



***The Armor of Faith***  
**Topic Summary: Culture of Life**  
***Part VIII: Physician Assisted Suicide***



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**Introduction**

[Greeting:] → Welcome to “The Armor of Faith,” a show where we hope to bring our listeners closer to the Word of God and the blessings we receive through living in the fullness of the Catholic faith. My name is Doug and I will be your host as we discuss the blessings of the Church Christ built upon Peter.

I am joined today by my panel: [names]

Sister Sara Draney is a Dominican Nun from the Monastery of the Infant Jesus in Lufkin, Texas. Helen is a lay-Dominican and has a love for music ministry. The Dominicans, I should mention, are also known as the Order of Preachers. Sharon is still our token cradle Catholic, and, as everyone knows by now, I am simply here to ask questions because when there is someone who asks a question, it increases the chances someone will respond with an answer. To prove this point is why we have our panelists, so welcome to our panelists as well as to our listeners.

We are also joined today with special guest panelists, Matt Niedzielski and Connie Pratt.

Matt, is president of Pikes Peak Citizens for Life. Matt has been involved in pro-life ministries for thirty years including pro-life advertising, sidewalk ministry, pro-life presentations and booths at various events, testifying on life-relevant bills at the Colorado state capitol, and working to integrate the efforts of multiple pro-life organizations. To learn more about the Pikes Peak Citizens for Life, you can visit: <https://www.ppcitizensforlife.org/>

Connie, has made a number of presentations on the topic of physician assisted suicide and is a past president of Colorado Springs Right to Life as well as Colorado Citizens for Life.

Matt and Connie, we are very happy to have you with us today.

Let us open with a prayer:

In the name of the Father, the Son and the Holy Spirit.

Heavenly Father, we lift up our hearts in thanks and praise for this opportunity to open and share your Holy Word this day. We pray that You are with us and all our listeners as we share with one another the blessings of faith. We pray You will grant us wisdom and understanding as we seek to learn Your Holy Truth.

In the name of the Father, the Son and the Holy Spirit we pray. Amen.

### **Discussion:**

Before we begin today, we would like to give a special shout out to the parishioners of Sacred Heart Catholic Church in Paonia, Colorado. Sharon and I had the pleasure of celebrating Mass with them on Memorial Day. Afterwards, we were invited to join in fellowship and had a wonderful impromptu discussion concerning the importance of learning the fullness of our faith.

Of course, Father Wojciech had the most important question for us during the course of our discussion, which was, “And how will you share your faith with your family and friends?” Of course, the answer is slightly different for each of us according to the gifts, talents, and responsibilities God has given each child of His creation, as well as the opportunities to which the Holy Spirit guides us. Our actions are our most important means by which we share our faith, but we must also prepare ourselves to be able to answer the questions of those who cross our path. If we prepare ourselves through study, learning, and practice, then, we shall be prepared to explain the blessings we may live as we put into action what we are taught through Christ.

As we prepare ourselves to share the blessings of our faith, let us also keep in mind to what we are called in 1 Peter 3:15-16, where we are advised:

(1 Peter 3:15B-16)

*Always be ready to give an explanation to anyone who asks you for a reason for your hope, but do it with gentleness and reverence, keeping your conscience clear, so that, when you are maligned, those who defame your good conduct in Christ may themselves be put to shame.*

Sharon and I would like to express our thanks to Sacred Heart for the hospitality they extended to us and the opportunity to share in the blessings of faith.

Last time, we discussed a range of counseling available through pregnancy resource centers. As we discussed, one of the criticisms directed at those who believe in the sanctity of life is that we are not really pro-life, we are just pro-birth. We simply want the child to be born, then, we wash our hands of the situation. That would be sad if it were true, but as we discussed, there is help and assistance for parents beyond the day of birth.

This help is available in a variety of ways, but mothers and fathers are often unaware of the support available to them. Perhaps one of the most important services which Pregnancy

Resource Centers provide information through which parents can navigate the road from pregnancy to caring for their child after birth.

We often refer to children as bundles of joy, but we also know they can be bundles of challenges. As I pointed out last time, I know this as a result of my own experience of being both a child and a parent. The thought of all the challenges ahead can be quite overwhelming and the stress can impact our emotions and the quality of our decision making.

Pregnancy counselors and Parental Support Counselors can help parents to navigate the stress and emotions of the unknowns before them as well as enable them to take on the challenging role of parent. It goes without saying, that for any parent, there will be times of hard work, there will be times of great stress, but there will also be times of great joy and love. Let us all remember in our prayers the child, the parents, the extended family as well as those who stand ready to help parents to raise and help prepare the future of our society.

Today, we move to a different end of the spectrum of death. Of course, those who believe in the sanctity of life believe life is sacred from conception until natural death. Essentially, what we are saying is that once life is conceived, it should not be intentionally taken by human hand unless there is no other option for the greater good of life, for once life is taken, human hand is powerless to restore it.

