

## **THIRD SUNDAY IN ORDINARY TIME, Year C**

It seems that Catholics around the world are beginning to wake up to the culture of death in which we live.

- This last Friday we had the March for Life in Washington, D.C., where around 300,000 people attended to protest the legalization of abortion in this country and to promote the dignity of human life in all of its dimensions.
- In Spain, I heard that around 1 million people attended a pro-life march. Spain has the lowest birth rate in Europe, at only 1.1 children per couple.
- In France there was a pro-life march for the first time this year, with around 25,000 participants.

This morning, the Knights of Columbus have kindly put together a table full of information on a number of pro-life issues including:

- Stem Cells and Hope for Patients.
- Justice, Mercy and Capital Punishment.
- Pornography: What's the Problem?
- Abortion and Catholic Social Teaching.
- An Introduction to Natural Family Planning.
- 'Precious Feet' pins: donations accepted.

In an earlier bulletin article I had made mention of the five ‘non-negotiables’, five issues concerning human life which are always morally wrong and which should never be given any legal status: abortion, human cloning, euthanasia, embryonic stem cell research and so-called homosexual ‘marriage’.

In view of the recent discussions on the proposed changes to health care in this country, I would like to focus on the issue of euthanasia.

### **Euthanasia** <sup>(1)</sup>

The word “euthanasia” comes from the Greek word, *euthanatos*, meaning a ‘good death’ or an ‘easy death’. It has come to mean ‘mercy killing’: the direct killing of a patient, usually by a doctor, to end suffering. Especially after Nazi Germany used the word to describe its killing program for the disabled and mentally ill, ‘euthanasia’ has come to include the killing of sick and dying people for any reason, including the most ignoble.

In theological terms, euthanasia is ‘an action or an omission which of itself or by intention causes death, in order that all suffering may in this way be eliminated’ (CDF, *Declaration on Euthanasia*, 1980). Like all direct killing of the innocent, euthanasia violates God’s Law and is gravely wrong.

Pope John Paul II solemnly stated that ‘euthanasia is a grave and morally unacceptable killing of a human person’ and declared that ‘this doctrine is based upon the natural law and upon the written Word of God, is transmitted by the Church’s Tradition and taught by the ordinary and universal Magisterium.’ (*Evangelium Vitæ*, 65)

### **Why is Euthanasia Wrong?**

The fact that a person is already dying of natural causes in no way justifies a human decision directly to attack the basic good of human life. The dying patient is still a person of incomparable worth, made in the image and likeness of God; no one may usurp God’s dominion over this person’s life by intentionally causing death. Nor is an act of euthanasia justified by the suffering a patient may face during illness. Suffering may place the patient and others under such duress that their judgment is impaired and their personal guilt greatly reduced; but, objectively, the act of killing is just as grave an evil.

Euthanasia is sometimes proposed in the name of mercy and compassion by those closest to the suffering patient: his or her family and physician. But this is false mercy, because it intends the destruction of a helpless person who is in special need of love and encouragement.

Today, proposals for euthanasia are not confined to cases of terminal illness, and the motives behind them may lack any semblance of compassion. Pope John Paul II's encyclical letter, *Evangelium Vitæ*, (n. 15), states:

“As well as reasons of a misguided pity at the sight of the patient's suffering, euthanasia is sometimes [thought to be] justified by the utilitarian motive of avoiding costs which bring no return and which weigh heavily on society. Thus it is proposed to eliminate malformed babies, the severely handicapped, the disabled, the elderly, especially when they are not self-sufficient, and the terminally ill.”

### **Health Care Reform**

There are increasing pressures in society to let euthanasia creep into our health system. When we consider the number of elderly, especially with the aging baby boomer generation, our health system will be under ever increasing pressure in the years to come. Developments in medical technology have enabled doctors to keep patients alive for longer. How are we to take care of all of these people? Recent health reform bills have tried to address the fact that there will be so many people to take care of and so little money being generated by the younger members in society.

