

**A Message from
Bishop James M. Wingle**



Human life is good, wonderfully good. Yet why is it that we seem to come up against such walls of resistance in calling for a full and unfettered recognition of the sacred value of human life from its very beginning until its end, and the right of every human being to have this primary good respected to the highest degree? We cannot afford to be indifferent to this question. As the late Pope John Paul II wrote in his Gospel of Life, “upon the recognition of this right, every human community and the political community itself are founded” (E.V. #2). Perhaps one of the underlying reasons that explains the curious schizophrenic approach to human life in our culture is the deep and pervasive alienation from our own hearts in which many people seem to be caught.

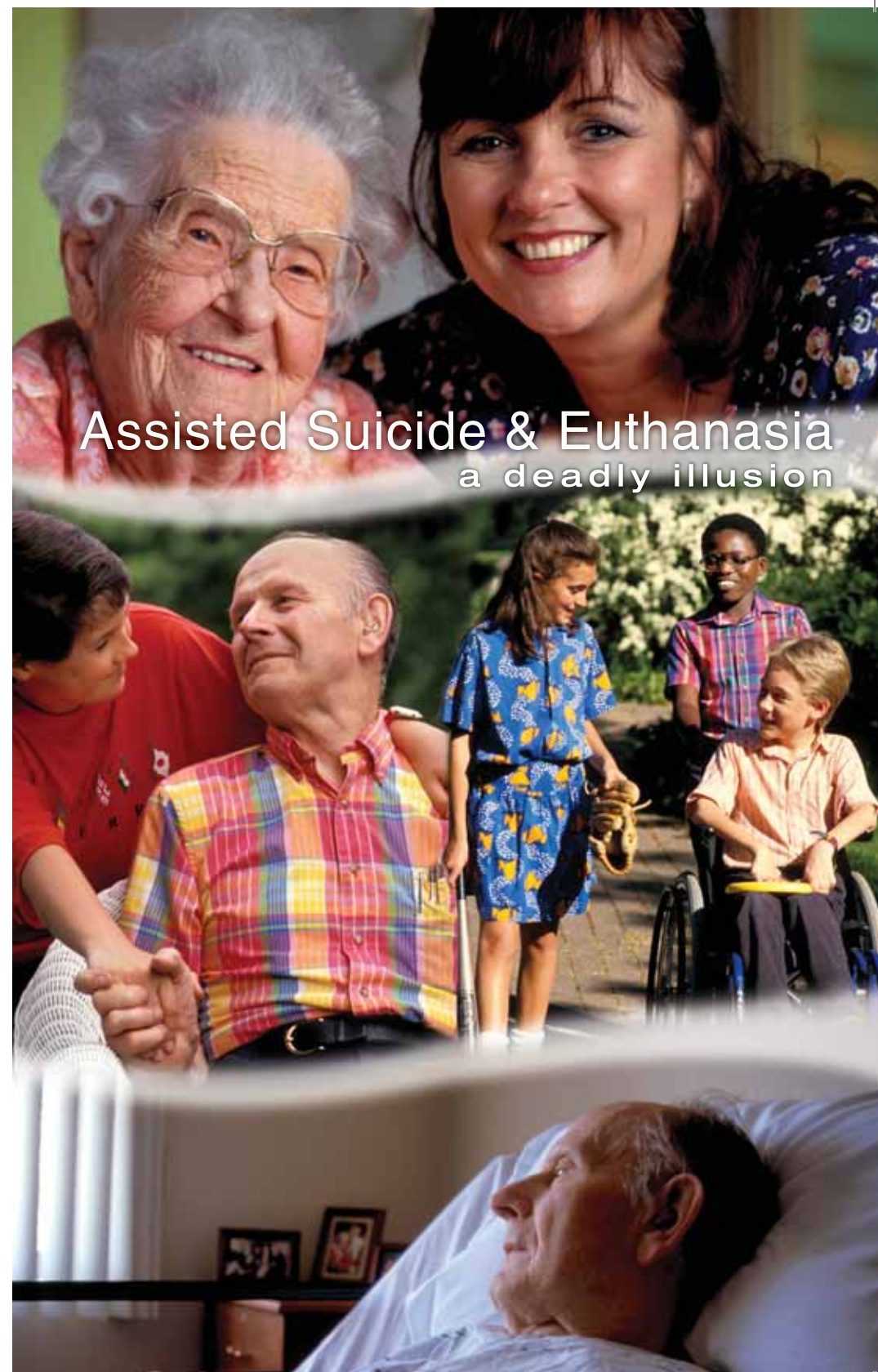
Discouragement and fear are potent forces with which to contend in any enterprise, and especially so in the struggle to bring about a healing in our culture on the question of human life. Piecemeal and half-hearted forays into this task will never move us forward. The challenge is to build a new culture of life and this demands sturdy courage and humble perseverance. But before such a culture can come to birth, there must first be a renewal of confidence in the truth and in the power of love. In his splendid first Encyclical, Deus Caritas Est, Pope Benedict challenges and invites our age to do just this.

