Making Sense of Bioethics
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Father Tad Pacholczyk
Director of Education
The National Catholic Bioethics Center

Euthanasia – Broken Memories, Broken Bonds

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Most people fear the process of dying, which involves radical dependency, a sense of powerlessness, and sometimes significant pain as well. Pain management is a serious, if not central obligation for health care professionals and for all who care for the dying. Although we may never choose directly to cause death by using high doses of pain medication, such medicines may be given to dying persons, even if the successively higher doses required for effective pain remediation may indirectly end up shortening their life. Good hospice or palliative care diligently seeks to provide effective, but not excessive, pain medication.

Some individuals, however, when faced with the prospect of pain and disease at the end of life, even while in possession of their faculties, will pursue active euthanasia rather than hospice or palliative care. During the summer of 2009, Sir Edward Downes, regarded as the pre-eminent British conductor of Verdi, and his wife, Joan, made the decision to travel to the Dignitas assisted suicide clinic in Zurich to end their lives. Joan had been diagnosed with terminal cancer; Sir Edward, age 85, had no terminal condition, but found himself dealing with failing eyesight and increasing deafness. At the Dignitas clinic they were able to lie down on a bed in an industrial park building and drink a lethal dose of barbiturates. Switzerland permits foreigners to come and kill themselves, placing few restrictions on the process. Doctors stand ready to provide a veterinary drug for patients, so that several minutes after drinking a glass of water laced with sodium pentobarbital, they become unconscious, with death following in less than an hour.

Requests by patients for euthanasia, or physician-assisted suicide, are often a way of signalling other fears and concerns of the patient. As two hospice physicians, Dr. Teno and Dr. Lynn, have observed:

> "New patients to hospice often state they want to 'get it over with.' At face value this may seem a request for active euthanasia. However, these requests are often an expression of the patient's concerns regarding pain, suffering, and isolation, and their fears about whether their dying will be prolonged by technology. Furthermore, these requests may be attempts by the patient to see if anyone really cares

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whether he or she lives. Meeting such a request with ready acceptance could be disastrous for the patient who interprets the response as confirmation of his or her worthlessness."

Those who are frail or elderly may fear "being a burden" to others, and a request for euthanasia may be connected to a concern about "imposing" upon family or friends. In the final analysis, of course, each of us has the right to be a burden to others. As infants, children and (especially) as adolescents, most of us were likely "burdens" to our parents, yet that burdensomeness is nothing more than a part of what it means to belong to a family. We face the very real challenge of reassuring and helping the infirm to feel free to be a burden to us who love and care for them.

Whenever individuals commit suicide, they cut across that grain of familial support and unity. The one who takes his own life may suppose that no one will be particularly harmed or affected apart from himself. Yet the opposite typically occurs. Even when the suicide is linked to mental illness, as is often the case, relatives and family members may still be acutely aware of a kind of violation or betrayal behind the loss of their loved one.

Whenever voluntary euthanasia touches a family, the same sense of violation frequently occurs. Certain family members not "in on it" may blame themselves for not "seeing it coming" while others struggle to rationalize the occurrence, putting it into the best light they can: "Mom took the matter into her own hands and decided that she was going to call the shots," or "Her friends helped walk her down that long, long road and made it easier for her to say goodbye on her own terms."

In the final analysis, though, euthanasia and assisted suicide are little more than ways of short-circuiting our human interrelatedness and interconnectedness, acts of violence on a basic level that cause great harm and disruption. Such choices cast a long shadow over the life that was ended. To end our lives well, on the other hand, is to be open to receiving loving assistance from others, and to accept the measure of suffering that may come our way, thereby humanizing, rather than demonizing, the frailities of sickness and aging. By reaching out to one another at the end of life, in our moments of fear, loneliness and suffering, we elevate this important journey that each of us must make, with death coming in God's providential time as a completion of His work in us.

Rev. Tadeusz Pacholczyk, Ph.D. earned his doctorate in neuroscience from Yale and did post-doctoral work at Harvard. He is a priest of the diocese of Fall River, MA, and serves as the Director of Education at The National Catholic Bioethics Center in Philadelphia. Father Tad writes a monthly column on timely life issues. From stem cell research to organ donation, abortion to euthanasia, he offers a clear and compelling analysis of modern bioethical questions, addressing issues we may confront at one time or another in our daily living. His column, entitled "Making Sense of Bioethics" is nationally syndicated in the U.S. to numerous diocesan newspapers, and has been reprinted by newspapers in England, Canada, Poland and Australia.