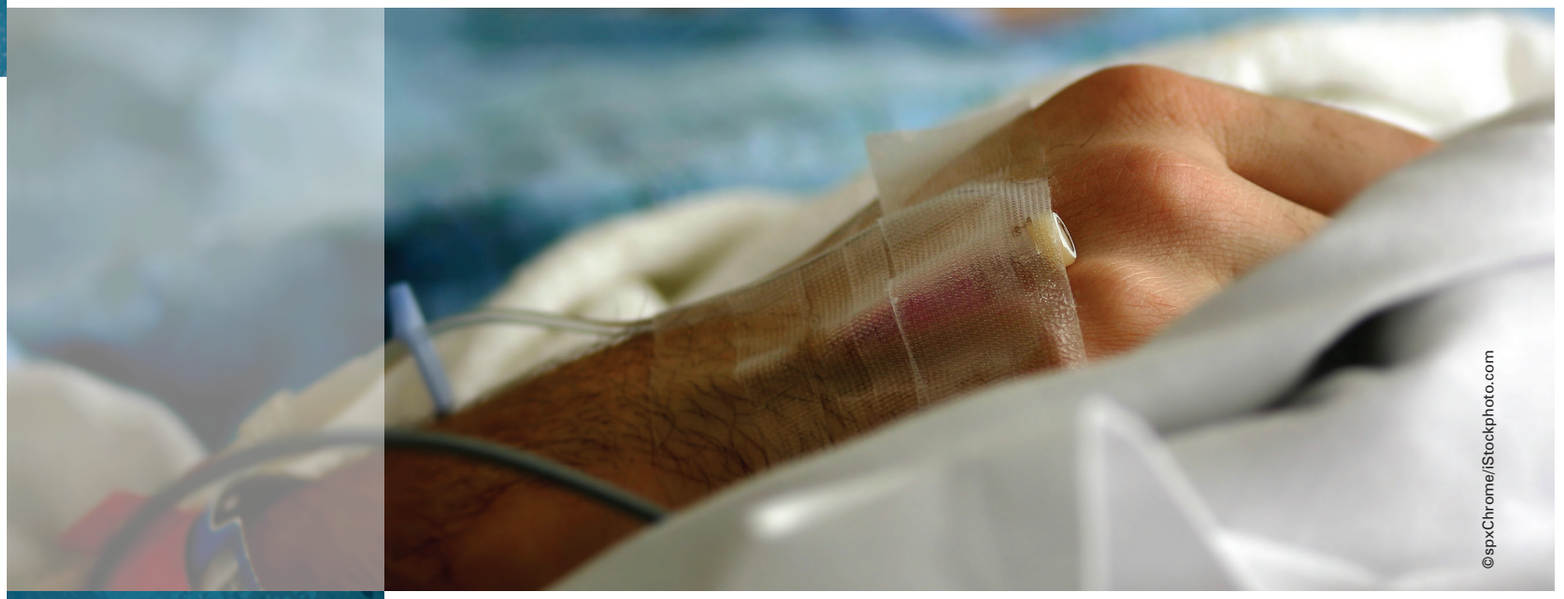

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Euthanasia and Assisted Suicide

Urgent questions!

Life!

Life with its highs and its lows! Some welcome and others reject life, with its joys and its disappointments. Some rejoice in it, and others are troubled by it. Each day the national and international news are filled with events that illustrate the many varied attitudes people take in the face of the undeniable challenges of life.

The dust returns to the earth as it was, and the breath returns to God who gave it. (Ecclesiastes 12:7)

This is a reflection on one of the most burning issues of our time: euthanasia and assisted suicide; a reflection in which the very difficult realities of our common human experience: sickness, suffering and death, are calmly considered; a compassionate look at the circumstances of real people and an invitation to each of us to have the courage to love and to allow ourselves to be loved until life's natural end.

While Canadian legislators and those of many other western societies have sanctioned assisted suicide and euthanasia, Catholics must not become complacent. We must act on our deepest convictions – advocating on the one hand for the repeal of unjust laws and on the other for increased access to compassionate and palliative care.

