

EUTHANASIA AND PHYSICIAN ASSISTED SUICIDE: URGENT QUESTIONS

Catholic Health Care Association of Southern Africa (CATHCA).

(With a contribution on palliative care from Dr Khaya Nzimande).

Just on a year ago, an article in the Tablet written by Robert Wilkens, - “At the hour of our death”, Tablet 22nd February 2014 - had the following subtitle “Scarcely a week passes when a story of a terminally ill person seeking ‘the right to die’ hits the headlines in Britain. But now Belgium is poised to allow physician-assisted suicide for children of all ages and the debate around the world has reached a new intensity.”

Here in South Africa, the state is preparing to appeal last year's High Court decision, which allowed cancer patient Robert Stransham-Ford to ask a doctor to help him to die. Stransham-Ford argued that forcing him to stay alive while in pain infringed his constitutional rights to dignity and autonomy. He won the right to doctor-assisted suicide, but died hours before the judgement was delivered. The case set a precedent and allows others to approach the courts for doctor-assisted suicide. And so indeed the debate rages and will rage....

In this brief article, we explore one of the burning questions of our time: euthanasia and assisted suicide. We consider the difficult realities of our common human experience of sickness, suffering and death. In a spirit of profound empathy we call upon all people to have the courage to love until life's natural end.

While our country and many other societies may consider the possibility of legalizing assisted suicide and euthanasia, we believe Catholics cannot remain silent on the side-lines. As Catholics we must take part in the discussion and suggest responses inspired by our deepest values and convictions. What is understood by Euthanasia and assisted suicide?

I

What is Euthanasia?

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

Euthanasia does not include: respecting a person's refusal of treatment or request to discontinue treatment; letting someone die naturally by withholding or withdrawing medical treatment when its burdens outweigh its benefits; giving drugs to relieve pain and suffering even if a foreseen but unintended effect is to shorten life.

What is assisted suicide?

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

II

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

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

and sanctity of human life and the relational or interdependent quality of human life which imposes a sense of mutual responsibility.

Although a legal distinction is made between euthanasia and assisted suicide, there is no ethical difference. The moral responsibility is the same whether the third party provides the pills or gives an injection. Catholics believe that life is a gift of God's love and goodness.

We do not have absolute dominion over the gift of life; we are stewards, not owners of life. Consequently, the time and circumstances of our birth and death are not ours to choose. Death is an inevitable part of life and a transition to eternal life. Life is also relational, a gift from others in that we remain recipients and givers of life. Human life is the ultimate basis for all of our relationships.

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

- The frail, poor, elderly and others who are vulnerable would be at the mercy of third parties who could exercise pressure on them to see an earlier death as an option. They could even feel compelled to ask for a premature death if it is available. This danger would only increase as health resources decrease.
- The role of the physician and the patient's trust in the physician would be undermined. Palliative care would be marginalized.
- If assisted suicide or euthanasia were permitted for the terminally ill on the basis of their suffering, their autonomy and their individual self-determination over life itself, then how can it be denied to those who are depressed, infirm, frail or who suffer for other reasons?
- Legitimizing euthanasia or assisted suicide, which allows one person to kill another, would diminish respect for human life. It would also erode the basic trust that human life will be protected—a trust that is essential to the functioning of any society.

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

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

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

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

III

What are our obligations to the dying person?

Persons who are dying should be provided with care, compassion and comfort, including:

- Appropriate medical care;
- Pain and symptom management;
- Social, emotional, spiritual and religious support;
- Full information about their condition;
- The opportunity for discussion with health care personnel and religious if desired.

- Full disclosure to any family member or any person authorized by the dying person to receive information; and
- A degree of privacy that ensures death with dignity and peace.

How Palliative care can influence one's decision to decide in favour of Euthanasia and/ or Assisted Suicide.

The decision to consider and the intention to carry out Euthanasia or assisted suicide are most commonly the result of unbearable suffering and/ or the failure to alleviate symptoms, and relieve suffering which are associated with that particular life-threatening illness. Oftentimes the distress one is subjected to after being diagnosed with a life threatening illness involves emotional, mental and spiritual issues; the physical effects are considered in the latter stages of the illness.

