

Dear Father:

You may have heard that legislation, SB 3499, has been introduced to make assisted suicide legal in Illinois.

Polling data show many Illinoisians do not understand the consequences of legalizing assisted suicide, including Catholics. What may seem like a compassionate choice may be in fact influenced by financial considerations and the lack of support to help patients and their families. Data from other states where assisted suicide is legal reveal that it is often not chosen for the reasons stated in public arguments.

Education is needed in the months ahead on this subject, especially to clarify Church teaching on this emotional issue and to help parishioners understand the consequences of making assisted suicide legal in Illinois.

Please publish the “Message from the Catholic Bishops” in your Parish bulletins as well as the other materials from this packet and urge parishioners to contact their elected officials.

The Catholic Conference of Illinois (CCI) and the Illinois Catholic Health Association (ICHA), working with our diocesan offices, have prepared the attached packet to assist you in talking with parishioners. It includes a variety of resources for both clergy and the laity.

Here are some principal points to consider as you review the packet.

1. Know What is Happening – CCI has a landing page on its website that includes a brief webinar and other information to help you understand this issue. [www.ilcatholic.org](http://www.ilcatholic.org)
2. Know the Positive Catholic Position on End-of-Life Care – Genuine Catholic teaching offers real compassion for dying people, works with them to alleviate suffering, and does not impose an obligation to use extraordinary means to prolong life. Catholic teaching offers real respect for the life and dignity of people.
3. Recognize the Fallacies and Distortions – In pushing this legislation forward, its promoters will inevitably tap into people’s fears (e.g. “There can be terrible pain at the end of life”), neglect better possibilities for end-of-life care (e.g. palliative care) and mischaracterize assisted suicide as “compassionate care.”
4. Understand the Consequences – There are significant consequences that affect everyone, not just the person who wishes to end their life.
5. Catholics Are Not Alone in Their Opposition – Physicians, the disability community among others are also opposed. [www.stopassistedsuicideillinois.org](http://www.stopassistedsuicideillinois.org).



Catholic Conference  
of Illinois

65 E. Wacker Place  
Suite 1620  
Chicago, IL 60601  
Ph. 312-368-1066  
Fx. 312-368-1090

108 E. Cook St.  
Springfield, IL 62704  
Ph. 217-528-9200  
Fx. 217-528-7214

[www.ilcatholic.org](http://www.ilcatholic.org)  
Diocese of Belleville  
Archdiocese of Chicago  
Diocese of Joliet  
Diocese of Peoria  
Diocese of Rockford  
Diocese of Springfield-in-IL

## A BETTER WAY FORWARD

### *A Message on Assisted Suicide from the Catholic Bishops of Illinois*

*April 2024*

Legislation has been introduced to legalize assisted suicide in Illinois. SB 3499 makes it legal for a physician to prescribe an array of lethal drugs to a person diagnosed with a terminal disease who requests to end his or her life. The Catholic Bishops of Illinois oppose this legislation; there is a better way forward for our state.

As Pope Francis underscores, “We must accompany people towards death, but not provide death or facilitate assisted suicide.”

Assisted suicide disregards the Hippocratic Oath, “Do No Harm,” and sends the wrong message about the role of medical professionals. We cannot say it any better than the American Medical Association, “Physician assisted suicide is fundamentally incompatible with the physician’s role as healer, would be difficult or impossible to control, and would provide serious societal risks.”

This legislation brings a range of possible abuses. It should alarm us that in states with legalized assisted suicide there are documented cases of people being offered inexpensive lethal drugs to end their life rather than being provided more costly treatment. The poor and those with disabilities are particularly in jeopardy because they are the most vulnerable to abuses. Every major national organization that represents people with disabilities is opposed to assisted suicide.

In Oregon, where assisted suicide has been legal since 1997, data show that pain is not among the top five reasons why a person wants to end their life. Loss of autonomy, feelings of being a burden and being less able to engage in activities that make life enjoyable are most often cited as reasons for choosing assisted suicide. A better way forward is to expand mental health coverage and strengthen social supports such as community programs to help those dealing with depression and feelings of hopelessness.

No one wants to suffer or experience a loved one’s suffering. Fortunately, there are effective ways to alleviate suffering or make a person more comfortable at the end of life through palliative care. This relatively new specialty area of medicine cares for the whole person – physically, emotionally, socially, and spiritually – to relieve symptoms and stress that often accompany serious illness or side effects of treatment. A better way forward is to expand the number of palliative care locations and services in all areas of Illinois.

