

TO *Live* EACH DAY
WITH *Dignity*

Parish Guide



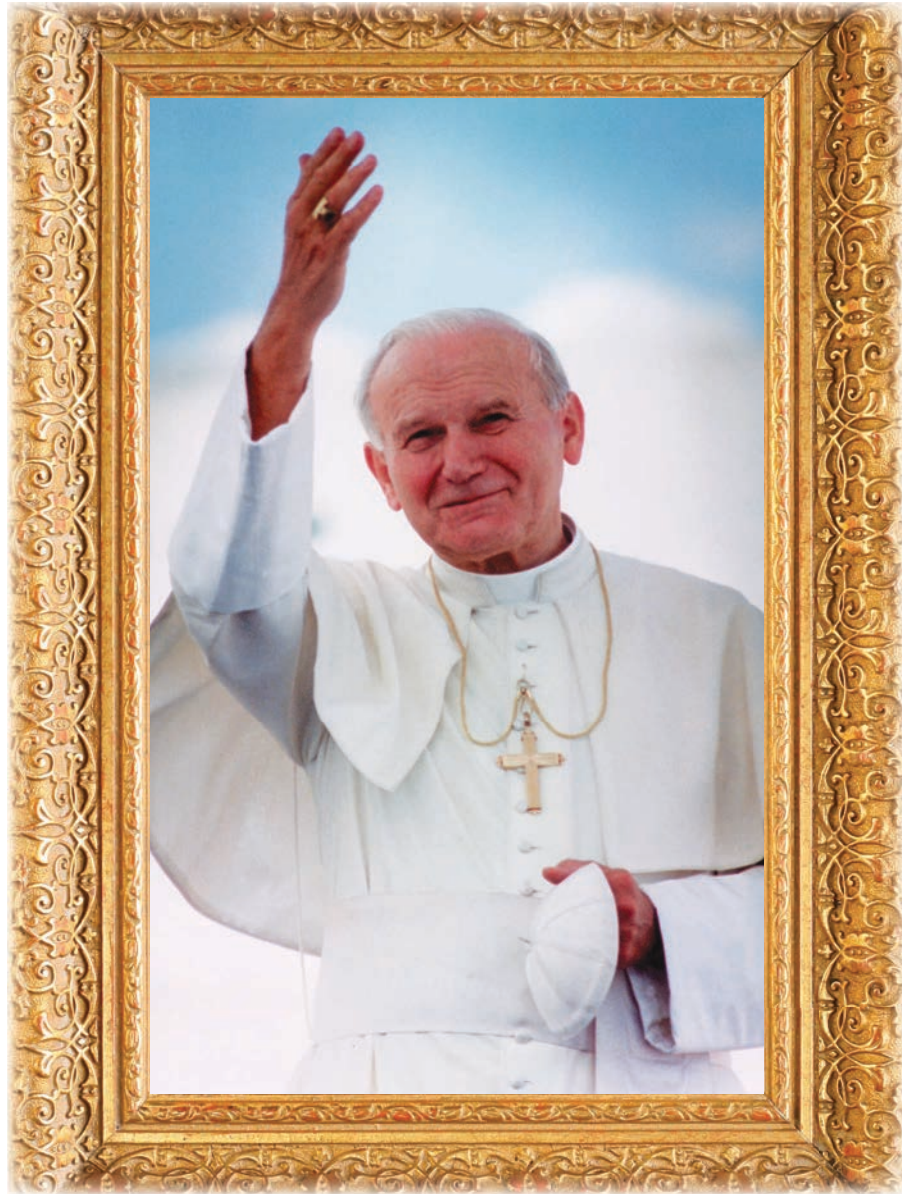
Diocese of Springfield

Physician-Assisted Suicide Is Suicide
www.diospringfield.org

“But he said to me, ‘My grace is sufficient for you, for my power is made perfect in weakness.’ I will rather boast most gladly of my weaknesses, in order that the power of Christ may dwell with me. Therefore, I am content with weaknesses, insults, hardships, persecutions, and constraints, for the sake of Christ; for when I am weak, then I am strong.”

2 Corinthians 12:9-10





“...euthanasia must be called a false mercy, and indeed a disturbing ‘perversion’ of mercy. True ‘compassion’ leads to sharing another’s pain; it does not kill the person whose suffering we cannot bear.”

Blessed John Paul II from his 1995 encyclical,
Evangelium Vitae or the *Gospel of Life*



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DIOCESE OF SPRINGFIELD

PHYSICIAN-ASSISTED SUICIDE WHAT WE BELIEVE

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FROM THE BISHOP

“LESS WORTHY THAN OTHERS”

Assisted suicide violates the incomparable dignity of every human being

Certain books make a lasting impression. More than 50 years ago in a class on “The Meaning of Suffering,” I remember reading *A Doctor at Calvary*. It was a physician’s graphic and objective analysis of the suffering Jesus underwent on the cross, based on archeological evidence and the descriptions found in the Gospels. Along with the book, we were also studying St. Paul, particularly his phrase, “I make up in my own body what is lacking in the suffering of Christ.”



It seems strange to think that Jesus’ suffering was finite – limited – and yet, because he was human like us in all things but sin, such had to be the case. Nevertheless, his suffering was acute and we are reminded that any pain we undergo can be joined to his for the sake of others – if we will it.

All this is brought to mind because the question of pain and suffering for the dying is now something to be determined by the citizenry of Massachusetts. In November, on the ballot, there will be a proposal to allow doctors to prescribe lethal pills to terminally ill patients at their request. The patient would then be able to commit suicide with the lethal dosage.

Without even considering the faith-based arguments against such a course of action, I find the idea abhorrent. Perhaps it is put best in the question: “If it were a loaded pistol instead of a lethal pill, would we even discuss the matter?” It seems to be a case of turning an old adage upside down. In this instance, the means (lethal pill) justifies the end (suicide).

