



# WHY WE OPPOSE ASSISTED SUICIDE

**Why is this an issue in Utah?** HB 264 End of Life Options Act is being considered by the Utah Legislature. A similar bill was introduced last year, with little success, but the bill's sponsor is committed to seeing Utah adopt a physician-assisted suicide law. The bill would allow a person who is diagnosed with a terminal illness that is likely to produce death in 6 months to seek a prescription for a lethal dose of a medication with which to kill him or herself.

**Why does the Catholic Church oppose this bill?** The Catholic Church opposes assisted suicide as part of its consistent ethic of life. While the bill is marketed as being a compassionate choice for patients, in philosophy and practice it is not. True compassion is illustrated in the example of Mother Teresa who "assisted" many people "in dying" and "helped" many people "to die." She was present to them, assuring them that they would not die alone. She helped them find the courage to face death, the conviction that their dignity had not been lost, and the serenity borne of receiving love from people and from God. This is the legitimate meaning of *death with dignity* and of *helping people to die*. Please consider contacting your state legislator and sharing the following concerns (concerns are based on the 2015 bill. The 2016 language is expected to be similar, but was not available as of Dec. 2015):

**What are some of the other philosophical concerns?** Dignity does not come in a prescription bottle. Assisted suicide laws incorrectly define dignity as something that is obtained through action. Dignity is not a possession, it is an inherent part of being human, created in the image of God.

Assisted suicide laws send a message that some lives are not worth living. This message will be heard loud and clear by everyone who is afflicted with suicidal thoughts or tendencies, and especially by those who feel their depression is unbearable.

Assisted suicide sends a message that frail and physically dependent people aren't already dignified. When the decision to end life is made because of costs or disability, there is little question the death is not about preserving the dignity of the patient.

Utah has the 4th highest suicide rate in the nation. Assisted Suicide sends a message that suicide is a solution to some problems, putting our citizens at even greater risk.

Legalizing suicide says that feeling like a burden is not only an acceptable reason for suicide, but a justification for our health care system to provide a person with the means to carry out their death.

In Catholic teaching, humans are not a means to an end. Destroying oneself to escape from sorrow and distress, renders the person of no value once the body is unable to provide comfort and ease. But life is not a possession that we own, it is a gift from God to be preserved and protected until He determines it is our time to join Him.

**What are some of the practical concerns?** Assisted suicide laws eliminate an incentive to improve medical care for individuals facing the difficult task of completing their lives. Most of the stories in support of the bill are highly emotional, but often come down to a health care system in need of reform. Rather than seek longer term reform, the bill eliminates a human being in need. (For example, according to Medicare rules, patients must give up life-saving treatments to get access to hospice. They wouldn't



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have to do so to secure a dose of death-inducing drugs.)

The Utah bill requires that a participant be a resident of the state. This requirement puts undocumented immigrants at risk. Undocumented residents do not qualify for health care insurance coverage but would qualify for doctor-prescribed suicide upon showing a driver privilege card.

No witnesses are required at the time of death, providing opportunities for an abusive caregiver to steer someone towards assisted suicide, witness the request, pick up the lethal dose, and administer the drug. Though elder abuse cases in Utah increased by 87% from 2008-14, nothing in the bill protects the elderly from force or coercion.

The patient is counseled but not required to avoid committing suicide in a public place.

Patients may shop for a doctor who will declare the patient qualified for the lethal prescription.

Referral for mental health care is in the sole discretion of the doctor. Studies in Oregon have shown that 1 in 6 patients who received a lethal prescription were clinically depressed, yet few were referred for a psychiatric evaluation.

Anyone could purchase a life insurance policy on the person after the request for a lethal prescription, increasing the risk that a person may be coerced into following through.

No entity is provided with power to investigate complaints about doctors involved in an assisted suicide.

All reporting about doctor-assisted deaths is self-reported. Few people would self report driving over the speed limit, let alone reporting a botched assisted suicide.

Every health insurance coverage decision is based largely on financial considerations, with insurance providers often overriding physician recommendations due to cost. When doctor-recommended treatments are denied, or even delayed, assisted suicide is no longer reflective of a patient's true choice.

Utah has not expanded Medicaid to poor working families. For families that are unable to afford health insurance, or have minimal benefits, the pressure on a family member suffering from terminal illness to end their life because of medical expenses may well be unbearable. These individuals will not be choosing death because of their pain, but because of a lack of resources.

"The church knows that the moment of death is always accompanied by particularly intense human sentiments: an earthy life is ending, the emotional, generational, and social ties that are part of the person's inner self are dissolving; people who are dying and those who assist them are aware of the conflict between hope in immortality and the unknown which troubles even the most enlightened minds. The church lifts her voice so that the dying are not offended but are given every loving care and are not left alone as they prepare to cross the threshold of time to enter eternity."

Saint John Paul II