

Statement on Physician-Assisted Suicide (Euthanasia)

To live in a manner worthy of our human dignity, and to spend our final days on this earth in peace and comfort, surrounded by loved ones. That is the hope of each of us.

Today, however, many people fear the dying process. They are afraid of being kept alive past life's natural limits by *burdensome* (?) medical technology. They fear experiencing intolerable pain and suffering, losing control over bodily functions, or lingering with severe dementia. They worry about being abandoned or becoming a burden on others.

A society can be judged by how it responds to these fears. A caring community devotes more attention, not less, to members facing the most vulnerable times in their lives. When people are tempted to see their own lives as diminished in value or meaning, they are most in need of the love and assistance of others to assure them of their inherent worth.

The healing art of medicine is an important part of this assistance. Even when a "cure" is not possible, medicine plays a critical role in providing "palliative care." It can alleviate pain and other symptoms and meet basic needs.

In addition, those in pain and those who see their life as without worth or useless need others to show them the alternatives to a life that is "without worth or useless." They need the emotional and practical support of psychologists, peer counselors, and a caring society.

The Illusion of Freedom

Does the drive to legalize physician-assisted suicide really enhance choices or freedom for people with serious health conditions? No. I believe it does not, for several reasons.

First, it is recognized that people who take their own lives commonly suffer from clinical depression. Suicidal desires may be triggered by very real setbacks and serious disappointments in life. However, suicidal persons become increasingly incapable of appreciating options for dealing with these problems. They often suffer from a kind of tunnel vision that sees relief only in death. They need help to end their suicidal thoughts through counseling and support and, when necessary and helpful, medication. Those who have attempted suicide, but failed, are routinely evaluated by the courts and offered various degrees of psychological interventions and treatment.

These statements about psychological disturbance and diminished responsibility are equally true of people who want "escape" during serious illness. Yet this is often ignored in proposals that would authorize assistance in suicide for these individuals. In practice, such evaluations are rare, and even a finding of mental illness or depression does not necessarily prevent prescribing lethal drugs. No evaluation is done at the time the drugs are actually taken.

In fact, such laws have generally been written to *avoid* real scrutiny of the process for doctor-prescribed death, or any inquiry into *whose* choice is served. In Oregon and Washington, for example, two States that allow physician assisted death, all reporting is done solely by the physician who prescribes lethal drugs. Once they are prescribed, the law requires no assessment

of whether patients are acting freely, whether they are influenced by those who have financial or other motives for ensuring their death, or even whether others actually administer the drugs.

People who request death are vulnerable. They need care and protection. To offer them lethal drugs is a victory not for freedom but for the worst form of neglect.

Second, even apparently free choices may be unduly influenced by the biases and wishes of others. Legalization proposals generally leave in place the laws against assisting most people to commit suicide, but they define a class of people whose suicides may be facilitated rather than prevented. That class typically includes people expected to live less than six months. Such predictions of a short life are notoriously unreliable. They also carry a built-in ambiguity. Some legal definitions of terminal illness include individuals who have a short time to live only if they do *not* receive life-supporting treatment. Thus many people with chronic illnesses or disabilities, who could live a long time if they receive basic care, may be swept up in such a definition.

However wide or narrow the category may be, it defines a group of people whose death by lethal overdose is wrongly treated by the law as objectively good or acceptable, unlike the suicide of anyone else.

By rescinding legal protection for the lives of one group of people, the government implicitly communicates the message, before anyone signs a form to accept this alleged benefit, that they may be better off dead. Thus the bias of too many able-bodied people against the value of life for someone with an illness or disability is translated into official policy.

This biased judgment is fueled by the excessively high premium our culture places on productivity and autonomy, which tends to discount the lives of those who have a disability or are dependent on others. Those who choose to live may then be seen as selfish or irrational, as a needless burden on others, and even be encouraged to view themselves that way.

I believe the assisted suicide agenda promotes a narrow and distorted notion of freedom, by creating an *expectation* that certain people, unlike others, will be better served by being helped to choose death. Many people with illnesses and disabilities who struggle against great odds for their genuine rights, the right to adequate health care and housing, opportunities for work and mobility, are deservedly suspicious when the freedom that society most eagerly offers them is the “freedom” to take their lives.

Third, there is a more profound reason why the campaign for assisted suicide is a threat, not an aid, to authentic human freedom.

