



The Ups and Downs in Battling Assisted Suicide

This year fourteen state legislatures defeated measures to legalize physician-assisted suicide. One bill came perilously close to passing in Maryland, where it was approved in the House and narrowly failed in the Senate. Delaware, Massachusetts, Minnesota, and New York introduced bills to legalize physician-assisted suicide in 2019, which will carry over into the 2020 legislative session.

Tragically, New Jersey and Maine enacted physician-assisted suicide measures, in both cases by just one vote. Following passage in New Jersey, physician Yosef Glassman challenged the law for violating “his religious beliefs and his oath as a physician to preserve life.” On August 14 a court issued a restraining order temporarily halting the law, but thirteen days later the state’s highest court allowed the law to go into effect.¹ In Maine an effort to stop the measure through a people’s veto on the next ballot fell short of the eighty thousand signatures needed.

On the upside of this battle, there are several very positive developments to report. First, on June 10 the American Medical Association’s House of Delegates voted by a two-to-one margin to affirm the recommendation of its Council on Ethical and Judicial Affairs to retain its policy that “physician-assisted suicide is fundamentally incompatible with the physician’s role as healer, would be difficult or impossible to control, and would pose serious societal risks.” This vote was the third such vote since June 2018, with the first two votes failing to affirm the AMA policy.²

1. Susan K. Livio, “N.J.’s Highest Court Upholds Law Giving Terminally Ill Patients the Option to End Their Lives,” NJ.com, August 27, 2019, <https://www.nj.com/news/2019/08/njs-highest-court-upholds-law-giving-terminally-ill-patients-the-option-to-end-their-lives.html>.

2. Steven Ertelt, “AMA Votes to Retain Longstanding Opposition to Assisted Suicide,” LifeNews, June 10, 2019, <https://www.lifenews.com/2019/06/10/ama-votes-to-retain-longstanding-opposition-to-assisted-suicide/>.

Following the vote Archbishop Joseph Naumann, chairman of the United States Conference of Catholic Bishops (USCCB) Committee on Pro-life Activities, issued the following statement: “We strongly applaud today’s action by the American Medical Association’s House of Delegates to reaffirm its policy against physician-assisted suicide. The practice and promotion of assisted suicide poses grave consequences for our entire society but particularly for persons living with illness, disabilities, or socioeconomic disadvantages. The AMA was right to reaffirm its longstanding view that physician-assisted suicide is fundamentally incompatible with the physician’s role as healer.”³

Second, on October 26 the World Medical Association reaffirmed its long-standing policy of opposition to euthanasia and physician-assisted suicide at its annual assembly in Tbilisi, Georgia: “The WMA reiterates its strong commitment to the principles of medical ethics and that utmost respect has to be maintained for human life. Therefore, the WMA is firmly opposed to euthanasia and physician-assisted suicide. . . . No physician should be forced to participate in euthanasia or assisted suicide, nor should any physician be obliged to make referral decisions to this end. . . . The physician who respects the basic right of the patient to decline medical treatment does not act unethically in forgoing or withholding unwanted care, even if respecting such a wish results in the death of the patient.”⁴

Third, on October 9 the National Council on Disabilities released a study, *The Danger of Assisted Suicide Laws*, revealing that assisted-suicide laws present many serious dangers to people with disabilities. The NCD is an independent federal agency charged with advising the President, Congress, and other federal agencies regarding policies, programs, practices, and procedures that affect people with disabilities.

The report includes this powerful recommendation: “States should not legalize any form of assisted suicide or active euthanasia.” The NCD details limitations of purported safeguards in assisted-suicide laws, finding:

- “Insurers have denied expensive, life-sustaining medical treatment, but offered to subsidize lethal drugs, potentially leading patients to hasten their own deaths.”
- “Misdiagnoses of terminal disease can cause frightened patients to hasten their deaths.”
- “Though fear and depression often drive requests for assisted suicide, referral for psychological evaluation is extremely rare prior to doctors writing lethal prescriptions.”
- “Financial and emotional pressures can distort patient choice.”

