

Think About It inserts for bulletins, newsletters, social media, etc.

*Ad Hoc Communications Committee on Assisted Suicide/Euthanasia Response,
Roman Catholic Diocese of Saskatoon, March 2016*

Recommended that we add a website for further information at the end of each one: www.livegivinglove.com or <http://saskatoonrcdiocese.com/office-justice-and-peace/euthanasia-and-assisted-suicide> or <http://www.chassk.ca/ethics/euthanasia.php>

<p><i>Assisted Suicide and Euthanasia Think About It</i></p> <p>Euthanasia means killing someone – such as by a lethal injection to end his or her suffering. Physician-assisted suicide means a doctor provides the means for someone to kill oneself (prescribing a lethal dose of medication). The distinction lies in who initiates the process – the doctor or the patient.</p>	<p><i>Assisted Suicide and Euthanasia Think About It</i></p> <p>One of the most important principles of palliative care is to manage the pain and symptoms of a disease or illness while neither hastening death nor prolonging the dying process. With proper palliative care, almost all requests for euthanasia would disappear.</p>	<p><i>Assisted Suicide and Euthanasia Think About It</i></p> <p>Euphemisms such as “medical aid in dying” or “mercy killing” or “dying with dignity” or “terminating the suffering” do not change the fact that allowing assisted suicide and euthanasia makes it legal to kill someone (euthanasia) or to aid in their suicide (assisted suicide).</p>
<p><i>Assisted Suicide and Euthanasia Think About It</i></p> <p>Physicians and other health care staff have a basic human right to conscientiously object to hastening a patient’s death through assisted suicide or euthanasia and should never be forced to do so.</p>	<p><i>Assisted Suicide and Euthanasia Think About It</i></p> <p>Every person at the end of life would benefit from good palliative care, but in Saskatchewan there are only a handful of qualified palliative care physicians and far too few palliative care or hospice beds.</p>	<p><i>Assisted Suicide and Euthanasia Think About It</i></p> <p>There is a huge difference between palliative sedation and euthanasia. With palliative sedation, the intent is to reduce consciousness to ease suffering. The intent of euthanasia, however, is to kill the person.</p>
<p><i>Assisted Suicide and Euthanasia Think About It</i></p> <p>A government advisory panel in December 2015 and a joint committee in February 2016 recommended the widest possible access to physician-assisted suicide and euthanasia. One of the panel’s recommendations was to eventually allow terminally ill children (“mature minors”) the right to ask their doctor to hasten their death.</p>	<p><i>Assisted Suicide and Euthanasia Think About It</i></p> <p>Doctors who are against euthanasia and who care for terminally ill children argue that virtually all pain and other symptoms can be managed to minimize suffering. When they can’t be managed, a child can be given palliative sedation (a legal, moral, and ethical procedure) and allowed to sleep until death naturally occurs.</p>	<p><i>Assisted Suicide and Euthanasia Think About It</i></p> <p>In jurisdictions where euthanasia has been legalized, the initial restrictions have eroded. Belgium, for example, now allows euthanasia for terminally ill children of <i>any age</i>, with the consent of parents and doctors.</p>

<p><i>Assisted Suicide and Euthanasia</i> Think About It</p> <p>No one should lose their job for refusing to do something they believe is wrong. This includes a doctor or nurse who conscientiously objects to assisted suicide or euthanasia.</p>	<p><i>Assisted Suicide and Euthanasia</i> Think About It</p> <p>No human being dies in a social vacuum. Consider how other people will be impacted by assisted suicide and euthanasia. What about the impact on the person who is responsible for ending someone's life?</p>	<p><i>Assisted Suicide and Euthanasia</i> Think About It</p> <p>The solution to suffering is not to be killed, but to have proper pain management and proper support from the medical system. Good palliative care is critical.</p>
<p><i>Assisted Suicide and Euthanasia</i> Think About It</p> <p>Parliament passed a motion in 2014 calling for a pan-Canadian palliative and end-of-life care strategy "ensuring all Canadians have access to high quality home-based and hospice palliative end-of-life care." Our nation needs to act on this so that all Canadians have timely access to quality palliative care.</p>	<p><i>Assisted Suicide and Euthanasia</i> Think About It</p> <p>The absolute ban on assisted suicide and euthanasia is the norm in all but a handful of countries. Where these practices have been allowed, the evidence shows that safeguards simply do not work, or become struck down over time by higher courts.</p>	<p><i>Assisted Suicide and Euthanasia</i> Think About It</p> <p>Many doctors and other health professionals who want nothing to do with killing their patients may feel forced to leave the profession. Young adults considering a medical profession may choose another path if they are expected to become killers instead of healers.</p>
<p><i>Assisted Suicide and Euthanasia</i> Think About It</p> <p>The legalization of assisted suicide could lead to the natural process of dying being recast as a process to be avoided. This could lead to pressuring patients or their families to choose a hastened death as a cost-saving measure.</p>	<p><i>Assisted Suicide and Euthanasia</i> Think About It</p> <p>The normalization of suicide through the legalization of physician-assisted suicide could significantly impact suicide prevention programs. What happens if suicide, instead of being a tragedy to avoid, becomes an acceptable option or a "responsible" choice?</p>	<p><i>Assisted Suicide and Euthanasia</i> Think About It</p> <p>All persons deserve protection against discrimination, but especially those who are vulnerable and may not have a voice, including those living with disabilities, mental illness, or dementia. Allowing assisted suicide and euthanasia entrenches the idea that some lives are not worth living.</p>

