

Assisted Suicide

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1. What Are Catholics For and Against?

When faced with difficult discussions surrounding highly-politicized hot-button topics, it is important to be very clear about just what one is arguing for and against. In our sound-bite, talking-point media (and social media) culture, it is very easy to get sidelined by being manipulated into arguing for things that one does not actually believe.



Have a look at these two statements:

“An assisted dying law would not result in more people dying, but in fewer people suffering.”

“I know that keeping people on life support, so drugged up they are a mere shadow of their former selves, is not the best option for everyone.”

Both of these are things I’ve heard on Facebook in response to posts raising concerns about physician-assisted suicide. Both, in different ways, misrepresent the position of those who believe physician-assisted suicide is not in people’s or the nation’s best interests.

The second is the easier one to refute: no one is advocating keeping people alive indefinitely. Everyone knows full well that simply allowing a person to die is often the right decision in health care. Indeed, it will be the right decision for each of us at some point or other. Furthermore, it is even sometimes permissible, according to Catholic teaching, to administer treatments for pain that can foreseeably shorten life span.

No one believes in keeping people alive as long as physically possible, quality of life be damned. We believe in *not killing* people.

The first statement is much more slippery – because it is true. But its truth is irrelevant to the question. It only true because everybody dies. And so, despite its surface truth, it is deceptive. According to its airtight logic, murder does not increase deaths, nor do epidemics or natural disasters. The only way to increase deaths is to increase reproduction! Nor does the fact that a death prevents future suffering make it an automatic good. It is a good bet that if I die today I will avoid significant suffering. Actually, the best way to avoid suffering is to never exist.

The supposition underlying both these statements is that those who oppose physician-assisted suicide necessarily support needless suffering.

And let us not imagine that social media is the only place such false suppositions are employed.

On the day when the Supreme Court ruled the

former legal prohibition on physician-assisted suicide unconstitutional, this was the lead from CBC anchor Wendy Mesley:

“For an incurably ill Canadian suffering unbearable pain, the choice has long been clear: endure or take their own life. Today, this country’s top court called that choice cruel, struck down the laws that created it and opened the door to a third option: doctor-assisted death.”

The same false dichotomy is at the heart of all three statements: one is either for assisted suicide or for prolonging suffering.

The idea of relieving suffering or, heaven forbid, sharing the burden of it, is never mentioned.

But this is precisely what we are for. We are committed to easing suffering in as far as that is possible and to sharing the burden of whatever suffering remains.

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Because of this, we do not simply oppose assisted suicide for abstract reasons of principle while holding out the easing of suffering and accompaniment in suffering as a kind of consolation prize. We oppose assisted suicide because, even in its well-meaning attempt to limit suffering, it will itself unavoidably introduce new forms of suffering.

This will be addressed in more detail later in this series. For now, let it suffice to say that introducing suicide as a socially approved solution for one set of problems makes it very difficult to denounce suicide as a solution for other problems (we’ll look at this in part 2), and that the social acceptability and promotion of suicide for some makes it impossible for many people to avoid the devastating question of whether they have a duty to die (part 3).

Related to the falsification of the position of those



who oppose physician-assisted suicide (and, let it be said, any suicide) from “Thou Shalt Not Kill” into “Thou Shalt Prolong Suffering” is the manipulation of language. Two terms in particular stand out here: “dignity” and “compassion.”

We are told that assisted suicide is “death with dignity” and that those who oppose it are promoting undignified deaths for our sick and elderly. We are told stories of people who cannot recognize loved ones or control bodily functions. We are told that suicide can preserve the dignity of these people.

But what kind of definition of dignity underlies such arguments?

Is dignity the kind of thing that can be lost with the control of one’s sphincter? And, if so, what are the implications for the dignity of so many of our friends and neighbours with mental and physical health issues?