Unfortunately, health care workers, in general, place more emphasis on the physical wellbeing and the relief of physical symptoms. This means that the spiritual, mental and emotional concerns are relegated to the periphery of management.

What is palliative care? The World Health Organisation's definition is

Palliative care is an approach that improves the quality of life of patients and their families facing the problems associated with life-threatening illness, through the prevention and relief of suffering by means of early identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual.

In essence palliative care:

- provides relief from pain and other distressing symptoms; it affirms life and regards dying as a normal process;
- intends neither to hasten or postpone death; integrates the psychological and spiritual aspects of patient care;
- uses a team approach to address the needs of patients and their families; it may include bereavement counselling if it is indicated that it will enhance the quality of life and positively influence the course of illness;
- is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy; it includes those investigations needed to better understand and manage distressing clinical complications.

When one considers the definition of Palliative care, one can deduce that its practical application would result in a drastic reduction in the number of people who might still choose euthanasia after having have received such palliative care.

It is prudent to consider palliative care in children as they too are not immune to life-threatening illnesses. Palliative care for children is the active total care of the child's body, mind and spirit, and also involves giving support to the family. It begins when illness is diagnosed (an important fact, contrary to popular misconception), and continues regardless of whether or not a child receives treatment directed at the disease which is offered by the diagnosing health care team.

Health providers must evaluate and alleviate a child's physical, psychological, and social distress. Effective palliative care requires a broad multidisciplinary approach that includes the family and makes use of available community resources. It can be successfully implemented even if resources are limited. The latter point is vital because it assures the inclusion, into palliative care, of people in resource-deficient and/ or rural areas.

It follows then, that it is imperative that all people who have been diagnosed with a life-threatening illness should be referred for, or offered, palliative care. This must be done from the date of diagnosis and at any point thereafter.

With careful application of the principles of Palliative care we could be close to eradicating the supposed need for euthanasia and potentially encountering advocacy for euthanasia in rare and really exceptional circumstances.

IV

What obligation do we have to seek or provide treatment?

Competent persons receiving care, and proxies of persons who are not competent, are to seek those measures that offer a reasonable hope of benefit and that can be obtained and used without excessive pain, expense or other serious inconvenience.

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

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

In the withdrawal or withholding of extraordinary or disproportionate treatment, the intention is not to cause death but to allow the person to die naturally; in euthanasia the intention is to cause death – the patient does not die naturally but before his or her time.

When disproportionate treatment is withdrawn or withheld, the cause of death is the underlying disease or condition; in euthanasia the cause of death is the lethal injection, pill or other means used. There is a great difference between allowing someone to die and causing someone to die. Intention is a key element in distinguishing between euthanasia and other end-of life decisions.

What about advance directives: a living will or a durable power of attorney?

Some people choose, for the benefit of family members and medical personnel, to indicate in advance what should be done in the event that they become incompetent due to an accident or sickness. This can be done through an instructional directive (often called a "living will") or a proxy directive (often called "durable power of attorney" or "mandate").

Instructional directives indicate in advance the level of medical treatment a person wishes to receive in situations where they are unable to communicate. According to some specialists, instructional directives are risky because it is so difficult to anticipate all possible scenarios, so the language almost never fully communicates the wishes of a person. Also, the doctor making the decisions may be unaware of the values of the person concerned and could misinterpret the document to go against the individual's wishes. Furthermore, this type of document is often distributed by organizations favouring euthanasia, who use vague language that can easily be interpreted in favour of euthanasia.

A proxy directive is a more reliable way to ensure that our end of life decisions are respected. This is a legal document, either notarized or signed by a person in the presence of witnesses, whereby a family member or friend who knows our values and respect for human life is chosen as a health care proxy. When the time comes that proxy will be responsible for making decisions about the type of care we should be given or not, or whether this care should be interrupted.

It is best to avoid making a blanket statement rejecting certain types of care in all circumstances - unless death is imminent or treatment futile - and to leave enough latitude for our agent or doctor to offer appropriate care for our condition. It is important to be very clear about the meaning of the words we use, to review our directives periodically, and to make sure our proxy or our doctor and whoever else needs to know, is aware of these instructions.

V

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

The Church does not see suffering as a good in and of itself and we all have a duty to do everything in our power to eradicate or at least to alleviate it. We need to discover how to be compassionate, how to enter into and share the suffering of others.

