On the So-Called “Choice in Dying”

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October 10, 2014
By now you've probably heard of the tragic story of Brittany Maynard, a 29-year-old woman who has an inoperable and terminal brain tumor. While Maynard's age makes her condition unusual, what has really brought her story attention is her decision to end her life.

According to CNN.com:

After several surgeries, doctors said in April that her brain tumor had returned and gave her about six months to live. She moved from California to Oregon to take advantage of that state's law and says she plans to end her life soon after her husband's October 26 birthday.

Maynard has also written a defense of her plans to end her own life and says in part:

I would not tell anyone else that he or she should choose death with dignity. My question is: Who has the right to tell me that I don't deserve this choice? That I deserve to suffer for weeks or months in tremendous amounts of physical and emotional pain? Why should anyone have the right to make that choice for me?

How should we as Catholics address this issue? First, we should not criticize Mrs. Maynard. She is going through an agonizing ordeal to which few people can truly relate. So this post is not about her in particular as much as it is about the moral issues that come to bear on her decision.

I recommend dividing this emotional issue into two distinct questions:

1. Do we have a right to commit suicide?
2. Should the government make it legal for doctors to help patients kill themselves?

Let's start with the first question. You'll notice I am using the frank language of "killing oneself" or "committing suicide." The other side of this debate prefers euphemisms like "death with dignity" or "choice in dying," but that obscures the real issue.

Everyone agrees we should have a choice in "how" we die. By that I mean we should be able to choose where we die (in hospice, in a hospital, at home), who we want to stand by us as we end our mortal existence, and whether we will use treatment to delay or even indirectly hasten death.
But once again, do we have a right to commit suicide?

**My Life, My Choice?**

I think it’s clear we don’t have an unlimited right to kill ourselves. I live in San Diego where it’s not uncommon for people to try to commit suicide by jumping off the San Diego-Coronado Bay Bridge. When that happens, and if there is time, the bridge is shut down, and the police try to talk the person out of what he is about to do. Indeed, whenever anyone threatens suicide, we usually expect the police to stop him. Why? After all, if you have an *unlimited* right to kill yourself, then the police shouldn't stop you.

But the reason we forcibly stop these people is because we believe they are not thinking clearly, and they will regret their decision to kill themselves. That’s generally true, but even if they weren’t mentally disturbed we would still probably think their decision to commit suicide was irrational and try to stop them.

If the right to die were truly unlimited, the state would no more investigate a person’s motive to die than it investigates a person’s motives for marrying someone or conceiving a child, actions that also have permanent consequences (though not as grave as the consequences of suicide). The state would let people end their lives without scrutiny, just as it lets people have children or marry.

But since most people would consider the vast majority of reasons a person might give for ending his or her own life to be insufficient, it follows that there is no unlimited right to commit suicide. In fact, in *Washington v. Glucksberg* (1997) the Supreme Court agreed in a rare 9-0 decision that there was no constitutional right to physician-assisted suicide.

**Only in Hard Cases?**

Most people agree you don't have an unlimited right to commit suicide. But some might say that we have a *limited* right to end our own lives.

In this view, if death is near and the process of dying will be painful or debilitating (such as in Maynard's case), *then* a person can end her own life. In fact, Oregon’s physician-assisted suicide law allows only those who are mentally competent and have six months or less to live to end their lives.

But aside from the difficulty in predicting when someone will die, there are larger problems with this position. It forces us to classify the sick and disabled into two arbitrary groups: those who deserve suicide prevention and those who deserve suicide assistance.

By making this distinction, we say that some conditions (e.g., chronic pain, quadriplegia, dementia), even if they are very difficult, don’t make life “not worth living,” but other conditions do. But what gives us the right to determine some lives aren’t “worth living?”

This is a form of discrimination, because all human beings have intrinsic value, and so there is no such thing as “life unworthy of life.” We should treat anyone who seeks suicide to resolve a life problem as someone who needs help *out of* his decision, not help *carrying it out*.

Another argument against the so-called right to die comes from the fact that our right to life is inalienable. That means it can neither be taken away nor given away. For example, our right to be free is inalienable, which means that we can neither be forced into slavery nor can we sell ourselves into slavery.

So, for instance, even if a young man feels that he can't bare the pressures of his gargantuan student loans, he still can't sell himself into slavery in order to pay them off.

Freedom is so important that you can't give it away, even freely. If that's true, then shouldn't life—which is an even more foundational right than freedom—also be considered inalienable?

**The Role of the State**
While the Glucksberg case did not recognize a right to die, it did not forbid states from allowing physician-assisted suicide. So now let's turn to question number two: “Should the government make it legal for doctors to help patients kill themselves?” To answer this question we can advance this simple argument: “The harm legal assisted suicide causes society outweighs any so-called potential benefits.”

Here I will defer to an organization with which, while I disagree with it on abortion, I wholeheartedly agree on this issue. According to the American Medical Association (http://www.ama-assn.org/ama/pub/physician-resources/medical-ethics/code-medical-ethics/opinion2211.page?):

> “It is understandable, though tragic, that some patients in extreme duress—such as those suffering from a terminal, painful, debilitating illness—may come to decide that death is preferable to life. However, allowing physicians to participate in assisted suicide would cause more harm than good. Physician-assisted suicide is fundamentally incompatible with the physician's role as healer, would be difficult or impossible to control, and would pose serious societal risks.”

Basically, it's dangerous when the people you count on to heal you also have the right to help kill you. This goes beyond doctors. In 2008 Oregon resident Barbara Wagner (http://www.katu.com/news/specialreports/26119539.html) wanted to try an experimental chemotherapy drug, but her insurance company refused to pay $4,000 a month for the treatment.