On this, we must take a firm stand. A person’s dignity is rooted in their humanity (and, for the Christian, in their creation by God and in God’s image). It is not the kind of thing that can be lost through accidents of personal history and health. A person in a diaper has as much dignity as you or I whether they are 1 or 100.

Socially promoted suicide does not respect the dignity of the person by preserving them from the normal processes that often accompany death and dying. It works against a proper understanding of human dignity by saying that some lives are worth more than others.

Similarly, we are told that allowing suicide is the compassionate thing to do in the face of suffering. But compassion means “to suffer with.” Research and experience shows that people contemplating assisted suicide fear three things: physical pain, being alone, and being a burden. When these concerns are addressed, the desire for suicide disappears. That is because no one really wants suicide; they are just convinced there is no other way out of their situation.

True compassion does not say, “You’re right, there’s no way out. Your best bet is to kill yourself or have someone else kill you.” It says, “You are not a burden. I will not let you die alone. We will do everything we can to manage your pain.”

One of the great dangers of assisted suicide is that in promoting a false version of compassion, it undermines real compassion throughout our society. It promotes the radical individualism that drives us further from each other and impedes our ability to be deeply with those who cannot care for themselves all the time, that is to say, all of us.

So, what are Catholics for? We are for working to reduce pain and suffering wherever possible. We are for recognizing the dignity of every human person, regardless of their health or age. We are for

a compassionate response to the suffering of each person. We believe that no one is a burden, or – perhaps better – that everyone is a burden and that life is better when we carry each other.

What are we against? We are against killing people. It is that simple. And, by taking this simple stand, we can offer hope to many vulnerable and threatened people in a society that has put them at risk by confusing the basic distinction between killing someone and letting someone die. More on that hope to follow.

2. The Spirit of Suicide: Death as the Solution to Suffering

In the first part of this series we looked at the claim that, “an assisted dying law would not result in more people dying, but in fewer people suffering.” We saw that, while the statement is true, it is irrelevant. No kind of killing increases the number of people dying for the simple reason that everybody dies. But there is another problem with this statement: it imagines death as the solution to suffering. This is a dangerous idea. People contemplating suicide do not want to die. They can simply see no other way out of their suffering. When we can give them hope that their suffering can be addressed, the desire for suicide disappears.

When comedian Robin Williams took his own life, The Academy of Motion Picture Arts and Sciences created a meme of his famed blue genie from Disney’s Aladdin, with Williams being released from lamp captivity with the caption, “Genie, you’re free.” The meme was almost inevitable.

The rapid spread of this meme was followed by the rapid spread of warnings against the meme. Here are a few excerpts from a Washington Post story:

“Christine Moutier, chief medical officer at the American Foundation for Suicide Prevention, (says) ‘Suicide should never be

presented as an option. That’s a formula for potential contagion.’

“The starry sky from Disney’s Aladdin, and the written implication that suicide is somehow a liberating option, presents suicide in too celebratory a light, Moutier said.

Moutier has some advice for organizations and individuals talking about Williams’s death online: “Be sure to acknowledge that suicide has underlying issues — and those issues can be addressed.”

Anyone who has ever lost someone to suicide knows why such a meme is almost inevitable. When we lose someone to suicide, we are at a loss to understand the world. We grasp for consolation without thinking about all the implications of our first attempts. We only slowly come to realize that certain ways of talking and thinking — ways that seem so comforting at first — are, in fact, dangerous.

We learn gradually how to balance compassion for the deceased with an unambiguous denunciation of suicide *per se*. We must honour the pain and suffering of the deceased while avoiding giving the impression that suicide is an option. This is not easy.

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when it is agreed that suicide is not an option.

But how shall we talk when suicide *is* an option, at least for some?

When Brittany Maynard, the young American woman with terminal brain cancer who advocated for assisted suicide, moved to Oregon to kill herself with help of the state and medical community not even three months after Robin Williams' suicide, what could we say?

Could we tell those who are suffering that "suicide has underlying issues — and those issues can be addressed?"

