

**EUTHANASIA AND
ASSISTED SUICIDE:
WHY NOT?**

QUICK ANSWERS TO COMMON ARGUMENTS



Catholic Organization for Life and the Family

(free to copy and distribute)

According to some surveys, three-quarters of Canadians would favour the legalization of euthanasia. Above all, they fear one day becoming a burden and having their lives unduly prolonged in suffering.

Given the immense confusion surrounding euthanasia, it is reasonable to question these statistics and some unreliable surveys. It is more than likely that the majority of citizens would change their minds if they were properly informed.

However, a very effective lobby is manipulating words and emotions in order to promote euthanasia and assisted suicide. For example, some erroneously use the phrase “passive euthanasia” to describe the withdrawal of futile medical treatment.

The need to dispel confusion by returning words to their true meaning has become urgent. It is also important to recognize euphemisms for “euthanasia” and “assisted suicide”: voluntary interruption of life... active aide in dying... hastened death... physician assisted death...

To begin with, it is important to clarify the distinction between euthanasia and the refusal of aggressive treatment (see Quick Answer no. 3). When death is imminent and inevitable, it is perfectly legitimate to refuse medical procedures which are disproportionate to the desired results or too burdensome for the patient and his or her family.

But what is euthanasia? Euthanasia is the intentional killing of someone, with or without his or her consent, either by act or omission. By killing the person, one seeks to eliminate all aspects of that person’s life including the pain, suffering or humiliation of being in need of help. The person who commits euthanasia must intend, for whatever reason, to kill the other and must cause his or her death.

In the case of assisted suicide, a person kills himself or herself with the help of another person who provides him or her with the means to carry out the act.

As we discuss these topics, we cannot limit ourselves to abstract principles and laws. We have to be aware that this is literally a question of life and death. If we are attentive to the natural law – a law embedded in the conscience of every human being, which commands us to protect life and not to kill – we will understand the need to reject euthanasia and assisted suicide as symptoms of the ideology of death. This is the only reasonable choice we can make as a society if we are to build our future on a culture of life and uphold a truly humane civilization in our country.

This shared responsibility requires each of us to present a vision of respect for human life and dignity in a largely secularized public arena. We need to speak up with conviction, founding our reasoning on natural arguments. Together, we must build a social barrier against euthanasia and assisted suicide.

The “quick answers” presented here provide appropriate responses to common arguments put forward by proponents of euthanasia and assisted suicide. In conclusion, a Christian perspective on the delicate issues of suffering and death will help those who wish to better understand the unalterable dignity of the human person.

QUICK ANSWER NO. 1

**It's my life, my death, my freedom,
my choice, my right!**

- ❖ Euthanasia and assisted suicide are not private matters. These acts involve third parties such as physicians, pharmacists, family and friends who then have to carry the guilt of having killed another human being.
- ❖ For many vulnerable citizens, legalizing euthanasia would only provide the illusion of choice – choice as a lie. Given the reality of Canada's aging population and growing healthcare costs, they might be forced to accept euthanasia in order to avoid financial strain on the healthcare system. Their so-called "right to die" might soon become a "duty to die".
- ❖ Changing Canadian law to allow euthanasia would have a profound effect on many vulnerable people. Even if euthanasia respects the autonomy of some, it endangers the lives of many others including persons with disabilities, the elderly, and those struggling with depression or severe illness. Such a law would be a guaranteed recipe for abuse of the vulnerable; it would be incapable of protecting them from coercion by family members and others.
- ❖ No one is an island. My choices and decisions have an impact on others and on society as a whole. My freedom and my rights have limits; they must respect the freedom and rights of other people. Personal freedom, self-determination and individual rights are not absolutes. They can be overridden to protect other values in society (for example to protect the rights of vulnerable citizens and the common good).

QUICK ANSWER NO. 2

I want to die with dignity.

- ❖ There is nothing dignified about swallowing a pill or getting a needle that will ensure a quick death. Euthanasia does not restore dignity; it eliminates the sometimes lonely and guilt ridden person in a way which is not always as painless as people would like to think.
- ❖ Dignity is not determined by physical or mental health, by autonomy or by usefulness to society. Human dignity is founded on the inherent worth of each human person, which can never be taken away by external factors or circumstances. The simple fact of being human gives us a dignity which no other living beings possess.
- ❖ Palliative care provides a dignified death by giving patients the pain management and the social, emotion and spiritual support they require to live a good death with courage. Giving this support, of course, takes time and perseverance
- ❖ We are relational beings capable of loving and caring for others. Our sense of dignity is inextricably tied to the respect that we have for each other as human beings. If people feel they are losing their dignity, it is our responsibility to make them feel valued again. How do they see themselves in our eyes? We all have the power to respond with friendship, love and solidarity to the illness of others in order to uphold and protect their “right to life” until the moment of natural death. We need each other in death as we need each other in life.