It did, however, offer to pay for “physician aid-in-dying,” which at a cost of $100 for a one-time use of pills that would put her into cardiac arrest was a bargain for the insurance company. When death is offered as an alternative to treatment, insurance companies will promote it, since death always costs them less than the medicine needed to treat their clients' severe health problems.

There's also no reason to think this option will be restricted to terminally ill adults. For example, the Netherlands allows children as young as twelve, with parental consent, to request assisted suicide, and Belgium has removed any age restriction on assisted suicide.

Finally, allowing doctors to kill their own patients would create an environment where the elderly and sick may be coerced into ending their own lives. In fact, nearly half (http://www.leg.state.vt.us/reports/05death/death_with_dignity_report.htm) of those who chose to end their lives in Oregon said one of the reasons was because of a “concern about being a burden on others.”

Of course, critics will object that cases like Maynard's don't involve coercion, but that's not the point. The point is that the alleged benefits for some people who choose to kill themselves do not outweigh the harms involved in other people being coerced or forced to kill themselves.

The state has an interest in promoting life, not death, so the lives of the many who are threatened by assisted suicide should be placed above the desires of a few who no longer want to live.

**Common Objections**

Now, let's take a look at some common objections to the arguments against assisted suicide.

**We're humane to animals and put them out of their misery when they are suffering. Shouldn't we show humans who want to die the same mercy?**

We don't euthanize suffering human beings precisely because we show them more mercy than we do cats and dogs. An animal's life is not worth the cost of expensive medical treatment, but a human's life is much more valuable than an animal's, so we have no problem spending large sums of money to treat them. We should give human beings effective pain management and respectful care as their bodily functions begin to cease. We shouldn't just give them the “Old Yeller” treatment.

**People should have the right to die with dignity.**
This objection is often coupled with the idea that losing control of one's bodily or mental functions is “undignified,” while taking some pills to peacefully pass away is a “dignified” way to die. But this is insulting. It implies that those who choose the consequences of dying naturally are “undignified.”

Other people will say that the “dignity” in dying comes from the fact that the person is able to choose how they die, regardless of what choice they make. But dying in a dignified manner relates to how one confronts death, not the manner in which one dies or chooses to die. History recounts many situations of individuals who were forced to endure degrading deaths but faced those deaths in a dignified way.

Dying with dignity means receiving compassionate care, no matter what stage of the dying process a person is going through. Directly ending one's life has nothing to do with having dignity at the moment of death.

You're just imposing your religion on other people.

So far, I have not made any kind of religious argument in defense of my view. In fact, the most vocal opponents of assisted suicide are not religious. For example, the disability-rights group Not Dead Yet argues against legal assisted suicide, because such laws disproportionally affect members of the disabled community and therefore constitute discrimination.

The Not Dead Yet website (http://www.notdeadyet.org/assisted-suicide-talking-points) says:

“People who are labeled ‘terminal,’ predicted to die within six months, are—or will become—disabled. . . . In judging that an assisted suicide request is rational, essentially, doctors are concluding that a person's physical disabilities and dependence on others for everyday needs are sufficient grounds to treat them completely differently than they would treat a physically able-bodied suicidal person.”

Do you want people to just suffer?

Absolutely not. We should always empathize with the suffering that some people endure that motivates their support of assisted suicide. People have a right to medical pain control and they even have the right to use drugs that reduce pain and have the indirect effect of shortening life. Anti-assisted-suicide advocate Wesley Smith has a great book on the subject titled Power Over Pain: How to get the Pain Control You Need (http://www.amazon.com/Power-over-Pain-Control-Need/dp/0971094608).

What people don't have a right to do to be free from pain is directly kill themselves, whether the pain is physical, psychological, emotional, or even spiritual. Doctor's especially should not participate in assisted suicide, because their job is to kill the pain, not the patient!

Finally, the question of pain is often a red herring. In Oregon, the most common reason given for choosing assisted suicide was not uncontrollable pain but a fear of losing control of major bodily functions. In fact, by legalizing assisted suicide we reinforce the unreasonable idea that it is undignified to allow one's body to “deteriorate” in this way. We then unintentionally encourage suicide, when as a caring society we should take care of the weak and defenseless.

Closing Thoughts

I'd like to close with one fact that I think makes the pain and fear involved in dying naturally bearable, even if my previous arguments make it logical.

One of the comforts of being Catholic is knowing that our suffering isn't meaningless, and death isn't the end. Instead it's the beginning of a new phase in life. Our loved ones aren't extinguished at death but wait with us for the final judgment.
When we suffer in this life, we are able to take that suffering and endure it for a greater good—we are able to know our suffering isn’t pointless. Just as Paul said his sufferings made up for what was lacking in Christ’s sacrifice (Colossians 1:24), our sufferings during this life or at its end can be united to Christ’s sufferings on the cross and secure spiritual graces for others.

Pope St. John Paul II, who bore publicly much physical suffering at the end of his life, said in his apostolic letter *Salvifici Doloris* (On the Christian Meaning of Human Suffering):

“The Redeemer suffered in place of man and for man. Every man has *his own share in the Redemption*. Each one is also *called to share in that suffering* through which the Redemption was accomplished. He is called to share in that suffering through which all human suffering has also been redeemed. In bringing about the Redemption through suffering, Christ *has also raised human suffering to the level of the Redemption*. Thus each man, in his suffering, can also become a sharer in the redemptive suffering of Christ (19).