Or do we tell people that Brittany Maynard's suffering could not be addressed, but theirs could be?

Do we really want to be in the position of telling people which suffering legitimates suicide and which does not? Do we expect our doctors to be able to look a suffering person in the eye and tell that person that their suffering is not enough?

And even if we are comfortable telling those who suffer just how their suffering compares, or doesn't, with those for whom we advocate a right to suicide, do we have any right to expect them to believe us?

What are we to say to suffering people when a parliamentary committee registers its concern that access to assisted suicide needs to be carefully provided to our northern communities so that their rights are respected, while the Attawapiskat First Nation declares a state of emergency due to a rash of suicide and suicide attempts? Does the suffering of these people count? Do we have the chutzpah to

tell them it doesn't?

The logic of suicide is inexorable. And the experience of other jurisdictions that have introduced assisted suicide is not encouraging.

Much initial argument for assisted suicide presumes the patient is terminal. We are told, then, that those who oppose it insist on adding a few days or weeks of useless suffering to a life that is basically over. But our Supreme Court recognized that, once the logic of suicide is introduced, being terminal is not necessary. All that is necessary is that the suffering is irremediable. Because what, really, is the difference

between pointlessly adding days or weeks of suffering, and adding months or years?

And so our parliamentary committee tells us that the right must include the mentally ill and, eventually, children. There is no arguing with their logic. We can't tell an 18-year-old that their suffering counts, while a 17-year-old needs to just wait it out.

Once death is the solution to suffering we cannot credibly deny that solution to anyone

who believes they need it.

Of course, one of the problems with this "solution" is that it is permanent. But how many of us know people who have been suicidal at one point and are glad to be alive today?

Another problem with this solution is that it very easily becomes common sense. We see in Belgium, for example, the rapid rise of assisted deaths with no explicit consent. "Of course this person would want to die. Everyone in this situation wants to die." But as we come to the bottom of this slippery slope, we find another danger. Once suicide is a normal, accepted, common-sense end to life (look at the recent dramatic increases in the use of the practice in the Netherlands if you doubt this can happen), another question emerges that cannot be avoided. Once everyone has the choice to die, that choice must be faced. In a culture that makes death a choice, old age or illness will automatically present the question, "Should I kill myself?" Given the burden that the elderly and the ill often feel they place on their families and on the already overburdened health system, death can come to be seen not merely as a relief or a choice, but as a duty.

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3. The Duty to Die?



They are free to live without counting the cost that their existence puts on their families and the health care system. The so-called “choice” to die would take away that freedom.

We live in a culture that makes an idol out of choice. In our basic and unquestioned public discourse choice *per se*, without any reference to the object of that choice, is seen as a basic good. Choice is understood as the *sine qua non* for authentic human freedom. Take away someone’s choice in any matter and you limit their freedom. This is seen as acceptable only when their choice might harm others.

It should not be surprising, then, that while the initial public arguments in favour of assisted suicide tended to hinge on eliminating unnecessary and extreme physical suffering, the discourse was quickly infused with the language of choice. “Who can presume,” we are asked, “to deny another person the right to choose to die?”

Indeed, children of one of Canada’s first assisted suicides told the media that, “Our father’s legacy comes down to one word: choice.”

We can leave aside, until our next instalment, the fact that a refusal to deny someone the right to choose assisted suicide includes a concomitant insistence that someone else actually kill them — and that our government is seriously countenancing not giving health care professionals any choice in that grave matter.

For our purpose in this piece, however, we need to look more carefully at the relationship between choice and freedom. Because while it is easy to

imagine that more choice always equals more freedom, further reflection indicates that this is not always the case.

There are times when we find ourselves crippled by bad options, not freed. What does the choice to die look like to a mentally ill person? Or to an elderly person?

Consider my grandparents. George and Esther White (names changed for privacy) are, by a certain kind of calculation, two very inconvenient people. They just celebrated their 70th wedding anniversary and took the opportunity to effectively say goodbye, realizing that there is little chance of them being together with all of their family at one time again in this life.

