadian Unitarian Council in the debate concerning the right to die, and

WHEREAS serious widespread national debate of the issues surrounding the control of dying is growing; and

WHEREAS this debate is revealing the ever-increasing complexity of these issues, demonstrating that a single all-encompassing response to death issues is not likely to be adequate;

THEREFORE BE IT RESOLVED that the Canadian Unitarian Council adopt a policy that advocates the legalization of the rights of mentally competent, terminally or irreversibly ill persons to determine the manner of their dying; and

BE IT FURTHER RESOLVED that the Canadian Unitarian Council support efforts to increase the availability of palliative care so that terminally ill patients will be better supported as they make their individual choices about dying; and

BE IT FURTHER RESOLVED that the CUC Board will create an ongoing national committee mandated to act upon the policy recommendations included in the report “Death Decisions: A Unitarian Response,” which include: keeping the issue before Canadian Unitarian congregations; serving as a clearing house for educational resources concerning all aspects of the debate; preparing and presenting legislative briefs as required that reflect Unitarian principles and views; engaging in the national public debate as committee members are able; presenting action options to local congregations as appropriate; and joining in appropriate coalitions, with Board approval, and

BE IT FURTHER RESOLVED that the CUC will provide sufficient funding to cover the communication costs between committee members and between the committee and the member societies. Adopted May 1993

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March 4, 2013 – I was with Mike & Lisa Greenly, Murray & Eleanor Enkin, John McLaren & Susan Lean, Dar Gareau-Levy, Hugo Sutmoller, Pat Kinrade, Marya & Philip, Fran Pardee, the Raging Grannies, members of FUCV Social Responsibility Committee… held DWD banners on the steps of the BC Legislature.

On June 16, 2013 Murray Enkin spoke a homily at FUCV: “The Ends of Life”

I am not necessarily speaking about euthanasia and suicide by elderly people. Some famous B.C. euthanasia stories are of people who were not elderly. For example:

**Sue Rodriguez**, a resident of Victoria, was 41 when she was diagnosed with Lou Gehrig’s Disease. [A 1998 film called *At the End of the Day: The Sue Rodriguez Story*, with Wendy Crewson as Rodriguez, tells her story.] Her euthanasia at age 44 was illegal because a physician had to assist her with the final medication.

**Gloria Taylor** was 61 when she was diagnosed with Lou Gehrig’s Disease. Gloria and the BC Civil Liberties Association used the courts to get a physician’s help with euthanasia. Gloria died at age 64 of an infection; she did not need to get help with her self-delivery, but she also did not seek a doctor’s help when she realized that the infection would soon take her life.

**Gillian Bennett** was born in 1930 in Christchurch, New Zealand. After a long career as a psychotherapist, in 1996 Gillian retired with her husband Jonathan to a house on Bowen Island. In her blog [www.deadatnoon.com](http://www.deadatnoon.com) , she wrote about dementia and her gradual and unstoppable loss of self. She wrote, “Ever so gradually at first, much faster now, I am turning into a vegetable. There comes a time, in the progress of dementia, when one is no longer competent to guide one's own affairs. I want out before the day when I can no longer assess my situation, or take action to bring my life to an end. Each of us is born uniquely and dies uniquely. I think of dying as a final adventure with a predictably abrupt end. I know when it's time to leave and I do not find it scary.” After a lovely weekend with her loved ones, Gillian Bennett took her own life at 11:00 a.m. on August 18, 2014, age 84.

Legality

[https://en.wikipedia.org/wiki/Carter\_v\_Canada\_(AG)](https://en.wikipedia.org/wiki/Carter_v_Canada_%28AG%29) - Carter v Canada is a Supreme Court of Canada decision where the prohibition of assisted suicide was challenged as contrary to the Canadian Charter of Rights and Freedoms by several parties, including the family of Kay Carter, a woman suffering from degenerative spinal stenosis, and Gloria Taylor, a woman suffering from amyotrophic lateral sclerosis (ALS). In a unanimous decision, the Court struck down the provision in the Criminal Code of Canada, giving Canadian adults who are mentally competent and suffering intolerably and enduringly the right to a doctor’s help in dying. The court suspended its ruling for 12 months, with the decision taking effect in 2016, giving the government enough time to amend its laws.