QUICK ANSWER NO. 3

Living is not an obligation. I don't want to die hooked up to a bunch of machines or forced to stay alive when I know it's time to pass on.

- ❖ There is no legal obligation to receive treatment in Canada. A competent patient or the proxy of an incompetent patient has the legal power to accept or refuse any treatment, or ask that it be discontinued.
- ❖ The withdrawal or withholding of extraordinary or disproportionate treatment, when its burdens outweigh its benefit, is not euthanasia because *the intention is not to cause death* but to allow the person to die naturally; in euthanasia the *intention is to cause death* – the patient does not die naturally but rather is killed by another human being before his or her time.
- ❖ When disproportionate treatment is withdrawn or withheld, the *cause* of death is the underlying disease or condition; in euthanasia the *cause* of death is the lethal injection, pill or other means used. There is a great difference between *allowing to die* and *making die*.
- ❖ Artificial nutrition and hydration are considered ordinary care – not treatment – and must, in principle, be given to the patient. Food and water are basic necessities of life which do not treat any specific condition. A person should never die because they have been deprived of nutrition and hydration. However in certain circumstances, such as near the end of life, the body may not be able to assimilate food and water or the procedures used can be too burdensome to continue. In these situations, artificial nutrition and hydration can be discontinued.

QUICK ANSWER NO. 4

Having the right to die, even if I never exercise it, gives me the control I need to have a peaceful death.

- ❖ A peaceful death comes from acceptance not control. It is important that those people who are suffering are given compassion and help on their journey towards acceptance, until their natural death.
- ❖ Requests for euthanasia and assisted suicide are often made out of a profound sense of despair. They are generally a call for help. At the heart of such a request is a profound fear of the pain the person may have to endure and of being alone in that suffering. Such a desire is typically transitory, especially when we respond to it with true compassion.
- ❖ Our society has always reached out to suicidal citizens who need help in living, not help in dying. It would be quite a contradiction to continue funding distress centers and suicide prevention programs while legalizing assisted suicide. If people chose to die while temporarily depressed or in intense pain, instead of receiving proper medical attention, they will potentially be deprived of many good years of life.
- ❖ Dying patients who are no longer competent to make their own decisions may find that physicians and members of their families take control and decide to end their life. For example, this could happen if a person has prepared a living will clearly stating his or her desire to be euthanized under certain circumstances, but no longer wishes to be killed once the time comes. The so-called right to choose death could become the right of other people to force your choice on you once you have become incompetent.

QUICK ANSWER NO. 5

We need to be compassionate. I wouldn't even let my dog suffer through a long death. Why would I force someone I love to suffer uncontrollable pain?

- ❖ Uncontrollable pain is quite rare. In most cases, severe pain can be relieved; if not, it is often because physicians lack formation in pain management. We need more research and training in this area.
- ❖ Facing a person with a chronic illness or degenerative disease, a person with a terminal illness, a man or a woman with depression or a severe disability, an elderly person, or someone who is dying – especially if that person feels that he or she is a burden, has a duty to die or demands death as a right – presents each of us with a responsibility and a mission.
- ❖ We are called to “be with” and to “suffer with” those who face some of the greatest challenges of human life. To “suffer with” – that is the true meaning of “compassion” – as we provide proper care and effective pain control, along with social, emotional and spiritual support.
- ❖ Euthanasia is absolutely opposed to compassion because in the act of killing we abandon the patient when he or she needs us most. True compassion is all about presence, solidarity and love: to become a partner in suffering, helping the other find meaning until death occurs naturally.
- ❖ We need to eliminate the pain, not the patient. Pain relief medications used appropriately rarely shorten life; the patient usually dies from his or her underlying disease. There is a huge difference between giving drugs to relieve pain and suffering, and intentionally using pain relief treatment to euthanize a person.
- ❖ In extreme cases, palliative sedation is an acceptable approach to pain management and does not entail the same dangers to society as euthanasia. Its intention is to control the pain, not to put an end to the patient's life.

QUICK ANSWER NO. 6

Good palliative care should include the option of euthanasia. In certain circumstances it's the appropriate form of care.