What does this do to the doctor/patient relationship? Doctors, in times gone by, took the Hippocratic Oath, the primary principle of which is “first, do no harm.” Sadly, that is no longer so. Sections in the oath dealing with abortion have been removed; sections dealing with giving harmful drugs have been removed. And now, here in Massachusetts, we see an effort to make physicians the dispensers of death-dealing drugs

If the ballot measure is passed in November, physicians will be authorized to give death-dealing drugs so that people with serious illness can commit suicide. The proponents will tell you they are only interested in easing the suffering of the sick and the burden carried by loved ones: they call it “compassionate care.” They won’t tell you

that there are far less drastic means to ease pain and relieve suffering. People familiar with hospice and palliative care know the difference that true compassion makes for those facing death.

The ballot proposal is based on a utilitarian ethic – a judgment as to whether or not the individual can be considered useful by themselves or by others, whether they are still productive members of society. If they are not, the reasoning goes, they are disposable. And too many sick and elderly individuals are being made to feel that way. Even some who profess to be firmly religious can become infected with the utilitarian ethic that places less of a premium on some human lives, deeming them in some way “less worthy than others.”

We have experienced the “less worthy than others” argument in the death of 50 million unborn babies. We have experienced the “less worthy than others” argument in the marginalization of the poor. We have experienced the “less worthy than others” argument in the isolation of the elderly. We have experienced the “less worthy than others” argument in the demonizing of people because of their religion. We have experienced the “less worthy than others” argument in the profiling of persons because of appearance. We have experienced the “less worthy than others” argument in disdain for those who seem different. We have experienced the “less worthy than others” argument in the readiness to execute the condemned even when questions remain. We have experienced it in too many ways, in too many circumstances, among too many in our society. Are we now to experience it in physician-assisted suicide?

We need to remind ourselves and our society of each person’s God-given inherent dignity. Acceptance of the inherent dignity of each human being, realization of the role of the Creator, and belief in the fundamental right to life have in too much of our society given way to a judgment that values the individual in relation to how useful he or she is to others. Too many in our society are saying: If you stop being useful, you’re no longer of value. What a topsy-turvy world that makes.

Think rather on the incomparable dignity of every human being. Reflect on the gift of life, for it is a gift – a God-given one – from conception to natural death.

Most Reverend Timothy A. McDonnell
Bishop of the Diocese of Springfield



DEATH WITH DIGNITY





DEATH WITH DIGNITY ACT

Summary of “Death with Dignity Act”

On Election Day in November 2012, the people of Massachusetts will be asked to accept or reject the so-called “Death with Dignity” Act. If passed, it will allow an adult resident of Massachusetts, deemed to have the capacity to make health care decisions, and determined by two physicians to have a disease that will likely result in death within six months, to request and receive a prescription for a lethal drug that he or she may self administer.

The bill has several flaws including:

- The petition allows a person to choose PAS if he or she has a prognosis of six months or less to live. Most people believe that doctors are incapable of accurately estimating how long a person has to live and all of us are familiar with people who outlive their diagnosis. The inability of anyone to pick an appropriate life span estimate is a major flaw in this bill.
- The petition does not require a person to seek a psychiatric evaluation before choosing PAS. Mental health research verifies that the overwhelming number of suicides could be avoided with the right therapeutic intervention.
- Once the prescription is written there is no requirement for a re-evaluation.

The Catholic Church and all major religions have always taught that assisted suicide is wrong because it is contrary to the good of the human person. The American Medical Association, the American College of Physicians and the Massachusetts Medical Society oppose physician assisted suicide. Advances in pain management and palliative and hospice care, make it possible to treat pain and to give the dying patient many choices.



CHURCH TEACHING



CATECHISM

Catechism of the Catholic Church on Assisted Suicide

Excerpts from paragraphs 2276-2279 on Euthanasia and paragraphs 2280-2283 on Suicide:

#2277... Thus an act or omission which, of itself or by intention, causes death in order to eliminate suffering constitutes a murder gravely contrary to the dignity of the human person and to the respect due to the living God, his Creator....

#2278 Discontinuing medical procedures that are burdensome, dangerous, extraordinary, or disproportionate to the expected outcome can be legitimate; it is the refusal of “over-zealous” treatment....

#2279 Even if death is thought imminent, the ordinary care owed to a sick person cannot be legitimately interrupted. The use of painkillers to alleviate the sufferings of the dying, even at the risk of shortening their days, can be morally in conformity with human dignity if death is not willed as either an end or a means, but only foreseen and tolerated as inevitable. Palliative care is a special form of disinterested charity. As such it should be encouraged.

#2280... It is God who remains the sovereign Master of life. We are obliged to accept life gratefully and preserve it for his honor and the salvation of our souls. We are stewards, not owners, of the life God has entrusted to us. It is not ours to dispose of.

#2281 Suicide contradicts the natural inclination of the human being to preserve and perpetuate his life. It is gravely contrary to the just love of self. It likewise offends love of neighbor because it unjustly breaks the ties of solidarity with family, nation, and other human societies to which we continue to have obligations. Suicide is contrary to love for the living God.

Declaration on Euthanasia, Congregation for the Doctrine of the Faith, May 5, 1980

http://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_19800505_euthanasia_en.html

Evangelium vitae, March 25, 1995

http://www.vatican.va/holy_father/john_paul_ii/encyclicals/documents/hf_jp-ii_enc_25031995_evangelium-vitae_en.html



CHURCH TEACHINGS

For anyone who has watched a loved one battling a terminal illness, often the human response is “Make it stop.” No one wants to see someone in pain – not family members, not doctors and nurses, and certainly not the Catholic Church.