Assisted suicide is not a compassionate solution for those who are suffering. There is a better way forward that truly offers compassionate care and compassionate choices. Please go to [www.ilcatholic.org](http://www.ilcatholic.org) or call 217-528-9200 to find out how to contact your local elected official to tell them to vote NO on SB 3499.

# Frequently Asked Questions on the Issue of Euthanasia/Assisted Suicide

**Q • Does this mean that I am left to suffer endlessly?**

**A •** Not at all. No one is obligated to take on treatments which will only extend life but do not offer hope of recovery; ie, it is not necessary to live as long as one possibly can by whatever means necessary. There is great moral difference between acknowledging the reality of approaching death and intending to hasten it. One may refuse treatments which are deemed to be “disproportionate” in that they do not offer plausible hope for recovery, or more burdensome than beneficial to the patient. One may receive medications to deal with pain, even if they have a harmful effect or may hasten death, so long as this is not the intention of the patient nor the caregivers.

**Q • Why does the Church care?**

**A •** The Church has accompanied believers in Christ through many eras and cultures. She offers more to care for the sick and needy than any other institution. She is a witness to those aspects of culture which respect the value of life and those which cheapen it. Actions which intentionally shorten life, even in the midst of suffering, cheapen human dignity and lead to a culture where some life is treated as having more value than others. When euthanasia is accepted and practiced, it casts a shadow over the lives of those who endure handicaps, are elderly or infirm. When public policy endorses the intentional ending of life when its end is near, it creates the expectation that life should not include suffering. The false idea can easily lead to the reduction or withholding of care for those who depend upon financial aid and whose lives no longer seem “useful” from an economic standpoint. There is evidence that economic considerations have played a role in the decision-making process that governs euthanasia and physician-assisted suicide.

**Q • What does the Church teach on this matter?**

**A •** The Church has consistently taught that our life is a gift of God and its dignity is to be respected from the moment of our conception to our natural death. In each person’s life, the mystery of health and sickness, joy and suffering co-exist. While the practice of medicine which seeks to heal and alleviate suffering is a great vocation and work of mercy, the alleviation of suffering may never be confused with the elimination of the suffering person. Truly wholistic care for a patient and loved one should include the emotional and spiritual care to adequately address their pain and to accompany them through the last chapter of life, through death into eternal life.

**Q • Isn’t Euthanasia/Assisted Suicide presented as being compassionate?**

**A •** Though some advocate allowing for assisted suicide as a more compassionate approach to the struggle of facing death, the word “compassionate” is literally translated as - “to suffer with.” Assisted suicide is the exact opposite of “suffering with;” it is the removal of the suffering person from our midst.

# Frequently Asked Questions on the Issue of Euthanasia/Assisted Suicide (cont.)

Often, a terminally ill patient faces the great suffering of being alone or the guilt of feeling burdensome to loved ones. This person's dignity as a child of God and fellow member of the human family should be affirmed, and we should be willing to truly be compassionate, willing to suffer with and support one another in these most difficult moments. Very often, when a suffering person's pain can be managed and when their spiritual and emotional struggles are acknowledged, their fear of death and desire to hasten their death subsides.

**Q • What can I do to ensure I am cared for according to my intentions?**

**A •** Having a designated family member or proxy for making decisions of a medical nature should you be indisposed is a helpful way to assure that you receive the treatments and care you need, but also that your life need not be unnecessarily extended. Catholic hospitals and institutions adhere to the "Ethical and Religious Directives" authored by the United States Conference of Catholic Bishops. These clarify that ordinary means of care and treatment are expected, (such as nutrition and hydration as long as they can be accepted), but means which are unduly burdensome or futile need not be taken on, and that under no circumstances is your death to be intentionally hastened. Providing this link to your proxy or including it with your living will can and will help clarify your intentions.

