THE NATIONAL CATHOLIC BIOETHICS CENTER

PHYSICIAN-ASSISTED SUICIDE

PREPARED BY THE ETHICISTS OF THE NCBC

"Euthanasia is an action or omission that of itself or by intention causes death in order to alleviate suffering. Catholic health care institutions may never condone or participate in euthanasia or assisted suicide in any way. Dying patients who request euthanasia should receive loving care, psychological and spiritual support, and appropriate remedies for pain and other symptoms so that they can live with dignity until the time of natural death."
—*Ethical and Religious Directives for Catholic Health Care Services*, 5th ed. (2009), n. 60

SUMMARY

In the United States, while euthanasia is still illegal, physician-assisted suicide has been legalized through ballot initiatives, legislation, or court decisions in ten jurisdictions (Oregon, Washington, California, Colorado, Montana, New Jersey, Hawaii, Washington, DC, Maine, and Vermont). Numerous other states continue to be targeted by advocacy groups like Compassion and Choices. While the US Supreme Court has ruled that there is no constitutional right to physician-assisted suicide, state laws and constitutions can allow it. Historically, the American Medical Association and its state affiliates have been effective in opposing these initiatives, but there is now a movement by such associations to remain neutral. This weakens efforts to protect human life from the inherent abuses contained in the state laws. These abuses have escalated in European countries, where persons who are not terminally ill are assisted to die, and in both Canada and Europe there is evidence of direct euthanasia by physicians.

In the United States, protocols allow for numerous violations of informed consent. In addition, examples of euthanasia by omission abound, with or without the explicit consent of patients, especially cognitively impaired patients. Increasingly, hospices withdraw therapeutic medications or assisted nutrition and hydration when these remain proportionately beneficial, and there is evidence that oral nutrition and hydration may be withdrawn with the use of sedation that makes swallowing impossible. In fact, there is a growing acceptance of voluntary stopping of eating and drinking (VSED), based on patients' perceived right to unlimited autonomy. Health care providers are thus facing threats to their religious liberty when they refuse to participate in such legally allowed procedures (Vermont and Canada are examples).

As one examines the advancement of such polices in Europe, where Christian agencies have been forced to participate in physician-assisted suicide, the limited protections for objecting providers in the United States are troublesome. Numerous unanswered questions exist for Catholic health care. It is likely that the challenges to the integrity of Catholic health care posed by physician-assisted suicide, passive euthanasia, and VSED will be similar to the challenges posed by reproductive issues. The Bishops of Canada already are being faced with pastoral issues, such as access to the sacraments by those seeking physician-assisted suicide, and their burial. These are issues about which the Church and Catholic health care must be proactive.

FAQs

Question 1: What is the difference between physician-assisted suicide and active or passive euthanasia?

Reply: Physician-assisted suicide provides for the lethal self-administration of drugs ordered by a physician. Active euthanasia involves the direct administration by another (e.g., a physician) of drugs to cause death. Passive euthanasia is the withdrawing or withholding of proportionately beneficial care or treatment to effect death. In the United States, several states have legalized physician-assisted suicide, but unlike Canada, no state has legalized active euthanasia. No state has prohibited passive euthanasia, even without explicit patient consent.

Question 2: Shouldn't an advanced directive allowing passive euthanasia, or an explicit request for physician-assisted suicide, be honored under the principle of patient autonomy?

Reply: Patient autonomy is not unlimited. Health care providers have an obligation to provide beneficent care and to do no harm. There is a long-standing legal tradition of criminalizing acts that facilitate suicide. Yet laws allowing physician-assisted suicide and euthanasia treat some persons as being not worthy of these protections, such as the terminally ill and, increasingly, those who have decided that life is not worth living and those who are no longer able to make decisions for themselves. Despite some legal protections, there is evidence that health care providers may be coerced to violate their conscience if a patient or family so demands.

Question 3: What is an objecting health care provider to do when a patient requests physician-assisted suicide?

Reply: The objecting provider, be it an individual or agency, should insist on invoking their conscience rights, by any legal means, such as state or federal Religious Freedom Restoration Acts. Furthermore, general agency policies should exist that allow, in all circumstance in which a procedure will not be provided, a transfer of care and transfer of the medical record of a patient to any provider selected by the patient and his family.

Question 4: Should the person requesting physician-assisted suicide be provided access to the last rites of the Church?

Reply: Persons are to be properly disposed to receive the sacraments without delay. An analysis of how this can be applied has been provided by the Catholic Bishops of Alberta and the Northwest Territories (Canada). In terms of a funeral Mass, the Church is a generous Mother. However, if there is evidence of a notorious rejection of Church teaching (which physician-assisted suicide does entail if a person is fully culpable) or the likelihood of scandal, a memorial Mass at a later date may be a pastoral alternative. Proper burial of the deceased always is required.

Resources

Congregation for the Doctrine of the Faith (CDF), Declaration on Euthanasia (May 5, 1980) .

Franklin G. Miller and Paul S. Appelbaum, "Physician-Assisted Death for Psychiatric Patients—Misguided Public Policy," New England Journal of Medicine 378.10 (March 8, 2018): 883–885, doi: 10.1056/NEJMp1709024.

Frederick J. White, "AMA Says 'No' to Physician-Assisted Suicide," Real Clear Health, July 5, 2019, https://www.realclearhealealth.com/articles/2019/07/05/ama_says_no_to_physician_assisted_suicide_110923.html.

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