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Suicide is always a tragedy

Most people I know have lost a friend, a family member or loved one to suicide. Sometimes the depression and anxiety had been apparent for a long time; other times people are taken completely off guard, not even suspecting the deep torment that a loved one endured secretly.

We have come to appreciate how dangerous depression can be. It is like quicksand that devours a person in the unstoppable urge to self-destruction. Sometimes we experience a rash of suicides in a community, as one depressed person — upon hearing of a friend, acquaintance or even a stranger, who takes his own life — repeats that action. The copycat syndrome is a very real danger. The suffering of a suicide reverberates in the psyche of friends, relatives and co-workers and also in people who have attempted or considered suicide in the past. Suicide always affects other people; it is never an act that only affects the individual involved. Family members, friends and neighbors often are filled with lingering sadness, guilt and confusion. Sometimes those who are closest to the deceased never completely recover, never forgive themselves and are haunted for the rest of their lives by the loss.

Cardinal Seán O'Malley, OFM Cap.

There are dedicated suicide prevention organizations like the Samaritans that stand ready to help people in the throes of depression and suicidal thoughts. Many volunteers stand ready on their hotlines, always prepared to try to bring solace and help to those suffering from suicidal impulses. There are also heroic first responders who often risk their lives to help stop someone from taking one's own life. All of us are called upon to be Good Samaritans and to work to prevent suicides in our community.

The World Health Organization (WHO) studies suicides throughout the world. One of their pleas to governments is to avoid presenting suicide as a solution to peoples' problems. In a way, that is what physician-assisted suicide is doing for one group of people — those with terminal diagnoses of six months or less. Oregon, the first state to legalize physician-assisted suicide, has one of the highest rates of suicide (not including deaths from PAS) of any state in the nation. It begs a logical question: how can a state effectively both try to minimize suicide in some situations and promote it as a legal alternative in other situations? There is no doubt that efforts to prevent suicides will be undermined by legalizing suicide for those with terminal diagnoses and presenting it as normal and acceptable. Suicide, in any form, is always a tragedy — a tragedy that all people of good will should work to prevent.

Suicide has increased dramatically over the last few decades. Suicide is among the three leading causes of death among those aged 15-24 years according to the National Institute of Mental Health. Physician-assisted suicide will usually involve, in addition to the physician who writes the prescription, the family, nurses and pharmacists who become accomplices in the suicide.

We need to reflect also on the difficulty of making terminal diagnoses and physician error. These prognoses are just estimates. We should also consider the troubles for human relationships within families and between doctors and patients, as well as the risks to the whole social order from the weakening of our legal prohibition against the participation in assisted suicide.

Fear of tremendous pain is advanced as a reason to support physician-assisted suicide. However, even proponents of PAS readily acknowledge that modern medicine can manage the pain in almost every case. Very few Oregon residents that request PAS indicate unbearable pain as the reason that they requested the lethal prescription.

Another justification that proponents for the proposed law in Massachusetts advance is that PAS provides the patient greater autonomy — the ability to be in absolute control until the very end, and to avoid the fear of humiliations and indignities that catastrophic illness can entail. Disability advocacy groups, who are part of the broad-based coalition against PAS, rebut this argument forcefully. One of these groups, called "Second Thoughts" insists that the "autonomy" offered by physician-assisted suicide may sound like a good idea at first for people who are terminally ill, but on second thought and a deeper review PAS presents several major concerns. They state that the proposed law's principal aim isn't about creating new "rights" for patients, but rather to provide immunity from prosecution to doctors who assist with suicide. This immunity likely will increase the possibilities for mistakes, coercion and abuse for those who are seriously or terminally ill. They also state that PAS advances the idea that people with certain illnesses, disabilities or other conditions are "better off dead."

People with disabilities know what it is to live with the severe limitations brought on by disease or injury. They understand the permanency of conditions that involve paralysis, incontinence, pain and dependence on others. They do not, however, offer suicide as a good option to rescue people from disabilities or other difficult situations. Helen Keller, born blind and deaf, would never agree with suicide as a solution for those like herself.

In almost every instance palliative care can suppress pain. People already have the right to refuse burdensome, life-extending treatments. They also have the option of leaving advance directives to determine their care when they are no longer able to express their wishes. The death that results from withholding or withdrawing of life-sustaining treatment has always been separated by a bright line from active measures to cause death. Assisted suicide proponents seek to blur this line.

I am happy that the Massachusetts Medical Society and the Massachusetts Hospice and Palliative Care Foundation recently testified against the physician-assisted suicide initiative on Beacon Hill and that so many doctors and nurses are speaking out against Question 2 and encouraging a "No" vote.

Last month, a letter appeared in the Ottawa Citizen and in some Florida newspapers. The letter was written by Jeannette Hall from King City, Oregon. In her very poignant testimony she stated that she lives in Oregon and voted for the legalization of physician-assisted suicide in the late 1990s. She was diagnosed with cancer in 2000 and told she had six months to live. She first appealed to her doctor to help to end her life. He refused and urged her to try new treatments. Twelve years later she is happy to be alive. She said "If my doctor had believed in assisted suicide, I would be dead. Thank him and all my doctors for helping me choose 'life with dignity.'" She ends with the plea: "Assisted suicide should not be legal. Don't make Oregon's mistake."

All of us should be committed to suicide prevention, to helping those who might consider committing suicide because of fear and depression. As a community we must send a message that suicide is always a tragedy, a bad choice, and an act of abandonment and despair. It never enhances, and always undermines, human dignity. Legalizing physician-assisted suicide falsely presents suicide as a good solution to one's problems. I ask you to join me and work to stop assisted suicide here in the commonwealth by voting no on Question 2 and encouraging others to join us.

The Archdiocese of Boston has developed an educational website on the Church's teachings on end of life issues, www.SuicideIsAlwaysATragedy.org. The archdiocese is also part of a large coalition of groups from other faiths, from the medical community, and from disabilities rights groups that are advocating a no vote on Question 2. The coalition's website is www.StopAssistedSuicide.org.