George and Esther are in their mid-90s. They each have a variety of health issues. One is nearly deaf, and the other virtually blind. They need help bathing. They have to choose between catheters and incontinence pads. Esther recently had a complete mastectomy. They are homebound in the assisted-living seniors’ community where they live.

Their daughter, my mom, goes in to see them several times a week. Though recently retired, my mother cannot take extended holidays. She would like to be able to travel to see her grandchildren, to spend a week or two helping her daughter and daughters-in-law with the burdens of being moms with young kids, but George and Esther can’t be left alone for that long.

George and Esther are blessed by the fact that they have lived until very recently in a time and a place where the question of their committing suicide may never be broached. They have not had to consider, on top of all of the other problems that come with aging and dying, whether or not they have some responsibility to hasten the process. The possibility that suicide is a “choice,” a legitimate option, was (and I pray still is) blissfully far from their radar screen. They are free to live without counting the cost that their existence puts on their families and the health care system. The so-called “choice” to die would take away that freedom.

The French literary critic and anthropologist Rene Girard has said in an interview that: “The experience of death is going to get more and more painful, contrary to what many people believe. The forthcoming euthanasia will make it more rather than less painful because it will put the emphasis on personal decision in a way which was blissfully alien to the whole problem of dying in former times. It will make death even more subjectively intolerable, for people will feel responsible for their own deaths and morally obligated to rid their relatives of their unwanted presence. Euthanasia will further intensify all the problems its advocates think it will solve.” On top of the physical suffering that accompanies dying, the legal availability and social acceptability of assisted suicide will add immense psychological duress. And it will add it for people who are already in an extremely vulnerable situation.

Even if legal safeguards are able to stand against the logic of choice, and we are able as a society to determine which people’s suffering legitimates suicide and which people’s suffering does not, all of which seems completely fanciful, there is simply no way legal safeguards can protect such inconvenient people as George and Esther from the psychologi-

cal pressure that this “choice” introduces into the experience of dying. Once someone *could* choose to die, there is no avoiding the question of whether they *should* choose to die.

And couples in their mid-90s with loving and stable families that they can still recognize and converse with are not the only inconvenient people in our society.

Any one of us should not have any trouble imagining someone of our acquaintance who would be under vastly more pressure than George and Esther. If you doubt me, consider the epidemic of elder abuse, or the kinds of fights even relatively stable families have over inheritances. If we imagine those considerations will play no role in the pressure exerted on certain “inconvenient” people, we are naïve.

The same logic that extends the “right” to die from those close to death due to age or illness to those suffering people who are not terminal — a logic already insisted upon by the Supreme Court — will extend the pressure to die from the terminal to the severely disabled and the mentally ill and from there to anyone who might feel themselves to be a burden on society.

This pressure does not need to be overt to be real. Even if we can somehow manage to avoid health care practitioners and families ever bringing up assisted suicide with suffering individuals — which seems sheer fantasy when considered at the population level — individuals who know how much time, work, and resources their existence demands will not be able to avoid the question of their responsibility to society to cut their lives short.

We are now in a situation where our sick and elderly, our mentally ill and severely disabled are under automatic pressure. How we respond to this new situation is part of what will consider in part four.



4. What Now? Living as Christians in a Suicidal Culture

In the first three parts of this series I have tried to paint a bleak picture of what the legal availability of physician-assisted suicide means for vulnerable individuals and Canadian culture generally. On the other hand, while this legal battle seems unwinnable at this stage, I am not without hope. The church has lived through bleak times before.

While history is no picnic, Christianity offers us great resources for dealing with evil. In the final two instalments of

this series I want to look at those resources. Today we will look at what Christians and our allies can do to both live and give hope in our current legal situation. In our final instalment we will look at the spiritual resources Christians have for facing death and dying.

In a culture with legally available physician-assisted suicide, several practical options for action present themselves to those who are troubled by the legal status quo.

