

MASSACHUSETTS CATHOLIC CONFERENCE

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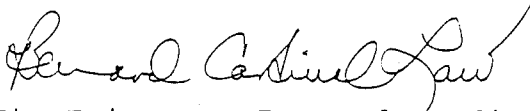
MOST REVEREND THOMAS L. DUPRE
Diocesan Administrator, Springfield

April 6, 1995

Dear Members of the Joint Legislative Judiciary Committee:

Enclosed, please find a statement which we have prepared regarding House Bill 3173. We send this to you with the hope that our reflections might prove helpful as you consider this Bill. It is our conviction that this and any similar Bill ought to be rejected by the legislators of this Commonwealth because it goes contrary to the good of persons and the common good of this State.

With our prayers and best wishes, we are



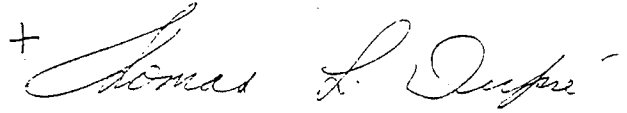
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INFORMATION AND NEWS RELEASE

April 6, 1995

STATE CATHOLIC BISHOPS ISSUE STATEMENT OPPOSING PHYSICIAN ASSISTED SUICIDE

In a statement authored by the four Roman Catholic Diocesan Bishops of Massachusetts and presented today to the Joint Legislative Committee in the Judiciary at a Public Hearing, clearly stated their total opposition to House Bill 3173 which would provide for physician assisted suicide.

The Bishops state "...we are convinced that the only proper course for the legislature to follow is to reject this proposed legislation as contrary to the good of persons and contrary to the common good of this Commonwealth."

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April 6, 1995

MASSACHUSETTS CATHOLIC BISHOPS' STATEMENT TO THE JOINT LEGISLATIVE JUDICIARY COMMITTEE

We write at this time to voice strong opposition to House Bill 3173 entitled "An Act to Allow Death with Dignity."

We have decided to take this step because we fear that some of you, like so many others, could be misled by the euphemistic title given to the Bill and thus fail to miss its basic thrust. It must be made clear that its primary purpose is to permit physicians to assist terminally ill patients in acts of suicide.

As religious leaders of a faith community, our objection to this Bill is rooted in several elements of biblical teaching: (1) that human life is a gift from God who alone has absolute ownership over it; (2) that human beings have the obligation to nourish, care and protect it; (3) that the Decalogue, which is binding on all human beings, forbids the direct taking of innocent human life be this done by oneself or by another.

We also stand in opposition to this Bill as citizens of the Commonwealth. History has shown that once a society allows one individual to take the life of another based on their private standards of what constitutes a life worth living, even when there is mutual agreement, there can be no safe or sure way to contain its possible consequences.

Killing, as one author puts it, is "a contagious disease." Human experience demonstrates that, once it is legalized, there is no way to delimit its arbitrary use and spiralling application. One has only to reflect on the Nazi Experiment and on a government report recently released from the Netherlands that more than half of the patients who died, as a result of physician assisted suicide, did so without informed consent.

We are, of course, keenly sensitive to the fact that advances in medical technology are capable of prolonging the dying process often far beyond what is reasonable. We also understand why this has led many people to fear that they will not be allowed to die with the dignity befitting a human being. The spectre of extreme pain and agony haunts many persons. Today, however, there are many means of palliative care available which will reduce pain in a licit manner. The Pope's encyclical reminds us that euthanasia is "false mercy" which in effect "kills the person whose suffering we cannot bear." (EV 66). In addition, we recognize that many health care professionals live in fear of being sued even when they legitimately remove treatment which offers no reasonable hope of benefit to the patient or becomes excessively burdensome. The legislation proposed by House Bill 3173 does not offer a legitimate solution to these problems. It seriously confuses the issues and renders them more problematic. Physician assisted suicide may provide what some would call "a quick fix" but what it proposes in actuality is seriously flawed and ethically intolerable.

In articulating our strong opposition to the legalization of physician assisted suicide, we do not intend to deny or minimize the existence of the problems mentioned above. However, we are convinced that there are other more efficacious and ethical means of approaching a solution. We would suggest four: (1) public education on the fact that there is a legitimate distinction between "taking the life of the patient" and "permitting the patient to die"; (2) public education on the fact that life support systems may be discontinued when they no longer offer

reasonable hope of benefit or become excessively burdensome; (3) urging health care professionals to acquaint themselves with the contemporary advances made in the areas of pain management and proper diagnosis of depression; (4) provide much more publicity and funding for hospice institutions and hospice home care which help patients "to live while dying."

Finally, we note that the United States District Court, in Oregon, has recently issued a temporary restraining order against the implementation of the referendum, passed there last November, which legalized physician assisted suicide. That has been done in the light of many questions about its possible violation of some serious federal and constitutional claims.

In light of these considerations, we are convinced that the only proper course for the legislature to follow is to reject this proposed legislation as contrary to the good of persons and contrary to the common good of this Commonwealth. We are confident that the legislators, in their commitment to the good of the people of this State, will concur in this judgment and act accordingly.

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