

# THE ISSUE OF ASSISTED

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# SUICIDE

Dear Friends, Ms. Brittany Maynard was in the news in the fall, she was a young woman who knew she was going to die, who asked to die early with the help of a physician.

This issue makes us think about two things:

1. Whether or not we ourselves should think of assisted suicide as an option and
2. Whether this should be a legal alternative for a person in our society.

On #1, as a Catholic we hold human life to be sacred, and we do not promote any heroic means to keep a sick person continuing in pain or in any condition, but we also would want to let “nature take its course” with when a person would die.

BUT, it is good to realize that Catholics WOULD support ALL THE PAIN MEDICATION THAT WAS NECESSARY for an individual, EVEN IF THAT PAIN MEDICATION SHORTENED A PERSON’S LIFE. So, if a pain medication regimen caused a person to die much sooner, we are okay with that – because the point is to avoid pain. We would not, though, prescribe medication to end the life of a person as a Catholic. We also would not support artificially keeping someone alive through all kinds of heroic means – like a ventilator if a person could no longer breathe on their own, etc.

So, point #1, what we Catholics would do.

But on to point #2: What about our larger society taking a position on this issue?

This is something that Catholics might have a harder time dealing with. I know that this is true because, as an American, I live in a society in which my freedom is something I cherish: That I can live where I want, work where I want, and decide for myself how I will live my life is central to what it means to be an American.

But the problem with the idea of assisted suicide is that it plays into, also, our very non-Christian notion that once we are no longer useful, once we can't go to work or to help with the family....that we "need to go."

So, we begin to send the message to our people: If you are sick, like Brittany Maynard, don't put your family through the trouble of walking with you through your illness, and don't trouble society with the cost of your illness, (and also don't trouble yourself with figuring out how you can find meaning and value in YOURSELF if you are sick), just end things before you even begin to feel sick.

That there might be a "slippery slope" where we this law causes our society to lose touch with the value of human life that is not productive and "economically viable" is not a fantasy: In a famous case from the Netherlands, in 2013, there was a 63-year old man who was petitioning to have his life ended because he "couldn't face retirement." And while, indeed, most places in the world that allow assisted suicide, the laws have begun specifying assisted suicide only for terminally ill people, these laws have ALWAYS been broadened later to include persons who are not even sick.

Also, there are legitimate fears on how to control the issue of assisted suicide once it becomes legal. Indeed, with such a huge portion of our national expenses going to health-care in our nation, and the proportion of elderly in our society rapidly increasing, how do we realistically think that we will avoid the scandals that have plagued other countries that have allowed assisted suicide or euthanasia in the past?

Take the recent article in AMERICA MAGAZINE called "On Dying Well" (March 16, 2015 issue) by Jessica Keating, in which she mentions the 2004 case in which a Dutch doctor euthanized a Catholic nun, who was dying of cancer, against her will because he

believed her religion prevented her from rationally assessing her situation.

Or, in the same article, the recent proposal by the health minister of Lithuania, that euthanasia become legalized in that country for “the poor who cannot afford palliative care.”

Indeed, as Ezekiel Emmanuel wrote about a study on “The Remmelink Report” on abuses of Euthanasia in the Netherlands,

First, the update found that beyond the roughly 3,600 cases of physician-assisted suicide and euthanasia reported in a given year, there are about 1,000 instances of nonvoluntary euthanasia. Most frequently, patients who were no longer competent were given euthanasia even though they could not have freely, explicitly, and repeatedly requested it. Before becoming unconscious or mentally incompetent about half these patients did discuss or express a wish for euthanasia; nevertheless, they were unable to reaffirm their wishes when the euthanasia was performed. Similarly, a study of nursing-home patients found that in only 41 percent of physician-assisted suicide and euthanasia cases did doctors adhere to all the guidelines. Although most of the violations were minor (usually deviations in the notification procedure), in 15 percent of cases the patient did not initiate the request for physician-assisted suicide or euthanasia; in 15 percent there was no consultation with a second physician; in seven percent no more than one day elapsed between the first request and the actual physician-assisted suicide or euthanasia, violating the guideline calling for repeated requests; and in nine percent interventions other than physician-assisted suicide or euthanasia could have been tried to relieve the patient’s suffering.

The Netherlands studies fail to demonstrate that permitting physician-assisted suicide and euthanasia will not lead to the nonvoluntary euthanasia of children, the demented, the mentally ill, the old, and others. Indeed, the persistence of abuse and the violation of safeguards, despite publicity and condemnation, suggest that the feared consequences of legalization are exactly its inherent consequences. (Forbes Magazine, Feb. 26, 2012)

Indeed, a look at the “Patient’s Rights Council” website from the State of Oregon, a state which allows assisted suicide, includes some

interesting data from the U.S. as well, including a woman who was denied insurance for treatment for cancer, while she was informed that the insurance would pay for her assisted suicide.

So, in the end, Catholics do not promote artificial means to keep people alive, they also allow for even drastically shortening a person's life in order to combat pain with medication, but don't feel comfortable with the implications of assisted suicide.

Indeed, Catholics, even in our highly individualistic society where everyone is to encouraged "pull their own weight" worry about the message we send to our society when illness or non-economic viability becomes a sufficient reason to end our lives. Further, we worry about why it is that scandals have plagued this law wherever it has been implemented.

This issue is being discussed by lawmakers in the State of Maryland. For a whole lot more information on this topic, please go to a site created by the Archdiocese of Baltimore on this issue:

[www.injoyfulhope.org](http://www.injoyfulhope.org). AND, if you would like to contact your legislator about this issue, please go to the website of the Maryland Catholic Conference at [www.mdathcon.org](http://www.mdathcon.org) and click on "Advocacy."