- ❖ Euthanasia is incompatible with the philosophy and goals of palliative care. Patients who enter a hospital expecting compassion as they live their last months, weeks or days should not have to worry about being euthanized based on a doctor's judgment of their quality of life. Care can never be killing.
- ❖ Incorporating euthanasia into palliative care confuses the general public about the true role of palliative care, which is to give optimum quality of life to the patient with a progressive incurable illness until natural death occurs.
- ❖ Physicians have a right to conscientious objection. If euthanasia is standardized, physicians who object will appear to be abandoning their patients. This becomes even more problematic if euthanasia is seen as a valid component of palliative care.
- ❖ In countries where euthanasia and/or assisted suicide are legal, fewer financial resources go towards developing palliative care, which is the truly human answer to end of life challenges.
- ❖ The Criminal Code defines euthanasia as a criminal act. If we want our country to stay a secure place for all its citizens, including the most vulnerable (persons with disabilities, the elderly, the very sick, the dying), we cannot give some people the right to kill others, regardless of the circumstances. If death can be used to solve one problem, it can be used to solve many others.

QUICK ANSWER NO. 7

End of life care is very expensive. If someone wants to die, they are actually serving society by freeing up medical resources. They should be allowed to choose to bring meaning to their death by honorably helping others.

- ❖ Human life is invaluable. It is above all price. Its worth and dignity cannot be measured in currency.
- ❖ Even if a request for assisted suicide or euthanasia is seen by some people as a selfless individual choice, it would be unjust to let financial gain endanger the lives of other vulnerable Canadian citizens.
- ❖ When life is in its final stage, there is no reason to battle death with expensive aggressive treatment. We should then choose measures that offer a reasonable hope of benefit and can be obtained and used without excessive pain or expense.
- ❖ Good palliative care can then help the dying to find meaning in their pain and suffering, and enable them to deal with unfinished business in their lives, whether it is through traditional spiritual care or through newly developed existential therapies. The last weeks and days of a person's life are often a time of spiritual journey and a time of reconciliation with family, friends and God. Choosing to end life prematurely prevents the person from living these profound human experiences, which bring so much joy and peace to the soul.

QUICK ANSWER NO. 8

I don't want to be a burden on my family or society.

- ❖ This line of thinking suggests that those who suffer are not worth the time and care they require. We need to approach people with compassion, not with a utilitarian calculus. We have a responsibility to love and support each other so that no one will ever feel compelled to request euthanasia or assisted suicide because they feel they are a burden.
- ❖ The fear of being a burden is the key reason why some people ask to have their death hastened. Many Canadians also feel abandoned and are very isolated. They need to be consoled, encouraged and comforted.
- ❖ Elder abuse is already a problem in Canada because many senior citizens do not have the capacity to fight for the care and respect they deserve. If euthanasia becomes an option for the vulnerable and their caregivers, it could very easily be used as a threat or translated into a duty to die.
- ❖ Some Dutch elders, who experience this kind of pressure, are migrating to nearby Germany because they no longer trust their doctors and fear their loved ones will take advantage of their vulnerability to shorten their lives.¹
- ❖ We need to focus on providing compassionate care for the elderly and for those with Alzheimer's disease, dementia, severe disabilities and debilitating diseases, as well as greater support for their families through home care and other services.

¹ Jean Leonetti, Rapport d'information *Solidaires devant la fin de vie*, n. 1287, tome 1, Assemblée nationale française, décembre 2008, p. 136.

QUICK ANSWER NO. 9

Disabled people have no quality of life. Their life is not worth living. They would better off dead.

- ❖ This argument clearly demonstrates that people with disabilities are among some of the most threatened citizens when a country legalizes euthanasia. Vulnerable members of society need to feel they are valued, not encouraged to commit suicide or to ask for euthanasia.
- ❖ People with disabilities do not think of themselves as “poor quality” human beings. They expect and are entitled to the respect due to any person. It is important not to judge the quality of life of others based on standards and prejudices that are imposed on us by a culture that rewards efficiency and performance. Quality of life reasoning should not be used to evaluate any group of people because it is based on individual perspective which is subject to change.
- ❖ For more information on the unique perspective of disabled people, visit the *Council of Canadians with Disabilities* at: www.ccdonline.ca

QUICK ANSWER NO. 10

There are already reports of euthanasia being carried out all over the country. Wouldn't it be safer to have it regulated by the government?

