Talking/Preaching Points on Assisted Suicide

The vocation to heal and to care and its limits

Christians have always been occupied with the task of healing and caring for the sick, suffering, and dying. Jesus Christ himself came into our midst, doing good, healing the sick, and preaching the arrival of the Kingdom of God. When he in turn sent out his disciples, he commanded them also to proclaim this Kingdom in both words and deeds. Thus, throughout the Church's history, God has inspired and enabled Christians to address the needs of the sick and suffering in our midst, to treat illness and bring healing. The work of countless doctors, nurses, and caregivers has been, and is to this day, one of the greatest ministries of the Catholic Church. Throughout the whole world, the Church is committed to caring for the sick, regardless of their status, income, religion, or creed. This ministry has increased the health and quality of life of countless persons. But we are also aware of the limits of our earthly life, and that God has made us for eternal life heaven. Therefore, the Church's ministry to the sick always upholds the inherent dignity of the human person in this bodily life, created as we are in God's own image and likeness, while also preparing us for our ultimate destiny in the life to come.

Recently, efforts have been undertaken to legitimize the intentional ending of human life by means of assisted suicide, which is also known as physician-assisted suicide (PAS) or, more euphemistically, "medical aid in dying" (MAiD). The Catholic Church strongly rejects such initiatives as contrary to the dignity of the human person and our vocation to care for the sick and suffering in our midst. The following are some of the most important reasons for the Church's opposition to assisted suicide. These reasons are categorized by the various persons involved and affected.

Suffering and dying persons

Suicide in general

First, we need to consider the issue of assisted suicide within the general context of suicide itself, since assisted suicide is, as its name indicates, a form of suicide. As Christians, we must always remember that "We are stewards, not owners, of the life God has entrusted to us. It is not ours to dispose of" (Catechism of the Catholic Church, n. 2280). God created us for Himself and Christ has redeemed our life by his blood. As St. Paul tells us, "You are not your own, for you were bought with a price" (1 Cor 6:19–20). Suicide can never be a moral choice, because it "contradicts the natural inclination of the human being to preserve and perpetuate his life. It is gravely contrary to the just love of self" (CCC, n. 2281).

Mitigating factors to moral responsibility

While the psychological distress and confusion caused by one's suffering and/or impending death may greatly reduce a person's moral responsibility for choosing suicide, we must maintain that the act of suicide itself is always objectively evil; that is, no intention or circumstance can make suicide a morally good choice. In his 1995 encyclical Evangelium Vitae (The Gospel of Life), Pope St. John Paul II explained this:

> Suicide is always as morally objectionable as murder. The Church's tradition has always rejected it as a gravely evil choice. Even though a certain psychological, cultural, and social conditioning may induce a person to carry out an action which so radically contradicts the innate inclination to life, thus lessening or removing subjective responsibility, suicide, when viewed objectively, is a gravely immoral act. In fact, it involves the rejection of love of self and the renunciation of the obligation of justice and charity towards one's neighbor, towards the communities to which one belongs, and towards society as a whole. In its deepest reality, suicide represents a rejection of God's absolute sovereignty over life and death" (EV 66).

Assisted Suicide in particular

Assisted suicide is simply a form of deliberately ending one's own life that involves the cooperation of another person or persons. Currently, because assisted suicide is primarily being promoted in the context of healthcare, these other persons are usually doctors and nurses. This medical context does not make assisted suicide more morally acceptable (in fact, it makes it even more immoral, as we will explain below). Whether done actively through the administration of drugs or passively through the removal of basic and necessary care, assisted suicide is gravely immoral, both for the patient choosing it and anyone who cooperates with this action. Assisted suicide is similar to euthanasia, or "mercy killing," since the intention in both cases is to eliminate suffering through death. The difference is that euthanasia is done without or even against the person's consent, whereas assisted suicide means that the person freely chooses death and self-administers a lethal dose of drugs prescribed by a doctor.

The rights of a patient

Promoters of assisted suicide appeal especially to the autonomy and rights of the patient. However, while the right of a person to make his or her own healthcare decisions is real and important, it is not unlimited or absolute; it does not extend to actions or omissions that directly contradict his or her dignity as a person. Thus, in a recent document on end-of-life care, the Church states:

> There is no right to suicide nor to euthanasia: laws exist, not to cause death, but to protect life and to facilitate co-existence among human beings. It is therefore never morally lawful to collaborate with such immoral actions or to imply collusion in word, action or omission. The one authentic right is that the sick person be accompanied and cared for with genuine humanity. Only in this way can the patient's dignity be preserved until the moment of natural death (CDF, Samaritanus Bonus, V, 9).