The Court framed the issue at bar thus: “It is a crime in Canada to assist another person in ending her own life. As a result, people who are grievously and irremediably ill cannot seek a physician’s assistance in dying and **may be condemned to a life of severe and intolerable suffering**. A person facing this prospect has two options: she can take her own life prematurely, often by violent or dangerous means, or she can suffer until she dies from natural causes. **The choice is cruel**.” The Court found that section 241(b) and section 14 of the Criminal Code unjustifiably infringe section 7 of the Charter, and that this violation is not saved under s. 1.

Supreme Court website: <http://www.canlii.org/en/ca/scc/doc/2015/2015scc5/2015scc5.html> - in part, “The prohibition on physician-assisted dying infringes the right to life, liberty and security of the person in a manner that is not in accordance with the principles of fundamental justice.”

The website of Dying With Dignity Canada (DWD) states that, On Feb. 6, 2015, the Supreme Court ruled unanimously to strike down the country’s Criminal Code ban on physician-assisted dying, arguing the decades-old prohibition violated Canadians’ Charter rights. In its ruling, the high court set out eligibility criteria and gave Ottawa and the provinces 12 months to prepare for the decision to come into effect. Channeling the cherished Canadian values of compassion and individual freedom, the decision promises to reshape how we think about death and dying in the years to come. The Carter v. Canada ruling gave decision-makers until February 2016 to prepare for the decriminalization of assisted dying. It also established guidelines for determining who can access PAD and how it could be safely administered. As of today [Nov 1, 2015] neither the federal government nor the provinces, except for Quebec, have passed new laws on physician assisted dying. “For the past nine months, we have not seen a coordinated response to the Supreme Court’s resounding decision on assisted dying,” said DWD Canada CEO Wanda Morris. “Instead, we’ve seen a series of delays and a mish-mash of overlapping or conflicting public consultations.”

External Panel

As part of its response to the Carter decision, in July 2015 the Government of Canada has established the External Panel on Options for a Legislative Response to Carter v. Canada. The mandate of the Panel is to engage Canadians and key stakeholders on issues the federal government will need to consider in its response to the Carter ruling. The Panel will provide a final report to the Ministers of Justice and Health that will outline key findings and options for consideration by the Ministers.

 In September the three panelists went to Switzerland, Belgium and Netherlands to interview physicians, palliative care doctors, lawyers, government officials, and bio-ethicists. They spoke with Dignitas (Switz.), a group that helps people with a terminal illness or severe physical and mental illnesses to die, and with EXIT (Switz.), an aid-in-dying organization that helps people plan for the end of life. [Times-Colonist 23 Sep 2015]

 Go to the Panel’s online consultation on legislative options for physician-assisted dying, at www.ep-ce.ca/issue-book/

The Panel: Two of the three panelists have spoken against doctor-assisted dying before the Supreme Court: Chochinov and Frazee are publicly anti-euthanasia. Dying with Dignity Canada, and the BC Civil Liberties Association, are urging the government to halt the work of the Panel and disband it. [Times-Colonist 30 Oct 2015]

 Catherine Frazee is a Professor Emerita at Ryerson University where, prior to her retirement in 2010, she served as Professor of Distinction and Co-Director of the Ryerson Institute for Disability Studies Research & Education. Through her scholarship, teaching, art and public service, she has challenged barriers to the full social inclusion of people with disabilities and contributed to reforms in areas ranging from artistic opportunity to legislation. She was the Chief Commissioner of the Ontario Human Rights Commission from 1989 to 1992.

 Harvey Max Chochinov is a Distinguished Professor of Psychiatry at the University of Manitoba and Director of the Manitoba Palliative Care Research Unit, CancerCare Manitoba. He holds the only Canada Research Chair in Palliative Care. His publications addressing psychosocial dimensions of palliative care have helped define core-competencies and standards of end-of-life care.