This November Massachusetts voters will have to decide if physician assisted suicide is a compassionate option for patients who are terminally ill. Proponents of this measure call it “death with dignity.” But, no matter what they call it, *physician assisted suicide is still suicide.*

The Catholic Church has always held that every suicide is a tragedy. The Church teaches that every life is a gift from God, and that every human life matters, regardless of how young, how old, how sick, or disabled. God tells us in Jeremiah 1:5 “*Before I formed you in the womb, I knew you.*”

The Church has always taught that euthanasia, or helping someone commit suicide, even if they request it, is rooted in evil. In his 1995 encyclical, *The Gospel of Life*, Blessed Pope John Paul II explained why: “...*euthanasia must be called a false mercy, and indeed a disturbing ‘perversion’ of mercy. True ‘compassion’ leads to sharing another’s pain; it does not kill the person whose suffering we cannot bear.*” (*The Gospel of Life*, no. 66)

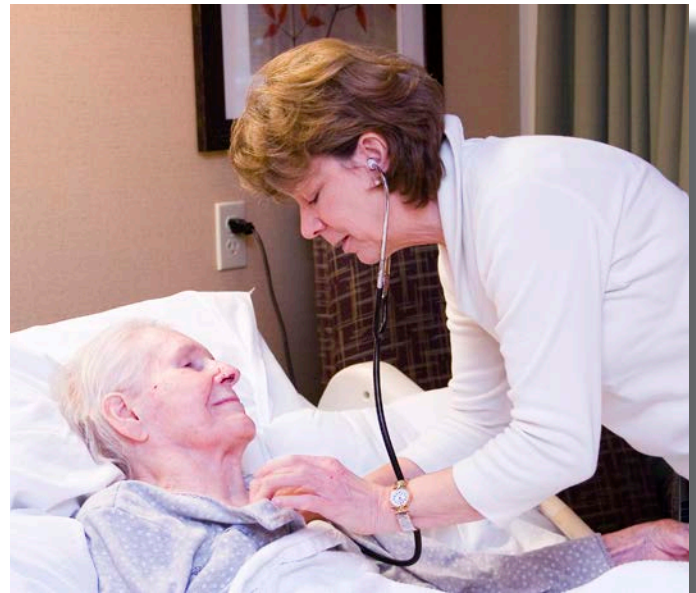
So what does the Catholic Church teach about end-of-life care? Does that mean that doctors must use every, possible advancement in medical technology to prolong life? The answer is no. The Catechism of the Catholic Church states in paragraph 2278 and 2279:

Discontinuing medical procedures that are burdensome, dangerous, extraordinary, or disproportionate to the expected outcome can be legitimate; it is the refusal of “over-zealous” treatment...

In other words, we are not obligated to do “everything possible” to keep someone alive when there is little or no hope of recovery.

Even if death is thought immanent, the ordinary care owed to a sick person cannot be legitimately interrupted (CCC).

Palliative care is a holistic approach to help prevent and relieve the pain and suffering of patients, while at the same time enhancing their quality of life. According to the National Consensus Project for Quality Palliative Care, doctors, nurses, social workers, chaplains, pharmacists, nutritionists and other health care professionals work together to help patients and families with the physical, psychological and spiritual burdens of the illness. Unlike hospice, patients don’t have to



CHURCH TEACHINGS

give up life-prolonging treatments to receive palliative care. Those suffering from cancer, heart conditions, liver failure or spinal cord injuries can benefit from palliative care.

A major focus of palliative care is pain management, which is now considered a medical specialty. Some people might wonder if providing pain relief is in the end the same as euthanasia. But the US Conference of Catholic Bishops addresses that very question in their statement on physician assisted suicide. In “To Live Each Day with Dignity,” they write: *Respect for life does not demand that we attempt to prolong life by using medical treatments that are ineffective or unduly burdensome.*

Nor does it mean we should deprive suffering patients of needed pain medications out of a misplaced or exaggerated fear that they might have the side effect of shortening life. The risk of such an effect is extremely low when pain medication is adjusted to a patient’s level of pain, with the laudable purpose of simply addressing that pain (CCC, no. 2279).

In fact, severe pain can shorten life, while effective palliative care can enhance the length as well as the quality of a person’s life. It can even alleviate the fears and problems that lead some patients to the desperation of considering suicide.

The Catholic answer to end of life care is about hope and comfort, not about a lethal dose of medication. The Church teaches that pain management and palliative care can help alleviate the suffering of patients who are near death, while at the same time preserving their dignity and right to life.

Especially during these emotional and



difficult times of life, Catholics are called to unite their suffering to Christ. Our Lord suffered and died on a cross for all of us, so that we may have eternal life.

The one guarantee in this world is death. But as we face that reality as Christians, not even death can separate us from the love of Jesus, because he conquered death. So in the midst of illness and suffering and pain, it’s helpful to remember the words of St. Paul in his letter to the Corinthians: *“And to keep me from being too elated by the abundance of revelations, a thorn was given me in the flesh, a messenger of Satan, to harass me, to keep me from being too elated. Three times I besought the Lord about this, that it should leave me; but he said to me, ‘My grace is sufficient for you, for my power is made perfect in weakness.’... For the sake of Christ, then, I am content with weaknesses, insults, hardships, persecutions, and calamities; for when I am weak then I am strong” (2 Corinthians 12:7-10).*



CATHOLIC HEALTHCARE



A DOCTOR'S PERSPECTIVE

At Mercy Medical Center in Springfield, doctors, nurses, technicians and volunteers all share the Catholic mission of protecting the sacredness of human life at every stage. The Sisters of Providence Health System follows the Catholic tradition, while at the same time providing state of the art medical technology.

But with the threat of physician-assisted suicide in Massachusetts, many doctors are worried about the elderly and terminally ill who are vulnerable. Dr. Shawn Charest, the medical director of the Mercy Palliative Care Inpatient Service, is one of them.

“It tampers with that delicate patient relationship,” says Dr. Charest who is also board certified in palliative care. Palliative care is an interdisciplinary approach to the treatment of chronically ill patients to help relieve suffering, while at the same time enhancing their quality of life and defining goals of care. Dr. Charest says palliative care, not physician assisted death as he prefers to call this effort, offers true hope and comfort for terminally ill patients, who are suffering physically and emotionally. Dr. Charest has been at the bedside of thousands of patients at the end of their lives.

