focus
VOL. 52, SPRING 2024

MICHIGAN CATHOLIC CONFERENCE

I Am With You Always

In response to national efforts to legalize and expand assisted suicide, a look at how Catholic end-of-life care promotes dignity and compassion.

In the front room of a small home, a man was spending his last days in peace and surrounded by support.

He looked to be in something deeper than sleep, and could not have been aware of the young woman at his bedside. She gently wiped his face and head, then reached for the Bible near him—he likes when his Bible is read to him, she said.

She opened to a bookmark with a list titled "Psalms for the sick." She began to read aloud to him—"I will bless the Lord at all times; his praise shall continually be in my mouth…"

Just a few days later, having completed his earthly pilgrimage in the care of staff and volunteers of Mother Teresa House, his soul departed this world. His bed would now be open for the next guest to begin the end of life journey.

Karen Bussey, who founded and runs the home-based hospice in Lansing, said her ministry exists to "walk the last little way, walk the last part of the last mile with the person." Compassion means "to suffer with," and true compassion for people at the end of their life is to care for them and be with them in their final moments.

Yet the word "compassion" has been co-opted by those who believe it means to allow or even encourage people to take their own life with a prescription of lethal drugs. This becomes known as "assisted suicide" when those drugs are provided by a physician.

Michigan law protects the sick, vulnerable, and dying from assisted suicide. However, there are recurring attempts to end those protections and legalize assisted suicide in this state, which coincides with the continued push for legalization across the country. Those efforts are underway as assisted suicide policies, in places as close as Canada, are being extended to consider non-terminal and even treatable conditions such as mental illness.

The Catholic Church calls for honoring and protecting the dignity of human life at all stages until natural death. Assisted suicide stands in direct contrast to the respect of life, which includes respect for one's own life.

Assisted suicide not only threatens the lives of the sick and dying, but also the lives of other vulnerable people: the disabled, the homeless, and those who suffer from depression or mental illness.

This edition of **focus** addresses the public policy of assisted suicide, why it must be opposed by all people of goodwill, and shows what true compassion for the suffering and dying looks like.

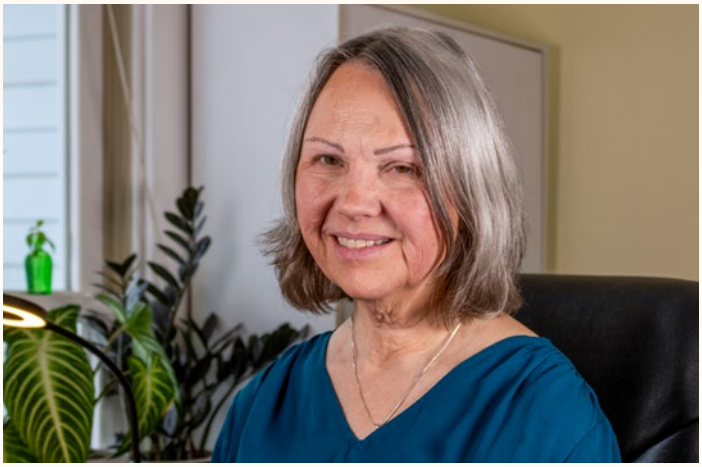
"What people need is someone to be there, and that's something we can all do," Bussey said.

Assisted suicide has been portrayed as promoting autonomy for people to decide how and when they die. However, assisted suicide has broader implications beyond a person's individual choice. Those implications are most serious for those who already suffer from inequities in receiving healthcare, from minority communities to the disabled.

Those who advocate for assisted suicide "don't pay attention to the medically vulnerable who are going to get caught up," said Jason Negri, a Michigan-based attorney who has spoken nationally on assisted suicide and the ethical aspects of end-of-life issues, adding that assisted suicide is "inherently coercive."

Lisa Gigliotti is someone who knows about these health inequities personally. She has enjoyed a long career as an attorney, author, and speaker. She also suffers from severe rheumatoid arthritis and the neuromuscular disease myasthenia gravis, which has meant enduring more than a dozen major surgeries and recurrent use of a wheelchair.

A defining moment happened in her twenties when she went to the hospital with difficulty breathing. Her attending physician suggested she sign a do-not-resuscitate form. She asked why.



"What people need is someone to be there, and that's something we can all do," says Karen Bussey, who founded and runs the home-based Mother Teresa House hospice in Lansing.