3. “Chairman of U.S. Bishop’s Pro-life Activities Committee Applauds AMA’s Action Reaffirming Opposition to Physician-Assisted Suicide,” press release, US Conference of Catholic Bishops (USCCB), June 11, 2019, <http://www.usccb.org/news/2019/19-111.cfm>.

4. “World Medical Association Reaffirms Opposition to Euthanasia and Physician-Assisted Suicide,” press release, World Medical Association, October 26, 2019, <https://www.wma.net/news-post/world-medical-association-reaffirms-opposition-to-euthanasia-and-physician-assisted-suicide/>.

- “Patients may ‘doctor shop’ limitlessly to find a physician who will obtain a colleague’s concurrence and prescribe a lethal dose.”⁵

NCD chairman Neil Romano said,

Assisted suicide laws are premised on the notion of additional choice for people at the end of their lives, however in practice, they often remove choices when the low-cost option is ending one’s life versus providing treatments to lengthen it or services and supports to improve it. . . . As someone who has battled cancer and been given weeks to live and am still thriving years later, I know firsthand that well-intending doctors are often wrong. If assisted suicide is legal, lives will be lost due to mistakes, abuse, lack of information, or a lack of better options; no current or proposed safeguards can change that.⁶

This report is part of the NCD’s Bioethics and Disability Series, which focuses on how historical and current devaluation of the lives of people with disabilities by the medical community, researchers, and health economists perpetuates unequal access to medical treatment, including life-saving care.

Finally, on October 28 representatives of the three Abrahamic monotheistic religions—Christianity, Judaism, and Islam—signed a joint declaration in the presence of Pope Francis “categorically” rejecting euthanasia and assisted suicide and pleading for accompaniment of the person: “Matters pertaining to the duration and meaning of human life should not be in the domain of health care providers whose responsibility is to provide the best possible cure for disease and maximal care of the sick. We oppose any form of euthanasia—that is the direct, deliberate and intentional act of taking life—as well as physician assisted suicide—that is the direct, deliberate and intentional support of committing suicide—because they fundamentally contradict the inalienable value of human life, and therefore are inherently and consequentially morally and religiously wrong, and should be forbidden without exceptions.”⁷

Born-Alive Abortion Survivors Protection Act

Early this year legislative actions in New York and Virginia thrust the debate over late-term abortion and infanticide into the public discussion.⁸ This attention

5. “Federal Study Finds Nation’s Assisted Suicide Laws Rife with Dangers to People with Disabilities,” press release, National Council on Disability (NCD), accessed November 4, 2019, <https://www.ncd.gov/newsroom/2019/federal-study-assisted-suicide-laws>. See also, NCD, *The Danger of Assisted Suicide Laws* (Washington, DC: NCD, 2019).

6. NCD, “Assisted Suicide Laws Rife with Dangers.”

7. “Position Paper of the Abrahamic Monotheistic Religions on Matters concerning the End of Life,” Holy See Press Office, October 28, 2019, <http://press.vatican.va/content/salastampa/en/bollettino/pubblico/2019/10/28/191028f.html>.

8. Micaiah Bilger, “New York Governor Andrew Cuomo Signs Bills Legalizing Abortion up to Birth,” LifeNews, January 23, 2019, <https://www.lifeneews.com/2019/01/23/new-york-governor-andrew-cuomo-signs-bill-legalizing-abortions-up-to-birth/>; and Steven Ertelt, “Virginia Gov Ralph Northam Defends Infanticide: ‘Infant Would Be Resuscitated If That’s What the Mother Desired,’” LifeNews, January 30, 2019, <https://www.lifeneews.com/2019/01/30/virginia-gov-ralph-northam-defends-infanticide-infant-would-be-resuscitated-if-thats-what-the-mother-desired/>.

prompted the US Senate to vote on the Born-Alive Abortion Survivors Protection Act (S. 311), which would require any health care practitioner present when a child is born alive following an abortion to give the same degree of care to the child as would be given to any other newborn at the same stage of development. After giving such care, the practitioner must ensure that the child is immediately transported and admitted to a hospital.

