

Euthanasia and Assisted Suicide

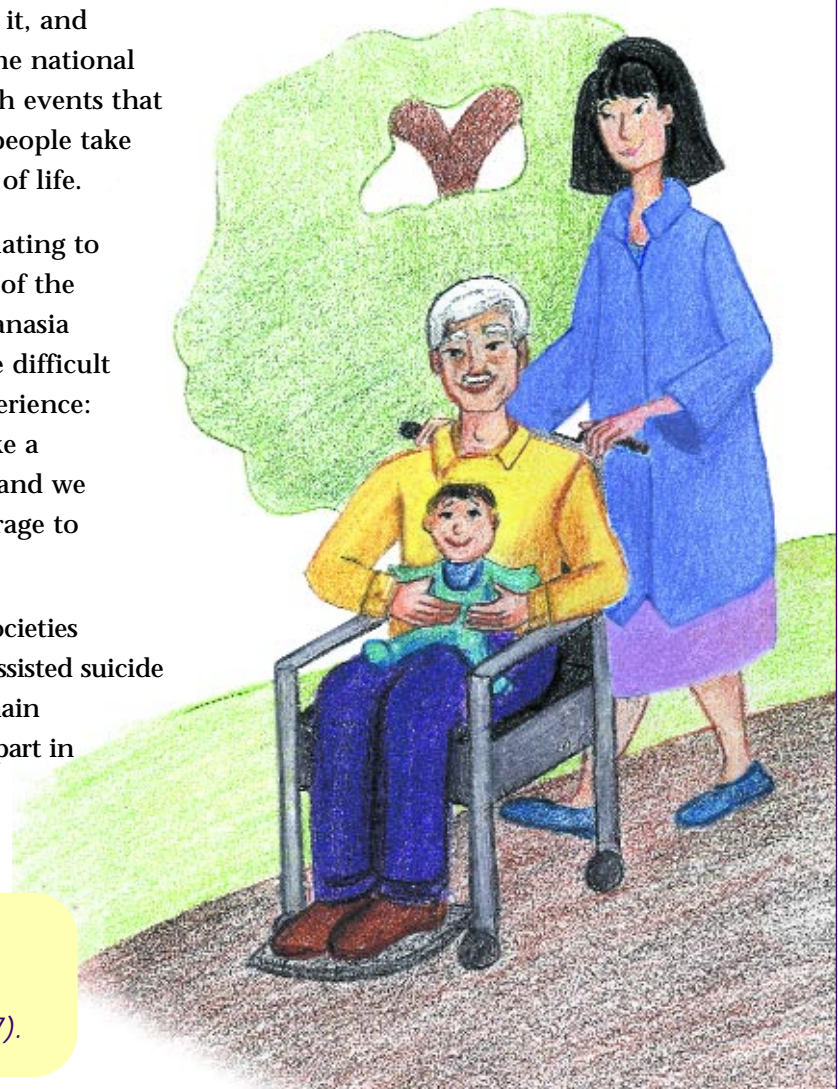
Urgent Questions

Life! Life with its highs and its lows! Some welcome and other 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 face of the undeniable challenges of life.

This booklet is the first in a series relating to “Life Matters.” In it, we explore one of the burning questions of our time: euthanasia and assisted suicide. We consider the difficult realities of our common human experience: sickness, suffering and death. We take a compassionate look at the suffering and we call upon all people to have the courage to love until life’s natural end.

While our country and many other societies consider the possibility of legalizing assisted suicide and euthanasia, Catholics cannot remain silent on the sidelines. We must take part in the discussion and suggest responses inspired by our deepest convictions.

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



1 What is euthanasia?

Euthanasia is the deliberate killing of someone by action or omission, with or without that person's consent, for compassionate reasons. The person who commits euthanasia must, therefore, intend to kill the person and must cause the death. A lethal injection would be an example of an action. Withholding medically indicated treatment would be an example of an omission.