"He looked right at me and asked, 'Why wouldn't you want to sign it?' In other words, why would you want to live?" she said.

Assisted suicide exacerbates the perception in society that some groups of people are worth less, which Pope Francis has referred to as a "throwaway culture."

The legalization of assisted suicide in other states and countries amidst rising healthcare costs has already created situations where people have been denied life-saving coverage by insurers or government providers and offered cheaper, death-inducing drugs instead.

"When you treat assisted suicide as any other treatment, when you normalize it … it's always going to be the cheapest," Negri said. He added that "the truly compassionate response would be to give people the support they need."

Bussey said people should be provided hope rather than the message implicit in assisted suicide that "we don't have room for you anymore, we don't have funds for you, or we don't have care for you."

Proponents of assisted suicide have portrayed it as the compassionate answer to a person suffering through a terminal illness. Anyone who has battled a terrible illness—or watched a loved one do the same—could relate to wanting out from suffering.

Marianne Potter has been at the bedside of thousands of dying people as a nurse practitioner in hospice settings in Michigan. She said offering

Medical Association: Assisted Suicide Poses 'Serious Societal Risks'

"Allowing physicians to participate in assisted suicide would cause more harm than good. **Physician assisted suicide is fundamentally incompatible with the physician's role as healer, would be difficult or impossible to control, and would pose serious societal risks.**

"Instead of participating in assisted suicide, physicians must aggressively respond to the needs of patients at the end of life. Patients should not be abandoned once it is determined that cure is impossible…

"Patients near the end of life must continue to receive emotional support, comfort care, adequate pain control, respect for patient autonomy, and good communication."

—American Medical Association Code of Ethics, Opinion 5.7

AMA

The AMA is the largest and only national association that convenes 190+ state and specialty medical societies and other critical stakeholders with the mission to promote the art and science of medicine and the betterment of public health.

assisted suicide perpetuates the false notion that the symptoms of illness cannot be managed.

"The physical things that a person goes through when dying, as a palliative specialist, those are the easiest things to control," Potter said, who is a board-certified nurse practitioner in adult medicine and palliative care and teaches the palliative care program at Madonna University. People who have asked her about assisted suicide "really didn't want to do it. They just wanted to know those symptoms could be controlled, " she said.

Palliative care focuses on easing pain and discomfort from a serious illness. Hospice also eases pain and symptoms and addresses the emotional and spiritual needs of a person at the end of life. Both palliative and hospice services are underused, said Dr. Jeanne Lewandowski, a hospice and palliative care provider in Michigan who specifically works in pediatric hospice care.

"We have really grown hospice and other support services in Michigan," she said. "Palliative care is a resolution to the suffering that people worry about having, or anticipate having, or are having … many of these things can be resolved."

The idea that assisted suicide is a path to a peaceful death on a person's own terms is misleading. Dr. Lewandowski said the prescription for lethal drugs amounts to roughly 100 pills consisting of various types of drugs, which must be crushed and combined into a liquid to consume in a short amount of time. If the drugs are self-administered, there's plenty of potential for error—which could lead to a prolonged death.

"It's often botched and not effective," Dr. Lewandowski said.

Standing opposed to assisted suicide does not mean having to prolong a person's life unnecessarily with medical procedures that are burdensome, dangerous, or disproportionate to the expected outcome. But respecting the life God has given each of us—through natural death—does not mean depriving the ordinary care owed to a sick person, either.

Even when death is imminent, allowing life to run its natural course is important for the dying person. Bussey said it is a time of "intense reconciliation."

"They are reconciling with themselves and what their life meant, they're reconciling with other people, they're reconciling with God," she said.

Potter said the dying process is important for the people surrounding the bedside too.