First and foremost, Christians need to work hard to make their communities safe havens. Whenever Christians have not had the political power to protect the vulnerable through the mechanisms of law, they have still always had other means available. In ancient Rome, Christians could not make infanticide by exposure illegal. But they could pick up the babies left by the wayside and raise them. And, in doing so, they saved lives and changed culture.

In our current circumstances our first priority is to make sure that those in our families and communities are shielded from the pressure to commit suicide. This also means saving our families from the pressure to kill us when the question presents itself. There are a few practical things we can do in this regard.

First of all, we must never talk about people as burdens. Instead, we must be clear that it is our Christian privilege to carry the weak; that our very salvation depends upon it, that we need the weak more than they need us, that at some point we are all weak and that we all need each other.



Language and discourse are important. They shape the way we face reality. We need to take great care with how we talk about suffering, death and dying when physician-assisted suicide is available.

We also need to be clear about our own wishes. More than one member of our family needs to know that we do not wish to be killed should the situation present itself. We need to encourage conversations among families. We also need to help people

to make their wishes known through legal mechanisms like a living will. In the Netherlands, many people carry “Don’t Euthanize Me” cards in their wallets. Parishes could even sponsor workshops with lawyers to inform parishioners and the broader public about their options in this regard. Essential to making our own communities safer for the vulnerable is to work to make palliative care available to more Canadians. Palliative care can go a great distance in relieving fears about physical suffering, being abandoned and being a burden. When these fears are gone, so is the desire for suicide.

Giving people the option to have themselves killed without giving them other options for relieving these fears does not present real choice, but stacks the deck in favour of suicide.

Christians and our allies have already begun talking about how to make palliative care more available. These conversations must continue. The question is particularly acute in rural areas. Could a coalition in your small town start working toward a facility to serve your population? It’s not impossible.

Beyond these measures to protect the vulnerable from the pressure to be killed, the other key area where we can work is in promoting conscience rights for health care professionals. Despite all the rhetoric of choice in our culture, governments seriously consider forcing health care professionals to either commit or refer for actions those professionals consider gravely immoral.

It should not be impossible to find practical solutions to the problems presented by the conflict between the ostensible right to be killed and one’s right not to

kill. We need to work to find and promote such solutions so that no one is forced to choose between their job and their conscience.

That said, our communities need to make it clear to the health care professionals among us that we have their backs should push come to shove. In the early Church, a whole range of occupations were unavailable to Christians for reasons of conscience. Christians could not even be butchers in certain contexts because the meat market was often tied up with pagan temple worship. If someone's ability to provide for their family is threatened by their refusal to participate in killing a fellow human being, that person needs to know that the Christian community will not allow them to go destitute.

We also need to support our Catholic health institutions. First of all, we need to work for legislation that allows Catholic institutions to refuse to participate in assisted suicides. (And, on top of protecting institutional conscience rights, a hospital where a person knows they will not be killed could be a great public

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service to those who fear what decisions might be made in their names once they are incapacitated.)

But we also need to be prepared to support our institutions in cases where that legislation is not achieved.

Catholics need to realize that the government has no interest in shutting down institutions that provide care in a context where dollars and

beds are already stretched. If hospitals are legally forced to act in ways that an informed Catholic conscience simply cannot accept, civil disobedience is justified. Let the government decide what to do with us if we refuse to co-operate.

Christians have always cared for the sick and the dying, and we will continue to do so no matter what happens legally to our health care professionals and institutions. As we continue to provide this kind of care in a way that is consistent with our values, we will provide a witness to a different kind of approach to death. It will be a witness that the world needs all the more desperately while our culture promotes death as the solution to suffering.

5. A Christian Approach to Death and Dying



While it is not necessary to appeal to Scripture or the authority of the Church to demonstrate that assisted suicide is bad for people and for society (you'll notice I made no such appeals in the first four parts of this series), that does not mean that Christian faith is of no help for our present situation.