The Catholic Bishops' Conference wrote numerous letters to Congress in 2009, reaffirming the Church's strong support for expanding access to health care in ways that respect the life, dignity, health and consciences of all. The bishops have repeatedly cited three specific moral criteria for acceptable reform of health legislation in this country:

- Affordability of health coverage, esp. for those most in need,
- Fairness to immigrants regarding access to health care, and
- Respect for human life from conception to natural death.

The Secretariat of Pro-Life Activities, which is a part of the United States Conference of Catholic Bishops, produced a document entitled 'Issues of Life and Conscience in Health Care Reform: A Comparison of the House and Senate Bills.' <sup>(2)</sup> This document, dated January 20, 2010, provides a commentary on various issues, including:

- Federal Abortion Funding and Govt.-Sponsored Coverage,
- Abortion Mandates and the Conscience Rights of Enrollees,
- Conscience Rights for Health Care Providers on Abortion,
- Issues of Conscience Protection and Religious Freedom,
- Contraceptive Programs, Particularly for Minors,
- End-of-Life Issues and Assisted Suicide, and
- Life Affirming Assistance for Pregnant Women.

Regarding End-of-Life Issues and Assisted Suicide, the USCCB expressed some of the concerns they have with the current proposed health care reforms:

- The federal government that funds Medicare could be said to have mixed motives for promoting documents that may limit the provision of life-sustaining treatment,
- Questions arise as to whether discussions and documents could be used to present and promote physician-assisted suicide as a valid end-of-life option, particularly in states that have legalized the practice

There are a lot of complications regarding the two health care reform bills from the House of Representatives and the Senate. One example will suffice to show how complicated things can get: The House of Representatives' bill has two provisions promoting wider discussion and use of advance directives. One of these requires entities such as insurance companies that offer qualified health benefit plans to disseminate information on 'end-of-life planning', including advance directives, to individuals seeking to enroll in their plans. House bill section 240 states that the decision whether to sign a directive must be completely voluntary, and that information provided 'shall not presume the withdrawal

of treatment’ but must include information on options to ‘maintain all or most medical interventions.’ The provision states twice that this effort must not ‘promote suicide, assisted suicide, euthanasia, or mercy killing.’

The last terms used are not defined. A concern has been raised as to how this requirement would be implemented in states whose laws define the provision of lethal drugs to terminally ill patients by physicians as not constituting ‘assisted suicide’. <sup>(3)</sup>

The House provision provides a confusing answer to this question, stating that ‘advance directives and other planning tools’ may not include options for assisted suicide, euthanasia, or mercy killing, ‘regardless of legality’. On the other hand, the general mandate is to provide such documents ‘according to the laws of the State in which the individual resides’. Moreover, the section’s final clause states that nothing in this provision may be construed to ‘preempt or otherwise have any effect on State laws regarding advance care planning, palliative care, or end-of-life decision-making.’

Unfortunately, one way to read this set of seemingly conflicting provisions would be to say that assisted suicide may not be promoted – unless it is a settled matter in the state’s law that what it allows is not to be considered assisted suicide.

My brothers and sisters in Christ, our country is facing health care reforms that may contain, among other things, direct tax-payer funded promotion of assisted suicide in the states in which it is currently legal.

We pray that, if there is to be health reform in this country, it will protect the life, dignity, consciences of all, especially the poor and the vulnerable.

May we be advocates of the Gospel of Life and do all in our power to promote the dignity of human life from conception to natural death.

- (1) See 'EUTHANASIA' in *OUR SUNDAY VISITOR'S ENCYCLOPEDIA OF CATHOLIC DOCTRINE*, Edited by Russel Shaw, pages 209-214.
- (2) [http://www.usccb.org/healthcare/life\\_conscience.pdf](http://www.usccb.org/healthcare/life_conscience.pdf)
- (3) Physician-assisted suicide for terminally ill patients has been legal in Oregon since 1994. Physicians there may prescribe a deliberately lethal dose of medication for patients who are expected to live less than six months and who follow certain consent procedures. In 2008 Washington approved a similar law by public referendum. Both laws state that the practice they allow will not constitute an assisted suicide for legal purposes. And in December 2009 the Montana Supreme Court ruled that the state's law against assisting a suicide does not forbid physicians to provide deliberately lethal drugs to such patients.