

# MAKING END-OF-LIFE DECISIONS AS AN INFORMED CATHOLIC

ARCHDIOCESE OF NEW YORK

**“In many places, quality of life is primarily related to economic means, to ‘well-being,’ to the beauty and enjoyment of physical life, forgetting the other, more profound, interpersonal, spiritual and religious dimensions of existence. In fact, in the light of faith and right reason, human life is always sacred and always has ‘quality.’ As there is no human life that is more sacred than another: every human life is sacred!” (Pope Francis, *speech to the Italian Physicians Association, Nov. 15, 2014*)**

Life is always inherently good, and is a sacred gift from God. We have to cherish and preserve every human life, regardless of age or condition. We need to address all the suffering that comes with sickness – physical, emotional, psychological, familial, and spiritual. Those who are sick should always be given basic care – food, water, pain control, and physical comfort, as well as emotional and spiritual assistance. They should feel our compassion and unconditional love.

Out of deep respect for life, a person has a moral duty to use *ordinary and proportionate treatments* to preserve life and to deal with suffering. Ordinary treatments offer a reasonable hope of benefit and do not impose an excessive burden on the patient, their family, or the community. In principle, providing a patient with food and water (including medically-assisted nutrition and hydration) is ordinary care and is morally required.

We are not morally required to use *extraordinary and disproportionate treatments*. These do not offer a reasonable hope of benefit, are excessively burdensome, or impose excessive expense on the family or the community. Declining disproportionate treatment is not the same as killing a person – it is accepting the inevitability of death by natural causes.

**“Euthanasia and assisted suicide are *never* acceptable acts of mercy. They *always* gravely exploit the suffering and desperate, extinguishing life in the name of the ‘quality of life’ itself.” (United States Conference of Catholic Bishops, *Living the Gospel of Life*)**

Failing to give ordinary care with the intention of causing death is *euthanasia*. *Physician-assisted suicide* (PAS) means to deliberately take your own life by using drugs prescribed by a doctor. It is always wrong to deliberately cause the death of an innocent person in these ways, or to assist anyone to do so – it violates the Fifth Commandment (“thou shall not kill”) and our duty to “love one another.”

Making medical decisions at the end of life can be complex and very sensitive. We have to form our consciences according to the teachings of our faith, and use the virtue of prudence to weigh burdens and benefits. In difficult situations, we should seek guidance from someone who knows Church teaching and has experience in applying it to specific cases, such as a priest, deacon, hospital chaplain, or an expert in medical ethics.

Likewise, caring for a sick person can be very challenging and difficult. Care-givers should pay attention to their own physical, emotional, and spiritual health. We should not hesitate to seek help from health care professionals and spiritual advisors.

**“What a sick person needs, besides medical care, is love, the human and supernatural warmth with which the sick person can and ought to be surrounded by all those close to him or her, parents and children, doctors and nurses.” (Congregation for the Doctrine of the Faith, *Declaration on Euthanasia*)**

Death can be the gateway into eternal life. It can be a time of great hope and consolation, as well as sadness and loss. Our Church community is there to help us, and we can always draw on the graces God bestows through the Sacraments (especially the Eucharist and the Anointing of the Sick), and in answer to our prayers and the prayers of those who love us.

## WHERE CAN I LEARN MORE?

If you want more information, the NY State Catholic Conference has a new website and video to inform Catholics of our teachings about the end of life: <http://www.CatholicEndofLife.org>. Also, visit the Archdiocese of New York website: <http://www.archny.org/pastoral/public-policy/>.

## WHY SHOULD WE OPPOSE LEGALIZING PHYSICIAN-ASSISTED SUICIDE?

Bills have been introduced in New York and in other states to legalize physician-assisted suicide (PAS). It is already legal in some other states. But it is a dangerous threat to the dignity of life, and we must oppose it. Here are some reasons why:

- PAS is not the answer for pain and suffering – There is no reason to choose suicide because of fear of unmanageable pain. Experts say that in virtually all cases of chronic or terminal illness, physical pain can be dealt with by good palliative care. Instead of promoting suicide, we should be encouraging greater use of hospice, which provides quality compassionate care of terminally ill patients.

**“Palliative care is an expression of the truly human attitude of taking care of one another, especially of those who suffer. It is a testimony that the human person is always precious, even if marked by illness and old age. Indeed, the person, under any circumstances, is an asset to him/herself and to others and is loved by God.**

**This is why, when their life becomes very fragile and the end of their earthly existence approaches, we feel the responsibility to assist and accompany them in the best way.” (Pope Francis, *Address to the Pontifical Academy of Life*, Mar. 5, 2015)**

- PAS can be dangerous to vulnerable people – Abuse of elders and people with disabilities is a serious problem and it can be impossible to tell if they are being pressured or coerced into PAS. Pressures to cut health care costs also increase pressure on patients, who don't want to be a burden on their families. PAS is also dangerous to people with mental illnesses and depression. PAS legislation does not require doctors to refer patients to a psychologist before prescribing lethal drugs. PAS tells elderly, sick, and disabled people that their lives are not worth preserving. That's why every major national disability-rights or disease advocacy organization that has taken a position on PAS opposes it.
- Diagnoses can be wrong – Patients can request physician-assisted suicide if a doctor believes that they have six months or less to live. But doctors aren't perfect and an exact prognosis is difficult to make, so estimates about a patient's remaining life are frequently incorrect.

- Supposed safeguards don't really protect patients – PAS bills have very weak provisions to ensure that patients are fully informed about all their alternatives and are capable of making serious medical decisions. Also, no doctor must be present when the lethal dose is taken, and there is no oversight of the patient's physical or psychological condition once they leave the hospital with the drugs.
- There's no way to know if patients are being abused – PAS bills don't require any reporting to state health authorities. In some bills, the doctor is even required to lie on the death certificate – to say that the real cause of death is the underlying disease, and not suicide. So there will be no way to tell if abuses are taking place. Since the patient takes the drugs in his or her home, there's no way to tell if he or she is under pressure. And since family members don't have to be notified, there's no way to be sure that their loved ones can protect them from abuse.
- PAS drugs can cause pain and suffering – Pentobarbital is a drug commonly used in assisted suicide. The ACLU is currently challenging the use of that drug in executions, saying that it is “cruel and unusual punishment” because the “risk of extended painful death” is very high.
- PAS damages the relationship between a doctor and patient – A patient expects that medical professionals are committed to healing and caring for them. But PAS fundamentally undermines that trust. That's why major medical associations oppose legalizing PAS (e.g. the AMA, the New York Medical Society, the American Nurses Association.)
- Legalizing PAS opens the door to euthanasia and more suicides – In other countries that legalized PAS, it opened the door to the euthanasia. In Belgium, 18% of all deaths now come from suicide or euthanasia – including cases where the patient never requested it. There has even been talk that some patients should be euthanized in order to harvest their organs. Also, in states that have legalized PAS, there have been dramatic increases in overall suicide rates.

**“True ‘compassion’ leads to sharing another's pain; it does not kill the person whose suffering we cannot bear. Moreover, the act of euthanasia appears all the more perverse if it is carried out by those, like relatives, who are supposed to treat a family member with patience and love, or by those, such as doctors, who by virtue of their specific profession are supposed to care for the sick person even in the most painful terminal stages.”**  
(Pope St. John Paul II, *The Gospel of Life*)