# “Did You Know?” Tidbits on Assisted Suicide for Flocknotes/Bulletin Inserts

## **WHAT HAPPENS WITH ASSISTED SUICIDE?**

A doctor prescribes lethal drugs that can be sent through the mail to a person wishing to end his or her life if diagnosed with a terminal illness. There is no requirement that a doctor or anyone be present with a person in case something would go wrong upon consumption of the drugs. The person may take hours to die. Assisted suicide is not dignified, it is deadly. Tell your state legislators: **Vote NO on SB 3499** - assisted suicide. Visit [www.ilcatholic.org](http://www.ilcatholic.org) for additional information and resources.

## **ILLINOIS RESIDENTS DESERVE EXCELLENT PAIN MANAGEMENT, NOT ASSISTED SUICIDE**

Illinois has excellent, modern palliative care programs to alleviate suffering - no one's pain should be unmanageable in our state. Hospice care is paid for by Medicare, Medicaid, and private insurance. We deserve the best in pain management and quality care, not suicide drugs. Tell your state legislators to **Vote NO on SB 3499** - assisted suicide. Visit [www.ilcatholic.org](http://www.ilcatholic.org) for additional information and resources.

## **ASSISTED SUICIDE INCENTIVIZES DENYING TREATMENT**

Insurance companies have turned down coverage for cancer treatment but offered to pay for suicide drugs instead. Furthermore, the disabled community already faces demoralization and oppression in seeking adequate medical care. Assisted suicide encourages this kind of prejudice. Access Living, Progress Center for Independent Living and the National Council on Disability oppose assisted suicide. People need quality medical care and treatment, not assisted suicide. Tell your state legislators to **Vote NO on SB 3499**- assisted suicide. Visit [www.ilcatholic.org](http://www.ilcatholic.org) for additional information and resources.

## **ASSISTED SUICIDE TARGETS THOSE WITH MENTAL HEALTH CHALLENGES**

The proposal pending in Illinois does not require a psychiatric evaluation for depression. Many people requesting assisted suicide are depressed. The lifetime risk of suicide among patients with untreated depressive disorder is nearly 20% and 75.94% of communities in Illinois did not have enough mental health providers to serve residents in 2021, according to federal guidelines. Thinking about suicide can be a common part of depression, rather than a rational choice. Tell your state legislators to **Vote NO on SB 3499** - assisted suicide. Visit [www.ilcatholic.org](http://www.ilcatholic.org) for additional information and resources.

## **ASSISTED SUICIDE SENDS A MESSAGE TO PEOPLE THAT THEY ARE BURDENSOME**

In Oregon, where assisted suicide has been legal for years, data shows people request suicide drugs not for pain but because they cannot do the same activities that they could before, such as control bodily functions. They feel they've lost dignity or that they are a burden. Assisted suicide can also promote the view that elderly relatives are not persons to be loved but burdens to be managed. Suicide drugs are not the answer. Everyone deserves loving, supportive care, affirmation of their dignity, and to know that they are never a burden. Tell your state legislators to **Vote NO on SB 3499** - assisted suicide. Visit [www.ilcatholic.org](http://www.ilcatholic.org) for additional information and resources.

# “Did You Know?” Tidbits on Assisted Suicide for Flocknotes/Bulletin Inserts (cont.)

## **DOCTORS OPPOSE ASSISTED SUICIDE**

The American Medical Association (AMA), American Psychiatric Association, and dozens of other medical groups oppose assisted suicide. The AMA says “Physician-assisted suicide is fundamentally incompatible with the physician’s role as healer.” Physicians are entrusted with saving lives, not ending them, and assisted suicide violates the Hippocratic Oath. Tell your state legislators to **Vote NO on SB 3499** - assisted suicide. Visit [www.ilcatholic.org](http://www.ilcatholic.org) for additional information and resources.

# PRAYER FOR HELP



## A PRAYER FOR HELP

Lord Jesus Christ, you chose to share our human nature and redeem all people.

We ask your help for our brothers and sisters who are ill. Support them with your power and shelter them from sadness. Keep them firm in faith and serene in hope. Also help those who assist the sick and care for them in their time of illness.

Inspire our society to resist the temptation of assisted suicide for the elderly, the sick, the vulnerable and all your people. May life's beauty and sanctity be respected among all our brothers and sisters. All this we ask in your holy name.

Amen.

