What About the Right to Die?
Here's How to Answer the Common Arguments of the Culture of Death

Fr. Frank Pavone (/profile/fr-frank-pavone)  October 01, 2005

When people ask me about the "right to die," I say: "Don't worry: You won't miss out on it."

The truth is that there is no such thing as a "right to die." A right is a moral claim, and we have no claim on death—death has a claim on us. Some people see the "right to die" as a parallel to the right to life, but this is based on faulty reasoning. The right to life is based on life being a gift we can neither destroy nor discard, whereas the "right to die" is based on the idea that life is a thing we possess and may discard when it no longer meets our satisfaction.

The culture of death, which chants, "My body, my life, my choice" also chants—by the same logic—"My body, my death, my choice." Just as pro-abortion groups use the word choice in their names, pro-euthanasia groups call themselves by names such as "Choice in Dying." In both cases, death is being sold as a product, and its salespersons have to make it look better than the alternative. Pro-abortion groups make childbearing seem more dangerous and burdensome than abortion. And recently, in the case of the murder of Terri Schiavo, her estranged husband's attorney painted her death as peaceful, dignified, and beautiful. I was there for hours in her room, and her death was as far from beautiful as I have ever seen.
The task of the culture of life, then, is to rip the veil off of these acts of violence. To change the way our society treats the vulnerable, we must begin by changing the way we speak about them. Below are some tools to do precisely that. We will start by explaining a few key terms and then answer some common arguments.

What is euthanasia?

Euthanasia, from the Greek words meaning "good death," is something we do or fail to do that causes, or is intended to cause, death, in order to remove a person from suffering. This is sometimes called "mercy killing" (see Catechism of the Catholic Church 2277).

What is assisted suicide?

This refers to an act by which one person assists another in taking his own life. For example, a physician who engages in "assisted suicide" would, upon the patient's request, provide the deadly drugs for the person to use.

What is the difference between "active" and "passive" euthanasia?

Active euthanasia refers to an action one takes to end a life, such as a lethal injection. Passive euthanasia refers to an omission, such as failing to intervene at a life-threatening crisis or failing to provide nourishment.

It is important not to confuse passive euthanasia with the morally legitimate decision to withhold medical treatment that is not morally necessary. Foregoing a treatment that we are not required to use is not euthanasia in any form and should not be called by that name, even if death is hastened as a result.

Does a person have the right to refuse treatments, or do we have to use every possible medicine and machine to keep him alive?

No matter how ill a patient is, we never have a right to put him to death. We have a duty to care for and preserve life. But to what length are we required to go to preserve life? No religion or government requires us to use every possible means to prolong life. The means have traditionally been classified as either ordinary or extraordinary.

Ordinary means include any treatment or procedure that provides some benefit to the patient without
excessive burden or hardship. Ordinary means must always be used.

Extraordinary means are those that present an excessive burden. Extraordinary means are optional. "Discontinuing medical procedures that are burdensome, dangerous, extraordinary, or disproportionate to the expected outcome can be legitimate; it is the refusal of 'over-zealous' treatment" (CCC 2278).

The distinction here is not between "artificial" and "natural." Many artificial treatments are ordinary means in the moral sense, so long as they provide some benefit without excessive burden. Of course, whether a particular treatment is ordinary or extraordinary depends on the specific case, with all its medical details.

I can think of many people with terrible suffering or in conditions where they cannot talk. I would never want to live that way!

I can think of the poor living in slums: I wouldn't want to live like that! I can think of the homeless: I wouldn't want to live like that! I can think of those with terrible emotional or financial burdens: I wouldn't want to live like that!

But what does that mean? Does it mean that we should kill them or treat them like garbage? When people are suffering, that's a reason to help them, not kill them.

In other words, who is to say that the suffering of a teenager who has just flunked his most important class in school, lost his girlfriend, and been kicked off the football team isn't too great for him to bear? What if he thinks it is? Do we allow him to commit suicide because he has the right to determine the end of his life, or do we call a crisis hotline?

