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Also in this issue: "Addition and Subtraction: Explaining Ethical Teachings," by Cara Buskmiller

Overcoming Acceptance of Physician-Assisted Suicide

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Although the movement to legalize physician-assisted suicide in the United States remains a small sideshow in end-of-life care—promoted by the few, for the few—aggressive media campaigns have given many the impression that this practice will inevitably catch hold in society and improve how some Americans die.[1] Concerning levels of support can be seen across every segment of our country; for instance, a Gallup poll in 2018 showed that 41% of Americans who attend church weekly support legalizing physician-assisted suicide.[2] Alarmingly, this suggests a limited understanding among believers regarding the far-reaching consequences of such an action: the more physician-assisted suicide is discussed and permitted at the societal level, the more it seems a plausible option in the minds of individuals who would not have considered it otherwise, especially those experiencing profound suffering.[3]

What is driving patients' requests for physician-assisted suicide? Despite what is commonly supposed, pain is not the main reason. Rather, psychological reasons tend to predominate—including hopelessness, depression, perceived loss of dignity, and loss of control.[4] Undoubtedly, hospice and palliative medicine serve an important role for patients with terminal illness, offering supportive care and striving to address suffering on multiple levels, including physical, psychological, and spiritual. However, as successful as palliative care may be in managing symptoms and other complex challenges, it cannot eliminate all forms of suffering in the end-of-life context. Thus, the possibility exists that some people with terminal illness will have access to state-of-the-art hospice and palliative medicine, but still seek assistance in ending their own lives for reasons that are individual and largely psychological.[5]

To concur with such requests—either by supporting the legalization of physician-assisted suicide or directly participating in the act itself—can never be excused, because suicide is always as morally wrong as murder.[6] At best, complicity with physician-assisted suicide results from a false form of compassion that supports an individual's absolute autonomy over more fundamental moral principles.[7] It accepts the implicit argument that each person has the right to decide what level of suffering is acceptable in the end-of-life context, and if that suffering cannot be sufficiently eliminated, then it is justifiable to end one's own life. What is more, it accepts the establishment of such a practice as a form of healthcare by guaranteeing the assistance of physicians.

The *Ars moriendi* (*The Art of Dying*), a classic Catholic work from the late Middle Ages, provides a robust response to this gravely erroneous way of thinking by means of its elevated vision of death and dying.[8] This work can serve as an anchor and corrective today for believers who may be tempted to support or condone the availability of physician-assisted suicide. It makes clear that the final stage of a person's life is an opportunity for reflection and repentance, for coming to terms with the whole of life and thinking about what lies ahead. This applies regardless of how religious or spiritual the dying person may have been up to that point: it is never too late for a person to be moved by grace to acts of faith. For believers, this period offers an opportunity for union with God through the sacramental life and through fuller expressions of faith, hope, and love among the Christian faithful. The act of physician-assisted suicide, in stark contrast, does violence to this period of a person's life and all but eliminates remaining opportunities to turn to God and accept his gracious mercy.

In this essay, I will consider three themes from the *Ars moriendi* that provide a helpful vantage point for overcoming a growing societal acceptance of physician-assisted suicide.

Suffering with Christ—Death with the Highest Dignity

The *Ars moriendi* recognizes that the greatest suffering often befalls the dying, especially those afflicted with unexpected illness or prolonged infirmity.[9] In response, the work stresses the importance of uniting one's sufferings with Christ's Passion and Cross, by the merits of which the dying person may experience the superabundance of God's mercy. For instance, in "Prayer to the Most Kind and Loving Heart of Jesus," the Christian is directed to entreat the Lord in this way, "In union with the most fervent love that compelled you to become incarnate and in anguish of soul to die on the Cross …[we] beseech you to forgive all the sins of the soul of your servant."[10] The prayer indicates that such mercy in the midst of suffering prepares the soul of the dying person to enter with joy into the eternal praise of God. In another place, the *Ars moriendi* indicates that, although death itself is a dreadful thing, the death of a righteous Christian is precious in the sight of God.[11]

In light of these truths of the Christian faith, the art of dying well cannot be so wholly focused on relief of suffering that it fails to enter into the mystery of the Cross. As John Paul II states in *Evangelium vitae*, "The certainty of future immortality and hope in the promised resurrection cast new light on the mystery of suffering and death, and fill the believer with an extraordinary capacity to trust fully in the plan of God."[12] In response to advocates of