



Secretariat of Pro-Life Activities

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Assisted Suicide: What is at Stake?

Q: Why shouldn't assisted suicide be legalized?

A: To sanction the taking of innocent human life is to contradict a primary purpose of law in an ordered society. A law or court decision allowing assisted suicide would demean the lives of vulnerable patients and expose them to exploitation by those who feel they are better off dead. Such a policy would corrupt the medical profession, whose ethical code calls on physicians to serve life and never to kill. The voiceless or marginalized in our society -- the poor, the frail elderly, racial minorities, millions of people who lack health insurance -- would be the first to feel pressure to die.

Q: What about competent, terminally ill people who say they really want assisted suicide?

A: Suicidal wishes among the terminally ill are no less due to treatable depression than the same wishes among the able-bodied. When their pain, depression and other problems are addressed, there is generally no more talk of suicide. If we respond to a death wish in one group of people with counseling and suicide prevention, and respond to the same wish in another group by offering them lethal drugs, we have made our own tragic choice as a society that some people's lives are objectively not worth protecting.

Q: How does cost enter into this issue?

A: In an era of cost control and managed care, patients with lingering illnesses may be branded an economic liability, and decisions to encourage death can be driven by cost. As Acting U.S. Solicitor General Walter Dellinger warned in urging the Supreme Court to uphold laws against assisted suicide: "The least costly treatment for any illness is lethal medication."

Q: Why are people with disabilities worried about assisted suicide?

A: Many people with disabilities have long experience of prejudicial attitudes on the part of able-bodied people, including physicians, who assume they would "rather be dead than disabled." Such prejudices could easily lead families, physicians and society to encourage death for people who are depressed and emotionally vulnerable as they adjust to life with a serious illness or disability. To speak here of a "free choice" for suicide is a dangerously misguided abstraction.

Q: What is the view of the medical profession?

A: The American Medical Association holds that "physician-assisted suicide is fundamentally incompatible with the physician's role as healer." The AMA, along with the American Nurses

Association, American Psychiatric Association and dozens of other medical groups, urged the Supreme Court in 1997 to uphold laws against assisted suicide, arguing that the power to assist in taking patients' lives is "a power that most health care professionals do not want and could not control."

Q: What does the Catholic Church teach?

A: Our moral tradition holds that human life is the most basic gift from a loving God -- a gift over which we have stewardship, not absolute dominion. As responsible stewards of life, we must never directly intend to cause our own death or that of anyone else. Euthanasia and assisted suicide are always gravely wrong.

Q: What about related issues, such as withdrawal of life-sustaining treatment?

A: Careful stewardship of life does not demand that we always use every possible means to prolong life. Treatment can be refused by a terminally ill patient when its burdens outweigh its benefits for that patient. In such cases, the basic care owed to every human being should still be provided. We may reject particular treatments because the treatments are too burdensome; we must never destroy a human life on the ground that it is a burden.

Q: How is the practice of giving dying patients pain medication different from assisted suicide?

A: The intent of modern pain management is to control patients' pain, not to kill the patient. Rarely is there any risk that pain medication will shorten a patient's life by suppressing respiration, even as a side-effect, because patients regularly receiving morphine for pain control quickly develop a resistance to this effect. With modern pain control methods, physical suffering can be brought under control for all dying patients, almost always without resorting to sedation. As Pope John Paul II has said, pain management and other supportive care is "the way of love and true mercy" that we should offer to all dying patients, instead of offering to assist their suicides.

Q: What is the lesson of the Netherlands on assisted suicide?

A: For many years Dutch courts have allowed physicians to practice euthanasia and assisted suicide with impunity, supposedly only in cases where desperately ill patients have unbearable suffering. However, Dutch policy and practice have expanded to allow the killing of people with disabilities or even physically healthy people with psychological distress; thousands of patients, including newborn children with disabilities, have been killed by their doctors without their request. The Dutch example teaches us that the "slippery slope" is very real.