Within the spectrum of concern of what I call, “death solutions,” is something called physician assisted suicide. Laws legalizing this are also known as “medical aide in dying,” “death with dignity,” or “end of life options,” legislation.

**(Question 1:** In most countries, euthanasia is illegal. So, to help us frame the issue, Matt or Connie, can you tell us what is physician assisted suicide and how is this different from euthanasia?)

- Some say there is a difference, but others view it as simply a form
- The main difference is viewed through who administers the lethal dose

**(Question 2:** During the mid-term elections of 2018, Colorado joined the states of Oregon, Washington, Vermont, Montana, and California with the legalization of physician assisted suicide. So, what does the current law in Colorado allow?)

- Allows adult residents of the state to request lethal medication from their doctor
- Requires the requesting person must be diagnosed with a terminal illness with a prognosis of six months or less
- Requires the eligible person is determined by the attending physician as mentally competent
- Requires the request is made voluntarily
- Requires two oral requests must be made with at least 15 days between the two requests and a written request to the attending physician
- Requires the request is witnessed by two individuals attesting that:
  - ➔ The individual is mentally capable

- ➔ The individual is acting voluntarily
- ➔ The individual is not being coerced
- Of the two individuals, at least one must not be:
  - ➔ Related to the individual by blood, marriage, civil union, or adoption
  - ➔ An individual who, at the time of the request, is entitled under will or operations of law, to any portion of the individual's estate
  - ➔ And is not an owner, operator, or employee of a health care facility where the individual is receiving medical treatment or is a resident

<https://www.sos.state.co.us/pubs/elections/Initiatives/titleBoard/filings/2015-2016/145Final.pdf>

**(Question 3:** As with any policy, there are agendas and beliefs. Who are the proponents of such laws and what is the justification given by those who promote physician assisted suicide?)

***Proponents:***

- Those who believe physician assisted suicide is compassionate
- Those who fear living a diminished quality of life
- The political lines are not clear as both Progressives and Conservatives make cases against, but the majority of the population appears in favor (Brenan)
- The Democrat party is for, “but only after a psychological examination to show they fully understand this choice” (IStandWith)
- The Republican party is against, but believes artificial life support can be refused (IStandWith)

***Justifications:***

- Our life, our choice
- Compassionate relief of suffering
- Death with dignity on the terms of the suffering
- Reduces healthcare costs
- Allows medical staff to focus on those with more hope
- Reduces family anguish and burdens
- Without physician assistance, person may still seek suicide in more painful or harmful ways

**(Question 4:** When we consider death solutions, it is because someone perceives a benefit from the solution. Who benefits from physician assisted suicide?)

- The suffering person – (but is loss of life a benefit?)
- Those who witness the suffering or diminished quality of life – (it's over)
- Insurance companies – cheaper to terminate than treat
- Those relieved of financial burdens of continuing care
- Those who benefit financially from the estate or other means

According to one study, “it appears that the wish to die is partly rooted in feelings of societal exclusion and marginalization. The accounts are full of experiences of loneliness, the lack of reciprocity, and the sense of not mattering and of being ignored.” (Van Wijngaarden)

The “Oregon Death With Dignity Act 2018 Data Summary,” stated, “As in previous years, the three most frequently reported end-of-life concerns were loss of autonomy (91.7%), decreasing ability to participate in activities that made life enjoyable (90.5%), and loss of dignity (66.7%).”

In other words, suicide is seen as an answer to emotional pain and/or fear of the loss of independence and personal dignity as much as it may be to fear of physical pain. While we all should agree these are problems we must address for the afflicted, the question is not the problem as much as solution options. Are there no other solutions to enable the quality of life and manage emotional and physical pain other than death?

**(Question 5:** While proponents present mostly a view that Physician Assisted Suicide is the solution to end pain and suffering, we see evidence that pain is not the primary issue as much as perceptions of quality of life. One concern is that such fears may be irrational or manipulated. What are the ethical dilemmas and potential for abuse generated by medical aide with dying laws?)

- Physician manipulation – will insurance companies manipulate their decisions?
- While psychological competency is cited for a condition of eligibility, the emotions of the vulnerable can be manipulated even when they appear rational (when emotions are high, the quality of decision making suffers)
- Elder abuse – manipulated into choice – duty to die
- Financial abuse – cheaper to die than treat
- Opens door to involuntary euthanasia

**(Question 6:** The legislation in the United States started in Oregon. That largely produced the model which has spread to other states. What states have physician assisted suicide laws in place and which have pending legislation?)

