Physician-assisted suicide is a slippery slope

Physician-assisted suicide does not just contradict deeply held religious convictions, but also violates principles held by many in the health care community,

By Seán P. O'Malley – Op-Ed in Boston Globe, Monday, April 15, 2024

It has been said that at the heart of the physician-assisted suicide debate is the moral-medical distinction between curing and caring for patients. The United States has an unmatched capacity for curing illness. But even here, there comes a moment when caring is the imperative because curing is no longer possible. Our collective responsibility is to address a person's psychological, physical, and spiritual needs as they face the end of life or debilitating illness. To instead instigate death with physician-assisted suicide presents a moral and ethical threat to society, the medical profession, the disability community, and the common good.

Physician-assisted suicide is just that: suicide. And it is always tragic whether administered under a doctor's care or self-inflicted. The Centers for Disease Control and Prevention report that suicide rates increased 36 percent between 2000 and 2021. In 2021, 1.7 million people attempted suicide in the United States. The CDC states that risk factors include a history of depression and other mental illnesses, impulsive behavior, isolation, and access to lethal means of suicide among people at risk.

The Massachusetts Legislature is considering a physician-assisted suicide bill, and they should reject it. Physician-assisted suicide could lead to a slippery slope of possibilities, like those already being witnessed in countries like the Netherlands, where 400 people suffering from mental illness were "euthanized" without their consent, as reported in 2017 by the Bioethics Observatory at the Catholic University of Valencia. Also consider the 28-year-old Dutch woman Zoraya ter Beek, from the Netherlands, who has decided to end her life next month because she has struggled with depression, autism, and borderline personality disorder. When we normalize physician-assisted suicide, we devalue life and remove any sense of hope.

Particularly vulnerable are people with disabilities. Debate in Canada has been intense. Dr. Mark S. Komrad of Johns Hopkins Hospital wrote in 2021 of a new assisted-suicide law in Canada, "This is a profound change in the trajectory of the euthanasia law, and the practice of psychiatry for Canada, which is now the largest nation that will soon allow MAID [medical aid-in-dying] for psychiatric conditions. It has rocked the professional mental health community in Canada, which fought to forestall the inclusion of psychiatric disorders for euthanasia."

For 2,500 years physicians throughout the world began their service with the Hippocratic Oath, promising not to harm and to "give no deadly medicine to anyone if asked nor suggest any such counsel." This stands in direct opposition to physician-assisted suicide.

In my more than 54 years as a Catholic priest, I have anointed, prayed with, comforted, and stayed with many people during their last hours and minutes of life. Losing a loved one or watching someone suffer is always difficult, a process the hospice care and palliative care communities are dedicated to mitigating. Fear of tremendous pain and the loss of control are advanced as reasons to support physician-assisted suicide. In almost every instance, palliative care can suppress pain and provide a crucial level of support for patients and families.

In fact, the National Institute on Aging notes that "palliative care can be helpful at any stage of illness and is best provided soon after a person is diagnosed."

Hospice was one of the first programs to use modern pain management techniques to care compassionately for the dying. In 2021, there were more than 5,000 hospice programs in the United States with an organized team approach to professional caregiving, and 1.5 million people are enrolled in hospice care each year. Furthermore, people already have the right to refuse burdensome, life-extending treatments. They also have

the option of leaving advance directives to determine their care when they are no longer able to express their wishes. The death that results from withholding or withdrawing of life-sustaining treatment has always been separated by a bright line from active measures to cause death. Assisted suicide proponents seek to blur this line.

The assisted suicide bill in the Legislature has flaws, including:

▪ **A diagnosis of death within six months, a requirement under the bill, is often wrong**
As the late Dr. Barbara Rockett, a former president of the Massachusetts Medical Society, wrote, "One of the most difficult and often inadequate determinations that a physician has to make is the attempt to predict when a patient might die." There are numerous examples of individuals across the country who have outlived that diagnosis and have lived for many years. They get to share the comfort, love, and companionship of family and friends and that wouldn't have happened if they had opted for physician-assisted suicide. These individuals or their family members testify year after year before the Legislature about their personal journey and implore legislators to refrain from legalizing physician-assisted suicide.

▪ **The bill lacks sufficient safeguards to protect the most vulnerable**
Individuals who are ill are often at the most vulnerable stage of their lives. In short, an individual who is physically disabled, depressed, or who fears being a burden to their family may be subject to undue influence or coercion by others to consume the deadly drug mixture. This is particularly troubling if there are financial benefits to be gained as a result.

Physician-assisted suicide does not just contradict deeply held religious convictions but also violates principles held by many in the health care community, as evidenced by the stated positions of national health organizations as well as the disability community.

In June 2021, the National Hospice and Palliative Care Organization stated, "In light of the underuse of hospice and palliative care to alleviate suffering, lack of comprehensive health care with persons with serious illness, … concerns of disability rights advocates regarding protections from coercion, longstanding racial bias in medicine, disparities in health and medical care, and lack of protections to ensure voluntary participation, NHPCO opposes legally accelerated death."

In January 2023, the Alzheimer's Association severed its ties with Compassion & Choices, the chief proponents of physician-assisted suicide, stating, "Their values are inconsistent with those of the Association."

Rather than legislating the acceleration of death, the Catholic Church encourages legislators to focus on providing quality palliative care to the sick and dying. Patients are best served when medical professionals, families, and loved ones provide support and care with dignity and respect.

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