



end of life decisions who deserves to live?

Last year, in the United States, 50,000 people took their own lives through suicide, and another 1.7 million attempted to do so. These deaths, and attempts to die, are terrible tragedies. Some are the result of mental illness, but many are due to the existential suffering resulting from loneliness and isolation, break up of a marriage, loss of a job, or diagnosis of a serious illness.

In every case of attempted suicide, safeguards are put in place and support and resources are provided to facilitate healing and prevent any future despair and loss of life.

At the same time, ten states plus Washington, DC, have legalized physician-assisted suicide for adult patients who have been given a terminal prognosis, meaning an expectation of 6 months or fewer to live.

In some other countries, physician assisted suicide is legal for anyone experiencing an incurable illness or disability, even those that are not life-threatening. In certain places in Europe, and perhaps soon in Canada, suffering from a mental illness or even autism is enough to qualify a person to obtain medical assistance to end their life.

The discrepancy between the way our society responds to suicidality between persons with an illness or disability and those who are “healthy” reveals a belief that some people’s lives are more valuable than others—that some people deserve to live and others don’t.

Contrary to popular opinion, pain is not the main reason people choose assisted suicide. The number one reason patients contemplate assisted suicide to end their lives is “loss of autonomy”, or feeling as though they are a burden to others. In other words, patients can no longer take care of their own basic activities and must rely on the help of others. The “loss of autonomy” is different for each person. For some it can mean no longer being able to drive a car while for others it might mean not being able to feed or bathe oneself.



Suffering of this kind— feeling as though you are a burden to someone else or that no one cares to help you—is part of the human condition. There are times in everyone’s life when he or she feels that way. Certainly infants

are completely dependent upon others, and children are to a lessening degree as they grow. Even adults who are sick with anything from a winter cold to appendicitis become dependent upon care from others. The solution is to meet each person with human kindness and remind them that they are loved and cared for.

When we help others in need, we are practicing works of mercy. When we ask for help and allow others to care for us, we are providing the opportunity for others to offer mercy to us.

“Is it not in large measure what it means to belong to a family: to burden each other—and to find, almost miraculously, that others are willing, even happy, to carry such burdens?” – Gilbert Meilaender, First Things

When we look around at the world, we can find many people who need a little extra help. You may have heard of Nick Vujicic or Bethany Hamilton. Nick was born without arms and legs. Bethany had her arm bitten off by a shark but continued to compete as an elite surfer. Both of these individuals are known for their amazing capability to carry on and give back to their communities in spite of their hardships, but both could use a little extra help in their day- to-day lives.

But what about other people who need help? People in wheelchairs, people who are very sick, or dying, or in a coma? What is our responsibility to these people—the sick, the elderly, and the disabled?



In our culture, there’s a growing belief that people who are very sick or disabled are nothing more than a burden. Unfortunately, many people who are sick, elderly or disabled have been made to feel this way through public opinion and policies that marginalize them, take away their opportunities, or offer death rather than treatment and care as a solution.

Offering legal suicide can pressure the sick, the elderly and the disabled into thinking they are better off dead than alive, especially when they have already been rejected by their loved ones. And, it most often hurts the poor, who might struggle to provide care for their family members at the end of life and are offered assisted suicide or euthanasia as an “alternative”. It has even led

insurance companies to stop covering more expensive therapeutic healthcare options because the drugs used for assisted suicide are much cheaper than long-term care.



An example is the case of Stephanie Packer. Stephanie, a young mother of four children, was living with a terminal diagnosis of scleroderma, a chronic connective tissue disease attacking her lungs. Soon after California

legalized assisted suicide, Stephanie was informed by her insurer that they would no longer pay for her chemo and other life-prolonging treatments. But, they would cover drugs for assisted suicide. All she needed to do was provide a co-pay of \$1.20.

We certainly don't want people to be in pain, and modern medicine has done great things to help us overcome many different ailments and illnesses which used to just be a part of daily life. It is incredible to think how many lives have been saved with modern medicine, and therefore how many people have been able to share in the great things that life offers like family and friendship!

Being free from pain, sickness, and even disability is something that we strive for, because we know that such things entered into the world because of Original Sin and are not a part of God's will for creation. But, it is important to remember that no matter what happens, whether it be physical suffering, loss of physical ability, or a diminishing of mental capacity, our innate human dignity is never diminished! This we have, and always have, simply because we are beloved children of God, made in his image and likeness.