- ❖ As Canadians, we have rejected the death penalty knowing that, among other things, occasional judicial errors can lead to the execution of innocent people. It would be a contradiction and an injustice to allow some people to directly and intentionally kill others, especially at a time when they are most vulnerable. This is a question of public safety and social justice.
- ❖ If euthanasia is being carried out against the law, this shows that the law is incapable of controlling euthanasia. Legalizing euthanasia will not fix this problem. Providing government sanctions for euthanasia will endorse a practice that will harm the most vulnerable members of society and devastate the institution of medicine.
- ❖ A change in law would jeopardize the role of the medical profession and fundamentally alter the doctor-patient relationship because the so called "right to die" would give doctors the right to directly and intentionally kill. It would undermine the trust between patients and doctors, leading the sick, persons with disabilities and the elderly to fear going to hospitals and other care-giving institutions.
- ❖ It is important that euthanasia remain illegal in Canada even if the Hippocratic Oath is no longer the cornerstone of medicine. The law must continue to reinforce the doctor-patient relationship and the role of the physician as a truly compassionate person who sometimes heals, often relieves and always comforts.
- ❖ If something is wrong, legalizing it will not make it right. Public acceptance of euthanasia and assisted suicide would dull our consciences to the gravity of taking human life. It would diminish our compassion for those who choose to continue living when they could ask for death.

QUICK ANSWER NO. 11

Why worry about a slippery slope? The experience of other countries and states shows that safeguards in the law effectively prevent abuses.

- ❖ A careful study of the situation in those countries and states shows that a slippery slope exists. Foolproof safeguards do not exist. Laws regulating euthanasia and assisted suicide are in large part unenforceable and incapable of adequately protecting the vulnerable because they rely on self-report by doctors.
- ❖ Decriminalizing euthanasia provides doctors and healthcare policy makers with the opportunity and the means to abuse vulnerable patients.
 - In Oregon, the instance of assisted suicide has steadily increased; however the number of patients sent for psychiatric referrals after requesting assisted suicide has decreased. Patients who could regain their desire to live are not being given the care they deserve.²
 - Because it considers physician assisted suicide (PAS) a form of palliative care, the Oregon Health Plan will now pay for PAS instead of expensive chemotherapy to treat advanced cancer.
 - In 2005, 550 Dutch citizens were killed without their consent.³
- ❖ Countries that have legalized euthanasia and/or assisted suicide for competent terminally ill patients have continued to extend their programs to include vulnerable members of society.
 - In the Netherlands, the government has adopted the Groningen Protocol which allows parents to request euthanasia for their severely disabled newborns.
 - A Dutch study found that 23% of terminal cancer patients suffered from depression and were four times more likely to ask for euthanasia. These results were a surprise to the researchers who assumed that those requesting euthanasia were at peace with their decision.⁴
 - Another study showed that between 1990 and 2000 the Swiss euthanasia group Exit Deutsche Schweiz assisted in 748 suicides. 21.1% of these people did not suffer from fatal conditions.⁵
 - In Belgium, the pro-euthanasia lobby is now demanding euthanasia for minors and for citizens with dementia.

² Oregon's annual reports on physician assisted suicide can be accessed at <http://www.oregon.gov/DHS/ph/pas/index.shtml>

³ Netherlands Ministry of Health, Welfare and Sport, 2007 *Evaluation of the Euthanasia Act*

⁴ van der Lee, M., et al., "Euthanasia and Depression: A Prospective Cohort Study Among Terminally Ill Cancer Patients," *Journal of Clinical Oncology* 23 (2005): 6607-6612. Retrieved September 15, 2009 from <http://jco.ascopubs.org/cgi/reprint/23/27/6607>

⁵ Bosshard, G., Ulrich, E., and Bär, W. "748 cases of suicide assisted by a Swiss right-to-die organisation," *Swiss Medical Weekly* 133 (2003): 310-317. Retrieved September 16, 2009 from http://www.smw.ch/dfe/set_archiv.asp?target=2003/21/smw-10212

QUICK ANSWER NO. 12

You are trying to impose your religious values on all of Canadian society.

- ❖ There are many good religious reasons to acknowledge the absolute value of the human person and to oppose euthanasia and assisted suicide. But there is no need to rely on them in order to reject these deadly practices.
- ❖ Whether you are a religious person or an atheist, the fundamental reasons to say “no” to euthanasia and assisted suicide are first and foremost purely natural, human reasons that promote the well-being of all Canadians regardless of race, gender, age, ability or health.
- ❖ The Universal Declaration of Human Rights clearly states that “Everyone has the right to life, liberty and security of person” (art. 3). In order to uphold this right for all citizens, at this moment in Canadian history when we are faced with the prospect of legalizing euthanasia and assisted suicide, we need to (1) encourage new research and education on pain relief; (2) provide public funding for more palliative care centers and units in order to ensure that all Canadians have access to end of life care; (3) and develop fiscal measures to allow primary care givers to commit themselves freely to the support of their sick or dying loved ones.

