I am grateful to your pastor and the parish staff for this opportunity to talk to you today on the occasion of the twentieth World Day of the Sick. We celebrate World Day of the Sick each year on the Feast of Our Lady of Lourdes in order to pray for the sick and the dying and for those in the healing professions. Saint Paul exhorts us today to be imitators of Christ, who stretches out his hand in compassion toward the sick. This is the model that we as Christians have emulated for centuries in our hospitals, nursing homes, and treatment centers.

Unfortunately, this model of compassion is now being threatened. In November, citizens in Massachusetts likely will be asked to vote whether doctor-assisted suicide should be a legal and normal way to care for the terminally ill. That is why it is so important for me to talk to you now about the so-called “Death with Dignity Act.” If passed, the referendum would allow an adult resident of Massachusetts-- diagnosed with fewer than six months to live-- to request and receive a prescription for a lethal drug. Proponents of this bill want us to believe that this is a compassionate response to the plight of people who have a terminal illness. It is not. We are called to comfort the sick, not to help them take their own lives. As the Catholic Bishops of the United States said in their recent statement on assisted suicide: “True compassion alleviates suffering while maintaining solidarity with those who suffer. It does not put lethal drugs in their hands and abandon them to their suicidal impulses, or to the self-serving motives of others who may want them dead.”

People fear the dying process and the possibility of being kept alive by burdensome medical technology. They fear intolerable pain and suffering, losing control, or lingering with severe dementia. They worry about being abandoned or becoming a burden on others. For all these reasons, the ability to exercise control over the time and circumstances of death can appear attractive.

Proponents of assisted suicide say that the Church wants people to suffer and that Catholics are obliged to accept every treatment available. This is simply not true. burdensome and futile treatments may be refused as in the case of older patients who need not have risky surgery or painful chemotheraphy in order to gain a few more months of life.

The 5th Commandment states “Thou shall not kill.” This certainly includes killing to alleviate suffering. Doctor-assisted suicide occurs when a doctor assists the patient to end his own life, even though does not directly administer the lethal drug. It is doctor-prescribed death. Blessed Pope John Paul II said: “To concur with the intention of another person to commit suicide and to help in carrying it out through so-called “assisted suicide” means to cooperate in, and at times to be the actual perpetrator of, an injustice which can never be excused, even if it is requested.”

There is a slippery slope leading from ending lives in the name of compassion to ending the lives of people with non-terminal conditions. Doctors in the Netherlands once limited euthanasia to terminally ill patients; now they provide lethal drugs to people with chronic illnesses and disabilities, mental illness, and even melancholy.

There is also evidence that the legalization of doctor-assisted suicide contributes to suicide in the general population. This is true in the state of Oregon which passed doctor-assisted suicide in 1994. Now, suicide is the leading cause of “injury death” and the second leading cause of death among 15 to 34 year olds. The suicide rate in Oregon, which had been in decline before 1994, is now 35% higher than the national average.

Doctor-assisted suicide is being presented as a way for the terminally ill to have greater freedom at the end of life. However, it would create pressures to limit our freedom, because it could establish an expectation that certain people will be better served by being dead, a dubious premise indeed! It creates a class of people-- those whom doctors predict will live six months or less-- for whom suicide should be facilitated, even made to seem attractive. It also opens the door for financially-motivated organizations like insurance companies and managed-care plans to someday encourage and pressure
those at the end of their life to think that doctor-assisted suicide is an attractive option. Legalization of doctor-assisted suicide would compromise the practice of medicine. The Hippocratic Oath that has guided doctors for more than two thousand years says, “I will not give a lethal drug to anyone if I am asked, nor will I advise such a plan.” Doctors and nurses are known for this devotion to heal and the refusal to assist in killing. Assisted suicide would compromise this ancient ethical code and the practice of medicine itself. It is important for you to know that the Massachusetts Medical Society voted recently by an overwhelming majority not to support this referendum.

There are large flaws in the bill itself. For one thing, it requires that a doctor determine that the patient is capable of asking for lethal drugs, but there are no explicit criteria for assessing the mental capacity at the time of the request, nor is there a mandate to assess mental capacity at the time of the suicide. The bill also requires two witnesses to attest to the patient’s competence, but one of the witnesses can be a total stranger, and another can be the sick person’s heir. Alfred Hitchcock would make movies about this stuff. Also the law does not require that anyone witness the suicide, so there is no way to know for certain that the act was voluntary. Finally, the death certificate lists the underlying disease as the cause of death, not assisted suicide. This creates underreporting and a legalized deception.

Indeed this initiative is on the ballot in part because of the deceptive way in which the required signatures were obtained. Last Fall, proponents of this bill solicited signatures from Massachusetts citizens as part of the process for getting it on the ballot. You may have been approached and asked to sign the petition. People who were asked to sign reported that the petition was presented as a bill to “aid the terminally ill.” In fact, the bill does not use the word “suicide” because, as the lawyer for the organization promoting the bill has said, the word “suicide” is inflammatory. Instead, it talks about “aid in dying” or “A-I-D.” The major organization behind this effort also changed its name from the “Hemlock Society” to the deceptive “Compassion and Choices.”

Suicide is always a tragedy. A vote for assisted suicide would be a vote for suicide. For that reason, I ask you now to do three things to help stop doctor-assisted suicide from becoming law in Massachusetts.

First, pray for people who are seriously ill and dying, and for their caregivers. Visit the sick which is one of the corporal works of mercy.

Second, avoid believing the misleading and seductive language of “dignity,” “mercy,” “compassion” or “aid in dying” that proponents of the legislation will use to describe assisted suicide.

Third, educate yourselves as much as possible on assisted suicide and share that knowledge with others. Brochures, prayer cards, bulletin inserts and other materials have been prepared for you and are available in your parish. Please visit the website www.SuicideisAlwaysaTragedy.org which has been created to educate people on this issue.

Our society will be judged by how we treat those who are ill and the infirm. They need our care and protection, not lethal drugs. As the Bishops wrote last year:

_We as Catholics should be leaders in the effort to defend and uphold the principle that each of us has a right to live with dignity through every day of our lives. Let us join with other concerned citizens, including disability rights advocates and members of the healing professions, to stand for the dignity of people with serious illnesses and disabilities and promote life-affirming solutions for their hardships. We should ensure that the families of people with terminal illnesses will never feel they have been left alone in caring for their needs. The claim that the “quick fix” of an overdose of drugs can substitute for these efforts is an affront to patients, caregivers and the ideals of medicine._

_When we grow old or sick and we are tempted to lose heart, we should be surrounded by people who ask “How can I help you?” We deserve to grow old in a society that views our cares and needs with a compassion grounded in respect, offering genuine support in our final days. The choices we make together now will decide whether this is the kind of caring society we will leave to future generations._

Let us work together to build a civilization of love – a love which is stronger than death! God bless you.