 Admitted to the Barreau du Québec in 1982, Benoît Pelletier first practiced law in civil litigation and real estate law with the Department of Justice Canada (1983 to 1989) and with Legal Services of Correctional Service Canada (in 1989 and 1990) in Ottawa. In 1990, he joined the faculty at the University of Ottawa’s Faculty of Law, which he still belongs to and where he currently holds the position of full professor. For 10 years, Benoît Pelletier represented the Chapleau riding in the National Assembly of Quebec. He was a minister with the Government of Quebec for nearly six years.

Morality

See: <https://en.wikipedia.org/wiki/Philosophy_of_suicide>

Christian-inspired philosophy: G. K. Chesterton calls suicide "the ultimate and absolute evil, the refusal to take an interest in existence". He argues that a person who kills himself, as far as he is concerned, destroys the entire world (apparently exactly repeating Maimonides' view).

Deontology: Immanuel Kant argues against suicide in *Fundamental Principles of The Metaphysic of Morals*. In accordance with the second formulation of his categorical imperative, Kant argues that, "He who contemplates suicide should ask himself whether his action can be consistent with the idea of humanity as an end in itself." Kant's theory looks at the act only, and not at its outcomes and consequences, and claims that one is ethically required to consider whether one would be willing to universalise the act: to claim everyone should behave that way. Kant argues that choosing to commit suicide entails considering oneself as a means to an end, which he rejects: a person, he says, must not be used "merely as means, but must in all actions always be considered as an end in himself." Therefore, it is unethical to commit suicide to satisfy oneself.

Social contract: The social contract, according to Jean-Jacques Rousseau, is such that every man has "a right to risk his own life in order to preserve it." Hobbes and Locke reject the right of individuals to take their own life. Hobbes claims in his *Leviathan* that natural law forbids every man "to do, that which is destructive of his life, or take away the means of preserving the same." Breaking this natural law is irrational and immoral. Hobbes also states that it is intuitively rational for men to want felicity and to fear death most.

**Idealism**: Herodotus wrote: "When life is so burdensome, death has become for man a sought-after refuge". Schopenhauer affirmed: "They tell us that suicide is the greatest act of cowardice... that suicide is wrong; when it is quite obvious that there is nothing in the world to which every man has a more unassailable title than to his own life and person." Schopenhauer's main work, *The World as Will and Representation*, occasionally uses the act in its examples. He denied that suicide was immoral and saw it as one's right to take one's life.

Liberalism asserts that a person's life belongs only to them, and no other person has the right to force their own ideals that life must be lived. Rather, only the individual involved can make such a decision, and whatever decision they make should be respected. Philosopher and psychiatrist Thomas Szasz goes further, arguing that suicide is the most basic right of all. If freedom is self-ownership—ownership over one's own life and body—then the right to end that life is the most basic of all. If others can force you to live, you do not own yourself and belong to them.

Stoicism: Although George Lyman Kittredge states that "The Stoics held that suicide is cowardly and wrong," the most famous stoics — Seneca the Younger, Epictetus, and Marcus Aurelius — maintain that death by one's own hand is always an option and frequently more honorable than a life of protracted misery. The Stoics accepted that suicide was permissible for the wise person in circumstances that might prevent them from living a virtuous life. Plutarch held that accepting life under tyranny would have compromised Cato's self-consistency (constantia) as a Stoic and impaired his freedom to make the honorable moral choices. Suicide could be justified if one fell victim to severe pain or disease, but otherwise suicide would usually be seen as a rejection of one's social duty.

Confucianism holds that failure to follow certain values is worse than death; hence, suicide can be morally permissible, and even praiseworthy, if it is done for the sake of those values. The Confucian emphasis on loyalty, self-sacrifice, and honour has tended to encourage altruistic suicide. Confucius wrote, "For gentlemen of purpose and men of ren while it is inconceivable that they should seek to stay alive at the expense of ren, it may happen that they have to accept death in order to have ren accomplished."