1 What is euthanasia?

Euthanasia is the deliberate killing of someone, with or without that person's consent, ordinarily with a view to eliminating all suffering. The individual who commits euthanasia must, therefore, **intend** to kill the person and must **cause** the death – for example, by lethal injection.

The term "euthanasia" **does not apply to:**

- Respecting a person's refusal of treatment or request to discontinue treatment;
- Letting someone die naturally by withholding or withdrawing medical treatment when its burdens outweigh its benefits;
- The administration of drugs appropriate for the relief of pain and suffering even if some anticipate that the unintended effect might be the shortening of life.

2 What is assisted suicide?

In cases of assisted suicide, a third person provides the means for the person to kill him or herself (e.g. information, lethal substances (pills), or a weapon).

3 What is the law in Canada concerning euthanasia and assisted suicide?

The Criminal Code of Canada authorizes euthanasia and assisted suicide where described as "medical aid in dying". Considered as a form of health care, these practices are accessible to persons who meet all of the following conditions:

- Be at least 18 years-of-age and mentally competent;
- Application for "medical aid in dying" must be made voluntarily, without external pressure;
- Application must be made with informed consent;
- The applicant must have a severe and incurable health problem, such as: a serious illness, condition or disability; be in a state of advanced decline that cannot be reversed; be suffering intolerably from the illness, disability or decline; be at a point where natural death has become reasonably predictable.

It is not necessary to have a life threatening or terminal illness to be eligible for "medical aid in dying".

4 What is the Catholic Church's position on euthanasia and assisted suicide?

According to Catholic teaching, euthanasia is unacceptable both on principle and because of the inevitable consequences of any relaxation in the law.

The principles which inform the Church's position are the intrinsic value and sanctity of human life and the relational or interdependent quality of human life – which imposes a sense of mutual responsibility that unfolds over time. To give the other a future is to give him or her an opportunity for transformation, an opportunity which belongs to him or her and which cannot be denied without perpetrating a grave injustice.

Although a legal distinction is sometimes made between euthanasia and assisted suicide, there is no ethical difference. The moral responsibility is the same whether the third party provides the pills or gives an injection.

Catholics believe that life is a gift of God's love. We do not have absolute dominion over this gift of life; we are stewards, not owners of life. Consequently, the time and circumstances of our birth and death are not ours to choose. Death is an inevitable part of life and, for the elect, a transition to eternal life.

Human life is by its very nature relational – a gift from and for others in that we are always both recipients and givers of life. Through faith in the Communion of Saints, we know that the relationships which we have developed during our earthly journey will continue and be perfected in the hereafter.

I confirm that euthanasia is a grave violation of the law of God, since it is the deliberate and morally unacceptable killing of a human person. This doctrine is based upon the natural law and upon the written word of God [...] 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. [...] The choice of euthanasia becomes more serious when it takes the form of a murder committed by others on a person who has in no way requested it and who has never consented to it. The height of arbitrariness and injustice is reached when certain people, such as physicians or legislators, arrogate to themselves the power to decide who ought to live and who ought to die.

- Blessed John Paul II,
Evangelium Vitae, *nos. 65-66*

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5 What should we expect the consequences of allowing euthanasia and assisted suicide to be?

- The frail, poor, elderly and others who are vulnerable will be increasingly at the mercy of third parties, some of whom will exercise pressure on them to see an earlier death as an option. They may even feel compelled to ask for a premature death. This danger will only increase as health resources decrease.
- As doctors become involved in killing, the confidence of patients towards their own doctor will be undermined; palliative care will be compromised.
- The very active lobby which succeeded in having euthanasia and assisted suicide legalized in Canada in 2016 is continuing its efforts to expand the scope of the law. For example, "mature minors", persons with only mental illness, and those who have requested "medical aid in dying" in advance directives before becoming incompetent may sooner or later have access to euthanasia and assisted suicide. Nevertheless, killing is not a "treatment" but rather an irreversible action which eliminates the possibility of any future for the patient. In addition, this action does grave injury to the family. We must always treat but never kill!
- Legitimating euthanasia and assisted suicide, which allows one person to kill another, will inevitably diminish respect for human life even further. It will also erode the basic societal trust that human life will be protected – a trust that is essential to the functioning of any society.