Healthcare workers

The first rule of the Hippocratic Oath: "Do no harm"

This time-honored principle of health care is to treat each person with care and respect and to never intentionally harm a patient. By assisting in the suicide of a patient, no matter their condition or wishes, the vocation for healing and caring for the sick is completely inverted; instead of defending the inherent dignity of human life, one ignores or rejects this dignity and becomes complicit in wrongful death. Even when an illness, disease, or injury cannot be successfully overcome, suffering and dying persons must be accompanied and cared for. This is the purpose of palliative care and hospice. Even when we cannot cure people, we can always care for them and attend to their emotional, psychological, and spiritual needs.

The duty of healthcare workers and the right to conscientious objection

Traditionally, the patient-doctor relationship was considered a sacred one, a kind of covenant, because it requires great vulnerability, trust, and compassion. Today, however, in many societies such as our own, a consumeristic mentality has taken root in healthcare. This mentality has reduced the patient-doctor relationship to more of a consumer-provider contract (this is clear in the now-popular term, "healthcare providers"). While this ultimately harms patients as well, this consumeristic perspective especially diminishes the sense of dignity and duty attributed to healthcare workers. The truth is that doctors, nurses, and others in the healthcare profession are entrusted with a sacred duty to respect and uphold the dignity of every patient in their care. This duty takes priority over the desires of the patient, which at times can contradict their own authentic good. Of course, doctors and nurses should respect the desires and treatment decisions of patients and their families or legal representatives as much as possible. However, this respect for the patient does not require or allow doctors and nurses to violate their own consciences or to cooperate in morally evil actions. After all, "The physician is never a mere executor of the will of patients or their legal representatives, but retains the right and obligation to withdraw at will from any course of action contrary to the moral good discerned by conscience" (SB, V, 2). Everyone is always obliged to follow his or her conscience, and one cannot ignore or override the judgement of conscience by appealing to the patient's wishes or to the civil law. Pope St. John Paul II explains:

"Christians, like all people of good will, are called upon under grave obligation of conscience not to cooperate formally in practices which, even if permitted by civil legislation, are contrary to God's law. Indeed, from the moral standpoint, it is never licit to cooperate formally in evil. Such cooperation occurs when an action, either by its very nature or by the form it takes in a concrete situation, can be defined as a direct participation in an act against innocent human life or a sharing in the immoral intention of the person committing it. This cooperation can never be justified either by invoking respect for the freedom of others or by appealing to the fact that civil law permits it or requires it.

Each individual in fact has moral responsibility for the acts which he personally performs; no one can be exempted from this responsibility, and on the basis of it everyone will be judged by God himself (cf. Rom 2:6; 14:12)" (EV 74).

A false comparison

Proponents of assisted suicide suggest that cooperating with those who choose to hasten or bring about their own death is an act of compassion, because their suffering is so severe. However, the word "compassion" literally means to "suffer with" another; to accompany and enter into solidarity with one in need. To kill (or assist in the death of) persons who suffer is the opposite of compassion. Instead of accompanying people who suffer, the suffering is deemed too great and the suffering person becomes a problem to be eliminated. In Samaritanus Bonus, we read:
In the face of seemingly "unbearable" suffering, the termination of a patient's life is justified in the name of "compassion". This so-called "compassionate" euthanasia holds that it is better to die than to suffer, and that it would be compassionate to help a patient to die by means of euthanasia or assisted suicide. In reality, human compassion consists not in causing death, but
in embracing the sick, in supporting them in their difficulties, in offering them affection, attention, and the means to alleviate the suffering (SB, IV)
Pope St. John Paul II wrote: "True 'compassion' leads to sharing another's pain; it does not kill the person whose suffering we cannot bear" (EV 66). When we are tempted to hasten the death of someone or cooperate in his or her suicide, we should ask ourselves, "Whose needs are being met? Am I really motivated by compassion (suffering with), or am I afraid of what true compassion demands of me?"