And, we know that often physical suffering is beyond our control, especially when it comes to matters of life and death. We are not defined by our physical abilities or our ability to participate "normally" in society.

People who have terminal conditions, or who have been told that they will likely die soon, often become depressed by the news. This is completely understandable. Life on earth, even if we are sick, is beautiful, and it's all we know. To learn that you are dying can be scary, and even more so if you are dying of a painful disease.

As members of a family, when someone we know is sick or dying, it is our responsibility to care for them and to love them, even as that becomes difficult. Our community has a similar responsibility to those who are sick and dying. As a culture, we are called to advocate for the sick and the dying, and to enact laws that protect them, and provide them with medication and the care they need.



We have a responsibility to ensure that quality palliative care (specialized medical care that provides patients who experience great pain and suffering with medicine, treatment, and mental and spiritual counseling for themselves and their families) is offered so that no one has to die in pain.

"Palliative care is an expression of the properly human attitude of taking care of one another, especially of those who suffer. It bears witness that the human person is always precious, even if marked by age and sickness. The human person, in fact, in whatever circumstance, is a good in and of himself and for others, and is loved by God. For this reason, when life becomes very fragile and the end of earthly existence approaches, we feel the responsibility to assist and accompany the person in the best way." - Pope Francis, 2015

There is a growing international trend of people wanting their doctors' help in committing suicide when they become too sick or too old to live like they used to. Some people believe that if they get very sick, they don't want to be alive—that their lives would no longer have any value, and that they would be nothing more than a burden.

But is that true? As Christians, we know that there is far more to life than what we see on the surface, in the material world. We know that God created each person with a specific purpose and that He will call each of us to eternal life at precisely the moment our earthly lives are meant to end. To cut a life short through suicide cuts short God's ability to work in that person's life. Suicide closes the door to hope.



On a community level, assisted suicide is disastrous. People who think assisted suicide is a good idea are usually motivated by their care for others and their desire that people not suffer. No one wants to see someone die in pain, or impoverish a family with the growing costs of healthcare. But the solution is to demand better medical care, not to encourage or help people take their own lives.

“True compassion leads to sharing another’s pain; it does not kill the person whose suffering we cannot bear.”
– John Paul II, *The Gospel of Life*

In communities where assisted suicide becomes a legal option, the poor, elderly, and disabled, as well as immigrants and minorities suffer the most. Already experiencing reduced access to quality medicines and nursing homes, and receiving lower-quality care when it comes to pain management, cancer treatment, and palliative and hospice care, when assisted suicide is legalized, it becomes the easiest and cheapest option for people who are sick, disabled, and dying.

And, too often it is the easiest choice for insurance companies to take—to talk people into ending their lives rather than making every effort to see that they are treated with respect and love. We do not want to become a society that responds to the pain and suffering of others by offering to help them kill themselves.

Undoubtedly, it can be difficult to care for someone

who is sick, disabled, or dying, especially if they need a great deal of care. It is relatively easy to help someone for a few days, or even a few weeks. But months and years of care can become exhausting, especially if the person who needs your help is loath to take it, or can't express gratitude.

However, these are the moments where we can demonstrate the true, unalterable value of human life. Assisted suicide does not just affect those at the end of their lives. A study published in the *Southern Medical Journal* in October 2015 found that there was a 6.3% increase in total suicides in US states where assisted suicide had been legalized.

The law itself is a teacher. Our laws shape cultural attitudes toward certain behaviors and influence social norms. Laws permitting assisted suicide communicate the message that, under especially difficult circumstances, some lives are not worth living. This tragically false message will be heard not only by those with a terminal illness, but by any person struggling with the temptation to end his or her life. Every suicide is tragic. We don't discourage suicide by legalizing assisted suicide.

Questions for Discussion:

- How is being a burden part of the human condition? What would happen if someone tried to live completely independently?
- What is the responsibility of individuals toward the sick or dying? What is the responsibility of a community?
- What groups of people would be most negatively affected by legalized assisted suicide? Why?
- What is the value of palliative care? Does this sound like an option in keeping with human dignity?
- Does a person's desire for personal autonomy at the time of death matter more than other considerations? What about the conscience of the doctor, nurse or pharmacist who might have to assist? What about the community who recognizes suicide contagion and the possibility that others (teens especially) might choose suicide because it is legal for the dying?