“Conditions can range from cancer to heart disease, lung disease, dementia, and neurodegenerative disorders. I have worked with ages of late 30’s to over 100,” says Dr. Charest. “Number one fear: ABANDONMENT. Patients also have fears about loss of

autonomy and control, missing out on important milestones, existential fears about ‘am I right with God?’, being a burden, dying alone, dying outside of the home and having uncontrolled pain and other symptoms at the end of life.”

“I believe with good access to palliative care, which includes pain and symptom management, and also with a full complement of providers including spiritual care, social workers, chaplaincy all of these needs can be met. *True* death with dignity can be achieved throughout the normal means that we have currently under Massachusetts state law.”

FLAWS IN THE BILL

Massachusetts’ voters will have to decide if the law should change in November, when they consider ballot question #2, the “Death with Dignity Act.” If passed, the proposal would make it legal for doctors to prescribe a lethal dose of medication to patients who request it. Patients must have been given a prognosis of having six months or less to live. Patients also must take the medication themselves. Physician assisted death is currently legal in both Oregon and Washington state.

Aside from the moral implications, Dr. Charest says there are many practical flaws in the Death with Dignity Act. “I think the ballot initiative has a number of serious concerns.”

He points to the fact that a patient would not be required to have a psychiatric evaluation before being prescribed the lethal dose of medication, although such evaluation is suggested and left to the discretion of a provider. “Everyone who is dying has an absolute right to feel sad, with feelings that span from nostalgia to reminiscence. What sets depression aside are feelings of hopelessness and being trapped,” he explains. “If a patient realized that depression may be quite treatable, such treatment may be desired and might shift the perception for a need for an “out”.

He also worries that families may never know if their loved one chose physician assisted death,



A DOCTOR'S PERSPECTIVE

because there's no provision which requires a provider to inform the family if the patient chooses to withhold the information. He says a husband or wife, children and other family members could be shut out from a devastating decision. "I think it's a real issue and a real concern."

One of the main provisions of the law is that patients choosing to end their lives must have a prognosis of six months or less to live. Dr. Charest says patients could be robbed of precious time. "Prognosis is never certain. We have patients admitted to hospice, and once they're taken off medications and they actually start to feel better in some circumstances, they actually may live longer. Prognosis is not a certain science."

Dr. Charest also says physician assisted suicide goes against everything doctors learn in medical school about healing and caring for patients.

"I think it has the potential to undermine the physician patient relationship in a way that is destabilizing," he says. "The patient comes into this relationship with the understanding that the physician is not going to harm the patient. That's the unspoken expectation."

Proponents of the law say people should have the right to choose to end their suffering. But Dr. Charest says with good palliative care, doctors can minimize that suffering. "In the decade I've practiced palliative medicine and the thousands of patients I helped die in the hospital, it's been a non-issue. I've never had people come to me in the end and request an expedited death once symptoms are controlled and they realize they are not alone."

Proponents of the bill also charge that some of these methods of pain control and sedation can also hasten death. The Catholic Church has made the distinction that it's doesn't. Dr. Charest explains the principle of double effect.

"If the primary intended effect is to relieve suffering and the secondary unintended effect in some but not all circumstances expedites the dying process, that from a bioethical standpoint is considered above board and acceptable," explains Dr. Charest. "There's

already a protocol called Palliative Sedation. In a situation where there's intractable suffering, it involves the use of a continuous infusion of a sedative medication not with the intention of bringing about a patient's death, but about relief of suffering. Neither morphine nor the intravenous sedative when used appropriately has been shown clearly and consistently to shorten life."

The American Academy of Hospice and Palliative Medicine endorses Palliative Sedation when necessary, but takes a position of neutrality when it comes to physician assisted death.

SPIRITUAL IMPLICATIONS

Beyond medicine, Dr. Charest says this effort interferes with the very natural, emotional, and spiritual moment when a person passes away. "There is work that happens even in the last few hours to days of life where people make amends with estranged loved ones. There's spiritual work that's often important for people to go through. The conscious deliberate ingestion of medication may rob them of that chance."

He described with every patient there's a story and a lifetime of memories. He says sometimes there's no medical explanation for why some people hold on. "I had a patient I was asked to see. His daughter was going to be married in three days. We arranged for his daughter and fiancé to exchange vows at his bedside, and ten minutes after it happened he took his last breath," he recalls. "There's a spiritual holding on sometimes. We've all seen people wait until an estranged loved one arrives and when that person arrives they take their last breath."

"My job is a particularly gratifying one. I remember the following quote as one that rings true for me 'Years later, families will not remember what you said or even what you did. What they will remember, however, is how you made them FEEL'. The ability to impact on this, in such a vulnerable time, always has given me reason to pause."



HEALTH CARE PROXY

The purpose of the Health Care proxy is to appoint a health care agent who will make health care decisions for you when you become incapable of making them yourself. The Health Care Proxy will be a part of your medical record. Your Health Care Agent can make any and every decision you could make if you were competent. You should also add a section about your moral and spiritual values, discuss this with your Health Care Agent, and confirm that the Agent will uphold your values and make health care decisions in accordance with your wishes.



HEALTH CARE PROXY

ROMAN CATHOLIC HEALTH CARE PROXY

1. APPOINTMENT OF HEALTH CARE AGENT AND ALTERNATE

I, _____, residing at _____, Massachusetts,
(name of principal) (street) (city)

appoint _____,
(name of Health Care Agent) (area code and telephone number)

residing at _____, as my Health Care
(street) (city/state)

Agent ("Agent") to make health care decisions for me as authorized in this Health Care Proxy according to Chapter 201D of the General Laws of Massachusetts, including any future amendments ("Chapter 201D"). Capitalized terms used and not defined in this Health Care Proxy have the meaning specified in Chapter 201D.