<p><i>Assisted Suicide and Euthanasia</i> Think About It</p> <p>Elder abuse and neglect is already a problem in society. This abuse and neglect could eventually include pressure to request euthanasia or assisted suicide, thus becoming the <i>duty</i> to die.</p>	<p><i>Assisted Suicide and Euthanasia</i> Think About It</p> <p>Every human life deserves respect and protection but many people will be put at risk through the legalization of physician-assisted suicide and euthanasia: persons who are elderly, disabled, mentally ill, depressed, or who have dementia.</p>	<p><i>Assisted Suicide and Euthanasia</i> Think About It</p> <p>Allowing physician-assisted suicide and euthanasia for “compassionate” reasons is dangerous. What is initially considered a compassionate course of action could eventually evolve into eugenics.</p>
<p><i>Assisted Suicide and Euthanasia</i> Think About It</p> <p>Patients already have the right to refuse medical treatments that they consider burdensome. They are <i>not</i> required to do everything possible to stay alive as long as possible. Furthermore, giving patients enough medication to provide pain relief is <i>not</i> euthanasia.</p>	<p><i>Assisted Suicide and Euthanasia</i> Think About It</p> <p>Giving patients enough medication to provide pain relief is <i>not</i> euthanasia, even if the higher dose might unintentionally shorten the patient’s life. The <i>intent</i> is to reduce suffering, unlike euthanasia, whose intent is to cause death.</p>	<p><i>Assisted Suicide and Euthanasia</i> Think About It</p> <p>Legalizing physician-assisted suicide and euthanasia turns the taking of a human life into a positive good, a “service” to be performed at public expense and an obligation of the state to facilitate. It converts the taking of a human life from a crime into a “service”.</p>
<p><i>Assisted Suicide and Euthanasia</i> Think About It</p> <p>Allowing physicians to hasten the death of their patients would create a radical paradigm shift in our health care and legal systems.</p>	<p><i>Assisted Suicide and Euthanasia</i> Think About It</p> <p>Allowing physicians to hasten the death of their patients makes it difficult to know who deserves suicide prevention and who deserves death.</p>	<p><i>Assisted Suicide and Euthanasia</i> Think About It</p> <p>Legalizing physician-assisted suicide and euthanasia could pressure doctors (and other health care staff) to kill patients against their will and better judgment.</p>
<p><i>Assisted Suicide and Euthanasia</i> Think About It</p> <p>In an Ipsos Reid poll commissioned by Living With Dignity after surveys showing widespread support for assisted suicide, only one third of the survey respondents knew that “medical aid in dying” meant a doctor killing a patient with a lethal injection.</p>	<p><i>Assisted Suicide and Euthanasia</i> Think About It</p> <p>A Dutch psychiatrist was convicted in 1991 for killing a healthy, sane, 50-year-old woman who was depressed because one of her sons committed suicide, another died from illness, and her husband left her. This woman needed counselling and compassion, not a lethal injection.</p>	<p><i>Assisted Suicide and Euthanasia</i> Think About It</p> <p>Forcing doctors and other health care workers who morally object to euthanasia to refer patients to someone else for “assisted death” makes them complicit in an act that goes against their conscience. For many health care providers, euthanasia and assisted suicide are completely contrary to why they chose their profession: to provide help and healing, not harm.</p>