# SUGGESTED GENERAL INTERCESSIONS

---



- For all who are about to die: that through our love, care, and devotion, they might know the beauty of life, as they prepare for death; We pray to the Lord:
- For those denied adequate care; that we might stand up for their God-given dignity and assist them in their needs; We pray to the Lord:
- For all who are forgotten or thrown away, and especially for the poor, the sick, and the aged: that God might change our hearts and move us to love them as the image of Christ; We pray to the Lord:
- For those who have grown tired of life, and especially for those tempted to suicide: that God might grant them patient endurance and the support of loved ones; We pray to the Lord:
- For the nurses and all professionals who care for the sick and dying: they they will be given the grace to love each patient with the love of Christ, and to never see those they care for as a burden; We pray to the Lord:
- For elderly parents and godparents and those in nursing homes, that the love and respect of their children, families and friends might sustain them and bring them joy; We pray to the Lord:
- For the sick, weak or infirm, and those in constant pain: that they may not despair but may find strength and courage in the Cross of Christ and discover the redemptive value of their suffering; We pray to the Lord:



# NOVENA to Saint John Paul II

## for life and against assisted suicide in Illinois

### ABOUT THE NOVENA

This novena, nine days of intercessory prayer, can be prayed starting anytime to urge the defeat assisted suicide legislation in Illinois. We pray for a commitment by our elected officials to prioritize palliative care and support for those at risk from a physician assisted suicide: those with disabilities, who are nearing the end of life, or are struggling with a mental illness. We pray to Saint John Paul II, who showed us the value of human life through his own struggles and faith.

## NOVENA

### START THE NOVENA WITH THIS PRAYER EACH DAY

Merciful God, we pray with thanks and gratitude for the great spiritual gift of Saint John Paul II's apostolic life and mission.

Through his heavenly intercession we ask for the defeat of the assisted suicide bill and that the infinite worth of each human person is upheld through proper investment in palliative care.

Grant also that we may grow in love for You and proclaim boldly the love of Jesus Christ to all people. Through Christ, Our Lord. Amen.

### DAILY QUOTE/REFLECTION:

Read the day's quote or reflection (on the next page)

### CONCLUDE THE NOVENA EACH DAY WITH THESE PRAYERS:

#### THE LORD'S PRAYER

Our Father, who art in heaven,  
hallowed be thy name.  
Thy kingdom come.  
Thy will be done on earth,  
as it is in heaven.  
Give us this day our daily  
bread, and forgive us  
trespasses, as we forgive  
those who trespass against  
us, and lead us not into  
temptation, but deliver us  
from evil.  
Amen.

#### HAIL MARY

Hail, Mary, full of grace, the  
Lord is with thee.  
Blessed art thou among  
women and blessed is the  
fruit of thy womb, Jesus.  
Holy Mary, Mother of God,  
pray for us sinners, now and  
at the hour of our death.  
Amen.

#### GLORY BE TO THE FATHER

Glory be to the Father and to  
the Son and to the Holy Spirit,  
as it was in the beginning is  
now, and ever shall be world  
without end.  
Amen.

## NOVENA TO SAINT JOHN PAUL II - DAY ONE

All life has “inestimable value” - “even the weakest and most vulnerable, the sick, the old, the unborn and the poor, are masterpieces of God’s creation, made in his own image, destined to live forever, and deserving of the utmost reverence and respect.”  
- Pope Francis, July 2013

## NOVENA DAY TWO

“A society lacks solid foundations when, on the one hand, it asserts values such as the dignity of the person, justice and peace, but then, on the other hand, radically acts to the contrary by allowing or tolerating a variety of ways in which human life is devalued and violated, especially where it is weak or marginalized. Only respect for life can be the foundation and guarantee of the most precious and essential goods of society, such as democracy and peace.”  
- *Evangelium Vitae*, 101

## NOVENA DAY THREE

“A society will be judged on the basis of how it treats its weakest members; and among the most vulnerable are surely the unborn and the dying.”  
- Pope Saint John Paul II, May 2000

## NOVENA DAY FOUR

“Respecting the dignity of people who are dying must involve respecting their lives, for without life there is no dignity.”  
- *Cherishing Life, Catholic Bishops’ Conference of England and Wales, 2004*

## NOVENA DAY FIVE

“Laws which legitimize the direct killing of innocent human beings through abortion or assisted suicide are in complete opposition to the inviolable right to life proper to every individual; they thus deny the equality of everyone before the law.”  
- *Evangelium Vitae*, 72