6 What are our obligations to the dying person?

Persons who are dying should be provided with care, compassion and comfort, including:

- Appropriate medical care capable of providing comfort;
- Pain and symptom management;
- Social, emotional, spiritual and religious support;
- Full information about their condition;
- The opportunity to freely discuss their desires with health care personnel;
- Full disclosure to any family member or any person authorized by the dying person to receive information; and
- A degree of privacy that ensures death with dignity and peace.

"The vocation of being a 'protector' [. . .] means respecting each of God's creatures and respecting the environment in which we live. It means protecting people, showing loving concern for each and every person, especially children, the elderly, those in need, who are often the last we think about. It means caring for one another in our families: husbands and wives first protect one another, and then, as parents, they care for their children, and children themselves, in time, protect their parents. [. . .] Caring, protecting, demands goodness, it calls for a certain tenderness [. . .] We must not be afraid of goodness or even tenderness!"

- Pope Francis,
Inauguration Homily,
March 19, 2013

7 What obligation do we have to seek or provide treatment?

Competent persons receiving care, and proxies of persons who are not competent, are to seek those measures that offer a reasonable hope of benefit and that can be obtained and used without excessive pain, excessive expense or other serious inconvenience.

Persons receiving care are not obliged to seek treatment when it is of no benefit, or when the burdens resulting from treatment are clearly disproportionate to the benefits hoped for or obtained.

Similarly, there is no obligation to provide or to continue providing a treatment whose burdens are disproportionate to the expected or obtained benefits. This would amount to overtreatment – an unacceptable option.

8 Is there a real difference between euthanasia and the withdrawing or withholding of burdensome treatment?

When extraordinary or disproportionate treatment is withdrawn or withheld, the *intention is not to cause* death but to allow the person to die peacefully of natural causes; with euthanasia the *intention is to cause* death – the patient does not die naturally but before his or her time.

When disproportionate treatment is withdrawn or withheld, the *cause* of death is the underlying disease or condition; to the contrary, with euthanasia the *cause* of death is the lethal injection, bullet or other means used. There is a great difference between *allowing someone to die* and *killing them*.

Intention is a key element in distinguishing between euthanasia and other end-of-life decisions. Historically, distinctions based on intention formed the basis of our criminal law. In the *Sue Rodriguez* case where the Supreme Court of Canada upheld the law against assisted suicide in 1993, Mr. Justice Sopinka said that *"distinctions based upon intent are important, and in fact form the basis of our criminal law. While factually the distinction may, at times, be difficult to draw, legally it is clear."*

Call it what we may, euthanasia and assisted suicide always involve the intention to end life.

9 What about advance directives: a living will or a durable power of attorney?

Some people choose, for the benefit of family members and medical personnel, to indicate in advance what ought to be done should they become incompetent due to an accident or illness. This can be done through an instructional directive (often called a "living will") or a proxy directive (often called "durable power of attorney" or "mandate").


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A living will indicates in advance the level of medical treatment a person wishes to receive in situations where he or she is unable to communicate. According to some specialists, living wills are risky because of the difficulty in anticipating all possible scenarios; so the language almost never fully communicates the wishes of a person. Also, the doctor making the decisions may be unaware of the values of the person concerned and could misinterpret the document to go against the individual's wishes. Furthermore, this type of document is often distributed by organizations favouring euthanasia, which use vague language that can easily be interpreted in favour of euthanasia.

A proxy directive is a more reliable way to ensure that one's end of life decisions are respected. This is a legal document, either notarized or signed by a person in the presence of witnesses, whereby a family member or friend who knows our values and respect for human life is chosen as a health care proxy. When the time comes, that proxy will be responsible for making decisions about the type of care we should or should not be given, or whether this care should be interrupted. Each province has slightly different rules on the requirements for proxy directives.

