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False Mercy of Assisted Suicide

by

Archbishop of Louisville

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People of compassion feel for terminally ill persons. They sympathize with pain and suffering experienced by patients and their families. They wish for an acceptable end -- a cure, relief from pain, even death. But compassion does not justify assisted-suicide. The Catholic Church strongly opposes assisted suicide and euthanasia.

In the Roman Catholic tradition, we have developed a comprehensive approach to life issues, including assisted suicide, euthanasia, abortion, capital punishment and social policies that affect the quality of life. This "seamless garment" approach to life issues is based upon some fundamental principles. These are: (1) respect for the dignity of the human person, made in the image and likeness of God; (2) the belief that human life cannot be used as a means to an end, however laudable the end may be; (3) the conviction that we are stewards of creation, responsible for but not in total control of ourselves and our earth, and (4) the belief that death is not the end, but the beginning of new life with Jesus Christ.

Some of those principles are religious in nature, but others are part of the common parlance of a civilized society. The dignity of the person, rejection of absolute control and respect for human life as a basic good are principles that undergird our society. Many of our finer instincts—care for the environment, outreach to the oppressed, rejection of racism—are based upon our sense of stewardship, our belief in the power of community and our respect for human dignity.

So what does the Catholic tradition say to those families facing terminal illness and death?

We reject the position that the compassionate response is to allow people to commit suicide, as well as the position that life must be preserved at any cost.

We do not believe that people have a right to intentionally take their own lives or that of others. Euthanasia and assisted suicide both involve the deliberate and morally unacceptable killing of a human person. In addition, we are concerned about the practical implications of a more permissive approach to both of these issues.

What effect do depression, fear of pain, poverty and loneliness have on people's stated wish to die? In this era of spiraling health care costs and managed care, how much pressure could be brought to bear on ill persons and their families to choose the less costly means of lethal injection? How will assisted suicide affect those people with disabilities, who already have long experience with prejudicial attitudes of attitudes from others? How will assisted suicide affect physicians and their roles as healers?

We believe that there are other solutions to the admittedly difficult issues facing terminally ill patients and their families. Treatment for depression, effective pain relief, the availability of compassionate and appropriate health care, and the ability to reject disproportionate medical treatment will go a lot further to help patients face death with dignity than the quick-fix answers of assisted suicide and euthanasia.

Opinion polls reveal that one of the most prevalent fears related to the end of life is the fear of a physically painful death. Patients also worry about the cost of illness. They want to be able to choose a reasonable course of treatment that presents some hope of a good outcome without unacceptable burdens being placed upon the patient and his or her family. That is why the Church has developed the principles of proportionate and disproportionate means of treatment.

These principles are based upon the conviction that the person comes first. Medical technology must serve human beings, and treatment cannot be imposed without reference to the person receiving it. Therefore, we ask about the benefits and burdens of medical care: Is there some hope of success? How will it affect the quality of life? What is its cost? Do the ultimate benefits outweigh the burdens? To reject a course of treatment when the burdens outweigh the benefits is not the same as suicide or euthanasia. This approach allows nature to take its course and recognizes that death is a natural part of life.

In addition to articulating these important principles affecting the end of life, the Church also continues to call upon our society to address the issues that affect the quality of life, including health care. People must have access to affordable health care that includes effective pain control and appropriate mental health care. Treatment for depression and effective pain control will go along way to removing the factors that motivate patient's wishes to hasten death in the first place.

As Pope John Paul II argues, assisted suicide and euthanasia reflect the false mercy of a throwaway society intent upon finding the easiest ways to deal with difficult issues. We would like to shift the discussion to positive and life-affirming approaches that support human dignity

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