On February 25 the Senate failed to advance S. 311 on a vote of fifty-three to forty-four with three not voting. Sixty votes are needed to overcome a filibuster and pass a bill. Naumann issued a statement in response saying, “There should be no bill easier for the Senate to pass than one that makes clear that killing newborn babies is wrong and should not be tolerated. That even one senator, let alone 44 senators voted against the Born-Alive Abortion Survivors Protection Act, is an injustice that should horrify and anger the American people and commit us to decisive political action. A vote against this bill is a vote to extend *Roe v. Wade*’s license for killing unborn children to killing newborn babies. The American people, the vast majority of whom support this bill, must demand justice for innocent children.”⁹

Following this vote, attention turned toward getting a vote on the Born-Alive Act in the House of Representatives. Since pro-abortion leaders in the House are blocking a vote, on April 2 supporters of the bill filed a discharge petition to force a vote. To succeed, the petition needs signatures from a simple majority, or 218 representatives. Since the petition was filed, 203 House members, including every Republican and three Democrats, have signed the petition. Thus fifteen more signatures are needed to proceed to a vote.

The House Democratic majority not only is refusing to allow a vote on the Born-Alive Act, but will not allow an official hearing where Congress, and possibly the general public, could learn that babies are sometimes born alive during abortion attempts and then either left alone to die or directly killed (i.e., infanticide). So on September 10 the House Republican minority hosted a hearing featuring testimony from outstanding witnesses, including Jill Stanek, a nurse who found an abortion survivor, and Kathi Aultman, MD, a retired obstetrician-gynecologist and former abortion provider. Forty-three House members attended the hearing. Efforts will continue throughout the 116th Congress to urge House members to sign the discharge petition.

Palliative Care and Hospice Education and Training Act

The Palliative Care and Hospice Education and Training Act (PCHETA) provides funding to train health professionals in hospice and palliative care. The bill passed the US House of Representatives by voice vote on October 28, 2019, and is awaiting action in the Senate.

The Catholic Church strongly supports authentic hospice and palliative interventions as holistic and compassionate care for those who are seriously ill or dying.

9. “Catholic Bishops’ Pro-life Chairman Says Senate Rejection of Born-Alive Abortion Survivors Protection Act Should Horrify and Anger the American People,” press release, USCCB, February 27, 2019, <http://www.usccb.org/news/2019/19-040.cfm>.

Many Catholic health care professionals and institutions provide these essential services in a life-affirming way, keeping many people from turning to assisted suicide and euthanasia.

Recent Popes, including Saint John Paul II, Benedict XVI, and Francis, have spoken in strong support of palliative care. Benedict XVI, for example, on the 15th World Day of the Sick, stated, “There is a need to promote policies which create conditions where human beings can bear even incurable illnesses and death in a dignified manner. Here it is necessary to stress once again the need for more palliative care centers which provide integral care, offering the sick the human assistance and spiritual accompaniment they need. This is a right belonging to every human being, one which we must all be committed to defend.”¹⁰

Furthermore, the USCCB’s *Pastoral Plan for Pro-life Activities* urges “support for federal and state legislation that promotes effective palliative care for those who are chronically ill or dying.”¹¹ This is the starting point for the Church’s analysis of any legislation which promotes hospice and palliative care, such as the PCHETA. Nonetheless, despite the bill’s laudable purpose, the USCCB agreed to support it only after securing provisions that prohibit any actions, omissions, training, or promotion intended to cause or assist in causing death (e.g., physician-assisted suicide and euthanasia).¹²

United States Supreme Court Agrees to Review Louisiana Abortion Law

On October 4, the US Supreme Court announced that it consolidated and will review two cases from Louisiana. *June Medical Services, LLC v. Gee* challenges the constitutionality of a Louisiana law requiring all abortion doctors to have admitting privileges at a hospital within thirty miles of their abortion facility. *Gee v. June Medical Services, LLC* is a cross-petition filed by Louisiana challenging June

10. Benedict XVI, Message for the Fifteenth World Day of the Sick (December 8, 2006).

11. USCCB, *Pastoral Plan for Pro-life Activities: A Campaign in Support of Life*, n. 3, accessed November 4, 2019, <http://www.usccb.org/about/pro-life-activities/pastoral-plan-prolife-activities.cfm>.