## NOVENA DAY SIX

“As believers, how can we fail to see that abortion and assisted suicide are a terrible rejection of God’s gift of life and love? And as believers, how can we fail to feel the duty to surround the sick and those in distress with the warmth of our affection and the support that will help them always to embrace life?”  
- Pope Saint John Paul II, 1999

## NOVENA DAY SEVEN

“Fragility, pain and illness are a difficult trial for everyone...they are an appeal for patience, for suffering- with; we cannot give in to: temptation to apply quick and drastic solutions, stirred by false compassion or by simple criteria of efficiency and economic saving...True compassion marginalizes no one...much less consider their death as a good thing.”  
- Pope Francis, June 2016

## NOVENA DAY EIGHT

“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.”  
- *To Live Each Day with Dignity, United States Conference of Catholic Bishops, 2011*

## NOVENA DAY NINE

“Never tire of firmly speaking out in defense of life from its conception and do not be deterred from the commitment to defend the dignity of every human person with courageous determination. Christ is with you: be not afraid!”  
- Pope Saint John Paul II, 2001

# Talking/Preaching Points on Assisted Suicide

---

## The vocation to heal and to care and its limits

Christians have always been occupied with the task of healing and caring for the sick, suffering, and dying. Jesus Christ himself came into our midst, doing good, healing the sick, and preaching the arrival of the Kingdom of God. When he in turn sent out his disciples, he commanded them also to proclaim this Kingdom in both words and deeds. Thus, throughout the Church's history, God has inspired and enabled Christians to address the needs of the sick and suffering in our midst, to treat illness and bring healing. The work of countless doctors, nurses, and caregivers has been, and is to this day, one of the greatest ministries of the Catholic Church. Throughout the whole world, the Church is committed to caring for the sick, regardless of their status, income, religion, or creed. This ministry has increased the health and quality of life of countless persons. But we are also aware of the limits of our earthly life, and that God has made us for eternal life heaven. Therefore, the Church's ministry to the sick always upholds the inherent dignity of the human person in this bodily life, created as we are in God's own image and likeness, while also preparing us for our ultimate destiny in the life to come.

Recently, efforts have been undertaken to legitimize the intentional ending of human life by means of assisted suicide, which is also known as physician-assisted suicide (PAS) or, more euphemistically, "medical aid in dying" (MAiD). The Catholic Church strongly rejects such initiatives as contrary to the dignity of the human person and our vocation to care for the sick and suffering in our midst. The following are some of the most important reasons for the Church's opposition to assisted suicide. These reasons are categorized by the various persons involved and affected.

## Suffering and dying persons

### *Suicide in general*

First, we need to consider the issue of assisted suicide within the general context of suicide itself, since assisted suicide is, as its name indicates, a form of suicide. As Christians, we must always remember that "We are stewards, not owners, of the life God has entrusted to us. It is not ours to dispose of" (Catechism of the Catholic Church, n. 2280). God created us for Himself and Christ has redeemed our life by his blood. As St. Paul tells us, "You are not your own, for you were bought with a price" (1 Cor 6:19–20). Suicide can never be a moral choice, because it "contradicts the natural inclination of the human being to preserve and perpetuate his life. It is gravely contrary to the just love of self" (CCC, n. 2281).

### *Mitigating factors to moral responsibility*

While the psychological distress and confusion caused by one's suffering and/or impending death may greatly reduce a person's moral responsibility for choosing suicide, we must maintain that the act of suicide itself is always objectively evil; that is, no intention or circumstance can make suicide a morally good choice. In his 1995 encyclical *Evangelium Vitae* (The Gospel of Life), Pope St. John Paul II explained this:



# Talking/Preaching Points on Assisted Suicide

---

Suicide is always as morally objectionable as murder. The Church's tradition has always rejected it as a gravely evil choice. Even though a certain psychological, cultural, and social conditioning may induce a person to carry out an action which so radically contradicts the innate inclination to life, thus lessening or removing subjective responsibility, suicide, when viewed objectively, is a gravely immoral act. In fact, it involves the rejection of love of self and the renunciation of the obligation of justice and charity towards one's neighbor, towards the communities to which one belongs, and towards society as a whole. In its deepest reality, suicide represents a rejection of God's absolute sovereignty over life and death" (EV 66).