- California (End of Life Option Act; approved in 2015, in effect from 2016)
- Colorado (End of Life Options Act; 2016)
- District of Columbia (D.C. Death with Dignity Act; 2016/2017)
- Hawaii (Our Care, Our Choice Act; 2018/2019)
- New Jersey (Aid in Dying for the Terminally Ill Act; 2019)
- Oregon (Oregon Death with Dignity Act; 1994/1997)
- Vermont (Patient Choice and Control at the End of Life Act; 2013)
- Washington (Washington Death with Dignity Act; 2008)
- Montana does not have legislation, but the state Supreme Court ruled there is nothing in the law which prohibits physicians from responding to a patient's request for medication to hasten death

- 20 states working physician assisted suicide legislation as of May 2019
  - ➔ Arizona
  - ➔ Arkansas
  - ➔ Connecticut
  - ➔ Delaware
  - ➔ Indiana
  - ➔ Iowa
  - ➔ Kansas
  - ➔ Maine
  - ➔ Maryland
  - ➔ Massachusetts
  - ➔ Michigan
  - ➔ Minnesota
  - ➔ Nevada
  - ➔ New Mexico
  - ➔ New York
  - ➔ North Carolina
  - ➔ Pennsylvania
  - ➔ Rhode Island
  - ➔ Utah
  - ➔ Virginia

**(Question 7:** As we view the spectrum of life, physician assisted suicide is the current line of debate. As legislation is pushed in more states, the issue is also being reported as socially acceptable with a 2018 Gallup Poll reporting that, “72% say doctors should be able to help terminally ill patients die.” (Brenan) What is the likely next step for those promoting euthanasia related laws? As it is allowed, will the debate end there or will doors be opened to involuntary forms?)

- Guardian or physician approved euthanasia of the incapacitated, for example those who suffer from Alzheimer's or dementia, or who may be in a coma
- Government rationing of healthcare by age or affliction
- Government or politically imposed eugenics

**(Question 8:** Of course, if no one stands to support life, the political winds will continue to grow the culture of death. How can those who support the Culture of Life engage on this issue to help defend life?)

- Learn about the issues and the organizations behind the issues
- Enable yourself to encourage friends and family to support life (1 Peter 3:15-16)
- Contribute to pro-life organizations such as Pikes Peak Citizens for Life
- Volunteer with pro-life organizations such as Pikes Peak Citizens for Life
- Attend and support pro-life events and fundraisers
- Write your representatives and ask them to support life
- Vote for life

**(Question 9:** As we mentioned earlier, legislation is pending in 20 states, but it is likely to spread even further. How can our listeners remain abreast of the status of physician assisted suicide and other euthanasia related legislation?)

- Enter key-words related to life issues in search engines  
(use more than one search engine as they produce different results)
  - ➔ Right to life legislation
  - ➔ Medical aide in dying legislation
  - ➔ Physician assisted suicide legislation
  - ➔ Death with dignity acts
  - ➔ End of life options acts
- Preface key words with your state name
- Sign-up for right to life newsletters locally and nationally
- Check with life ministries in your parish

### Quotes:

– *Saint John Paul II*

As believers, how can we fail to see that abortion, euthanasia and assisted suicide are a terrible rejection of God's gift of life and love? And as believers, how can we fail to feel the duty to surround the sick and those in distress with the warmth of our affection and the support that will help them always to embrace life?

– *Saint John Paul II*

Laws which legitimize the direct killing of innocent human beings through abortion or euthanasia are in complete opposition to the inviolable right to life proper to every individual; they thus deny the equality of everyone before the law.

### Final Thoughts:

As we mentioned during our discussion, the political lines concerning physician assisted suicide are not drawn in the same fashion as we have seen with abortion. The forces for euthanasia are not as clear and identifiable as the forces advocating for abortion, but all the more reason for us to be wary as the push continues in more and more countries and states. Something we once thought was unthinkable is now considered politically acceptable.

As we also discussed, while the compassion argument is frequently the foundation for the proponents of physician assisted suicide, what we discover when we look at the main reasons expressed by those who pursue the option is fear of a diminished quality of life. The debate does not appear to be about alternatives, rather, society is being manipulated to apply a death solution without clear examination of the life options available to enable quality of life as well as manage the pain of affliction and illness.

We might be tempted to look at this as an issue as something distant to us, as today, it does not rest at our doorstep. Without warning, it can rear its head in ways we never expected. We must

also remember, the battle concerning what is right and just is fought across the generations. As one generation becomes numb to what is right and just it leaves the next vulnerable to the ravages of injustice. As the line moves, those who preached in years past that the elderly have a duty to die could be extended to any one of us as the right to life is diminished.

**Wrap Up:** Well, our time has come to an end. We hope you will be able to join us next week as we discuss how we may respond to the call to defend life.

Let us conclude with a prayer: Heavenly Father, we thank you for this opportunity to open and discuss Your Holy Word. We pray that as we go our separate ways, You will continue to walk with us and help us to see how we may put on the armor of **truth, righteousness, peace, faith, salvation**, and the **Word** of the gospel not only for the benefit of our lives, but also the lives of all who cross our path. In the name of the Father, the Son and the Holy Spirit, we pray. Amen.

Thank you all and God bless.

**Next Session:** Culture of Life – Part IX: Call to Action

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