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Statement on Physician Assisted Suicide

In support of

HB 505 Clarifying Offense of Aiding or Soliciting Suicide

Senate Judiciary Committee, March 26, 2013

By Most Reverend Michael W. Warfel, Diocese of Great Falls-Billings

Thank you for your time and consideration of HB 505 and the very serious issue of physician assisted suicide. I am Bishop Warfel, the bishop of the Diocese of Great Falls-Billings, one of two Catholic dioceses in the State of Montana. My remarks flow from a long standing Judeo-Christian faith tradition and teaching. As for the Catholic part of this tradition, it views suicide as a grave offense against love of self as well as one that needlessly breaks the bond of love and solidarity with family, friends and society. A society that truly is compassionate can do better than assist someone to end their life.

From a statement that was issued by U.S. Catholic bishops in 2011, *To Live Each Day With Dignity*, we noted that people who take their own lives commonly suffer from clinical depression or from mental illness that affect their ability to make a decision that truly is a free decision. Such afflictions certainly diminish a personal responsibility in one desiring to commit suicide, but it doesn't in those who are responsible for assisting someone to end their life. As we noted in our statement, "In Oregon and Washington, all reporting is done solely by the physician who prescribes lethal drugs. ...the law requires no assessment of whether patients are acting freely, whether they are influenced by those who have financial or other motives for ensuring their death, or even whether others actually administer the drugs." In addition, there is an apparent bias for those judged by society to be able-bodied, their lives being more valuable, than those who are less able-bodied, e.g., someone with a severe illness or disability. It is a bias that our culture seems to lace on productivity and autonomy. In short, assisted suicide promotes a distorted notion of human freedom as well as a distorted notion of human dignity.

It is increasingly evident that the value of human life is ever more questionable in our society. As with other issues concerning the dignity of human life, there seems to be a level of deception and misinformation regarding the issue of physician-assisted suicide. Euthanasia groups (who have for instance changed their name from the Hemlock Society to Compassion and Choices) have

sometimes portrayed a natural death as necessarily painful, undignified, costly and humiliating. Some physicians have begun to refer to it as "physician assisted death" rather than suicide which appears to soften what is actually taking place. These various forms of euphemisms demonstrate a not-too-subtle inducement to accept suicide and assisted suicide in society. My dictionary defines a euphemism as a "generally innocuous word or expression used in place of one that may be found offensive or suggest something unpleasant."

In the past couple of decades, physician assisted suicide has received support on occasion by State and Federal Court decisions. As but one example, we have heard about the Baxter decision that worked its way to our own State Supreme Court. In decisions that support assisted suicide, the rich and hallowed virtue of *compassion* is drained of meaning when it is invoked as a basis for ending human life.

By and large, seriously ill patients do not want assisted suicide. They want decent health care, control of their pain, and the same kind of love and support that everyone needs when they become vulnerable and are dependent on others. While dying of cancer in 1996, the late Cardinal Joseph Bernardin of the Archdiocese of Chicago penned a moving little book titled *The Gift of Peace*. It provided an authoritative and personal voice to the experience of someone dying of cancer. He movingly wrote:

*I am at the end of my earthly life. There is much that I have contemplated these last few months of my illness, but as one who is dying I have especially come to appreciate the gift of life. I know from my own experience that patients often face difficult and deeply personal decisions about their care. However, I also know that even a person who decides to forego treatment does not necessarily choose death. Rather, he chooses life without the burden of disproportionate medical intervention.*

Pointing out that legalizing assisted suicide would endanger vulnerable people and corrupt the patient-physician relationship, he continued:

*There can be no such thing as a "right to assisted suicide" because there can be no legal and moral order which tolerates the killing of innocent human life, even if the agent of death is self-administered. Creating a new "right" to assisted-suicide will endanger society and send a false signal that a less than "perfect" life is not worth living.*

Cardinal Bernardin knew what so many who have confronted terminal illness have also learned: The final months of life are no less precious than any other time, but offer unique opportunities for love, community and personal growth -- for the patient, and all who share the patient's journey.

I suspect that every one of us has had an intimate experience of someone's death: a mother, a child, a close friend. And sometimes there is a lengthy illness with a degree of discomfort and pain. While not necessarily immune to periods of depression often associated with a debilitating illness, our loved ones can receive proper palliative care to address pain and they can certainly be surrounded by loving friends and family. This is what true compassion in dying is about.