If for any reason _____, is unavailable, unwilling, incompetent, or
(name of Health Care Agent)

otherwise disqualified under Chapter 201D to act as my Agent and is not expected to become available, willing, competent or qualified to make a timely decision given my medical circumstances, I appoint

_____, residing at _____,
(name of alternate agent) (area code & telephone) (street)

_____, as my Agent.
(city/state)

2. WHEN MY AGENT'S AUTHORITY TO MAKE HEALTH CARE DECISIONS ON MY BEHALF BECOMES EFFECTIVE

My Agent is authorized to act on my behalf only if and when my Attending Physician determines, as provided in Section 6 of Chapter 201D, that I lack the Capacity to Make Health Care Decisions or to communicate my decisions. A notice that such a determination has been made must be given orally and in writing (a) to me, if there is any indication that I could comprehend the notice, (b) to my Agent and (c) if I am in or transferred from a mental health Facility, to the director of the Facility.

My Agent's authority will end if and when my Attending Physician determines that I have regained the Capacity to Make Health Care Decisions and will resume if it is again determined that I lack such capacity.

Notwithstanding my Attending Physician's determination that I lack the Capacity to Make Health Care Decisions, if I object to any decision made by my Agent, my decision will prevail unless a court of competent jurisdiction determines that I lack the Capacity to Make Health Care Decisions.

3. SCOPE OF MY AGENT'S AUTHORITY

My Agent is authorized to make any and all Health Care decisions for me that I could make on my own behalf, including decisions about life-sustaining treatment, subject to any limitations described herein. My Agent may make Health Care decisions for me (a) only after consultation with my Health Care Providers and consideration of acceptable medical alternatives regarding diagnosis, prognosis, treatments and their side effects, and (b) according to my Agent's assessment of my wishes as stated in this Health Care Proxy, or as otherwise known to my Agent, including my religious and moral beliefs or, if my wishes are not known, according to what my Agent determines to be in my best interest.



HEALTH CARE PROXY

I also authorize my Agent

- (a) to receive any medical information regarding me or my Health Care, including any confidential medical information that I would be entitled to receive, and to disclose the information to others;
- (b) to arrange my admission to or discharge from any Facility, even if against medical advice;
- (c) to contract for any Health Care for me at my expense, without incurring personal liability for the payment of any Health Care;
- (d) to employ and discharge Health Care Providers and related support personnel; and
- (e) to do all things necessary to carry out the intent of this Health Care Proxy, including granting any waiver or release from liability required by a Health Care Provider, signing any documents relating to a refusal of treatment and pursuing any legal action in my name and at my expense to force compliance with my wishes as determined by my Agent.
- (f) _____
(Please list other specific authorizations here)

4. MY WISHES REGARDING HEALTHCARE DECISIONS AND EXPRESS LIMITATIONS ON MY AGENT'S AUTHORITY

I direct that my Agent make Health Care decisions for me which are consistent with authentic Roman Catholic ethical, moral and religious principles and based upon my profound respect for life and my belief in eternal life. I direct my Attending Physician(s) and the Facility where I am a patient, provide me with proper medical treatment and care including, but not limited to:

- (a) appropriate pain relieving medicine in an amount to alleviate or suppress my pain, but not calculated specifically to cause or hasten my death;
- (b) food and water to sustain my life, including when provided by artificial means, and including when I am diagnosed as having a chronic and presumably irreversible disabling condition—(sometimes described as a “persistent vegetative state”)—and I am reasonably expected to live if given food and water; however, my Health Care Agent may consent to discontinuing food and water when they no longer provide reasonable hope of prolonging my life or relieving my suffering, or they may be discontinued when their provision or the means of providing them causes me significant discomfort or imposes other excessive burdens on me or my family
- (c) standard comfort care appropriate for any patient suffering from illness, injury or disease; and
- (d) [if I am pregnant] treatment or care necessary to benefit my unborn child, even if such treatment or care shortens or prolongs my life when I am diagnosed as having a terminal condition];
- (e) _____
(Please list other wishes here)



HEALTH CARE PROXY

Notwithstanding the above, I also specifically limit my Agent's authority as follows (if the following space is not filled in, then there are no express limitations):

5. SACRAMENTS AND SPIRITUAL CARE

I direct my Health Care Agent, in consultation with my family or with a priest or chaplain, to afford me with the opportunity to receive the Roman Catholic sacraments (Anointing of the Sick, Confession and Holy Communion), and appropriate spiritual care.

6. REVOCATION

This Health Care Proxy will be revoked if:

- (a) I sign a subsequent Massachusetts Health Care Proxy; or
- (b) I notify my Agent or one of my Health Care Providers orally or in writing or by any other act showing a specific intent to revoke this Health Care Proxy.

7. SIGNATURE OF PRINCIPAL

I, _____, by signing this Health Care Proxy declare that I understand its contents and the
(name of principal)

effect of this grant of authority to my Agent, that I sign it willingly in the presence of each of the undersigned witnesses, and that I sign it as my voluntary act for the purposes expressed, this _____ day of _____, _____.

(signature of principal)

8. WITNESSES

We, the undersigned, have witnessed the signing of this document by the principal or at the direction of the principal and state that the principal appears to be at least eighteen years of age, of sound mind and under no constraint or undue influence. We have not been named as Health Care Agent or alternate Health Care Agent in this document.