12. Palliative Care and Hospice Education and Training Act, H.R. 647, 116th Cong., §5. “None of the funds made available under this Act (or an amendment made by this Act) may be used to provide, promote, or provide training with regard to any item or service for which Federal funding is unavailable under section 3 of Public Law 105-12 (42 U.S.C. 14402).” The law cited is the Assisted Suicide Funding Restricted Act of 1997, Pub. L. 105-12, 111 Stat. 23 (1997), which forbids providing federal assistance to “any health care item or service furnished for the purpose of causing, or for the purpose of assisting in causing, the death of any individual, such as by assisted suicide, euthanasia, or mercy killing” (§3[a][1]). A second provision, added to §5 in the Senate version of the PCHETA (S. 2080), says, “As used in this Act (or an amendment made by this Act), palliative care and hospice shall not be furnished for the purpose of causing, or the purpose of assisting in causing, a patient’s death, for any reason.”

Medical's standing to sue in court on behalf of women seeking abortion, since the law it is challenging is intended to protect women from substandard abortion practices.

The cases provide the Court with the first opportunity to address the abortion issue since 2016, when it struck down a similar law from Texas in *Whole Woman's Health v. Hellerstedt*. With the new makeup of the Court, there is some hope that it could use this case at least to reconsider and overturn its *Hellerstedt* decision or perhaps even to revisit *Roe v. Wade* and *Planned Parenthood v. Casey*.

Americans Support Conscience Protection for Health Care Professionals

In August, the USCCB Secretariat of Pro-life Activities, in collaboration with the offices of religious liberty, laity, marriage, family life and youth, and domestic social development, commissioned Heart and Mind Strategies to conduct a public survey on several questions related to conscience protections for health care providers. The secretariat collaborated with the Christian Medical and Dental Association on a similar survey of faith-based health care providers from the Christian Medical and Dental Association, Catholic Medical Association, Nurses Christian Fellowship, and Christian Pharmacists Fellowship. The impetus for the poll was to support two new regulations from the Trump administration enforcing existing conscience laws and clarifying that sex discrimination (as prohibited in section 1557 of the Affordable Care Act) does not include termination of pregnancy or transgender surgery. The conscience regulation has been finalized but is currently being challenged in court; the ACA sex-discrimination regulation has not yet been finalized. The survey data will also provide additional ammunition to push Congress to pass the Conscience Protection Act.¹³

Key findings from the public survey show:

- “A vast majority of Americans believe that having moral alignment with one’s healthcare professional is important (81%).”
- “Healthcare professionals should not be forced to perform procedures against their moral beliefs (83%).”
- “58% say that healthcare professionals should NOT be required to perform abortions if they have moral objections.” Respondents opposed a requirement to provide abortions by a three-to-one margin: 58 percent to 20 percent.¹⁴

13. The Conscience Protection Act codifies the Hyde-Weldon amendment, which prohibits federal, state, and local governments that receive federal funds from discriminating against those who decline to take part in abortion or abortion coverage. Hyde-Weldon has been approved by Congress as part of the US Department of Labor–US Department of Health and Human Services appropriations act every year since 2004. The Conscience Protection Act provides a right to take legal action so that those who object to abortion can defend their conscience rights under the Hyde-Weldon, Coats-Snowe, and Church amendments in a court of law—a remedy that has long been available to victims of other civil rights violations.

