



# OUR SOCIAL MISSION

BY CARITAS SINGAPORE COMMUNITY COUNCIL



## Please, doctor, help me die now

**W**HEN Michael Freeland was diagnosed with lung cancer and knew the end was near, he did not want to live. The American was a resident of Oregon state, which allows physician-assisted suicide (PAS) if a terminally-ill patient has less than six months to live. This is a process in which a doctor helps the terminally ill patient to commit suicide by giving him a deadly drug to consume. The year was 2000, and Mr Freeland opted for PAS.

Then, by chance, he came across Physicians for Compassionate Care, a non-profit organisation dedicated to improving the care and easing the symptoms of dying patients without resorting to suicide. It helped Mr Freeland deal with his depression, and helped him reconcile with his estranged daughter. He eventually died naturally and comfortably two years later.

His story, and many others like it, are often cited in opposition to PAS. Yet, strong support remains for PAS as a means to end suffering on the grounds of compassion and individual freedom of choice.

### Please, have compassion

Compassion is a strong argument both for – and against – PAS. Nobody likes to see suffering, especially in those we love.

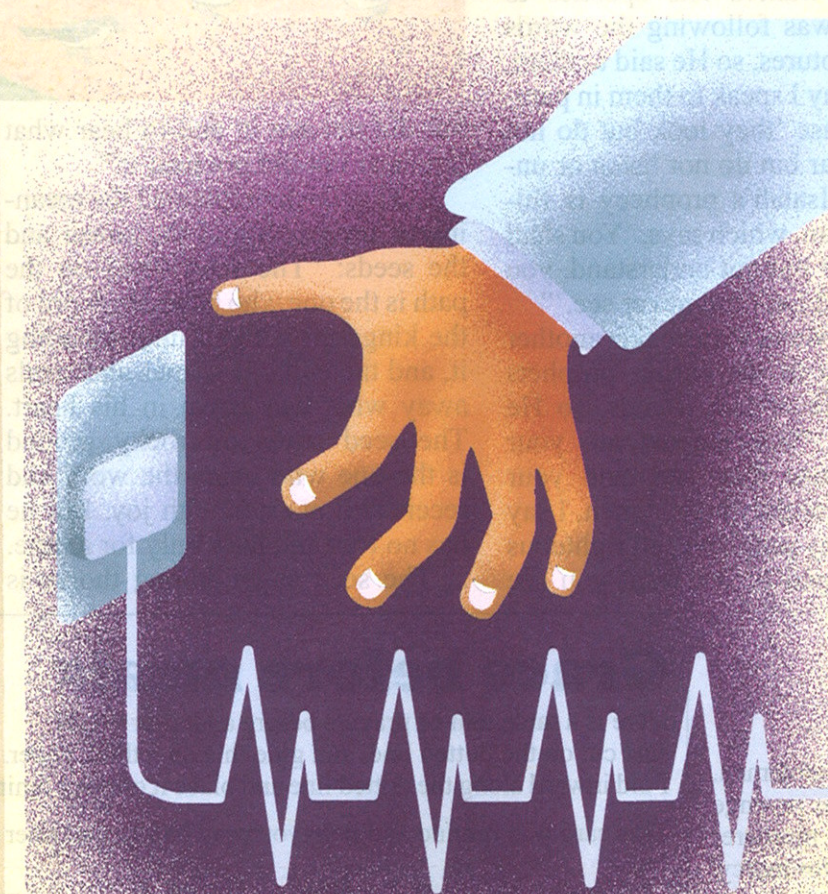
Advocates for PAS argue that the suffering of terminally-ill patients can be unbearable, and helping them to die with dignity is the compassionate response.

But when is pain too much to bear? Our perception of pain is subjective. It varies in accordance to culture, family background and mental fortitude. With today's standards of medical science, the ability to provide pain relief to terminally-ill patients has improved tremendously. More often than not, pain can be kept at manageable levels.

And is it really pain that leads a person to opt for suicide? Recent studies have shown that depression – more than pain – is the primary reason why patients choose PAS.

So, true compassion may be about giving the dying person the strength to face the great unknown and to know that he or she will be remembered in the hearts of those who care for them. Significantly, the word "compassion" means "co-suffering" in Latin. Perhaps what this calls for is a willingness to "suffer with" the dying. Rather than putting him to death, it is about accompanying the person in his dying process.

In the light of true compassion, suicide can be seen for what it really is: an abrupt severing of one's ties of kinship and friendship behind a wall of self-created loneliness. It is a self-absorbed, lonely and cowardly act that serves only to seek fulfilment of a person's own desires without considerations for the pain that others would have to go through.



*In this continuing series on Values by Catholic Medical Guild and Caritas Singapore, we look at the moral dilemma of physician-assisted suicide and its implications on true choice and compassion.*

### Promoting true freedom

Those who promote euthanasia or assisted suicide often emphasise the rights of individuals in a democratic society to freely and autonomously decide what can be done with their own lives as long as they cause no harm to others. As such, freedom is seen more as "freedom to do as one pleases".

