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LEGISLATIVE TESTIMONY

To: Members of the Joint Committee on Judiciary
From: James F. Driscoll, Esq., Executive Director
Re: House 2233 “An Act Relative to Death with Dignity.”
House 3884 “An Act Relative to Death with Dignity”
Date: March 6, 2012

The Massachusetts Catholic Conference (“Conference”) respectfully submits this testimony in opposition to House Bill 2233 and House Bill 3884 (Initiative Petition 11-12), “An Act Relative to Death with Dignity.” House Bill 2233 and House Bill 3884 (Initiative Petition 11-12) would add to the Massachusetts General Laws new language authorizing physicians to provide lethal dosages of medication at the request of patients with terminal conditions seeking assistance in committing suicide.

Current Law in the Commonwealth

Assisting suicide currently exists as a common law crime in Massachusetts.¹ Current law also treats all persons as possessing lives worthy of protection against harmful intervention, regardless of their condition or proximity to death and notwithstanding the good intentions of those providing the means of death.

Catholic Teaching on End-of-Life Care

The Church teaches us that “to live in a manner worthy of our human dignity, and to spend our final days on this earth in peace and comfort, surrounded by loved ones – that is the hope of each of us. In particular, Christian hope sees these final days as a time to prepare for our eternal destiny.”² The Church also teaches that life itself is a gift from God. Life is to be nurtured and cherished until *natural* death. Not self-administered death. Not assisted death.

By deeming assistance in the suicides of a class of vulnerable persons to be legally permissible, the proposed legislation and Initiative Petition contradict a fundamental guarantee of inalienable rights, the first of which is the right to life. The legislation also would exempt physicians from the duty to do no harm, encouraging the violation of the

¹ *Commonwealth v. Mink*, 123 Mass. 422 (1877).

² *Id.*, at 1.

Hippocratic Oath, which states “I will not give a lethal drug to anyone even if I am asked, nor will I advise such a plan.”

While the Catholic Church recognizes that “the specter of extreme pain and agony haunts many persons,” we also must note that “there are many means of palliative care available which will reduce the pain in a licit manner.”³ As the bishops have said, “effective palliative care also allows patients to devote their attention to the unfinished business of their lives, to arrive at a sense of peace with God, with loved ones, and with themselves. No one should dismiss this time as meaningless.”⁴ Legalizing physician-assisted suicide “does not offer a legitimate solution” and instead “confuses the issues and renders them more problematic.”⁵ Modern medicine offers many alternatives to allow any patient, no matter their level of pain or suffering, to be comforted in the last moments of their lives.

Because of this, suffering, loss of autonomy, and pain are not to be feared. Furthermore, “respect for life does not demand that we attempt to prolong life by using medical treatments that are ineffective or unduly burdensome. Nor does it mean we should deprive suffering patients of needed pain medications out of a misplaced or exaggerated fear that they might have the side effect of shortening life.”⁶

House Bill 2233 and House Bill 3884 (Initiative Petition 11-12) would turn the Commonwealth in the wrong direction by making the law indifferent to whether persons with terminal conditions decide to commit suicide, thus stigmatizing the entire class as not worthy of the state’s, or their loved-ones’, full protection and care.

It must never be forgotten that all suicide is a tragedy and we are called to comfort the sick, not to help them end their lives. As Cardinal O’Malley said recently, “When we grow old or sick and we are tempted to lose heart, we should be surrounded by people who ask ‘How can I help you?’ We deserve to grow old in a society that views our cares and needs with a compassion grounded in respect, offering genuine support in our final days.”⁷

³ Massachusetts Catholic Bishops’ Statement to the Joint Legislative Judiciary Committee (April 6, 1995), available at <http://www.macatholic.org/sites/macatholic.org/files/assets/Archives1995BishopsStatementPASApril06.pdf>.

⁴ *To Live Each Day with Dignity, A Statement on Physician-Assisted Suicide*, United States Conference of Catholic Bishops, June 16, 2011, available at <http://www.usccb.org/issues-and-action/human-life-and-dignity/assisted-suicide/to-live-each-day/upload/bishops-statement-physician-assisted-suicide-to-live-each-day.pdf>, at 3.

⁵ *Id.* at 2.

⁶ *Id.*

⁷ “Suicide is always a tragedy. A vote for assisted suicide would be a vote for suicide.” *The Boston Pilot*, February 10, 2012. Available at <http://thebostonpilot.com/articleprint.asp?ID=14301>

The Role of Depression and Suicide

It has been documented that ninety percent of people that die of suicide have a diagnosable and treatable mental disorder at the time of death.⁸ Further, two-thirds of people who die from suicide suffer from a depressive illness.⁹ With these alarming statistics in mind, it is troubling that the proposed legislation has no provision that allows for a patient seeking a lethal dosage of medication to be examined by a psychiatric professional.¹⁰ It is entirely feasible, upon a diagnosis of a terminal illness with a limited life expectancy, that a patient suffering from depression could choose to request a lethal dose without completely thinking through their options or speaking with a mental health professional, regardless of the accuracy of the attending physician's diagnosis. As the United States Conference of Catholic Bishops have said, "people who request death are vulnerable. They need care and protection. To offer them lethal drugs is a victory not for freedom but for the worst form of neglect. Such abandonment is especially irresponsible when society is increasingly aware of elder abuse and other forms of mistreatment and exploitation of vulnerable persons."¹¹

Conclusion

The Initiative Petition fails to achieve its central objectives: choice, compassion, and dignity. Terminally ill, dying patients do not need to make the choice that ends all choices. Terminally ill, dying patients do not need the so-called compassion that supports the patient in the false idea that he or she is better off dead, or supports the theory that ingesting a lethal dose of a drug is somehow therapeutic. Rather, what they need is life-affirming care for the life that is left to them, care that supports them physically, emotionally, and spiritually. The teaching of the Church is clear in respect to what constitutes a fundamentally just society: "The choices we make together now will decide whether this is the kind of caring society we will leave to future generations. We can help build a world in which love is stronger than death."¹²

In view of the foregoing concerns, the Massachusetts Catholic Conference urges the Committee to give House Bill 2233 and House Bill 3884 (Initiative Petition 11-12) an unfavorable report recommending that the bills ought not to pass.

The Massachusetts Catholic Conference is the public policy office of the Roman Catholic Bishops in the Commonwealth, representing the Archdiocese of Boston and the Dioceses of Fall River, Springfield, and Worcester.

⁸ American Foundation for Suicide Prevention, Facts and Figures, available at http://www.afsp.org/index.cfm?fuseaction=home.viewPage&page_id=050CDCA2-C158-FBAC-16ACCE9DC8B7026C

⁹ *Id.*

¹⁰ House 2233, Initiative Petition 3384 at 6.

¹¹ *To Live Each Day with Dignity, A Statement on Physician-Assisted Suicide*, United States Conference of Catholic Bishops, June 16, 2011, available at <http://www.usccb.org/issues-and-action/human-life-and-dignity/assisted-suicide/to-live-each-day/upload/bishops-statement-physician-assisted-suicide-to-live-each-day.pdf>

¹² *Id.* at 6.