14. USCCB, Secretariat of Pro-life Activities, “Key Findings on 2019 Conscience Rights Polling,” accessed November 4, 2019, <http://www.usccb.org/about/pro-life-activities/upload/USCCB-Key-Takeaways-handout-final.pdf>.

Key findings from the survey of faith-based medical professionals show

- “Faith-based health professionals need conscience protections to ensure their continued medical practice.”
- “91% would stop practicing medicine apart from conscience protection.”
- “Conscience-driven health professionals care for *all* patients. [Ninety-seven percent] care for all patients in need, regardless of sexual orientation, gender identification, or family makeup, with sensitivity and compassion, even when [the physician] cannot validate their choices.”
- “Religious health professionals face rampant and increasing discrimination.” Seventy-six percent of respondents said that “over the course of [their] professional experience” they have seen an increase in “the *number* of medical professionals being *pressured to compromise* their moral, ethical, or religious beliefs in their practice.”
- Sixty percent said it was “common ‘that doctors, medical students or other healthcare professionals *face discrimination* for declining to participate in activities or provide medical procedures to which they have moral or religious objections.’”¹⁵

Finishing Up with Inspiration

Each October the Church in the United States celebrates Respect Life Month and asks us to reflect more deeply on the dignity of every human life. The USCCB Secretariat of Pro-life Activities develops a theme for each year’s celebration and provides many wonderful resources to help parishes, schools, families, ministries, and individual Catholics share the Gospel of Life during Respect Life Month and throughout the year.¹⁶

One of those resources is a short and inspiring reflection which I share with you here:

From the time we are knit together in our mothers’ wombs until we take our final breaths, each moment of our lives is a gift from God. While every season of life brings its own challenges and trials, each season also gives us new opportunities to grow in our relationship with God.

Today the gift of life is threatened in countless ways. Those who are most vulnerable, rather than receiving the protection they deserve, are all too often seen as a burden and as expendable. As new attacks on human life continue to emerge, we can be tempted to despair, but Christ instead offers us unfailing hope.

Hope is not false optimism or empty positivity. Christian hope is something much more profound and goes to the very depths of our identity as followers of Christ.

15. “Key Findings—2019 National Survey of Faith-Based Health Professionals,” Christian Medical and Dental Association and Freedom2Care, accessed November 4, 2019, original emphasis, <http://www.usccb.org/about/pro-life-activities/upload/Heart-Mind-Key-Findings.pdf>.

16. USCCB Secretariat of Pro-life Activities, “Respect Life Month: October 2019,” accessed November 4, 2019, <https://www.respectlife.org/october>.

Hope is the virtue “by which we desire the kingdom of heaven and eternal life as our happiness, placing our trust in Christ’s promises and relying not on our own strength, but on the help of the grace of the Holy Spirit” (CCC, 1817).

Like us, Christ entered the world through the womb of a woman. He willingly experienced the fullness of human suffering. He breathed his last on the Cross at Calvary in order that He might save us. Therefore, “God is the foundation of hope: not any god, but the God who has a human face and who has loved us to the end” (*Spe salvi* 31).

Christians know “they have a future: it is not that they know the details of what awaits them, but they know in general terms that their life will not end in emptiness” (*SS* 2).

For this reason, a woman experiencing a difficult pregnancy can find the strength to welcome her precious child into the world. A man facing a terminal diagnosis can see that the end of his earthly life is only the beginning of eternal life with Christ.

The Church teaches us that “the one who has hope lives differently” (*SS* 2). Christ’s promise of salvation does not mean that we will be spared from suffering. Rather, the promise of salvation ensures that even in the darkest moments of our lives, we will be given the strength to persevere. By virtue of this Christian hope, we can face any challenge or trial. When the seas of life swell and we are battered by the waves, hope allows us to remain anchored in the heart of God. May we hold fast to Christ our hope, from the beginning of life to its very end.¹⁷

GREG SCHLEPPENBACH

17. “Christ Our Hope: In Every Season of Life,” Respect Life, accessed November 7, 2019, <https://www.respectlife.org/reflection>.