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DIOCESE OF WHEELING-CHARLESTON

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Medically assisted suicide: good or bad?

Should doctors and nurses help patients kill themselves? That question will be on the ballot on November 5 as Referendum 1. It states that, in West Virginia, medically assisted suicide along with direct euthanasia or mercy-killing will be prohibited. Palliative care, however – making dying persons comfortable and offering them counseling and other forms of support – will remain legal and available.

Why would seriously ill or handicapped people want to commit suicide? Some believe they are a burden on their families; some want to leave financial resources to their relatives; some are in great pain; others feel abandoned, useless and depressed; and some dying persons want to leave this life on their own terms in an act of supreme personal autonomy. In the light of these reasons, why would medically assisted suicide not be right for them?

Consider this: we belong to one another. We come into the world through our parents, grow in our humanity through life-long interactions with other people and are able to contribute to the good of others as they contribute to ours. Our lives are a gift that we did not earn but which we must cherish. Suicide, even if done for altruistic reasons, is a rejection of our place in the human community, because we choose to leave it before we have to.

The Catholic and Jewish traditions hold that the commandment, “Thou shall not kill,” applies not only to taking someone else’s life but also to taking one’s own. Many of the reasons that lead people to choose the help of medical personnel to end their lives can be met by non-lethal means. Medicine can alleviate much pain. Visits from family members, friends, parishioners and synagogue members, assuring the dying person of their love, can dissipate feelings of isolation and abandonment. While it is generous to want to leave an inheritance to loved ones, it is more appropriate to use one’s resources to provide for one’s care during the final stage of life. The gift of love and, often, reconciliation, will matter more in the long term than money. As for personal autonomy, that is exercised more clearly by holding firmly to the value of one’s life until it must be relinquished than by rushing into death’s embrace.

Medically assisted suicide corrupts the medical profession. Those whose goal is to bring healing or at least comfort in a patient’s last days become assistants in taking the lives of their patients. A fundamental principle of medicine is to do no harm. Medically assisted suicide turns that principle upside down. It has been done before. Nazi doctors experimented on Jewish and other prisoners without their consent. Doctors in the old Soviet Union drugged sane persons sent

to psychiatric hospitals for political reasons to make them mentally unstable. American doctors sterilized poor women, without informing them, so that they would not have any more children. Do we want our medical personnel to be corrupted and become the willing accomplices in the deaths of their patients?


How does medically assisted suicide work in practice? In Oregon, the first US state to adopt medically assisted suicide (1997), the length of time of a physician-patient relationship for a potential suicide has declined from 18 weeks to 5 weeks. Referrals for psychiatric assessment of one's reasons for seeking help for a suicide are only 1% -- for an irreversible action. A program once restricted to Oregon residents is now open to anyone, making Oregon a favored site for "suicide tourism." Insurance companies are denying requests for hospice care to the terminally ill but offering to pay for assisted suicide.

In Canada, a person 18 years or older may request a physician or a nurse practitioner to directly administer a drug or other substance to cause death. This is active euthanasia. Or the person can take the drug him or herself. The government officially states: "You do **not** need to have a fatal or terminal condition to be eligible for medical assistance in dying," only a serious condition which is irreversible and, in the person's view, intolerable. In March, 2027, medical assistance in dying will be available for those suffering from mental illnesses.

In some European countries, the death march has slipped farther down the slope: the Netherlands allows minors, even below 12 years of age, to be directly put to death with parental consent. Persons suffering from dementia may be euthanized if they said they would want it before they lost control of their reasoning. Belgium is even worse: a minor suffering from depression can be euthanized. Where does medically assisted suicide end? In more and more graves. Is this what we want in West Virginia?

Take the issue of medically assisted suicide seriously. What kind of state do you want West Virginia to be? It is instructive that about one third of those in Oregon who receive drugs to kill themselves never use it. Even those who initially think of taking their own lives find the will to live. That desire should be encouraged and supported. You can take a stand in November when you see Referendum 1 on your ballot. Consult your conscience and your faith and vote for Referendum 1.

Sincerely in Christ,

A handwritten signature in dark ink, reading "Mark E. Brennan". The signature is written in a cursive, flowing style.

+Mark E. Brennan
Bishop of Wheeling-Charleston