<p><i>Assisted Suicide and Euthanasia Think About It</i></p> <p>If assisted suicide becomes a right, the day could come when physicians are required to kill their patients – or refer them against their conscience to a physician who will – or risk losing their medical licence.</p>	<p><i>Assisted Suicide and Euthanasia Think About It</i></p> <p>In Oregon, where doctors since 1997 have been permitted to prescribe a lethal dose of medication to terminally ill, competent adults with a life expectancy of less than six months, the number of deaths has been increasing steadily, from 16 in 1998 to 105 in 2014.</p>	<p><i>Assisted Suicide and Euthanasia Think About It</i></p> <p>All Canadians have a right to be protected from euthanasia. Vulnerable persons, such as those who are elderly, disabled, mentally ill, depressed, or suffering from dementia must be given the protection they deserve.</p>
<p><i>Assisted Suicide and Euthanasia Think About It</i></p> <p>In a presentation in Saskatoon on Nov. 4, 2014, Dr. Margaret Somerville quoted the research of Dr. Harvey Chochinov, a psychiatrist at St. Boniface Hospital in Winnipeg, on the topic of the will to live in terminally ill patients: they are in a heightened state of psychological vulnerability and “change their minds on average every twelve hours on euthanasia.”</p>	<p><i>Assisted Suicide and Euthanasia Think About It</i></p> <p>Of the top reasons for requesting euthanasia, physical pain is #14 on the list. The main reasons are fear of dying alone and unloved. As ethicist Margaret Somerville said at a recent presentation in Saskatoon: “Is euthanasia the outcome of our failure to be able to love those who are dying?”</p>	<p><i>Assisted Suicide and Euthanasia Think About It</i></p> <p>Proponents of assisted suicide and euthanasia call these practices “death with dignity.” Is dignity really being achieved by taking the lives of suffering people?</p>
<p><i>Assisted Suicide and Euthanasia Think About It</i></p> <p>The danger of seeing assisted suicide and euthanasia as simply a question of personal choice is that it diminishes human dignity and removes the respect for human life that is a fundamental value in our society. All human beings have dignity, and they do not lose that dignity when they are ill, disabled, or dying.</p>	<p><i>Assisted Suicide and Euthanasia Think About It</i></p> <p>Allowing euthanasia and assisted suicide would erode the basic trust we place in our doctors – knowing that they will not kill us – a trust that is essential to the proper functioning of any medical system.</p>	<p><i>Assisted Suicide and Euthanasia Think About It</i></p> <p>In the Netherlands and Belgium, where euthanasia is legal, people have been killed without having asked for euthanasia (for example, cited in Canadian Medical Association Journal 2010: www.cmaj.ca/content/182/9/895). In the Netherlands, doctors can actively end the life of infants born with a disability such as spina bifida.</p>

<p><i>Assisted Suicide and Euthanasia</i> Think About It</p> <p>Used to describe assisted suicide and euthanasia, euphemisms such as “medical aid in dying” or “mercy killing” or “dying with dignity” imply that people who die of natural causes lack dignity, or suggest that euthanasia and assisted suicide are justified so long as they are done “compassionately” or with the aid of a medical professional.</p>	<p><i>Assisted Suicide and Euthanasia</i> Think About It</p> <p>Some people mistakenly believe that Catholics are required to do everything possible to stay alive as long as possible. But the Church does not require persons to accept interventions that they experience as overwhelming or too burdensome. Canadians have a right to refuse or withdraw consent to any type of care or treatment. To allow death to occur, recognizing the limits of medicine to cure or to improve function, is <i>not</i> euthanasia or assisted suicide.</p>	<p><i>Assisted Suicide and Euthanasia</i> Think About It</p> <p>Palliative care aims to relieve pain and other distressing physical symptoms, together with assistance responding to the spiritual, emotional and familial needs at end of life. Acceptance of dying can initiate a precious time of grace, reconciliation and healing.</p>
<p><i>Assisted Suicide and Euthanasia</i> Think About It</p> <p>A dying person’s request for death by assisted suicide or euthanasia is a signal to review their pain and symptom control and their spiritual and emotional support. Sometimes the request is prompted by fear of the unknown, or of being a burden, or of pain and suffering. Assisted suicide and euthanasia are a medicalization of death and human suffering – the false belief that somehow all human pain and suffering can be cured by a medical intervention.</p>	<p><i>Assisted Suicide and Euthanasia</i> Think About It</p> <p>Family members and those who provide care for dying persons should advocate for optimal pain and symptom relief and personal and spiritual comfort and support. Sometimes, what is most needed is that caring people be present with the dying person, to provide comfort and to show respect for the person and his or her journey. That is death with real dignity.</p>	<p><i>Assisted Suicide and Euthanasia</i> Think About It</p> <p>A dying person who is in distress needs support and good medical, psychological, social or spiritual care. The person who fears becoming a burden on others needs to be assured that caring for him or her is not a burden. The person who is lonely needs to know that someone cares and that he or she will not be abandoned. Killing is not an act of compassion.</p>
<p><i>Assisted Suicide and Euthanasia</i> Think About It</p> <p>Instead of pressing for the legalization of euthanasia and assisted suicide, we need to strongly and actively encourage governments to devote more resources towards palliative care in hospitals, homes and hospices, and for the education of health professionals in palliative care.</p>	<p><i>Assisted Suicide and Euthanasia</i> Think About It</p> <p>Patients who enter a hospital expecting compassion as they live their last months, weeks or days should not have to worry about being euthanized based on someone’s judgment about their quality of life. Care can never be killing.</p>	<p><i>Assisted Suicide and Euthanasia</i> Think About It</p> <p>Euthanasia and assisted suicide are not private matters. Every death affects our whole society. Every death ripples through families and communities. Every death impacts caregivers. The act of euthanasia or assisted suicide always implicates a third party such as a physician, pharmacist, nurse, family member, or friend.</p>

<p><i>Assisted Suicide and Euthanasia</i> Think About It</p> <p>The last weeks and days of a dying person's life are often a time of spiritual journey and a time of reconciliation with family, friends, and God. Choosing to end life prematurely may prevent the person from living those profound human experiences, and can rob his or her family members of them too.</p>		
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