A CHRISTIAN PERSPECTIVE ON LIFE, SUFFERING AND DYING

Adhering to an atheist view of the world, certain people are calling for the legalization of euthanasia and assisted suicide, under the pretext that the human being is the sole master of his or her body, life and death. They claim that the person's autonomy reigns supreme and that his or her will must be respected at all costs.

An authentic humanism proposes a considerably different vision of the human person, founded on the belief that human life possesses an intrinsic worth, which must be respected in all its stages. For the Christian humanist, each person is created in the image and likeness of God for a destiny of eternal happiness with God. It is God who is the Author of life and He alone determines its beginning and its end.

The following excerpts from a publication by the Catholic Organization for Life and the Family (COLF), *“Living, Suffering and Dying... what for?”* (available online at www.colf.ca), provides the beginning of a reflection on the mystery of suffering and death. They are an echo of the words of the Second Vatican Council (Pastoral constitution *Gaudium et Spes*, 22): “Through Christ and in Christ, the riddles of sorrow and death grow meaningful. Apart from His Gospel, they overwhelm us.”

Here are some lines taken from *“Living, Suffering and Dying... what for?”*...

“As Pope John Paul II said, human suffering is a mystery. Sooner or later, all families experience it in the midst of life. It is either physical, psychological or spiritual. It always restrains our activities, it often limits our autonomy, and it sometimes seems to diminish our dignity. When it lasts too long and intensifies, some would think of ending life, which can appear to be a mere burden. Suicide, euthanasia and assisted suicide can then become attractive exit doors. Yet Christians still maintain that life – daily life, with its joys and its sorrows – is a gift from God, given with love and kindness...

“Since suffering and illness appear in the normal course of every human life, the question of their significance comes up in thinking about the meaning of life. Inevitably, the day comes when each person wonders: “Where do I come from? What is the purpose of my life? Why am I suffering? Where am I going? What is there after death?” Christians find answers to these questions in the Gospel. It is there that they understand they are not the masters, but the stewards of their life. It is there that Christ nourishes their hope in the Resurrection and eternal life...

“Yes, God’s work is a work of love: He wants to share his life with every human person, and for all eternity... Each human being is offered the possibility of living with God and for God. That is where we find our happiness and the fulfillment of our lives...

“Everything in our ordinary life can become an occasion for an extraordinary encounter. It is there that God awaits us patiently, wishing to share with us each moment of our lives, and to give it a divine meaning...

“Throughout his or her life, each baptized person is called to be another Christ – Christ the Servant who walks with his friends and helps them to rise to their challenges, supporting them at the time of their suffering so that they remain courageous until the natural end of their lives. For Christians, this is the real meaning of “aid in dying”: it is aid in living until the day when God invites his child to come home. This call to compassion, to responsibility, to fraternity and to solidarity is also always a call to serve the suffering Christ. Christ who is recognized and loved in each ill person who is afraid, who feels alone, impoverished, diminished, overwhelmed, anguished, abandoned...

“No, suffering is not useless. And it does not diminish human dignity. Hanging on the wood of the cross, disfigured, unrecognizable, Christ was not undignified. At the time of our own suffering and death, we do not lose our dignity. Human dignity depends neither on the quality of our lives nor on our autonomy. It finds its source in God, who created us in his image and likeness and who calls each of us to live and die in the manner of Christ – to bring the world back to Him.”

***The following documents and websites
provide further information on end of life issues
(click on the document):***

1. Catholic Organization for Life and the Family (www.colf.ca)
Living, Suffering, and Dying... what for?
Euthanasia and Assisted Suicide – Urgent Questions
2. Canadian Conference of Catholic Bishops (www.cccb.ca)
3. Catholic Health Alliance of Canada (www.chac.ca)
Advocacy Alert on Bill C-384
4. Canadian Catholic Bioethics Institute (www.ccbi-utoronto.ca/)
The Question of Physician-Assisted Suicide in the UK and Implications for Canada
5. Assemblée des évêques catholiques du Québec (www.eveques.qc.ca)
En fin de vie... Prendre soin, dans le respect de la dignité humaine
(In French only)
6. Assembly of Catholic Bishops of Ontario (www.occb.on.ca)
Going to the House of the Father