It is best to avoid making a blanket statement rejecting certain types of care in all circumstances – unless death is imminent or treatment futile – and to leave enough latitude for our agent or doctor to offer appropriate care for our condition. It is important to be very clear about the meaning of the words we use, to review our directives periodically, and to make sure our agent, our doctor and whoever else needs to know, is aware of these instructions.


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10 Aren't assisted suicide and euthanasia purely personal decisions? Where is the harm to society?

Attempts to liberalize laws governing euthanasia and assisted suicide ordinarily require a very public process. This is so because euthanasia and assisted suicide are not private matters. The act of euthanasia or assisted suicide always implicates a third party such as a physician, a pharmacist or other medical personnel, a family member or a friend. In other words, euthanasia and assisted suicide are legal issues that impact all those involved.

What are the consequences for the third parties involved? A liberalized euthanasia and assisted suicide law inevitably jeopardizes the traditional role of the medical profession, which is the safeguarding of life, and seriously undermines the trust that must exist between patients and doctors.

The legal prohibition of killing has always been considered foundational to society; it has aimed to protect everyone equally and has been essential to the basic trust necessary for people to live together in community. Public acceptance of euthanasia and assisted suicide inevitably furthers the erosion of our consciences regarding the gravity of taking human life. Euthanasia and assisted suicide, therefore, clearly have a social dimension.

11 Does the Church think that it is good for people to suffer?

The Church does not consider suffering as a good in and of itself and we all have a duty to do everything in our power to eradicate or alleviate it. We need to discover how to be compassionate, how to enter into and share the suffering of others.

There is no doubt that suffering challenges the very core of human life. Sometimes, in the face of overwhelming suffering, we must humbly acknowledge the limits of our capacity and the human condition – this is not easy to do in our technologically driven society where we are accustomed to getting what we want when we want it.

The Church recognizes that suffering can have great meaning and redemptive power in the lives of those who are suffering and those around them. When suffering has meaning for the sufferer, it can help to make it bearable. Christians believe that Christ reconciles human beings to God the Father through his Passion, Death and Resurrection; each person is invited to freely accept this reconciliation. Christians also believe that those who unite their sufferings to Christ's, with love, participate in this work. Their feelings of anger and discouragement are then replaced by quiet hope, and, surprisingly, even by joy. Suffering is no longer pointless. They find in God, especially by receiving the Body of Christ, the courage and strength to live fully all the days of their lives in anticipation of the eternal life for which God created us all in His love.

"Through Christ and in Christ, the riddles of sorrow and death grow meaningful. Apart from His Gospel, they overwhelm us."

- Gaudium et Spes, 22

12 What is the alternative to assisted suicide and euthanasia?

The alternative is to provide people of all ages, particularly those who are seriously ill or disabled, including those in a terminal phase, with the utmost personal attention. This can be done with palliative care offered in the home or in an institutional setting, along with the best pain control and alleviation of suffering. Such an approach demonstrates great respect for all the needs of the person who is suffering or dying – emotional, physical, social and spiritual. This type of care keeps a sick person from feeling abandoned and asking for euthanasia.


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Although palliative care cannot always eliminate all suffering in all cases, it is an excellent way of affirming the life of the person who is preparing for death. This is what is meant by dying with dignity. We need to encourage governments to devote more resources to palliative care in hospitals, homes and hospices and for the education of health professionals and the public in palliative care.

13 What about those whose pain cannot be controlled, or whose pain can be alleviated but who just can't bear the loss of control and fear losing their dignity?

It is obviously important to direct more resources to research for better methods of pain control. However, experts in palliative care state that only a very small proportion of people suffer from intractable pain and even then there are means to keep them comfortable.

It is not hard to empathize with those who feel they have lost their dignity. Yet human dignity lies not in autonomy, the exercise of control or even in the quality of one's life, but rather in the simple fact of belonging to the human race. As Christians, we also know that every human being has been created in the image of God – Father, Son and Holy Spirit – for a relational existence. Therein lies the source of the inalienable dignity of the human being.

