

# Opposition to the Legalization of Physician Assisted Suicide

## Member Organizations

Archdiocese of Boston  
Ascension Health  
Avera  
Bon Secours Health System  
Carmelite Sisters for the Aged and Infirm  
Catholic Health Association of the United States  
Catholic Health Initiatives  
Franciscan Missionaries of Our Lady Health System  
Hospital Sisters Health System  
Mercy  
OSF HealthCare  
PeaceHealth  
Presence Health  
Providence St. Joseph Health  
Sisters of Charity Health System  
SSM Health

## Position Statement

The Supportive Care Coalition opposes public policy that advances the legalization of physician-assisted suicide.

This position is grounded in our respect for the sacredness of human life, our long tradition of caring for persons who are most vulnerable, our commitment to the provision of high quality palliative care and our concern for the integrity of medical, nursing and allied health professionals.

We promote public policy that will improve and expand access to and implementation/delivery of high-quality palliative and end of life care services. Palliative care anticipates the physical, psycho-social and spiritual needs of persons living with advanced serious illness and addresses their suffering.

Approved by SCC Board of Directors 3/18/2015

## \*Proposed Talking Points

### We oppose public policy that legalizes physician assisted suicide:

- Requests for physician assisted suicide are frequently motivated by concerns about pain, diminishment, becoming a burden to others, or losing autonomy. Such concerns can lead one to move too readily and unnecessarily to the option of physician assisted suicide.
- As a human community, the importance of interdependence must be recognized, especially when individuals require more personal care and attention at the end of life. This interdependence preserves and protects human dignity.
- Far too often people who are terminally ill experience unrelieved physical, emotional, social and spiritual distress. Persistent poor quality of care during life threatening illness and at the end of life can create fear and mistrust, leading to requests for physician assisted suicide and its legalization.
- Endorsing physician assisted suicide as public policy may adversely affect and endanger vulnerable populations including those with mental health problems, chronic disease, physically or intellectually challenged; the young; and the frail elderly.
- Proponents of the legalization of physician assisted suicide refer to it as a private choice, a personal matter of self-determination to be accepted by the rest of society. However, physician assisted suicide is not simply a personal matter of self-determination. It is in fact a social act, involving others beyond the patient and requiring government oversight.
- There are limits to personal autonomy and physician assisted suicide can legitimately be overridden by other compelling interests, foremost, the preservation of human life.
- Physician assisted suicide is incompatible with the ethical traditions and goals of health professionals (physicians and nurses) and their covenant with society.
- The moral, professional and legal challenge should not revolve around the legalization of physician assisted suicide, but be directed at mitigating the despair and loss of control that may be associated with the final stages of life. The priority is to fulfill the commitment to provide dignified and compassionate end-of-life care.

*\*These proposed talking points may be added to and customized depending upon the individual/organization's particular circumstances and needs.*

## Our position is grounded in:

- A belief that all individuals are created in the image and likeness of God and, thus, are worthy of our respect and every protection we can provide.
- A belief that 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.
- A belief that dependency upon others is part of the human condition and is not an affront to human dignity. We are called to bear one another's burdens. This attitude allows us to live our true dignity.
- A belief that our efforts are best directed toward providing quality palliative care services to ensure the most humane, comprehensive and compassionate care for those in the final stages of life - not the legalization of physician assisted suicide.

### We promote public policy that supports the accessibility of high quality palliative care services:

- Palliative care is a hallmark of the Catholic health care ministry that addresses the physical, emotional, social and spiritual needs of the patient to optimize human dignity and comfort during serious illness and at the end of life.
- Palliative care approaches end-of-life issues in a holistic way, embracing the sick and those who suffer, and welcoming them into a community of care and respect.
- Palliative care addresses the pain and suffering associated with serious illness so that patients and their loved ones may be enabled to find meaning in their remaining time together.
- Palliative care is frequently misunderstood and public education is critically important regarding the benefits and accessibility of these services.
- Palliative care truly preserves human dignity and compassionate care - not physician assisted suicide.

The Supportive Care Coalition, informed by our faith and values, advances excellence in palliative care. We promote a culture in which all persons living with or affected by a serious illness receive compassionate, holistic, coordinated care. We believe in patient non-abandonment and an explicit commitment to accompany others in the face of human suffering. We leverage our expertise and resources to be an influential leader for needed improvements in palliative care education, research, clinical practice and financing mechanisms. We advocate for the interests and concerns of those we serve and the advancement of palliative care.