Witness One: _____

Witness Two: _____

Name (print): _____

Name (print): _____

Street: _____

Street: _____

City/State: _____

City/State: _____

Telephone: (_____) _____

Telephone: (_____) _____



LITURGY GUIDE



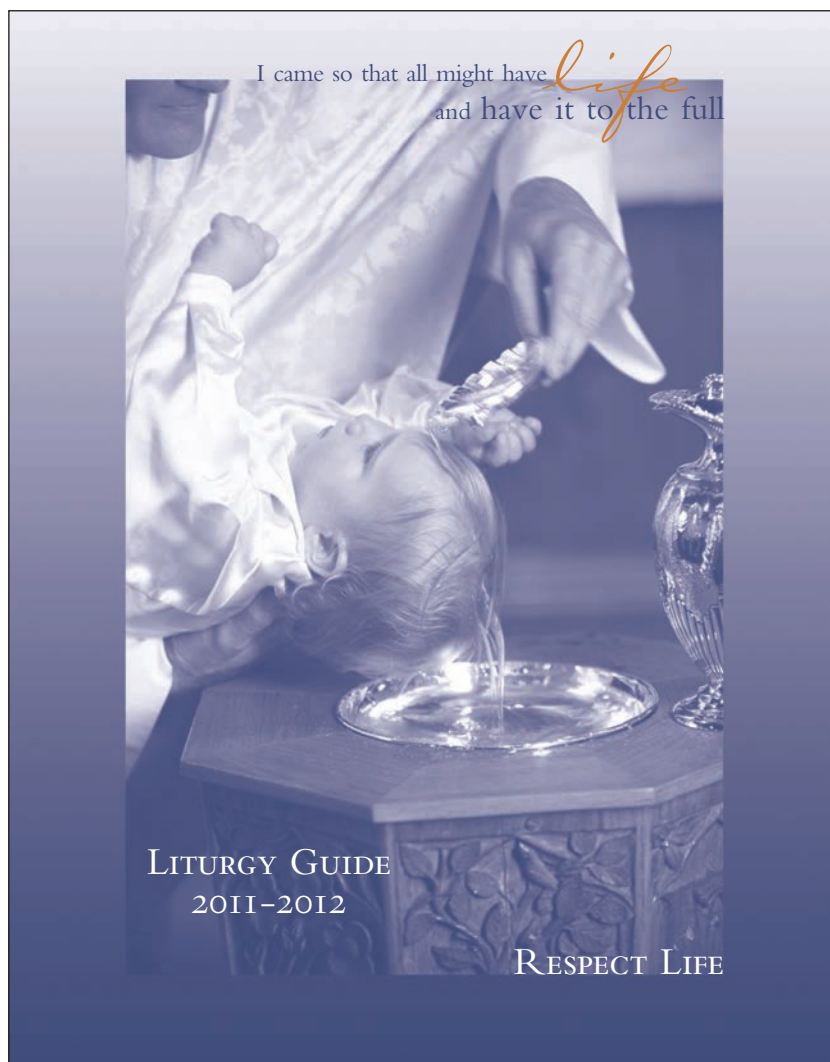
LITURGY GUIDE

“To live in a manner worthy of our human dignity, and to spend our final days on this earth in peace and comfort, surrounded by loved ones – that is the hope of each of us. In particular, Christian hope sees these final days as a time to prepare for our eternal destiny.”

- *To Live Each Day with Dignity*

Current Liturgy Guide for 2011-12, USCCB

<http://www.usccb.org/about/pro-life-activities/respect-life-program/2011/upload/liturgy-guide-2011.pdf>



HOMILY HELPS

Assisted Suicide: What is at Stake?

<http://old.usccb.org/prolife/issues/euthanas/assisted-suicide-facts.pdf>

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: 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 grounds that it is a burden.



HOMILY HELPS

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.



PETITIONS

PETITIONS FOR GENERAL INTERCESSIONS

That we who are gathered today in word and sacrament will follow Paul's exhortation to preach the gospel, and, for the sake of the gospel, proclaim the dignity of all people, young and old, healthy and sick, we pray to the Lord.

That Jesus' steadfastness in the face of temptation will inspire each of us to stand firm in defense of the sick and the disabled, we pray to the Lord.

That as we are put to the test of defending human life from conception to natural death, we will recognize that all life is precious in God's eyes, we pray to the Lord.

That God's commandments will take root in our hearts and strengthen us to speak out in defense of all life from conception to natural death, we pray to the Lord.

That God, who is rich in mercy, will give each of us the courage and strength to support friends and loved ones as they approach death, we pray to the Lord.

That Jesus, who is our eternal salvation, will give us the right words to comfort those at the end of life, we pray to the Lord.

That as we recount Jesus' suffering, may we recognize that both life and death are from God, we pray to the Lord.

That we open our minds and hearts to the salvation that awaits us when God, in His own time, calls us home, we pray to the Lord.

For those whom God has blessed with long life, that they may have the loving support of their relatives and friends, and that we may learn from their years and from their wisdom, let us pray to the Lord.

For all whom society has abandoned; for those who have no one to pray for them, let us pray to the Lord.

For those who care for the dying, that they may be strong in compassion and love, let us pray to the Lord.

For the ability to acknowledge our helplessness and ignorance in the face of the mystery of suffering and death, let us pray to the Lord.

That God will instill in the hearts and minds of our political leaders a true vision of the inherent dignity of each person, let us pray to the Lord.

For those who are terminally ill, that they may have the courage and peace to wait for God to speak their name, let us pray to the Lord.



BULLETIN INSERTS

1) Physician Assisted Suicide *Is* Suicide - And Life is a Precious Gift

This November, Massachusetts voters will have the chance to say yes or no to physician assisted suicide. Ballot Question #2 proposes legalizing physician assisted suicide, allowing a doctor to give terminally ill patients medication to end their lives. The Bishops in Massachusetts are asking Catholics to stand with them to help defeat this anti-life bill.

The Catholic Church teaches that God created each and every one of us in his image and likeness; that every life is precious and that every life deserves to be protected from cradle to grave. The supporters of this measure call it “Death with Dignity.” But Catholic Church is clear on this: *physician assisted suicide is suicide, and suicide is always a tragedy.*

As the weeks wind down toward the November election, let us join together to pray that every life will be protected. And let us remember the words Jesus said, *“I am the resurrection and the life; whoever believes in me, even if he dies, will live, and everyone who lives and believes in me will never die.”* (John 11: 25-26)

2) Physician Assisted Suicide *Is* Suicide - Not just a “Catholic” issue

Massachusetts citizens will vote on “An Initiative Petition for An Act Relative to Death with Dignity” on November 6, 2012. If passed Physician Assisted Suicide would become legal in Massachusetts. The United States Council of Catholic Bishops is asking Catholics to defend and uphold life, and to stand against this initiative. The Catholic Church and all major religions have always taught that assisted suicide is wrong. **The American Medical Association, The American College of Physicians and the Massachusetts Medical Society all oppose physician assisted suicide.** Advances in pain management allow doctors to ease the suffering of patients who are dying.