Family and loved ones

Disguising itself as a form of compassion, assisted suicide distorts the relationship between suffering and dying persons and their family and other loved ones. It is very common for disabled, elderly, and dying persons to feel as though they are only a burden to others and to society. This feeling of only being a burden can increase a person's temptation to suicide. Perversely, the availability of assisted suicide sends the message to these persons: "Yes, you are a burden. Your suffering and neediness are dragging everyone down. We would be better off without you here." When assisted suicide is offered as an option, a new pressure arises for people to end their lives when they reach a certain level of dependency. Some ethicists today have even begun proposing a so-called "duty to die." Family and loved ones, knowing that the option of assisted suicide exists, are less likely to rise to the occasion and embrace a heroic form of love by accompanying their loved one to the end. When the faster, easier option of assisted suicide is available and promoted, those who choose to continue living in spite of suffering and limitations can start to seem selfish.

Addressing suffering as Christians

The Catholic Church does not suggest or require that a person must be allowed to suffer

mercilessly or endlessly. Adequate palliative care is to be offered so that a person's pain can be managed. Realizing the limits of human bodily life, the Church recognizes that there are times when further treatments are futile and/or disproportionately burdensome. At such times, no one is obligated to take on medical treatment to extend life as long as possible. Care in the form of pain management is to be provided to the extent needed to make a person comfortable, even when treatments are no longer helpful. This is the recognition of the limits of our earthly life. However, there is a clear moral difference between accepting death on the one hand and actively assisting in the killing of a suffering person on the other:

> It is not lawful to suspend treatments that are required to maintain essential physiological functions, as long as the body can benefit from them (such as hydration, nutrition, thermoregulation, proportionate respiratory support, and the other types of assistance needed to maintain bodily homeostasis and manage systemic and organic pain). […] the renunciation of extraordinary and/or disproportionate means "is not the equivalent of suicide or euthanasia; it rather expresses acceptance of the human condition in the face of death"[EV 65] or a deliberate decision to waive disproportionate medical treatments which have little hope of positive results. The renunciation of treatments that would only provide a precarious and painful prolongation of life can also mean respect for the will of the dying person as expressed in advanced directives for treatment, excluding however every act of a euthanistic or suicidal nature (SB, V, 2).

For many suffering persons, their initial inquiries into assisted suicide have been reversed when their pain is managed and their emotional and spiritual needs addressed. Rather than simply cooperating with a person's request for death, which comes from a place of fear and desperation, we need to listen to the underlying cry of their heart. As Pope St. John Paul II wrote: "The request which arises from the human heart in the supreme confrontation with suffering and death, especially when faced with the temptation to give up in utter desperation, is above all a request for companionship, sympathy and support in the time of trial" (EV 67).

The role of Suffering in Human Solidarity and Communion

An integral aspect of human life is our interdependence upon others and our willingness to come to the aid of others. In all of creation, human beings uniquely care for and accompany others in their need. We are born into relationships of interdependence, where we learn the value of life and the true meaning of compassion. The human family flourishes only when it stands with those in need and accompanies them in situations where they are unable to care for themselves. This solidarity is what allows us to perceive the value of the young, the impoverished, the handicapped, the sick, and the dying; those whose dignity is not measured by what they can do, but for their being created in God's image and likeness.

This necessary solidarity breaks down when the value of a person is equated to their health, productivity, or contribution to society. In fact, it is precisely when a person has nothing to contribute in a material sense that we have the greatest opportunity to affirm his or her intrinsic value. To affirm the value of such persons is to say simply, "It is good that you exist." In this we imitate God our Creator, who "saw everything that he had made, and behold, it was very good" (Gen 1:31).

The redemptive value of suffering

The teaching of Scripture, the life of Christ, and the witness of the saints all affirm that suffering—even great suffering—does not render life meaningless or no longer worth living. After all, the greatest revelation of God's love for us is Christ crucified. Especially as Catholics, we have a beautiful spiritual theology of the redemptive value of suffering. Suffering remains an evil, and it is good to reduce and avoid it where possible. However, when humbly accepted in faith and love, suffering can be a powerful source of sanctification and intercession. In suffering, we experience more acutely the reality of our limitation and need for God, which in reality are always present. For a Christian in particular, to reject the value of suffering as incompatible with God's love and goodness is to reject the value of Christ's suffering death, to "empty the cross of its meaning" (1 Cor 1:17). Through faith, we recognize that "the sufferings of this present time are not worth comparing with the glory that is to be revealed to us," and moreover, that "for those who love God all things work together for good, for those who are called according to his purpose" (Rom 8:18, 28). Keeping this in mind, we also recognize that everyone is not called to embrace suffering in the same way or to the same degree. This is why the Church has always sought to alleviate suffering wherever she has found it, and in modern times, has affirmed the legitimacy of using medications and other treatments to reduce and eliminate pain.