What about people who are unable to communicate?

What about them? That, indeed, is the question for the pro-euthanasia forces. People who cannot communicate are people. This gets to the heart of the problem. A person's inability to function does not make his life less valuable. People do not become "vegetables." Children of God never lose the divine image in which they were made.

A key distinction that needs to be made here is between a patient who is dying and one who is not. If the patient is dying, we try with all reasonable means to sustain life. As we have noted, some interventions are necessary and some are not. But if the patient is not dying, there is no question about whether to provide treatment. There is such a thing as a useless treatment, but there is no such thing as a useless life.

Must we always provide food and fluids to a patient?

When we come back from lunch, we do not say that we just had our latest medical treatment. Food and drink are a normal part of taking care of life and health, not an extraordinary intervention. As part of normal care, therefore, they are morally obligatory.

Food and water keeps us alive. Failing to feed someone introduces a new cause of death, namely, starvation.

Pope John Paul II addressed this question in the following words:
I should like particularly to underline how the administration of water and food, even when provided by artificial means, always represents a natural means of preserving life, not a medical act. Its use, furthermore, should be considered, in principle, ordinary and proportionate, and as such morally obligatory, insofar as and until it is seen to have attained its proper finality, which in the present case consists in providing nourishment to the patient and alleviation of his suffering (Address to the International Congress on Life-Sustaining Treatments and Vegetative State: Scientific Advances and Ethical Dilemmas, March 20, 2004).

Shouldn’t politicians stay out of these personal decisions?

The first purpose of government is to defend and protect the lives of its citizens. Both euthanasia and assisted suicide contradict that fundamental purpose.

Pope John Paul II wrote that when the right to life is denied by a state, the state itself disintegrates:

To claim the right to abortion, infanticide and euthanasia, and to recognize that right in law, means to attribute to human freedom a perverse and evil significance: that of an absolute power over others and against others. This is the death of true freedom (Evangelium Vitae 20).

Didn’t Mother Teresa assist people to die?

Blessed Teresa of Calcutta assisted many people in dying and helped many people to die: She was present to them, assuring them that they would not die alone; she helped them find the courage to face death, gave them the conviction that their dignity had not been lost, and offered them the serenity borne of receiving love from people and God. This is the legitimate meaning of "death with dignity" and "helping people to die." This is the gospel response to the dying members of the human family. It is very different from killing them.

Should I sign a living will?

Living wills are both unnecessary and dangerous.

They are unnecessary because they propose to give rights that patients and doctors already possess. People already have the right to make informed-consent decisions telling their family and physicians how they want to be treated if and when they no longer can make decisions for themselves. Doctors are already free to withhold or withdraw useless procedures that provide no benefit to the patient. Some people fear that medical technology will be used to torture them in their final days, but it is more likely that the "medical heroics" people fear are the very treatments that will make possible a more comfortable, less painful death.

Living wills are also dangerous because they try to predict the future. We do not know in advance what form of sickness or disease we may be afflicted with in the years ahead. We do not know what treatments we will need or what will be available. We do not know if we will need a respirator indefinitely or perhaps for just a few hours to get back to normal health.
Moreover, if the living will indicates that one does not want "to be kept alive by medications" or "artificial means," what does that mean? An aspirin is medication, is it not? Drinking through a straw is artificial. People can construe meanings for these words that the signer of the document never intended.

**What are the alternatives to a living will?**

A safer route is to appoint a health care proxy who can speak for you in those cases when you are not able to speak for yourself. The proxy should be a person who shares your moral convictions and will be able to apply them to specific medical situations that may arise for you in the future. The "Will to Live" is a document whereby you can appoint a proxy and expressly indicate your desire for life-sustaining treatment if the need arises. Contact Priests for Life for a "Will to Live" consistent with the laws of your state.