The founders of our country declared that each human being has certain inalienable rights that government must protect. It is no accident that they named life before liberty and the pursuit of happiness. Life itself is a basic human good, the condition necessary for enjoying all other goods on this earth. Therefore the right to life is the most basic human right. Other valued rights—the right to vote, to freedom of speech, or to equal protection under law—lose their foundation if life itself can be destroyed with impunity.

Therefore we cannot uphold human freedom and dignity by devaluing human life. A choice to take one's life is a supreme contradiction of freedom, *a choice that eliminates all choices*. And a society that devalues some people's lives, by hastening and facilitating their deaths, will ultimately lose respect for all of their other rights and freedoms.

In countries that have used the idea of personal autonomy to justify voluntary assisted suicide and euthanasia, physicians have moved on to take the lives of adults who never asked to die, and newborn children who have no choice in the matter. They have developed their own concept of a life "without worth or useless" that has little to do with the choice of the patient. Leaders of the "aid in dying" movement in our country have also voiced support for ending the lives of people who never asked for death, whose lives *they* see as meaningless or as a costly burden on the community.

A False Compassion

The idea that assisting a suicide shows compassion and eliminates suffering is equally misguided. It eliminates the *body* as a *person*, and results in suffering for those left behind; grieving families and friends, and other vulnerable people who may be influenced by this event to see death as an escape.

The sufferings caused by chronic or terminal illness are often severe. They cry out for our compassion, a word whose root meaning is to "suffer with" another person. True compassion alleviates suffering while, at the same time, offers physical and psychological support for those who suffer. It does not put lethal drugs in their hands and abandon them to their suicidal impulses, or to the self-serving motives of others who may want them dead.

Taking life in the name of compassion also invites a slippery slope toward ending the lives of people with non-terminal conditions. Dutch doctors, who once limited euthanasia to terminally ill patients, now provide lethal drugs to people with chronic illnesses and disabilities, mental illness, and even melancholy. Once they convinced themselves that ending a short life can be an act of compassion, it was morbidly logical to conclude that ending a longer life may show even more compassion. Psychologically, the physician who has begun to offer death as a solution for some illnesses is tempted to view it as the answer for an ever-broader range of problems.

This agenda actually risks adding to the suffering of seriously ill people. Their worst suffering is often not physical pain, which can be alleviated with competent medical care, but feelings of isolation and hopelessness. The realization that others, or society as a whole, may see their death as an acceptable or even desirable solution to their problems can only magnify this kind of suffering.

Even health care providers' ability and willingness to provide palliative care such as effective pain management can be undermined by authorizing assisted suicide. Many studies indicate that untreated pain among terminally ill patients may increase, and the 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 care also find it easy to direct life-affirming resources elsewhere.

A Better Way

There is an infinitely better way to address the needs of people with serious illnesses.

Respect for life does not demand that we attempt to prolong life by using medical treatments that are ineffective or unduly burdensome. Nor does it mean we should deprive suffering patients of needed pain medications out of a misplaced or exaggerated fear that they might have the side effect of shortening life. The risk of such an effect is extremely low when pain medication is adjusted to a patient’s level of pain, with the laudable purpose of simply addressing that pain. In fact, severe pain can shorten life, while effective palliative care can enhance the length as well as the quality of a person’s life. It can even alleviate the fears and problems that lead some patients to the desperation of considering suicide.

Effective palliative care also allows patients to devote their attention to the unfinished business of their lives, to arrive at a sense of peace with God, with loved ones, and with themselves. No one should dismiss this time as useless or meaningless. Learning how to face this last stage of our earthly lives is one of the most important and meaningful things each of us will do, and caregivers who help people through this process are also doing enormously important work.

Conclusion

We should join with other concerned Americans, including disability rights advocates, charitable organizations, people of faith, and members of the healing professions, to stand for the dignity of people with serious illnesses and disabilities and promote life-affirming solutions for their problems and hardships. We should ensure that the families of people with chronic or terminal illness will never feel they have been left alone in caring for the needs of their loved ones. The claim that the “quick fix” of an overdose of drugs can substitute for these efforts is an affront to patients, caregivers, and the ideals of medicine.

When we grow old or sick and we are tempted to lose heart, we should be surrounded by people who ask “How can we help?” We deserve to grow old in a society that views our cares and needs with a compassion grounded in respect, offering genuine support in our final days. The choices we make together now will decide whether this is the kind of caring society we will leave to future generations. We should work to build a world in which love is stronger than death.

~ Written by Richard Daggett with additional material from various sources.