Leonard Peikoff states in his book *Objectivism: The Philosophy of Ayn Rand*: Suicide is justified when man's life, owing to circumstances outside of a person's control, is no longer possible; an example might be a person with a painful terminal illness, or a prisoner in a concentration camp who sees no chance of escape. In cases such as these, suicide is not necessarily a philosophic rejection of life or of reality. On the contrary, it may very well be their tragic reaffirmation. Self-destruction in such contexts may amount to the tortured cry: "Man's life means so much to me that I will not settle for anything less. I will not accept a living death as a substitute."

This morning I told you about suicide and euthanasia… about the legality and different views of the morality of euthanasia. The conversation will continue. But for now there are four things you can do:

To Do

1. Go to the Panel’s online consultation on legislative options for physician-assisted dying, at www.ep-ce.ca/issue-book/
2. On or after November 4th, send a letter to Prime Minister Justin Trudeau – you don’t need to affix a stamp – demanding action to allow physician-assisted dying. Or allow death with dignity. Or ask how the law can protect doctors who help with euthanasia. Or whatever your opinion is.
3. Donate to Dying with Dignity Canada, 55 Eglington Ave East, suite 802, Toronto M4P 1G8
4. Talk to your family and friends, and make sure they know your wishes. Would you accept a feeding tube? Will you accept breathing apparatus? If you are in a coma would you want to be artificially kept alive?

I look forward to the forum after coffee, to discuss euthanasia further.

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Additional reading:

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Katy Butler’s book, *Knocking on Heaven’s Door: The Path to a Better Way of Death*.

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[www.ted.com/talks/peter\_saul\_let\_s\_talk\_about\_dying/transcript?language=en#t-2702](http://www.ted.com/talks/peter_saul_let_s_talk_about_dying/transcript?language=en#t-2702) – “I want to make it absolutely crystal clear to you all, I hate euthanasia… I don't think euthanasia matters. I actually think that, in places like Oregon, where you can have physician-assisted suicide, you take a poisonous dose of stuff, only half a percent of people ever do that. I'm more interested in what happens to the 99.5 percent of people who don't want to do that. I think most people don't want to be dead, but I do think most people want to have some control over how their dying process proceeds. So I'm an opponent of euthanasia, but I do think we have to give people back some control. Control deprives euthanasia of its oxygen supply. I think we should be looking at stopping the want for euthanasia, not for making it illegal or legal or worrying about it at all.”

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<http://qz.com/479221/death-doulas-are-helping-americans-savor-the-remaining-days-of-their-lives/> - “…Phyllis Farley formulated the idea of a volunteer network of individuals to “accompany the dying.” Today, the non-profit organization she helped found, Doula Program to Accompany and Comfort, includes about 50 volunteers who visit people with terminal illnesses either in healthcare facilities or homes around New York. […] Many doulas says their greatest offering is sometimes simply being a companionable presence. “People call it holding space,” Betsy Trapasso, an end-of-life guide and advocate in Los Angeles and a former hospice social worker, told Quartz. “Being there and letting people talk, letting them express. Because a lot of times, people don’t let you talk about [death].” However, Trapasso notes that death doulas also frequently take a more hands-on role. “Some will do an advance directive—what do you want in the hospital, do you want to be resuscitated, etc. Some will do a life review—what’s important to you, what have you done? Making the person feel like if there’s anything that needs to be said or done [it gets done].” Death doulas can also help create the right atmosphere during a death, Trapasso said. “A big thing with death doulas and midwives is ritual. Is there music you want played, is there food, clothing or anything that’s meaningful to the family? That’s really important.”