It should be possible to demonstrate from rational principles accessible to people of all faiths (or none)

that assisted suicide is an evil. And Catholics are generally happy to approach the public square with arguments that do not require faith in order to be accepted. On the other hand, the fear of death and suffering that underlies the contemporary push for and wide social acceptance of assisted suicide cannot be answered by a simple appeal to rational principles.

It is here, I suggest, that we most need to Gospel of Jesus Christ.

All the rational argumentation in the world won't make much difference when people are afraid of death, of suffering, of losing control. In a culture that offers no hope in the face of these realities, suicide becomes the logical answer.

As we have noted, advocates of assisted suicide see it as a matter of choice and therefore as part of the freedom a democratic society strives to provide for its citizens. We have already seen in part 3 that choice and freedom are not so simply related as this construct imagines and that some choices actually destroy freedom. At this point, we can begin to look at the radical difference between the freedom promised by democratic societies and that promised by God in Christ.

The Gospel promises a freedom that is much deeper than a freedom from suffering or a freedom from external constraint. It promises a freedom that transcends any suffering and external constraint.

When the New Testament teaches that Jesus went to his death freely, that doesn't mean that he was actually pulling the strings, controlling the actions of Judas and Caiaphas and Peter and Pilate and Herod, somehow theatrically arranging his own death. (That would be a form of Docetism, a heresy that taught that God did not really become a man, but was rather disguised as one.) What the New Testament means is that Jesus was free despite all of the external constraints that led him to his death.

For the Christian, salvation is not found in the control of reality, but the acceptance of it. And so death, like the rest of life, is a matter of accommodating oneself to reality, not the other way around. To commit suicide, from the Christian point of view, is to die kicking against the goad. It is to make the final summary act of one's life one of assertion rather than of offering.

To glorify such assertion in death will certainly lead to glorifying it in life. Or, perhaps, our glorification of self-assertion in life makes suicide the more and more obvious way to end life. Everything is to be had on our own terms.

But this is not the way to true freedom. The false conception of freedom that underlies this worldview does not lead to fulfillment, because there will always be things that we cannot conquer. We will strive and strive and never reach fulfillment by our own efforts.

Suffering, which is unavoidable, is not meaningless and does not render our lives meaningless.

True freedom does not come from having finally imposed my will on the cosmos, but from attuning my will to reality, or, as a Christian would style it, the will of God.

In this there is freedom and fulfillment. There is peace that passes understanding, peace the world cannot give. This does not mean Christians won't suffer. They will – at least as much as everyone else,

if they're following their Lord. They will not experience freedom from suffering, but freedom in suffering. Their suffering will not finally determine them. No suffering will thwart their life's project. Nor can it.

As Jesus tells us in the Gospel of John, "In this world you will have trouble. But be of good cheer, for I have overcome the world."

And how did he overcome the world? By avoiding suffering?

No. Jesus overcame the world by transforming suffering into self-offering.

This is the good news: not that suffering is abolished or avoidable, not that we can finally control everything about life, death and the cosmos, but that suffering, which is unavoidable, is not meaningless and does not render our lives meaningless.

Suffering can make us more compassionate. Suffering can be accepted in the name of a good cause. And even in the absence of any tangible immediate good that suffering can offer to the sufferer or their cause, suffering can be joined to that of Christ.

In this way, the sufferer, who may seem disconnected from the real world, suffering silently in a hospital or palliative care bed, is actually at the center of the drama of salvation history. For in joining our suffering to Christ's passion, we make it available for God to use as God sees fit and in ways that we may not ever fully know in this life.

So, while suffering should never be sought for its own sake, indeed should be avoided as far as possible, it must also be accepted when it is unavoidable, as it will be for us all at some point. And in our gracious acceptance of suffering, we can transform it, offer it to God, and thereby participate in the salvation of the world.

That is good news for a culture as imprisoned by fear and hopelessness, and therefore as suicidal, as our own.



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