Euthanasia does not include:

- 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;
- Giving drugs to relieve pain and suffering even if a foreseen but unintended effect is to shorten life.

2 What is assisted suicide?

In assisted suicide a third person provides the means for the person to kill him or herself (e.g. by providing pills).

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

There is no separate offence of euthanasia under the Canadian Criminal Code. It is treated as murder, which can be *first degree* if planned or *second degree* if not planned. Motive (be it greed or compassion) is irrelevant. In both cases the sentence is for life but in the case of first degree murder the offender is not eligible for parole for 25 years, and in the case of second degree murder, for 10 years.

Assisted suicide is a separate offence in the Criminal Code with a maximum penalty of 14 years.

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

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

The principles 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. Although a legal distinction is 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 and goodness. We do not have absolute dominion over the 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 a transition to eternal life.

Life is also relational, a gift from others in that we remain recipients and givers of life. Human life is the ultimate basis for all of our relationships.



5 What would be some of the consequences of allowing euthanasia or assisted suicide?

- The frail, poor, elderly and others who are vulnerable would be at the mercy of third parties who could exercise pressure on them to see an earlier death as an option. They could even feel compelled to ask for a premature death if it is available. This danger would only increase as health resources decrease.
- The role of the physician and the patient's trust in the physician would be undermined. Palliative care would be marginalized.
- If assisted suicide or euthanasia were permitted for the terminally ill on the basis of their suffering, their autonomy and their individual self-determination over life itself, how could it be denied to those who are depressed, infirm, frail or suffering for other reasons?
- Legitimizing euthanasia or assisted suicide, which allows one person to kill another, would diminish respect for human life. It would also erode the basic 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;
- Pain and symptom management;
- Social, emotional, spiritual and religious support;
- Full information about their condition;
- The opportunity for discussion 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.

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, expense or other serious inconvenience.

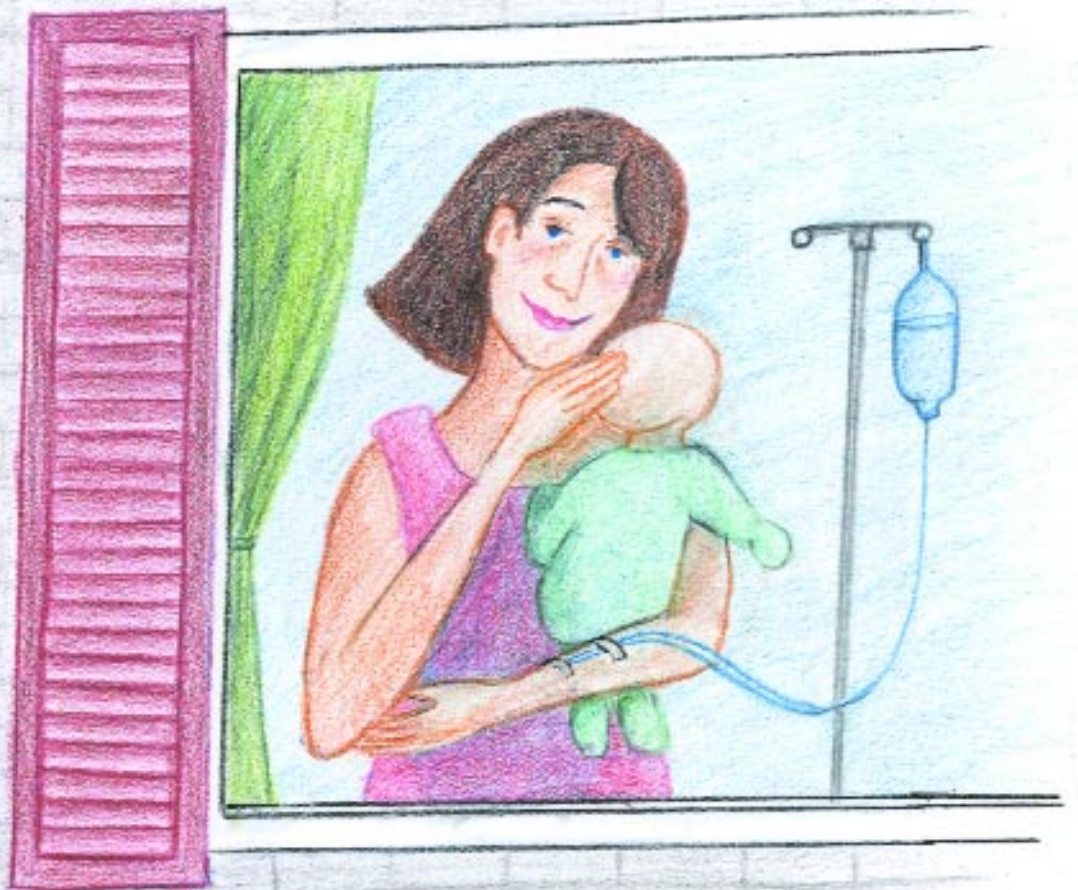
Persons receiving care are not obliged to seek treatment when it is of no benefit, or when the burdens resulting from treatment are clearly disproportionate to the benefits hoped for or obtained.