We also give life dignity by the way we respond to it – by reaching out to the dying person with compassion and attending to their most basic needs – we need each other in dying in the same way that we need each other in life. This


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form of accompaniment can be painful and intense, but it is also full of possibilities for expressing love and gratitude, for spiritual growth and for reconciliation with God and one other.

14 Could you not watch one hour with me?

The words of Sheila Cassidy, an English palliative care physician and author, challenge us as a society and as individuals to be more involved in the care of those who suffer:


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"Those enduring great distress know that the cup cannot be taken away from them, but they value the presence of someone to share, however minimally, in their suffering – someone to watch with them during their agony. Jesus himself when wrestling with his fear in the Garden of Olives, begged his disciples to stay with him 'Could you not watch one hour with me?'…"

How will each of us answer this question?


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The material in this document has been drawn from the following texts that are recommended for further reading:

1. Canadian Conference of Catholic Bishops. *To Live and Die in a Compassionate Community* (Brief to the Senate Committee on Euthanasia and Assisted Suicide). October 26, 1994.
2. Canadian Conference of Catholic Bishops. *Text of the Oral Presentation to the Senate Committee on Assisted Suicide and Euthanasia*. October 26, 1994.
3. Catholic Health Association of Canada. *Health Ethics Guide*. Ottawa: Catholic Health Association of Canada Publication Service, 2012.
4. Congregation for the Doctrine of the Faith. *Declaration on Euthanasia*. May 5, 1980. Available at: http://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_19800505_euthanasia_en.html
5. Pope John Paul II. *Evangelium Vitae*. Montréal: Médiaspaul, 1995.
6. William May. *Catholic Bioethics and the Gift of Human Life*. Huntington: Our Sunday Visitor Publishing Division, 2000.

WHY NOT REFLECT MORE DEEPLY ON THIS ISSUE?

1. What constitutes "euthanasia"? What constitutes "assisted suicide"?
2. What is overtreatment? How can we prevent it?
3. Do I know how things have unfolded regarding euthanasia and assisted suicide in the countries where these practices are legal? Where can I turn to get clear and honest answers?
4. Am I aware that Canada has legalized euthanasia and assisted suicide? What can we do to protect our lives and the lives of our loved ones from these deadly practices?
5. How are society and our own families being affected by the legalizationof euthanasia and assisted suicide?
6. Historically, it has often been the case that what is made legal comes to be regarded as moral. How can we prevent this from happening in our families and in society at large with reference to euthanasia and assisted suicide?
7. What can I do to ensure that my children value human life at all stages and have appropriate opportunities to be at the service of vulnerable people (the sick, the disabled, the marginalized, etc.)?
8. Is it more prudent to sign a living will or to nominate a surrogate decision maker? Why?
9. What can I do to ensure that family members and friends never feel useless or unwanted when they are sick and dying?
10. As a patient, what would I hope to receive from my physician and other medical staff? What kind of care would I want for my family members who are hospitalized? How will I feel should I find myself in hospital, knowing that very nearby doctors are euthanizing patients?
11. What type of care can be offered to those who have reached the end of their lives that will respect their inherent dignity? What steps can I take to encourage my elected representatives to prioritize compassionate and palliative care?
12. As citizens, what can we do to uphold the conscience rights of medical practitioners?
13. How can I support the educational work of the various Canadian organizations which struggle to uphold the innate dignity of the human person at all stages of life?
14. How can I find a doctor who shares my vision of the dignity of the human person?

For Workshop Guide: www.colf.ca

Catholic Organization for Life and Family

This leaflet has been prepared by the Catholic Organization for Life and Family (COLF). Copies are available from the COLF offices at 2500 Don Reid Drive, Ottawa, Ontario K1H 2J2. Tel: (613) 241-9461, ext. 161. Fax: (613) 241-9048. Email: colf@colf.ca. Website: www.colf.ca

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