

Why human dignity respects natural death

What's being reported?

A Radical change in society that threatens us all

- In California a young woman ends her life through physician assisted suicide – a friend describes it as an artistic masterpiece
- In New York a teenage girl is kept alive by artificial means at all cost because her parents are frightened to let go

West Coast

- Betsy Davis
- ALS
- Sister wrote:
 - “My sister is an example of exactly what the law intended to do: allow a dying young woman the ability to assert control over the chaos and uncertainty of terminal illness. She turned death into a reason to celebrate, and she was there to enjoy the party.”

East Coast

- Jahi Mcmath
- Declared brain dead by accepted criteria in 2013. Death certificate issued.
- Parents refused to accept this.
- Sued to keep her on life support
- Mediation allowed them to remove her from the hospital
- She remains on life support to this day
- Family maintains she is just sleeping

What do these things have in common?

- FEAR
 - Fear of the process of dying and losing control
 - Fear of being kept alive past life's natural limits by burdensome technology
 - Fear of experiencing pain and suffering
 - Fear of becoming a burden to others
 - Fear of letting go and accepting natural death
 - Fear of losing someone who is loved and cherished

What does fear lead to?

- Our response to fear is to seek more control and to search for solutions
- Our problem is that we are not doing a great job of it
- A vacuum exists which some individuals and groups will happily exploit to change the very nature of medicine and healthcare.

How is that fear expressed?

- *We demand more autonomy*
- *Principle of Autonomy*
 - “You must respect my right to do what I want and should help me do it, even if you don’t agree with it”
 - Archbishop Antony Fisher O.P.:
“The appeal to autonomy has slipped (without much resistance) from the appeal to reason to the appeal to wants”

Our society can be judged
by how we respond to these fears

It’s life Jim but not as we know it!

- We see this expressed in a multitude of “rights”
- *The right to an abortion on demand*
- The right to a full career and then use IVF for a pregnancy I have avoided until now
- *The right to change our gender through mutilating surgery*
- The right to end my life on my own terms at my own time

The fruits of unnatural death?

- An erosion of our self-worth
- Loss of the interconnectedness of our bodies, minds and spirits.
- A loss of real self-love that comes from fully knowing ourselves. If my body is a shell to be discarded I cannot value its real worth.
- An erosion of our connectedness to one another – Betsy Davis invited her family and friends to a weekend that effectively celebrated fear, selfishness and control rather than self-giving.

- The loss of our connectedness to God as we continue the spiraling downward path started in the garden of Eden
- The corruption of medicine and the healing arts, where physicians are required to break their oath to do no harm and instead become lethal agents of a new world order.

○ And remember – autonomy has become about “my wants” and eventually means doing this even if you don’t want to or think that it is wrong.

We need genuine solutions

We need a bioethics that is rooted in compassion and provides genuine solutions

We need a bioethics that will acknowledge that this fear is real

but will challenge the idea that more unfettered autonomy is the answer

We need a language

- Language is important in every debate.
- Warnock report 1978
 - invented the term **pre-embryo** to crack open the door to experimentation on the human embryo
- Hemlock Society
 - renamed itself Compassion and Choices
 - talks about **“aid in dying”** and **“death with dignity”** when talking about physician assisted suicide and euthanasia

Our Language has stronger roots

“A caring community devotes more attention, not less, to members facing the most vulnerable times in their lives. When people are tempted to see their own lives as diminished in value or meaning, they most need the love and assistance of others to assure them of their inherent worth”

USCCB: To live each day with Dignity, 2011

We can't dress this up

“Plain speaking is needed to strip away this veneer and uncover what is at stake, for this agenda promotes neither free choice nor compassion.” (To live each day with dignity)

The illusion of freedom

The Reality	
PAS and pro euthanasia gives illusion of choices and freedom to those with serious health conditions	
Those who want to end their lives offer suffer from mental illness, e.g. clinical depression	Many doctor-prescribed death laws permit but do not require psychological evaluation and counseling. Even if done and mental illness is discovered it does not necessarily mean that life-ending medication will not be prescribed.
Suicidal people find it increasingly difficult to consider options other than death, developing a kind of tunnel vision that sees relief only in death	Need to be freed from these thoughts by counseling, support and if necessary medication

The illusion of freedom

The Reality	
People who request death are vulnerable	They need care and compassion
PAS and euthanasia is seen as a victory for autonomy and the containment of costs	This is the worst form of neglect, the worst form of neglect. It is to abandon the person no matter how we dress it up with goodbyes and parties like the one Betsy's friends attended. <i>"Such abandonment is especially irresponsible when society is increasingly aware of elder abuse and other forms of mistreatment and exploitation of vulnerable persons."</i>

Who does this really serve?