However, this was not the meaning of freedom when the concepts of democracy and liberty were first promulgated. Freedom was not separated from the idea of moral good. In other words, freedom meant being "free to do what was right and good".

From this perspective, PAS does not promote true freedom because it is not good. It not only harms the person involved, removing the basic good of life from which all other goods are derived, but it also disrupts the common good or the good of the community, and the relationships that one has.

### The root cause of PAS

One of the ways that palliative care groups such as Physicians for Compassionate Care help the dying is by

addressing the psychological root of those who choose PAS. Many choose PAS because of fear. There is, of course, the fear of dying; but very often there is also the fear of being subjected to the tyranny of medical technology – to be treated as a mere object rather than a person to be cared for and loved. Such fears heighten our desire to be "in control" of our final hours so that we will not be humiliated by prolonged suffering.

Palliative physicians can allay such fears by treating the dying patient with the utmost respect, rather than as a "burden" that should take less of our time in busy hospital settings. As for society as a whole, we, too, can also re-learn the art of dying well, aiding those in their final moments to come to terms with this frightening and terrifying final loss and be reconciled with family and friends, rather than abruptly severing this valuable process.

In conclusion, what the dying need is not assistance to hasten death, but true compassion and the affirmation of affection and love, by those who care for them in the fading days of their lives.

### PAS in a Nutshell

#### What It Is

In physician-assisted suicide (PAS), the physician participates in a deliberate action to end life by providing the necessary means and/or information to do so. The patient performs the final act that ends his or her own life (in contrast to euthanasia where the physician performs the act to end life).

#### The Current Landscape

Studies on healthcare professionals' attitudes towards PAS show that those who support PAS tend to be younger, less religious, and more likely to be male. Those most likely to oppose PAS tend to be older, western educated, Catholic and female. Doctors who identify themselves as palliative care professionals are less willing to support PAS.

PAS is not legally permissible in most countries. Only the Netherlands, Belgium and the state of Oregon in the United States have legalised PAS to varying degrees. In Singapore, PAS is considered helping a person to commit suicide and is a criminal offence.

#### Arguments For PAS

**Freedom of Choice.** Individuals should be allowed to do as they wish as long as there is no harm to others. Each person has the right to decide for himself what is a "good life" and a "good death".

**Compassion.** There is too much physical and psychological suffering for terminally-ill patients. The compassionate response is to allow them to "die a dignified death".

**Practicality.** Suicide and acts of PAS are already happening. Legalising PAS allows patients to obtain the best assistance rather than furtively adopt inadequate or inappropriate methods to end their lives.

#### Arguments Against PAS

**Sanctity of Life.** Assisted suicide is morally wrong; it contradicts strong traditions, both religious and secular, against the taking of human life.

**Medical Ethics.** All doctors take the Hippocratic oath, which states among its promises: "I will not administer poison to anyone where asked" and "Be of benefit, or at least do no harm". Major medical professional associations oppose PAS and are concerned that any relation to PAS will damage the public's image of the medical profession.

**The Slippery Slope of Abuse.** By adopting a clinical approach towards death, the public perception of what it means to be sick, disabled or dying will change. Why assisted death only for the terminal ill? Why not the handicapped, the destitute, the orphaned, the elderly or even those who do not enjoy a "meaningful life"? Those who lack access to care and support may actually be pushed into assisted death. Furthermore, assisted death may even become a cost-containment strategy for burdened family members, healthcare providers and governments.

**Practical Results.** The medical profession is fallible. For example, in 1986, the Dutch Medical Association officially established several stringent criteria for PAS. Yet, five years later, the Rummelink Report found more than 1,000 patients' lives were shortened by doctors without their explicit request or consent (which were against the guidelines). In half the cases, it was the doctors who suggested PAS to their patients.

### What the Church Teaches

**Life is sacrosanct.** "Human life is sacred because from its beginning it involves 'the creative action of God', and it remains forever in a special relationship with the Creator, who is its sole end. God alone is the Lord of life from its beginning until its end: no one can, in any circumstance, claim for himself the right to destroy an innocent human being." (*Evangelium Vitae*, 53 and *Donum Vitae*, 5)

**Suffering is a way of love.** "For God so loved the world that He gave His only Son, that whoever believes in Him should not perish but have eternal life: ... the very word 'gives' ('gave') indicates that this liberation must be achieved by the only-begotten Son through his own suffering. And in this, love is manifested, the infinite love both of that only-begotten Son and of the Father who for this reason 'gives' His Son. This is love for man, love for the 'world': it is salvific love. ... Thus each man, in his suffering, can also become a sharer in the redemptive suffering of Christ." (*Salvificus Doloris*, 14, 19)