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<https://en.wikipedia.org/wiki/Euthanasia_in_Canada>

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[https://en.wikipedia.org/wiki/Oregon\_Ballot\_Measure\_16\_(1994)](https://en.wikipedia.org/wiki/Oregon_Ballot_Measure_16_%281994%29)

<https://www.oregonlegislature.gov/bills_laws/ors/ors127.html> - 127.570 Mercy killing; suicide. (1) Nothing in ORS 127.505 to 127.660 and 127.995 is intended to condone, authorize or approve mercy killing, or to permit an affirmative or deliberate act or omission to end life, other than to allow the natural process of dying. In making a health care decision, a health care representative may not consider an attempted suicide by the principal as any indication of the principal’s wishes with regard to health care.

(2) The withholding or withdrawing of a life-sustaining procedure or of artificially administered nutrition and hydration in accordance with the provisions of ORS 127.505 to 127.660 and 127.995 does not, for any purpose, constitute a suicide, assisting a suicide, mercy killing or assisted homicide.

THE OREGON DEATH WITH DIGNITY ACT - 127.897 §6.01. Form of the request. A request for a medication as authorized by ORS 127.800 to 127.897 shall be in substantially the following form:

REQUEST FOR MEDICATION TO END MY LIFE IN A HUMANE AND DIGNIFIED MANNER…

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[www.whatsaiththescripture.com/Fellowship/What.Bible.Says.Suicide.html](http://www.whatsaiththescripture.com/Fellowship/What.Bible.Says.Suicide.html) - "What? know ye not that your body is the temple of the Holy Ghost which is in you, which ye have of God, and ye are not your own? For ye are bought with a price: therefore glorify God in your body, and in your spirit, which are God's" (Christian Bible, Paul’s 1st Letter to the Corinthians 6:19-20).

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<http://www.religion-online.org/showarticle.asp?title=1924> - Thomas Aquinas, the most outstanding of Catholic theologians, gave three succinct arguments why suicide is a sin against self, neighbor and God. First, suicide is contrary to nature: every living organism naturally desires to preserve its life. Second, it is contrary to our social obligations: the whole human community is injured by self-killing. Third, suicide is contrary to our religious rights: God alone should decide when a person will live or die. Aquinas reasoned: "To bring death upon oneself in order to escape the other afflictions of this life is to adopt a greater evil in order to avoid a lesser. . . . Suicide is the most fatal of sins because it cannot be repented of" (*Summa Theologica* 2-2, q. 64,5). The poet Dante, following Aquinas’s theology, placed those who take their own lives on the seventh level of hell, below the greedy and the murderous (*Inferno* 13). For centuries those who committed the unconfessed and therefore unforgivable sin of suicide were not buried in cemeteries that Catholic priests had consecrated.

Lutheran pastor and theologian Dietrich Bonhoeffer also showed his indebtedness to Augustine when he wrote: "God has reserved to himself the right to determine the end of life, because he alone knows the goal to which it is his will to lead it." When that leader of the German resistance to Hitler was being persecuted -- prior to his imprisonment and execution -- he affirmed: "Even if a person’s earthly life has become a torment for him, he must commit it intact to God’s hand, from which it came" (*Ethics* [Macmillan, 1955], pp. 124-5).

… Dr. Henry Pitney Van Dusen, age 77, was the former president of New York’s Union Theological Seminary and a distinguished Presbyterian minister. He and his wife, Elizabeth, age 80, discussed suicide with their friends and then signed a pact before taking an overdose of sleeping pills.

In 1980, the New York-based organization Concern for Dying convened a group of psychiatrists, philosophers and theologians who prepared a statement on suicide for the terminally ill which is relevant to the cases cited: “Historically, suicide has been judged as "sinful" by organized religion. . . . We do not dispute the contention that the majority of suicides represent a rejection of the "gift of life" and, as such, are evidence of severe emotional distress. We believe, however, that a person with a progressive terminal disease faces a unique situation -- one which calls for a new look at traditional assumptions about the motivation for choosing suicide. **In our view, this choice might be found to be reasoned, appropriate, altruistic, sacrificial, and loving.** We can imagine that an individual faced with debilitating, irreversible illness, who would have to endure intractable pain, mutilating surgery, or demeaning treatments -- with added concern for the burden being placed on family and friends -- might conclude that suicide was a reasonable, even generous, resolution to a process already moving inexorably toward death.”