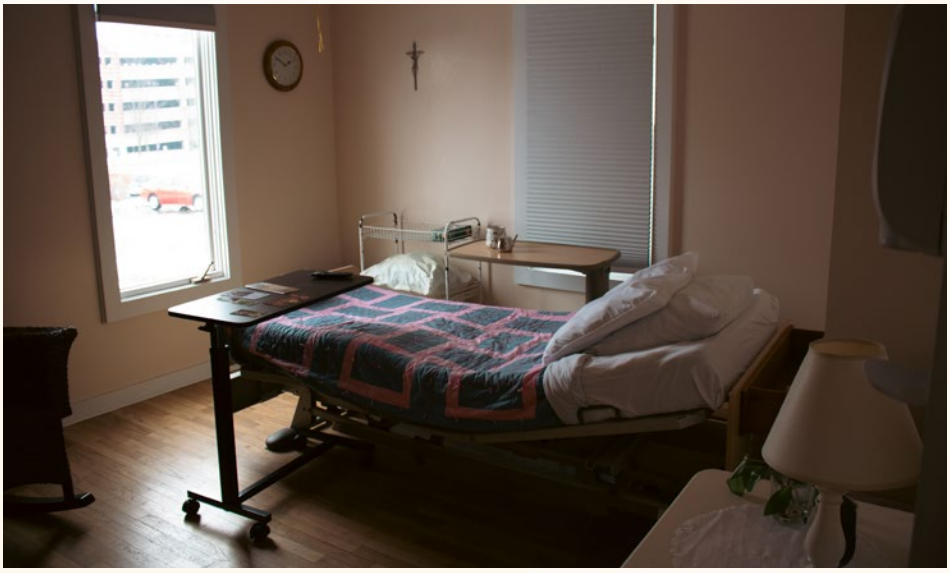
"Most people don't think they'd want to be in it, but the majority of the time it ends up being the most impactful moments of their life, to be at the bedside of a dying person," she said.

While assisted suicide advocates have attempted to co-opt the concept of dignity, the true understanding of dignity is not defined by a person's circumstances but rather is inherent in a person's humanity. Bussey said every guest of Mother Teresa House has dignity, regardless of what he or she is going through.

"It's just recognizing the dignity that's there," she said. "We don't have to give them any dignity; they have it—to honor it, to go the distance, to go with them to those moments, including suffering."

Accompanying the dying in their final days is not always the easy path, but it is what true compassion looks like. Assisted suicide, on the other hand, eliminates the person: the person who needs care, or just needs someone by their bedside—perhaps to read the Psalms.

"That's what gives any meaning to life, to be there for the other person, as opposed to offering to cut off, and not be there with them," Bussey said. "That's a big contrast."



"Most people don't think they'd want to be in it, but the majority of the time it ends up being the most impactful moments of their life, to be at the bedside of a dying person."

—Marianne Potter, a board-certified nurse practitioner in adult medicine and palliative care who teaches the palliative care program at Madonna University

In states and countries that have legalized assisted suicide...

…Patients who are not dying have been prescribed lethal drugs. Assisted suicide laws often require a patient have a "terminal disease" to receive lethal drugs. Yet the term "terminal" could broadly apply to a patient who refuses treatment (such as a patient with anorexia) and thus become "terminal" and eligible for lethal drugs.

In Colorado, at least two patients in their early 30s with anorexia received lethal assisted suicide drugs.† In Oregon, at least one patient with anorexia received the drugs.†

…Insurance companies have favored cheap life-ending drugs over continued care. With the option for assisted suicide, profit-driven health insurance companies will be given the opportunity to cut costs by denying payment for ongoing expensive treatments while approving payment for cheaper assisted suicide deaths.

There are multiple instances of this happening to patients in California and Oregon. One doctor who had patients in both states said they were denied coverage for life-saving treatment and instead offered lethal drugs, even though the patients had not requested them.†

…People suffering from mental illness are offered death rather than care and treatment. Those suffering from depression or similar conditions and request assisted suicide are not required to be evaluated, treated, or provided counseling. Just 3% of the more than 2,000 patients who have died by assisted suicide in Oregon since its legalization were referred for psychiatric evaluation.† This is despite a 2006 study conducted in Oregon that found that 25% of patients who requested assisted suicide were clinically depressed. Several of those patients received the lethal drugs anyway.†

…Questionable practices and misuse have occurred. Proponents of assisted suicide claim there has been no misuse of assisted suicide. Yet there is no shortage of documented instances of coercion, including a

relative who appeared to engage in doctor-shopping to get approval for the death of her mother.† In another situation, a man with Lou Gehrig's disease who died by assisted suicide was first convinced to entrust his estate and home to a woman, who immediately sold the home and transferred tens of thousands of dollars from the sale into her account after his death.†

Assisted suicide laws often permit people who could benefit financially from a patient's death to be one of the required witnesses to the request for lethal drugs. Assisted suicide laws also generally do not require a doctor-patient relationship for a physician to write a prescription for lethal drugs.

