Making Sense of Bioethics November, 2014

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Physician-Assisted Suicide and Confronting Our Fears

"Yet in the face of a terminal medical diagnosis, it is not reasonable to let our fears dictate our choices; instead it behooves us to confront and resolve those fears without yielding to panic and without allowing unpleasant future scenarios to loom large in our imagination."



The prospect of a very attractive, recently-married young woman with a terminal illness facing excruciating pain and suffering as she dies is enough to move anyone. The life and death of 29 year old Brittany Maynard recently captured enormous media attention when she declared she was moving to Oregon to commit suicide after having been informed by her doctors that she had an aggressive form of brain cancer and likely had only six months to live. She brought her life to a close on Nov. 1st, a date she had selected ahead of time, by taking a lethal dose of barbiturates prescribed by her doctor.

In the public discussions that have ensued, some have ventured to argue that suicide under such desperate circumstances would, in fact, be justifiable. A recent on-line article from Time magazine observed that few fault those who were trapped on the top floors of the Twin Towers on 9/11 when they jumped to their deaths below as the flames surged around them. Similarly, the article suggests that those who face the prospect of a difficult, pain-racked death from a terminal disease should be able to take their own life through physician-assisted suicide without fault or blame.

For those jumping out of the

Twin Towers, however, we recognize a horrific situation of desperation, and even the possibility of a kind of mental breakdown in those final panic-stricken moments. Their agonizing choice to hurl themselves out of the building to their deaths below would be, objectively speaking, a suicidal act, and would not represent a morally good choice, but their moral culpability would almost certainly be diminished, if not eliminated, by the harrowing circumstances in which they found themselves, driven by raw terror more than by anything else. Clearly, grave psychological disturbances, anguish, or grave fear of suffering can diminish the responsibility of the one committing suicide.

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Brittany Maynard not only greatly feared a difficult death for herself, but also argued that protecting her family from pain and suffering was an important consideration in her decision to carry

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out physician-assisted suicide: "I probably would have suffered in hospice care for weeks or even months. And my family would have had to watch that. I did not want this nightmare scenario for my family." Yet even with very noble intentions and a loving concern for our family, we can unwittingly become overzealous in our desire to "protect" them from suffering.

Brittany's desire to protect her family and friends from pain by committing suicide also led her to cross over critical moral boundaries such that she deprived her family and friends of the chance to love her through her sickness. Suicide in any form runs contrary to our duty to love - to love ourselves and to love our neighbor - because it unjustly breaks important ties of solidarity we have with family, friends and others to whom we continue to have obligations. It is always a form of violence to eliminate suffering by eliminating the sufferer. We effectively give up on the Creator and all he has created. We refuse the help of our neighbor, the love of a family member, or even the beauty of another sun-drenched day to lighten our affliction.

Even as our lives wind down, we have a calling to be good stewards

of the gift of life. Hospice and palliative care, along with careful pain management, can lighten our burdens during the dying process. The mutual support of family and friends enables us, and them, to grow in unexpected ways. By respecting and working through the dying process, we can encounter deep and unanticipated graces. We may recognize the need to ask for and receive forgiveness from others and from God. We may become aware of God's presence and receive a strengthened faith. We gain peace in our dying days and hours by accepting our mortality and our situation, journeying down the road that still opens ahead of us, even as it becomes shorter, living it with the same tenacity and generosity we did when the road was yet longer.

Rev. Tadeusz Pacholczyk, Ph.D. earned his doctorate in neuroscience from Yale and did post-doctoral work at Harvard. He is a priest of the diocese of Fall River, MA, and serves as the Director of Education at The National Catholic Bioethics Center in Philadelphia. Father Tad writes a monthly column on timely life issues. From stem cell research to organ donation, abortion to euthanasia, he offers a clear and compelling analysis of modern bioethical questions, addressing issues we may confront at one time or another in our daily living. His column, entitled "Making Sense of Bioethics" is nationally syndicated in the U.S. to numerous diocesan newspapers, and has been reprinted by newspapers in England, Canada, Poland and Australia.