The Bishops are asking Catholics to educate themselves and their families; to pray about the issue; and to visit and comfort the sick. And let us remember the words Blessed Pope John Paul II wrote in *Evangelium Vitae*: *“Absolute respect for every innocent human life also requires the exercise of conscientious objection in relation to procured abortion and euthanasia. “Causing death” can never be considered a form of medical treatment, even when the intention is solely to comply with the patient’s request. Rather, it runs completely counter to the health-care profession, which is meant to be an impassioned and unflinching affirmation of life.”*

3) Physician Assisted Suicide - Mercy or Murder?

Some people consider physician-assisted suicide a merciful way to help those who are near death. This November, Massachusetts voters will have to decide if doctors should be able to legally give adult patients who are terminally ill, a lethal dose of medicine to end their lives. But is this mercy? Consider the words of Blessed John Paul II from his 1995 encyclical, *Evangelium Vitae* or the Gospel of Life: *“...euthanasia must be called a false mercy, and indeed a disturbing ‘perversion’ of mercy. True ‘compassion’ leads to sharing another’s pain; it does not kill the person whose suffering we cannot bear.”*



BULLETIN INSERTS

The bishops in Massachusetts are urging Catholics to stand by and stand up for those who are terminally ill and their families by providing support, compassion and care, and by showing them they are not walking alone.

Make a life affirming choice on November 6th. Vote no Ballot Question #2.

4) Physician Assisted Suicide *Is* Suicide ... and suicide is always a tragedy

In two states, Oregon and Washington, physician assisted suicide is legal. This November, you will have the chance to decide if it should be legal in Massachusetts. But consider this. Thirty-four states have passed laws *against* physician assisted suicide. Maine, Michigan and California *defeated* ballot questions involving PAS. And just this past spring, Vermont's legislature *defeated* a pro-physician assisted suicide bill.

In her testimony before the Massachusetts legislature, Dr. Lynda Young, the former president of the Massachusetts Medical Society stated the following: "...*Physician assisted suicide is fundamentally incompatible with the physician's role as healer. Instead of participating in assisted suicide, physicians must aggressively respond to the needs of patients at the end of life... in order that these patients continue to receive emotional support, comfort care, adequate pain control, respect for patient autonomy, and good communication.*"

The Catholic church along with Massachusetts Medical Society, the American Medical Association, and The American College of Physicians all oppose physician assisted suicide.

The bishops in Massachusetts are urging Catholics to stand with them. Vote no on Ballot Question #2.

5) Physician Assisted Suicide *Is* Suicide - Not the answer to suffering

On November 6, 2012, Massachusetts voters will be faced with a decision: whether or not physician assisted suicide should be legal. The *Death with Dignity Act* would allow doctors to give lethal doses of medication at the request of a terminally ill patient.

Proponents say it's compassionate care allowing adults who are suffering to die on their own terms. But scores of medical professionals agree there's *no need for physician assisted suicide* because end-of-life care programs like palliative care and hospice are able to relieve and prevent suffering.

Doctors all across the country have testified that this is a dangerous practice that stands in direct contrast to the Hippocratic Oath which states: "*I will not give a lethal drug to anyone even if I'm asked, nor will I advise such a plan.*"

The bishops in Massachusetts are asking Catholics to comfort and protect the sick and dying, not help them end their lives.

Make a life affirming choice on November 6th. Vote NO on Ballot Question # 2.



BULLETIN INSERTS

6) Physician Assisted Suicide? Or hope and comfort?

On November 6th, voters will have to decide if physician assisted suicide should be legal in Massachusetts. Supporters of this practice call it death with dignity. Both Oregon and Washington have laws allowing doctors to help patients commit suicide.

Pope John Paul II called this the “culture of death.” In the *Gospel of Life* he called on Catholics to be a “light to the world”, to build a “culture of life” and to give people who are terminally ill hope and comfort, especially at their darkest hour.

As we pray for the protection of all human life, especially life in its most vulnerable stages, let us reflect on the words Pope John Paul II wrote in his 1999 Letter to the Elderly:

“Grant, O Lord of life,...when the moment of our definitive ‘passage’ comes, that we may face it with serenity, without regret for what we shall leave behind. For in meeting you, after having sought you for so long, we shall find once more every authentic good which we have known here on earth, in the company of all those who have gone before us marked with the sign of faith and hope....Amen.”

You can help protect the sick and vulnerable by saying NO to Physician Assisted Suicide in Massachusetts.

7) Physician Assisted Suicide *Is* Suicide ... and suicide is always a tragedy

This November, Massachusetts voters will have to decide if physician assisted suicide should be legalized. The *Death with Dignity Act* would allow doctors to give a lethal dose of medication to terminally ill patients who request it. Supporters of this measure say this would simply be for adults who have less than six months to live. They say it’s about allowing people to make their own choices.

Many also argue there’s no slippery slope. But consider this: in the Netherlands, euthanasia was initially legal for adults with a terminal illness. Over the years that practice expanded to people with chronic and mental illness. Dutch doctors even prescribe lethal drugs to infants born with birth defects.

In 2004, H.E. Msgr. Elio Sgreccia, of the Vatican’s Pontifical Academy for Life, wrote the following:

It is easy to see how the law of the “slippery slope” functions: once the legitimacy had been recognized of inducing death out of pity for the lucid adult who has made an explicit, repeated and documented request for it, its application was then extended to young people, to adolescents with the consent of their parents or guardians, and in the end, also to children and newborn infants, obviously without their consent.

The US bishops believe physician assisted suicide is a dangerous practice and that the slippery slope is very real.

Say NO to Physician Assisted Suicide on November 6th.



BULLETIN INSERTS

8) Physician Assisted Suicide - A false solution

This November, Massachusetts voters will have the chance to say yes or no to physician assisted suicide. Ballot Question #2 proposes legalizing physician-assisted suicide, allowing a doctor to give terminally ill adult patients medication to end their lives.

Proponents of this initiative say people should have the *choice* to end their suffering. But with healthcare costs continuing to rise, it may be the *only* choice for some patients. In Oregon, where physician assisted suicide is legal, the state health plan pays for assisting people to die but has denied coverage for other curative treatments for some cancer patients who wish to live.

