

## RESPECT FOR THE DIGNITY OF THE DYING

### Pontifical Academy for Life

1. Since the 1970s, beginning in the most developed countries of the world, there has been a persistent campaign in favour of euthanasia, understood as an act or omission which by its nature and intention terminates the life of the seriously ill or also of malformed newborn babies. The motive usually advanced in these cases is to save the patient from undue, useless suffering. Campaigns and strategies with this in view have been developed and carried out with the support of international pro-euthanasia associations, with public manifestos signed by intellectuals and scientists, with publications in favour of these proposals—some even backed by instructions aimed at teaching the sick and healthy alike the various ways of putting an end to life when it is considered unbearable—with polls to gather the opinions of doctors or well-known public figures favourable to the practice of euthanasia, and, lastly, by introducing bills in parliament, as well as attempts to instigate court rulings that could lead to the effective practice of euthanasia or at least to its exemption from penalization.

2. The recent case of Holland, where already for some years a sort of ruling has existed which allows physicians practising euthanasia at the patient's request to go unpenalized, constitutes a true and proper legalization of *euthanasia on demand*. It has been restricted to cases of serious and irreversible illness accompanied by suffering and on condition that the situation be subject to a medical examination which should naturally be rigorous.

The basis for its justification, which the campaign wants to impose on public opinion, essentially consists of two basic ideas: a) the basic principle of the autonomy of the individual, who is deemed to possess an absolute right to dispose of his own life; b) the more or less explicit conviction of the *intolerability* and *pointlessness* of the pain that can sometimes accompany death.

3. The Church has followed this development with great attention, recognizing it as an expression of the spiritual and moral weakening of the dying person's dignity, and as a "utilitarian" way of meeting the patient's true needs.

She has kept in constant contact with specialists and experts. She upholds the human principles and values that are shared by most of humanity in the light of reason enlightened by faith. She writes documents which have been appreciated by professionals and, for the most part, by public opinion. We would like to recall the *Declaration on Euthanasia* (1980), published 20 years

ago by the Congregation for the Doctrine of the Faith, the document of the Pontifical Council "Cor Unum": *Ethical Questions concerning the seriously ill and the dying* (1981), the Encyclical *Evangelium vitae* (1995) of John Paul II (especially nn. 64-67), the *Charter for Health Care Workers*, published by the Pontifical Council for Pastoral Assistance to Health Care Workers (1994). In their documents, the Magisterium did not just define euthanasia as morally unacceptable, "as *the deliberate killing of an [innocent] human person*" (cf. *Evangelium vitae*, n. 65. The Encyclical's reasoning is explained in n. 57, thus enabling a correct interpretation of the passage of n. 65 cited above), or as a "criminal" offense (cf. Second Vatican Council, *Gaudium et spes*, n. 27). The Magisterium also called for a programme of assistance that would be inspired by the dignity of the person, respect for life and the values of brotherhood and solidarity. It should involve the medical-ethical, spiritual and pastoral areas. It would call people to respond with a concrete witness to the current challenges of a widespread culture of death.

This Pontifical Academy for Life recently dedicated one of its general meetings to this same topic, later publishing the papers and conclusions in the book entitled "*The Dignity of the Dying Person*" (2000).

4. It is worth remembering that the pain of the patients, which it talks about and on which it seeks to base a justification or obligation for euthanasia and/or assisted suicide, today, more than ever before, is "curable" with the proper analgesic and palliative treatment in proportion to the pain. If accompanied by the appropriate human and spiritual assistance, the pain can be alleviated and made tolerable in an atmosphere of psychological and affective support.

A *request for death* on the part of those in grave suffering—as surveys of patients and testimonies of clinicians close to situations of the dying show is almost always the *last expression* of the patient's heartfelt request for greater attention and human closeness as well as suitable treatment, two elements which are sometimes lacking in today's hospitals. The consideration already proposed by the *Charter for Health Care Workers* is consequently truer than ever: "*the sick person who feels surrounded by a loving human and Christian presence does not give way to depression and anguish as would be the case if one were left to suffer and die alone and wanting to be done with life. This is why euthanasia is a defeat for the one who proposes it, decides it and carries it out*" (n. 149).