There is no obligation to provide treatment when it is of no benefit or when the burdens resulting from treatment are disproportionate to the benefits hoped for or obtained.

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

In the withdrawal or withholding of extraordinary or disproportionate treatment, *the intention is not to cause death* but to allow the person to die naturally; in 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; in euthanasia the *cause* of death is the lethal injection, bullet or other means used. There is a great difference between *allowing to die* and *making die*.



Intention is a key element in distinguishing between euthanasia and other end-of-life decisions. Distinctions based on intention form 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.*”

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 should be done in case they become incompetent due to an accident or sickness. 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").

Instructional directives indicate in advance the level of medical treatment a person wishes to receive in situations where they are unable to communicate. According to some specialists, instructional directives are risky because it is so difficult to anticipate 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, who use vague language that can easily be interpreted in favour of euthanasia.

A proxy directive is a more reliable way to ensure that our 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 be given or not, 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.

10 Aren't assisted suicide and euthanasia victimless crimes? Where is the harm to society?

Legalizing euthanasia and assisted suicide is not a private matter because changing the law is a very public process. The act of euthanasia or assisted suicide also involves third parties such as physicians, pharmacists, family and friends. In other words, it requires the law to sanction it and third parties to carry it out.

Such a law would obviously jeopardize the role of the medical profession, which is to safeguard life, and would seriously undermine the trust that must exist between patient and doctor.

The legal prohibition of killing is foundational; it protects everyone equally and is essential to the basic trust of living together in community. Public acceptance of this act could dull our consciences to the gravity of taking human life. Euthanasia and assisted suicide, therefore, have a public dimension.



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

The Church does not see suffering as a good in and of itself and we all have a duty to do everything in our power to eradicate or at least 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 it can help to make it bearable. Christians believe that Christ brought human beings back to God 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 replaced by quiet hope, and even 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.

"The enigma of pain and death, which outside the Gospel crushes us, is illuminated through Christ and in Christ."