The bishops in Massachusetts believe patients deserve better. Vote NO on Ballot Question # 2 on November 6th.

“..euthanasia is a false solution to the drama of suffering, a solution unworthy of man. Indeed, the true response cannot be to put someone to death, however “kindly”, but rather to witness to the love that helps people to face their pain and agony in a human way.”
(Pope Benedict XVI, Saint Peter’s Square, 2/1/09)

9) Physician Assisted Suicide - An avoidable tragedy

On November 6th, voters in Massachusetts will have to decide if Physician Assisted Suicide should be legal in Massachusetts. The *Death with Dignity Act* would make it legal for doctors to give a dose of lethal medication to a terminally ill adult, who requests it. The patient must be given a prognosis of six months or less to live.

Doctors and medical professionals say the proposal has many flaws including the fact that the proposal does not mandate a psychiatric evaluation. And, many doctors agree a prognosis can never be a guarantee, which could rob vulnerable patients of precious time with their loved ones.

Palliative and hospice care make it possible to give the sick and dying true comfort and hope. As Catholics, let’s come together to help those who are suffering, not help them end their lives.

“But he said to me, “My grace is sufficient for you, for my power is made perfect in weakness.” I will rather boast most gladly of my weaknesses, in order that the power of Christ may dwell with me. Therefore, I am content with weaknesses, insults, hardships, persecutions, and constraints, for the sake of Christ; for when I am weak, then I am strong.” (2 Corinthians 12:9-10)



FACTS AND RESOURCES



COMMONLY ASKED QUESTIONS

1) What is the “Death with Dignity” Act?

If passed, the so-called “Death with Dignity” Act would allow a doctor to prescribe a lethal drug to commit suicide to a terminally ill patient who requests it. The adult patient must have been given a prognosis of six months or less to live, verified by two doctors. They also must take the medication themselves. Two other states, Oregon and Washington have similar laws on the books.

2) Why should I oppose this measure? Isn't the goal just to try to help people who are suffering?

The Catholic Church has always taught that physician-assisted suicide is still suicide and suicide is always a tragedy. The church has always taught that every human life is a gift from God. We are called to protect the dignity of every human person, from conception until natural death.

The church teaches that palliative and hospice care can provide compassion and comfort to those who are suffering by relieving and preventing pain, and making sure that their emotional and spiritual needs are met.

3) Are there any flaws with this bill?

The Massachusetts Catholic Conference has pointed out a few flaws that should make everyone, not only Catholics very concerned about this initiative.

- One problem is the prognosis. The initiative petition includes an arbitrary number of months to live (six); as research and experience tells us patients often outlive their diagnoses – whether it's two months, six months, or many years.
- Secondly, the initiative does not require patients who request suicide to first receive a psychiatric evaluation before they can receive a lethal dose of medication. Patients who request suicide may be suffering from a highly treatable depression or other mental illness.

4) What does the medical community say about physician-assisted suicide?

The American Medical Association, the Massachusetts Medical Society, and the Hospice & Palliative Care Federation of Massachusetts, are among the organizations opposed to physician-assisted suicide.

The AMA's Code of Medical Ethics states: “Physician-assisted suicide is fundamentally incompatible with the physician's role as healer.”



RESOURCES

PHYSICIAN ASSISTED SUICIDE LINKS

Massachusetts State Links

www.SuicideIsAlwaysATragedy.org

www.StopAssistedSuicide.org

USCCB Document

<http://usccb.org/issues-and-action/human-life-and-dignity/assisted-suicide/>

<http://www.usccb.org/news/2011/11-123.cfm>

<http://catholicpreaching.com/index.php?content=articles&articles=20110805anchor>

Additional USCCB Documents

<http://www.usccb.org/about/pro-life-activities/life-issues-forum/life-issues-forum-06-24-11.cfm>

<http://old.usccb.org/toliveeachday/assisted-suicide-and-euthanasia-beyond-terminal-illness.pdf>

<http://old.usccb.org/toliveeachday/assisted-suicide-and-euthanasia-from-voluntary-to-involuntary.pdf>

<http://www.usccb.org/issues-and-action/human-life-and-dignity/assisted-suicide/to-live-each-day/upload/suicideoregon.pdf>

<http://www.usccb.org/issues-and-action/human-life-and-dignity/assisted-suicide/to-live-each-day/upload/suicide-palliative-care.pdf>

<http://old.usccb.org/prolife/issues/euthanas/assisted-suicide-facts.pdf>

<http://old.usccb.org/prolife/issues/euthanas/role-of-depression.pdf>

<http://old.usccb.org/prolife/issues/euthanas/supremecourt-facts.pdf>

<http://old.usccb.org/prolife/programs/rlp/Mindling05.shtml>

<http://www.usccb.org/issues-and-action/human-life-and-dignity/assisted-suicide/to-live-each-day/physician-assisted-suicide-wrong-approach.cfm>

www.usccb.org/prolife/programs/rlp/01kal.shtml

<http://www.usccb.org/issues-and-action/human-life-and-dignity/assisted-suicide/killing-the-pain.cfm>

<http://www.usccb.org/issues-and-action/human-life-and-dignity/assisted-suicide/to-live-each-day/the-quality-of-life-who-is-to-judge.cfm>



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The United States Conference of Catholic Bishops

The Massachusetts Catholic Conference

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For further information, please contact:

National Catholic Bioethics Center
6399 Drexel Road, Philadelphia, PA 19151
215-877-2660
ncbcenter.org

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For further information regarding Chaplains and contacts at
Diocesan Health Care Facilities, please refer to your Diocesan Directory.

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Any additional concerns or questions may be directed to:

Mark Dupont, Diocesan Spokesperson
413.452.0648 • m.dupont@diospringfield.org

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617-367-6060



TO LIVE EACH DAY WITH *dignity*

We should ensure that the families of people with terminal illnesses will never feel they have been left alone in caring for their needs.