Called to love the "least of these"

The Christian perspective on the value of life is utterly opposed to every utilitarian perspective, which only recognizes a person's value insofar as he or she is wanted by others or thought to be "useful" in some way. Throughout salvation history, God shows a special love for the poor and those overlooked by others. In St. Paul's words, "God chose the lowly and despised of the world, those who count for nothing" (1 Cor 1:28). And of course, Christ himself radically identifies with these "least ones," to the point that we will be judged on how we treated them: "Amen, I say to you, whatever you did for one of these least brothers of mine, you did for me" (Mt 25:40). It is not up to us to judge whether another person's life is "worth living" or not. If we do make this judgement, we presume to take the role of God, the Author of Life. When people face the darkness of suffering and are tempted to despair about the value or meaning of their lives, our role is to raise them up and, humbly, to help them to see themselves and their situation from God's perspective.

Talking/Preaching Points on Assisted Suicide

Why does it matter if assisted suicide is legalized if I do not participate in it?

There are many dangers to all individuals in making assisted suicide acceptable in our broader society. A society in which the elderly, disabled, and extremely sick are pressured to die is a society in which the value of human life is conditional. The message is that life is valuable and worthy of respect so long as one experiences a certain level of pleasure and contributes something to others. This leads to what Pope St. John Paul II called the "culture of death" and what Pope Francis has called the "throwaway culture." Sometimes people are quick to dismiss such arguments as a "slippery slope fallacy." But when we witness the breakdown of respect for human life all around us, especially in countries and states where actions like abortion, assisted suicide, and euthanasia are permitted and promoted, it is not fallacious to recognize this development as morally evil and opposed to human flourishing and God's design.

Very few would have predicted in 1973 that the legalization of abortion, frequently argued for extreme situations, would have led to the cultural phenomenon of "abortion on demand" for any reason or no reason at all. It would be naïve to assume that the same pattern for undermining the objective dignity of human life would not lead to similar dismissal of the poor, handicapped, sick, and suffering. In places where assisted suicide has been legalized and is practiced, the cultural situation has deteriorated to the point of allowing death inducing medications to be given to those who are unable to grant their desire or consent to such practices.

Finally, in terms of just access to healthcare, once the precedent of assigning value to one's life is established, government aid resources and insurance coverage will naturally begin to decrease for those whose conditions are not "worth treating." It has already been documented that in countries like Canada people with terminal illnesses have been denied various treatments but offered assisted suicide instead. Sadly, this phenomenon of death in place of care would have a disproportionate effect on the poor. The United States Conference of Catholic Bishops addressed the threat of assisted suicide to end-of-life healthcare in a recent document:

> Even health care providers 'ability and willingness to provide palliative care such as effective pain management can be undermined by authorizing assisted suicide. Studies indicate that untreated pain among terminally ill patients may increase and development of hospice care can stagnate after assisted suicide is legalized. Government programs and private insurers may even limit support for care that could extend life, while emphasizing the "cost-effective" solution of a doctor-prescribed death. The reason for such trends is easy to understand. Why would medical professionals spend a lifetime developing the empathy and skills needed for the difficult but important task of providing optimum care, once society has authorized a "solution" for suffering patients that requires no skill at all?

Once some people have become candidates for the inexpensive treatment of assisted suicide, public and private payers for health coverage also find it easy to direct life-affirming resources elsewhere (USCCB, "To Live Each Day with Dignity: A Statement on Physician-Assisted Suicide").

Conclusion

As many in the pro-life movement have argued in recent decades, the right to life is the most fundamental right of all, since life is the necessary foundation for all other rights. Like abortion, assisted suicide is a grave evil that perpetuates the lie that the value of a human life depends on a person's circumstances, especially whether or not he or she is still wanted by others and convenient enough for them. As Christians, we believe that all human beings are valuable simply because they are created in the image and likeness of God. We also believe that Christ's own passion and death forever changed the meaning of our suffering and death. Therefore, out of love for God and our neighbor, our response to suffering and dying persons whose dignity and value is under attack must be to proclaim these truths by our words and actions.

> "For none of us lives to himself, and none of us dies to himself. For if we live, we live to the Lord, and if we die, we die to the Lord. So then, whether we live or whether we die, we are the Lord's. For to this end Christ died and lived again, that he might be Lord both of the dead and of the living" (Rom 14:7–9).