Pro-Euthanasia lobby	But..
People who request death are making a free choice	This is often influenced by others: •The immediate family •Health professionals who see long term goals as medically futile •Health insurance companies that are looking to contain costs •Society faced with an aging population that is alienated from its children
People who make this choice have less than six months to live	This is notoriously unreliable Built in ambiguity Doesn't take into account impact of life sustaining treatments or palliative care Broad enough definition that can include people with chronic illnesses that are not even life threatening

Who does this really serve?

Pro-Euthanasia lobby	But..
"The law contains safeguards"	<p>Laws written in favor of PAS and euthanasia usually leave the laws against suicide in place.</p> <p>But they create a new class of person as well – back to language right? whose suicides may be facilitated (PAS), or whose lives are considered have no value for them or others</p> <p>defines a group of people whose death by lethal overdose is wrongly treated by the law as objectively good or acceptable – this is contrary to the Common Good</p> <p>Implies that society believes that there are groups of people who are better off dead:</p> <ul style="list-style-type: none"> •That's how Nazi Germany started its eugenics program: with the mass murder of the mentally ill and those considered unfit to live.

To put it bluntly...

The assisted suicide agenda promotes

- a narrow and distorted notion of freedom
- Creates an expectation that certain people, unlike others, will be served by being helped to choose death
- Will change our attitude to those with illnesses and disabilities who struggle for their right to adequate health care and housing, opportunities for work and mobility, etc.

It tells the most vulnerable among us that the freedom society most eagerly offers them is the "freedom" to take their lives.

We must respond

Authentic freedom recognizes the dignity of natural death
Life is a basic good, the foundation for enjoying all other goods
If life can be destroyed with impunity then all other rights are at risk
"One cannot uphold human freedom and dignity by devaluing human life."
PAS and euthanasia are the elimination all choices, and therefore contradict true human freedom
When we hasten or facilitate the death of others we create a society that will ultimately lose respect for personal freedom

This is going to mean looking hard at ourselves too

There is always a danger that we too, unintentionally, will go down the slippery slope

We do so when we fail to recognize the difference between treatments that are proportionate and those that are disproportionate

Unintentionally we too can "write people off" because we think we are respecting their choices

Unintentionally we can engage in passive euthanasia under the term "managed death"

Someone has decided...

"the fact that nowadays many, if not most, Americans die because someone -- doctors, family members or they themselves -- has decided that it is time for them to go."

New York Times, June 28, 1997

We do this when

- I don't want her to be kept alive artificially, I don't want her to suffer
- I don't want to give iv fluids or a feeding tube because I don't want to prolong his suffering
- She always said "no ventilator", we mustn't do that

These responses are only appropriate if the treatment cannot alleviate suffering or prevent death – then they are disproportionate

- We must be careful not to use the radical autonomy argument used by the pro-Euthanasia movement ourselves
- We must respect others choices but recognize there are times when they cannot be treated as absolute

- *Principle of **Respect** for Autonomy*
 - Recognizes the rights of others to make decisions that affect their well-being
 - Recognizes that decisions should not be coerced
 - Recognizes confidentiality and importance of truthfulness
 - But also recognizes that one does not have to cooperate with another's actions in order to respect that individual's autonomy
 - Other, competing, moral considerations can override the principle

- Respect for autonomy requires us to make an *appropriate* response to the needs and demands of others
 - Does not impose on us an absolute requirement to always give to others what they demand of us.
- Involving as it does communication of important health care information, the principle is exercised in health care institutions through another principle, that of informed consent

And when nothing more can be done

We surround patients with love, support, and companionship

We provide the assistance needed to ease their physical, emotional, and spiritual suffering.

We show unconditional respect for their human dignity, beginning with respect for the inherent value of their lives and their right to a natural death.

We do not demand that people attempt to prolong life by using medical treatments that are ineffective or unduly burdensome.

We do not deprive suffering patients of needed pain medications out of a misplaced or exaggerated fear that they might have the side effect of shortening life.

We recognize that palliative care and appropriate medication can enhance the length as well as the quality of a person's life.

It can even alleviate the fears and problems that lead to desperation and suicide.

We help patients devote their attention to the unfinished business of their lives, to arrive at a sense of peace with God, with loved ones, and with themselves.

Preparing for a natural death is neither useless nor meaningless.

It is one of the most important and meaningful things each of us will do