To engage in the work of bringing to birth a vigorous new culture of life, we must be alert to the dimensions of the dramatic struggle between the “culture of life” and the “culture of death” that so marks our present social context. This is essentially an educational challenge, to develop a deep critical sense that makes us able to discern what is true and authentic from the kaleidoscope of phony goods and values.

Mary, the Virgin Mother of the Lord, is an incomparable help to all who would build an authentic culture of life, founded on truth and love. We can turn to her with confidence as “a sign of sure hope and solace” that the victory lies not far from us.



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Assisted Suicide & Euthanasia
a deadly illusion

What is meant by assisted suicide?

Assisted suicide is a self-induced death. The means (drugs or other devices) which cause such a death are provided by a second agent. It could be a doctor or another individual. Although a legal distinction is made between euthanasia and assisted suicide, there is no ethical difference.

It remains a criminal act to counsel, aid or abet a suicide because historically it was recognized that those who consider suicide are especially vulnerable to those who could take advantage of them. It was also recognized that it was impossible to enforce any kind of "limited" assisted suicide and euthanasia, without opening the door to all kinds of abuse.

What is euthanasia?

Euthanasia means acting or failing to act in such a way as to cause the death of another human being, where the primary intention is to kill, supposedly for his or her own good. **No matter what the reason or method, killing is killing. Euthanasia and assisted suicide is saying: We think you would be better off dead.**

Euthanasia and assisted suicide advocates present the practice of having someone "assist" in the death of another as an exercise in compassion. They present killing as an act of mercy, hence the term mercy killing. It is however no kindness or mercy to kill the suffering individual. Compassion does not seek to eliminate the sufferer. For ages, our society has recognized that a request for death was a cry for help.

What about pain?

We must kill the pain not the patient. Palliative care and pain specialists have at their disposal a vast array of medications to alleviate physical pain in the patient. They inform us that it is possible today to substantially relieve pain in almost all circumstances. Breakthroughs in pain management ensure that patients can be made comfortable.



Suffering and pain wear many faces and require different treatments. Palliative care seeks to answer all the needs of the patient: emotional, physical and spiritual. The response to emotional distress is comfort and reassurance. The solution for depression is mental health treatment. Studies have shown that when the needs of patients are met and their fears addressed, the request for death vanishes.

The choice is not as it is so often presented, one of accepting life with unrelieved pain or death by assisted suicide/euthanasia. Pain specialists acknowledge that some medical professionals are lacking in their assessment and management of pain. Some patients refuse adequate pain control due to unfounded fears of addiction. Contact your local palliative care association to learn more about the services available in your community.

- **Adequate pain relief is available. We need to improve the care of patients, not kill them.**
- In common law, patients have always had the right to refuse treatment.
- The assisted suicide and euthanasia movement acknowledge that physical pain and suffering are not the main arguments for assisted suicide. Their main arguments are autonomy and self-determination.

What if we legalize assisted suicide or euthanasia?

The Netherlands tolerated euthanasia for nearly thirty years prior to legalization in 2002. The evidence then as now shows that patients were and are killed without their consent. A 1991 study conducted by the Dutch government in which physicians were granted anonymity revealed that 1/4 of physicians admitted to terminating the lives of patients without an explicit request from the patient. The safeguards of which euthanasia /assisted suicide advocates so often speak have offered no protection to the weak and vulnerable in that country. Once these practices are accepted, the experience in Holland has clearly shown that involuntary euthanasia will follow. Groningen Hospital announced last December its guidelines for the euthanasia of infants. Evidence of other pediatric euthanasia in Holland was documented in the British medical journal *The Lancet* in 1997. The legislation enacted in 2002 has made euthanasia/assisted suicide available for sixteen to eighteen year old adolescents without parental approval. Twelve to sixteen year olds who request it may be euthanized if a parent or guardian gives consent.

- **The legalization of physician-assisted suicide and euthanasia will fundamentally alter the role of physicians.**
- **Doctors are for healing not killing.**
- **Killing is never a medical treatment**
- **Many physicians oppose such measures.**
- **The promise of greater patient autonomy is but a deadly illusion. Others may decide when you die.**



What about the right to die?

Terms such as "right to die," "choice in dying," "aid in dying" are all euphemisms for euthanasia. Actually death is not a right nor a choice but a reality that none of us will escape. **The right to die may become an obligation to die.**

The acceptance of euthanasia and assisted suicide threatens the lives of others. It is not a simple matter of individual freedom as the practice involves a second party in assisting or causing your death. Such measures further weaken respect for human life and abandon the most defenceless. The disabled and other vulnerable individuals fear these actions. Some ethicists argue that even patients with Alzheimer's disease which impairs cognitive abilities are no longer persons since they lack "self awareness". How can we as a society embrace killing and call it compassion? Killing is not loving. True dignity in death comes about when human life is valued and cared for until its natural end. Those who suffer need to know that they are not a burden. Let us offer love, support and embrace a culture of Life!