Supporters claim that assisted suicide is about promoting "freedom of choice" and relieving suffering for terminally ill people. Yet people who may want to commit suicide are actually found in every demographic group -- especially among the young, the very old and members of high-stress professions. Suicidal desires among the terminally ill are no more "free," and no less caused by treatable depression, than those felt by other people. Yet an entire political movement, back by millions of dollars, has dedicated itself to facilitating suicide for the seriously ill. Our laws should rightly continue to forbid this destructive "choice."

By legalizing assisted suicide for people, even when limited to a certain class of people such as the terminally ill, a state makes its own supposedly "objective" judgment that these people, unlike any others, merit suicide. People in this class are taught that their life not a life worth living. A government that condones assisted suicide sends the message that some people in society are not of value nor any longer retain their human dignity.

This flies in the face of the convictions held by most people in the very class supposedly "benefited" by assisted suicide. The evidence indicates that the elderly, seriously ill and disabled people are much more *against* the so called "choice" of assisted suicide than younger and more able-bodied people.

Now, it is important to make a distinction between Physician Assisted Suicide and what are legitimate medical decisions to withdraw burdensome treatment or provide aggressive medication to control pain. This is well-known in medical ethics, religious morality, and common sense. Sadly, these basic distinctions are often blurred or rejected by some in our society. Whereas prescribing lethal drugs for a patient's suicide is not a legitimate medical practice,

prescribing a drug to address pain is legitimate. It is one thing to kill pain, and quite another thing deliberately to kill one's patient.

Catholic morality teaches that life is our first and most basic gift from a loving God -- a gift over which we are called to have careful stewardship, not absolute dominion. This stewardship demands that we take reasonable steps to preserve human life. It does not obligate us to use every possible treatment to prolong life, regardless of the circumstances. However, it does reject all directly intended means to *cause* a death.

As I noted as I began, Catholic opposition to assisted suicide is as old as Christianity. In fact, moral teaching against assisting in a suicide is older than Christianity, for it is found in Jewish tradition and in the Hippocratic Oath which laid the groundwork for modern medicine as a healing profession. As we U.S. Catholic bishops wrote in our document *Living the Gospel of Life*:

*"...for citizens and elected officials alike, the basic principle is simple: We must begin with a commitment never to intentionally kill, or collude in the killing, of any innocent human life, no matter how broken, unformed, disabled or desperate that life may seem. In other words, the choice of certain ways of acting is always and radically incompatible with the love of God and the dignity of the human person created in his image.*

The choice to end one's life is not an exercise of true freedom. It is an act of despair. The desire to end a painful health condition is one reason for a suicidal tendency, but there are ways to eliminate the pain without intentionally killing the patient. But likely a more common reason for a suicidal tendency is a self-perception of being a burden, as not worth of someone else's time or care. Something is wrong in a society when people learn to define their sense of worth only in terms of their "usefulness" to others. Viewing oneself as a burden shows a lack of hope. For governments to encourage a "right to die" among the elderly, handicapped and terminally ill, does this not undermine efforts to prevent suicide among other classes of citizens, especially our teens? If one group of intentional deaths are viewed as "good" why can't others too be viewed as "good" too?

There are much better solutions to the problems which assisted suicide purports to solve -- solutions which do not demean human life or place pressure on helpless patients to end their lives, solutions which are morally legitimate and which are at the same time most humane. They are what Pope John Paul II called "the way of love and true mercy." A truly compassion approach is one directed

toward easing suffering, keeping company with the dying, and affirming the dignity of their lives at every stage. These involve family and friends as well as time and effort but are an ethical response to the efforts of some who would promote death as a solution rather than affirm the value and dignity of the human person.

Efforts that continue to undermine the value of all human life and its inherent dignity, have a way of decreasing the way society values human life among certain classes of people in society. The more our legislatures and courts uphold the equal dignity of all human life and promote truly compassionate solutions for those who now lack adequate care when they are in serious need, the more will our society be one whose laws reflect what truly is moral and best for the common good.

It is with this in mind that I ask you to support HB 505 which clarifies assisted suicide and promotes compassionate solutions.