- Pope John Paul II

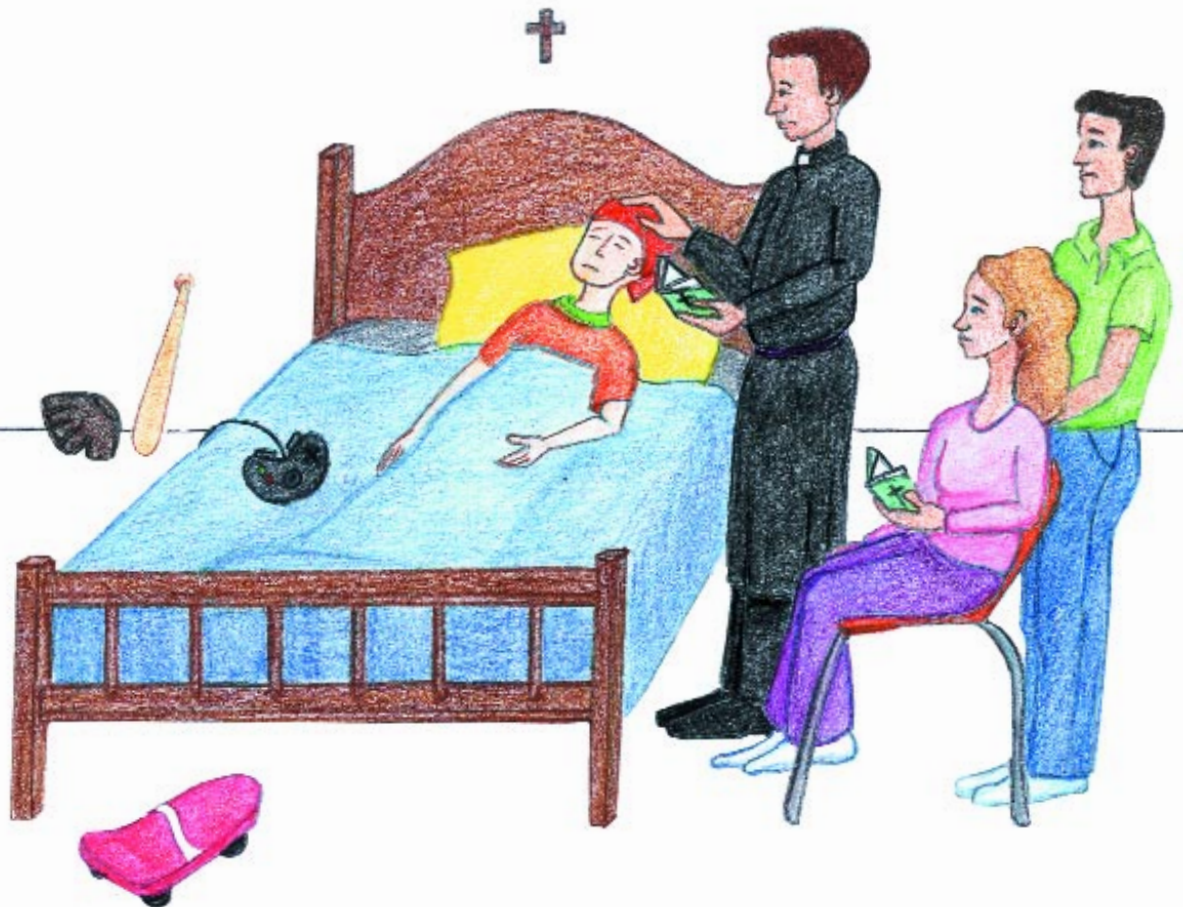
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What is the alternative to assisted suicide and euthanasia?

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 may include the best home care or palliative care, along with the best pain control and alleviation of suffering. Such an approach involves the greatest respect for all the needs of the person who is suffering or dying — emotional, physical, social and spiritual — until his or her natural death.

This type of care keeps a sick person from feeling abandoned and asking for euthanasia. Where a person requests euthanasia out of deep loneliness, we would talk about a case of “social” euthanasia.

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



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

It is obviously important to direct more resources into 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 as comfortable as possible.

It is not hard to empathize with those who feel they have lost their dignity. Yet human dignity lies not in the exercise of control or even in the quality of life, but rather in the simple fact that they are human beings made in the image of God, made for life with one another.

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 death in the same way that we need each other in life. This 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:

“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?

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, 2002.
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.

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, E-mail: ocvfcolf@ccc.ca, Web site: <http://colf.cccb.ca>

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