

Entre Amigos – Opinion/Commentary

June 20, 2011

11-127 EA

Note: The United States Conference of Catholic Bishops during the recent Spring General Assembly approved a statement on physician-assisted suicide called “To Live Each Day with Dignity.” Instead of writing another column on the issue, I decided to translate this excellent commentary by Sister Mary Ann Walsh that was originally posted on the USCCB Media Blog. She is our Entre Amigos guest columnist for June.

The Choice to End All Choices

By Sister Mary Ann Walsh, RSM

If there is a prize in the game of semantics, it should go to the word CHOICE. And if you need someone to collect the prize for abusing the word, I offer those who promote what is deemed the choice to die. The patron of the movement, which is now enshrined into law in the states of Washington and Oregon, is the late Dr. Jack Kervorkian, the pathologist who once helped people die in the back of a 1968 van that he converted into a death machine. Curiously, when he himself passed on a few weeks ago, it was in a clean bed in a hospital where he had been ill. No Volkswagen van for Dr. Death.

Words develop emotional dimensions, which is why the right-to-die Hemlock Society, named for Socrates’ suicide juice of choice, is now called Compassion and Choices. Giving people the choice to die has a nicer ring to it than giving people the right to kill themselves or giving them the license to kill others. Those working for the freedom of choice to die, however, are working for the choice to end all choices.

With modern medicine, people live longer lives and take longer to die. Dying is a commonplace and responsible medical professionals have developed the modern day hospice movement and palliative care programs to address it. Palliative care offers a comprehensive care approach for those with potentially fatal illnesses, such as heart failure, rheumatoid arthritis, emphysema and cancer. It involves curing and comforting. If cure becomes less likely, for example, with end-stage cancers, end-stage heart failure and end-stage renal failure, it can lead to hospice care with its emphasis on comfort when cure seems out of the question.

When I was a reporter covering the hospice movement, I learned that people have two fears when confronting end of life: pain and isolation. Hospice and palliative care address them both. Advances in medications mean pain can be controlled. Medical staff can handle that. Dealing with fear of isolation lies in the hands of the rest of us. It is a call to the community to surround the dying and chronically ill with emotional support, prayer and the message that every moment of their lives has value to us. Every life has dignity at every stage.

Hospice and palliative care programs rely on family and volunteers for the team that provides medical, emotional, intellectual, psychological, social and spiritual care. They work to enable a

meaningful life right now. They believe that life has meaning whether you're on the job, in your lounge chair, or nodding off in bed.

It is no secret that people who are seriously and/or chronically ill can become depressed and feel they want to die. The answer is not "Here, let me help you." It is to express compassion, to send the message that they're not alone and that others walk with them.

Such support calls for selfless friends and relatives who know how to sit patiently and quietly and when to call others for help. Those who opt to help another live life as much as possible instead of ending it with a deadly medical cocktail respect life at every stage. They recognize the slippery slope where taking a life of someone who wants to die moves easily into taking the life of someone you want to die. Where taking the life of someone with little beneficial time left slides into taking the life of someone whose life you think has no benefit no matter how long they live. One can quickly arrogate to oneself the role of God.

The dying deserve choices in everything from choice of care to choice of where to receive it. Other choices may involve whether to pray or sit quietly. Whether to have visitors. Whether to see a spiritual guide. Whether to have apple sauce or ice cream. Whether to call an old friend. Whether to increase pain medication.

Caring involves sharing – everything from a funny story about the grandkids, the latest news report, who was at church in the morning and who called last night. It might even involve sharing a beer, though not one laced with hemlock or its modern equivalent.

Choices provide a sense of control and we all like to keep our options open. But when a choice eliminates every other choice thereafter, it's really not a choice at all.

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