In this regard, one wonders whether, perhaps, the justification of the intolerability of the patient's pain conceals instead the incapacity of the "healthy" to accompany the dying person through his difficult travail of suffering, to give meaning to human suffering—which can never be entirely eliminated from the experience of human life here on earth—and a sort of

rejection of the very idea of suffering, which is widespread in our consumerist society.

Certain "pro-euthanasia" campaigns mask debates about public expense, which is considered unsustainable and pointless when confronting the long term nature of certain illnesses.

5. It is by declaring pain curable (in the medical sense) and by offering help to the suffering as a commitment to solidarity that one succeeds in asserting true humanism: human pain demands love and supportive sharing, and not the hasty violence of premature death.

Moreover, the so-called principle of autonomy which allows people to take the concept of individual freedom to extremes, pushing it beyond its rational limits, certainly cannot justify the suppression of one's own life or that of another person. Indeed the first premise of personal autonomy is being alive and calls for the responsibility of the person who is free to do good according to the truth. He will realize his personal good (even in a purely rational perspective) only by recognizing that he has received his life as a gift, hence he cannot be its "absolute master". In brief, to suppress life means to destroy the roots of the human person's freedom and autonomy.

Then when society legitimizes the suppression of the individual—regardless of his stage of life or the threat to his health—it denies the purpose and basis of his existence, paving the way for more serious abuses.

Lastly, the legalization of euthanasia introduces a perverse moral reversal in the physician who, on account of his professional identity and its deontological requirements, is always called to support life and to alleviate pain, and never to cause death, "*not even if moved by the anxious insistence of anyone*" (Hippocratic Oath). Such an ethical conviction has remained generally intact down through the centuries, as the Declaration on Euthanasia of the W.H.O. confirms (39th Assembly, Madrid 1987). "*Euthanasia, or the act of deliberately putting an end to a patient's life, either at the request of the patient himself or at the request of his relatives, is immoral. This does not prevent the doctor from respecting the patient's wish to let the natural process of death take its course in the final stage of an illness*".

The condemnation of euthanasia expressed by the Encyclical *Evangelium vitae* since it is a "*grave violation of the law of God, since it is the deliberate and morally unacceptable killing of a human person*" (n. 65), reflects the impact of universal ethical reasoning (it is founded on natural law) and the elementary premise of faith in God the Creator and protector of every human person.

6. The approach to the gravely ill and the dying must therefore be inspired by the respect for the life and the dignity of the person. It should pursue the aim of making proportionate treatment available but without engaging in any form of "overzealous treatment" (cf. CCC, n. 2278). One should accept the patient's wishes when it is a matter of extraordinary or risky therapy which he is not morally obliged to accept. One must always provide ordinary care (including artificial nutrition and hydration), palliative treatment, especially the therapy for pain, in a dialogue with the patient which keeps him informed. At the approach of death, which appears inevitable, "*it is permitted in conscience to take the decision to refuse forms of treatment that would only secure a precarious and burdensome prolongation of life*" (cf. *Declaration on Euthanasia*, part IV) because there is a major ethical difference between "procuring death" and "permitting death": the former attitude rejects and denies life, while the latter accepts its natural conclusion.

7. The forms of home care—today increasingly developed, especially for cancer patients—and the psychological and spiritual support of relatives, professionals and volunteers can and must convey the conviction that every moment of life and every form of suffering can be imbued with love and is precious to humanity and to God. The atmosphere of fraternal solidarity dispels and overcomes the atmosphere of solitude and the temptation to despair. Religious assistance in particular—which is a right and a precious help for each patient and not only in the final stages of his life—if it is accepted, transfigures pain into an act of redemptive love, and death into openness to life in God.

The brief points considered here support the constant teaching of the Church which, as she strives to be faithful to her mandate "to bring up to date" in history God's loving concern for man, especially when he is weak and suffering, continues to proclaim forcefully the *Gospel of life*, certain as she is that it can reverberate and be accepted in the heart of every person of good will: in fact, we are all invited to belong to the "people of life and for life"! (cf. *Evangelium vitae*, n. 101).

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