…Safeguards implemented for assisted suicide are later called barriers and overturned. States that have legalized assisted suicide have later expanded the practice by removing regulations that were initially described as "safeguards." For instance, California and Oregon reduced waiting periods, and New Mexico now allows nurse practitioners and physician assistants to prescribe lethal drugs.

…People in need of help and care are instead approved to end their lives. In Canada, where assisted suicide is legal across the country, one veteran was told he was eligible for assisted suicide after he asked the government for assistance for his PTSD.† Another veteran and former Paralympian was offered assisted suicide after requesting assistance to have a wheelchair ramp installed at her home.†

There are numerous stories of Canadians who chose assisted suicide after they didn't receive assistance, including one woman who could not find housing compatible with her environmental allergies,† and another woman who did not find adequate treatment for her rare and painful condition.† ■

†For a complete list of citations and to read and share a digital version of this publication, visit **micatholic.org/AssistedSuicide**

Assisted Suicide Expansion Beyond the Terminally Ill

Assisted suicide is often portrayed as an option for the terminally ill to end their lives—and only those who are terminally ill.

But in the places where it has been legalized, **assisted suicide rarely remains exclusively for the terminally ill—governments are allowing people who are not dying to become eligible for assisted suicide.**

The extension of death by assisted suicide in Canada is cause for grave concern. Assisted suicide started in Quebec in 2014 for people dying at the end of life. A year later, the country's top court decriminalized the practice nationwide and allowed eligibility for those with a "grievous and irremediable medical condition."

Assisted suicide was then legalized nationwide by the Canadian Parliament a year later, allowing it for those whose death is "reasonably foreseeable." In 2021, Canada again allowed its expansion, this time to people whose death is not "reasonably foreseeable." A plan to expand eligibility to people with mental illness in early 2024 has been delayed until 2027.

Expansion of eligibility also occurred in The Netherlands, which legalized assisted suicide in 2002. Early on, it was "almost exclusively available to mentally competent and terminally ill adults," wrote Dr. Theo Boer, a professor of health care ethics and member of the Dutch Health Council, in an article in the French publication *Le Monde*.

Yet since then it has extended to "the chronically ill, the disabled, people with psychiatric problems, non-autonomous adults with living wills and young children." He added the country is now considering an extension to elderly people without existing medical conditions.

Having witnessed the country engage in thousands of assisted suicide deaths, Dr. Boer has become critical of the law and has been warning other European countries considering similar measures.

"I once believed it was possible to regulate and restrict killing to terminally ill mentally competent adults with less than six months," he said in written testimony to a United Kingdom Parliament committee in 2023. "Moreover, by taking this bold step I believed we could regulate suicide and death in this way that would curtail those all too familiar cases where someone ends their own life. I was wrong."

Closer to home, assisted suicide drugs have been approved for people in Oregon and Colorado who were not dying. In Oregon, metabolic disease (such as diabetes) has been listed in government reports as a reason for approving lethal drugs. State law in either of those places did not change, but people with treatable conditions were still approved for lethal drugs.

Trends in American states and foreign countries indicate that expansion of eligibility beyond a terminally illness almost always follows legalization of assisted suicide.

Assisted Suicide Laws and Their Danger to People with Disabilities

"Assisted suicide laws contain provisions intended to safeguard patients from problems or abuse. **However, research for this report showed that these provisions are ineffective, and often fail to protect patients in a variety of ways,** including:

- Insurers have denied expensive, life sustaining medical treatment but offered to subsidize lethal drugs, potentially leading patients toward hastening their own deaths.
- Misdiagnoses of terminal disease can also cause frightened patients to hasten their deaths.
- People with the disability of depression are subject to harm where assisted suicide is legal."

—National Council on Disability, 2019

The National Council on Disability is an independent federal agency making recommendations to the President and Congress to enhance the quality of life for all Americans with disabilities and their families.

focus is published by Michigan Catholic Conference, **510 South Capitol Avenue, Lansing, Michigan 48933**. Find us on Facebook, X, Instagram, and at **micatholic.org**. For additional, free copies of this issue, please call **(800) 395-5565** or email **kmay@micatholic.org**.