 The Concern for Dying group that made this declaration also urges that suicide decisions of the terminally ill not be made in secret. Consultation should be encouraged with family, friends and/or trusted health-care professionals who have an intimate knowledge of the patient. Impulsive acts could thereby be curtailed; on the other hand, assistance could be given in implementing thoughtful decisions. Also, **bungled suicide attempts which leave a person in a worse state of health might be avoided**.

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Wikipedia: Jewish views on suicide state that suicide is forbidden by Jewish law. Judaism has traditionally viewed suicide as a serious sin. It is not seen as an acceptable alternative even if one is being forced to commit certain cardinal sins for which one must give up one's life rather than sin. Assisting in suicide and requesting such assistance (thereby creating an accomplice to a sinful act) is also forbidden, a minimal violation of Leviticus 19:14, "Do not put a stumbling block before the blind."

Judaism has many teachings about peace and compromise that present physical violence as one of the last possible options. Although killing oneself is forbidden under normal Jewish law as being a denial of God's goodness in the world, under extreme circumstances when there has seemed no choice but to either be killed or forced to betray their religion, Jews have committed suicide or mass suicide (see Masada, First French persecution of the Jews, and York Castle for examples).

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Wikipedia: In Hinduism, suicide is spiritually unacceptable. Generally, committing suicide is considered a violation of the code of ahimsa (non-violence) and therefore equally sinful as murdering another. Some scriptures state that to die by suicide (and any type of violent death) results in becoming a ghost, wandering earth until the time one would have otherwise died, had one not committed suicide. Hinduism accepts a man's right to end one's life through the non-violent practice of fasting to death, termed Prayopavesa.[13] But Prayopavesa is strictly restricted to old age yogis who have no desire or ambition left, and no responsibilities remaining in this life. Another example is dying in a battle to save one's honor.

In Jainism, suicide is regarded as highest form of himsā (violence) and is not permitted. Ahimsā (Nonviolence) is the fundamental doctrine of Jainism. There exists a Jain practice of fasting to death which is termed as Sallekhana. According to Jain text, Purushartha Siddhyupaya, when death is near, the vow of sallekhanā is observed by properly thinning the body and the passions. It also mentions that, sallekhanā is not suicide since the person observing it, is devoid of all passions like attachment.

Buddhism teaches that all people experience substantial suffering (dukkha), in which suffering primarily originates from past negative deeds (karma), or may result as a natural process of the cycle of birth and death (samsara). To break out of samsara, Buddhism advocates the Noble Eightfold Path, and does not advocate suicide.

In Theravada Buddhism, for a monk to so much as praise death, including dwelling upon life's miseries or extolling stories of possibly blissful rebirth in a higher realm in a way that might condition the hearer to commit suicide or to pine away to death, is explicitly stated as a breach in one of highest vinaya codes, the prohibition against harming life, one that will result in automatic expulsion from Sangha.

For Buddhists, since the first precept is to refrain from the destruction of life, including one's self, suicide is seen as a negative act. However, Buddhism does not condemn suicide without exception, but rather observes that the reasons for suicide are often negative and thus counteract the path to enlightenment. With that said, in thousands of years of Buddhist history, very few exceptions are found. One exception is the Buddhist tale of a bhikkhu named Vakkali who was extremely ill and racked with excruciating pain. He was said to have committed suicide when near death and upon making statements suggesting he had passed beyond desires (and thus perhaps an arhant or ‘perfected person’). Self-euthanasia appears the context for his death.

In Wicca as well as numerous other Neopagan religions, there is no general consensus concerning suicide. Some view suicide as a violation of the sanctity of life, and a violation of the most fundamental of Wiccan laws, the Wiccan Rede. However, as Wicca teaches a belief in Reincarnation instead of permanent rewards or punishments, many believe that suicides are reborn (like everyone else) to endure the same circumstances in each subsequent lifetime until the capacity to cope with the circumstance develops.