There is no doubt that suffering challenges the very core of human life. Sometimes, in the face of overwhelming suffering, we must humbly acknowledge the limits of our capacity and the human condition. This is not easy to do in our technologically driven society, where we are accustomed to getting what we want when we want it.

The Church recognizes that suffering can have great meaning and redemptive power in the lives of those who are suffering and those around them. When suffering has meaning it can help to make it bearable. Christians believe that Christ brought human beings back to God through his Passion, Death and Resurrection; each person is invited to freely accept this reconciliation.

Christians also believe that those who unite their sufferings to those of Christ with love, participate in this work. Their feelings of anger and discouragement are replaced by quiet hope, and even joy. Suffering is no longer pointless. They find in God, especially by receiving the Body of Christ, the courage and strength to live fully all the days of their lives in anticipation of the eternal life for which God created us all in His love.

The alternative is to provide people of all ages, particularly those who are seriously ill or disabled - including those in a terminal phase - with the utmost personal attention. This may include the best home care or palliative care, along with the best pain control and alleviation of suffering.

Such an approach involves the greatest respect for all the needs of the person who is suffering or dying — emotional, physical, social and spiritual — until his or her natural death. This type of care keeps a sick person from feeling abandoned and asking for euthanasia. Where a person requests euthanasia out of deep loneliness, we would talk about a case of “social” euthanasia.

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

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

It is obviously important to direct more resources into research for better methods of pain control. However, experts in palliative care state that only a very small proportion of people suffer from intractable pain and even then there are means to keep them as comfortable as possible.

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

We also give life dignity by the way we respond to it – by reaching out to the dying person with compassion and attending to their most basic needs – we need each other in death in the same way that we need each other in life. This form of accompaniment can be painful and intense, but it is also full of possibilities for expressing love and gratitude, for spiritual growth and for reconciliation with God and one other.

VI

Could you not watch one hour with me?

The words of Sheila Cassidy, an English palliative care physician and author, challenge us as a society and as individuals to be more involved in the care of those who suffer: “Those enduring great distress know that the cup cannot be taken away from them, but they value the presence of someone to share, however minimally, in their suffering – someone to watch with them during their agony.

Jesus himself when wrestling with his fear in the Garden of Olives, begged his disciples to stay with him ‘Could you not watch one hour with me?’...” How will each of us answer this question?

References:

Congregation for the Doctrine of the Faith. Declaration on Euthanasia. May 5, 1980.
Available at: http://www.vatican.va/roman_curia/congregations/

Pope John Paul II. *Evangelium Vitae*. Montréal: Médiaspaul, 1995.

“Say No to Euthanasia and Assisted Suicide - Action Life”. www.actionlife.org

The Hospice Palliative Care Association of South Africa website gives a valuable information on euthanasia and assisted suicide. www.hpca.co.za

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Appendix

The Catechism of the Catholic Church teaches the following about euthanasia and assisted suicide.

1. Euthanasia

2276 Those whose lives are diminished or weakened deserve special respect. Sick or handicapped persons should be helped to lead lives as normal as possible.

2277 Whatever its motives and means, direct euthanasia consists in putting an end to the lives of handicapped, sick, or dying persons. It is morally unacceptable.

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. The error of judgment into which one can fall in good faith does not change the nature of this murderous act, which must always be forbidden and excluded.

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. Here one does not will to cause death; one's inability to impede it is merely accepted. The decisions should be made by the patient if he is competent and able or, if not, by those legally entitled to act for the patient, whose reasonable will and legitimate interests must always be respected.

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.

2. Suicide

2280 Everyone is responsible for his life before God who has given it to him. It is God who remains the sovereign Master of life. We are obliged to accept life gratefully and preserve it for his honour 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 neighbour 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.

2282 If suicide is committed with the intention of setting an example, especially to the young, it also takes on the gravity of scandal. Voluntary co-operation in suicide is contrary to the moral law. Grave psychological disturbances, anguish, or grave fear of hardship, suffering, or torture can diminish the responsibility of the one committing.

2283 We should not despair of the eternal salvation of persons who have taken their own lives. By ways known to him alone, God can provide the opportunity for salutary repentance. The Church prays for persons who have taken their own lives.