

# FALSE COMPASSION

## Why Catholics should oppose physician-assisted suicide



**E**arlier this year, the New Hampshire Senate wisely rejected an attempt to pass House Bill 1283, a bill to legalize what Pope Francis calls the “false compassion” of physician-assisted suicide, the ghastly practice whereby a doctor can assist a person in ending his or her own life.

The Diocese of Manchester and a diverse coalition of organizations and individuals came together in opposition to HB 1283 to protect not just the people who would choose to end their own lives under this law, but also the many others whose lives would be placed at risk or critically compromised under this practice.

As the National Council on Disability has said, assisted suicide laws “create a deadly mix that poses multifaceted risks and dangers to people with disabilities as well as people in other vulnerable constituencies.”

Those “vulnerable constituencies” include:

**People at an elevated risk for suicide**, such as young people, veterans with Post Traumatic Stress Disorder (PTSD) or other trauma and first responders. How could the state seriously expect to convince at-risk people that suicide is never an option if it simultaneously presents suicide as a normal medical option? The reality of

suicide contagion is exactly why high school and college students joined the opposition to HB 1283. These young citizens perceptively recognized that the last thing the state should do in the middle of a suicide crisis is to pass a law that normalizes suicide.

**People with disabilities.**

As advocates for people with disabilities point out, physician-assisted suicide laws are inherently ableist. By their very nature, such laws stand for the proposition that the state can decide what quality of life is not worth living. It is notable that in Oregon, the most frequently cited reasons for resorting to physician-assisted suicide are things like loss of independence and fear of being a burden on others — challenges that people with disabilities have to deal with every single day.

**Those enduring Alzheimer’s or other illnesses that require extensive and expensive care.** Because physician-assisted

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suicide is far cheaper than the cost of actually providing needed healthcare services, it can only be expected that people inevitably will be steered toward suicide. Moreover, the existence of a cheaper physician-assisted suicide alternative would likely result in diminished levels of structural resources for people in need. With physician-assisted suicide, would there be incentives to advance necessary but more expensive forms of care such as palliative and hospice care? If you think that the poor get the short end of the stick in today's healthcare world, just imagine how it would be if assisted suicide were introduced into the mix.

**Seniors**, who already often find themselves the targets of financial exploitation. A physician-assisted suicide law invites coercion by gifting would-be exploiters with a terrible new weapon: the ability to influence a person to resort to assisted suicide. Moreover, a right to die easily becomes an obligation to die. Even those who do not choose to use a physician-assisted suicide law will be forced to justify in their own minds or to others why they are not ending their lives this way.

**The victims of future versions** of a physician-assisted suicide law. Supporters of assisted suicide call it "death with dignity." Where does that philosophy have an end? Physician-assisted suicide laws inexorably expand. In Canada, where physician-assisted suicide has been legal for only eight years, qualifying conditions have multiplied and assisted suicide is already the country's fifth leading cause of death. Common sense tells us that once a locked door has been opened, there is nothing to stop it from opening as far as it will go.

### Why should we care about all this?

As Catholics, we are called to be missionaries of a message that is as old as the *Book of Genesis* but still



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revolutionary all these millennia later: that all human beings, created in the image and likeness of God, carry an immense dignity that can never be diminished or erased.

Our duty is to help the wounded person lying by the side of the road. This calls us into the political world whenever human dignity and the common good are at stake. Whether it is a person who is dying, an unborn child, a young migrant at the border, a person who is homeless — they all possess human dignity and all are brothers and sisters for whom we are responsible.

What is death with dignity? We know what it is because we see it every day. It is manifested in all the ways that family members and healthcare providers care for and accompany the dying to the very end. This is compassion. This is dignity.

Thanks to all of you who helped to preserve that vision here in New Hampshire in 2024. ■

## WHAT DOES THE CHURCH TEACH ABOUT END-OF-LIFE DECISIONS?

The Diocese of Manchester has developed a booklet called *Three Beliefs* to help Catholics make decisions about healthcare at the end of life. *Three Beliefs* explains Catholic teaching on life-sustaining treatment and also includes the New Hampshire Advance Directive form modified so as to make it consistent with Catholic teaching and New Hampshire law. Among other things, *Three Beliefs* contains helpful information about the Church's teaching that Catholics are not morally obligated to use extraordinary means of medical care and are not bound to prolong the dying process by using every medical treatment available in every circumstance. Go to [catholicnh.org/threebeliefs](https://catholicnh.org/threebeliefs) for more information.



To learn more about these efforts, visit [catholicnh.org/nosuicide](https://catholicnh.org/nosuicide) and [catholicnh.org/podcast](https://catholicnh.org/podcast) - *Finding Communion, Episode 6*.