



Talking Americans Down From the Assisted-Suicide Ledge

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Several states are considering legislative measures to let physicians prescribe (but not administer) a lethal dose of a toxic drug to their patients, thereby assisting their patients to commit suicide. This is known as physician-assisted suicide. Advocates of this practice assure us that this can be a good choice for someone who is dying, or who wants to die.

If physician-assisted suicide really represents a "good choice," we need to ask: why should only physicians be able to participate? Why should only physicians be allowed to undermine public trust of their profession through these kinds of death-dealing activities?

Why not include police, for example? If a sick person expresses a wish to die, the police could be notified, and an officer would arrive bearing a suitable firearm. He would load it with bullets, cock the gun, and place it on the bedside stand of the sick patient. After giving instruction on the best way to angle the barrel, the officer would depart, and the patient could then pick the device up and shoot himself — "police-assisted suicide."

The assisted-suicide paradigm would readily admit of other creative approaches as well — society could sanction "assisted drownings" where lifeguards could be asked to

assist those wishing to die by providing them millstones to take them to the bottom of lakes and oceans.

But if a lifeguard helped people drown, would you want him watching your family at the beach?

It is troubling how many individuals fail to grasp the radical absurdity of allowing physician-assisted suicide. Suicide is no joking matter. Regardless of how it transpires, it is a catastrophe for those who end their own lives, for their loved ones left behind, and for society more broadly.

Some people may decide that their lives are no longer worth living, but our society has always recognized that decision to be a tragedy and a mistake; that's why high bridges have signs encouraging suicidal individuals to seek help rather than jump. Suicide hotlines are open 24 hours a day because we seek to prevent as many deaths as we can. We treat as heroes those who walk along bridges or climb tall buildings and try to talk people down.

Commentator Greg Pfundstein stresses how this sound and consistent cultural message is flatly contradicted when we allow physicians to prescribe lethal drugs so people can kill them-

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selves — it is like replacing the suicide intervention signs on bridges with signs that state, "Ask your physician if jumping is right for you." Simply put, such jumping is never a "good thing," and it is only our own foolhardiness that lets us feign it could be, whether physician-assisted or otherwise.

I remember reading a Letter to the Editor in the local paper of a small town many years ago. The woman wrote about the death of her grandparents — well educated, intelligent and seemingly in control of their faculties — who had tragically committed suicide together by drinking a deadly substance. They were elderly and struggling with various ailments.

Her first-hand perspective was unflinching:

"It took me years to forgive my grandparents after they committed suicide. I was so angry at what they had done to me and my family. I felt betrayed. I felt nauseated. At some fundamental level I just couldn't believe it had really happened, and I couldn't believe that they didn't reach out to us for help. I thought the pain would never go

away. The idea that suicide could ever be a good thing is a total crock and a lie. It leaves behind deep scars and immeasurable pain on the part of family and friends. We don't have the right to take our own lives because we didn't give ourselves life."

I'm reminded of the words of the Mayor of one of our great cities, who declared: "The crime rate isn't so bad if you just don't count the murders." Assisted suicide, similarly, isn't so bad if you just don't count the victims: the many broken individuals, broken families, and broken hearts.

A friend of mine in Canada has struggled with multiple sclerosis for many years. He often speaks out against assisted suicide. Recently, he sent me a picture of himself taken with his smiling grandchildren, one sitting on each arm of his wheelchair. Below the picture he wrote,

"If I had opted for assisted suicide back in the mid-1980s when I first developed MS, and it seemed life as I knew it was over, look what I would have missed. I had no idea that one day I would be head over heels

in love with grandchildren!
Never give up on life."

Rev. Tadeusz Pacholczyk, Ph.D. earned his doctorate in neuroscience from Yale and did post-doctoral work at Harvard. He is a priest of the diocese of Fall River, MA, and serves as the Director of Education at The National Catholic Bioethics Center in Philadelphia. Father Tad writes a monthly column on timely life issues. From stem cell research to organ donation, abortion to euthanasia, he offers a clear and compelling analysis of modern bioethical questions, addressing issues we may confront at one time or another in our daily living. His column, entitled "Making Sense of Bioethics" is nationally syndicated in the U.S. to numerous diocesan newspapers, and has been reprinted by newspapers in England, Canada, Poland and Australia.