## *Assisted Suicide in particular*

Assisted suicide is simply a form of deliberately ending one's own life that involves the cooperation of another person or persons. Currently, because assisted suicide is primarily being promoted in the context of healthcare, these other persons are usually doctors and nurses. This medical context does not make assisted suicide more morally acceptable (in fact, it makes it even more immoral, as we will explain below). Whether done actively through the administration of drugs or passively through the removal of basic and necessary care, assisted suicide is gravely immoral, both for the patient choosing it and anyone who cooperates with this action. Assisted suicide is similar to euthanasia, or "mercy killing," since the intention in both cases is to eliminate suffering through death. The difference is that euthanasia is done without or even against the person's consent, whereas assisted suicide means that the person freely chooses death and self-administers a lethal dose of drugs prescribed by a doctor.

## *The rights of a patient*

Promoters of assisted suicide appeal especially to the autonomy and rights of the patient. However, while the right of a person to make his or her own healthcare decisions is real and important, it is not unlimited or absolute; it does not extend to actions or omissions that directly contradict his or her dignity as a person. Thus, in a recent document on end-of-life care, the Church states:

There is no right to suicide nor to euthanasia: laws exist, not to cause death, but to protect life and to facilitate co-existence among human beings. It is therefore never morally lawful to collaborate with such immoral actions or to imply collusion in word, action or omission. The one authentic right is that the sick person be accompanied and cared for with genuine humanity. Only in this way can the patient's dignity be preserved until the moment of natural death (CDF, Samaritanus Bonus, V, 9).

## Healthcare workers

*The first rule of the Hippocratic Oath: "Do no harm"*



# Talking/Preaching Points on Assisted Suicide

---

This time-honored principle of health care is to treat each person with care and respect and to never intentionally harm a patient. By assisting in the suicide of a patient, no matter their condition or wishes, the vocation for healing and caring for the sick is completely inverted; instead of defending the inherent dignity of human life, one ignores or rejects this dignity and becomes complicit in wrongful death. Even when an illness, disease, or injury cannot be successfully overcome, suffering and dying persons must be accompanied and cared for. This is the purpose of palliative care and hospice. Even when we cannot cure people, we can always care for them and attend to their emotional, psychological, and spiritual needs.

## *The duty of healthcare workers and the right to conscientious objection*

Traditionally, the patient-doctor relationship was considered a sacred one, a kind of covenant, because it requires great vulnerability, trust, and compassion. Today, however, in many societies such as our own, a consumeristic mentality has taken root in healthcare. This mentality has reduced the patient-doctor relationship to more of a consumer-provider contract (this is clear in the now-popular term, “healthcare providers”). While this ultimately harms patients as well, this consumeristic perspective especially diminishes the sense of dignity and duty attributed to healthcare workers. The truth is that doctors, nurses, and others in the healthcare profession are entrusted with a sacred duty to respect and uphold the dignity of every patient in their care. This duty takes priority over the desires of the patient, which at times can contradict their own authentic good. Of course, doctors and nurses should respect the desires and treatment decisions of patients and their families or legal representatives as much as possible. However, this respect for the patient does not require or allow doctors and nurses to violate their own consciences or to cooperate in morally evil actions. After all, “The physician is never a mere executor of the will of patients or their legal representatives, but retains the right and obligation to withdraw at will from any course of action contrary to the moral good discerned by conscience” (SB, V, 2). Everyone is always obliged to follow his or her conscience, and one cannot ignore or override the judgement of conscience by appealing to the patient’s wishes or to the civil law. Pope St. John Paul II explains:

“Christians, like all people of good will, are called upon under grave obligation of conscience not to cooperate formally in practices which, even if permitted by civil legislation, are contrary to God’s law. Indeed, from the moral standpoint, it is never licit to cooperate formally in evil. Such cooperation occurs when an action, either by its very nature or by the form it takes in a concrete situation, can be defined as a direct participation in an act against innocent human life or a sharing in the immoral intention of the person committing it. This cooperation can never be justified either by invoking respect for the freedom of others or by appealing to the fact that civil law permits it or requires it.



# Talking/Preaching Points on Assisted Suicide

---

Each individual in fact has moral responsibility for the acts which he personally performs; no one can be exempted from this responsibility, and on the basis of it everyone will be judged by God himself (cf. Rom 2:6; 14:12)” (EV 74).

## *A false comparison*

Proponents of assisted suicide suggest that cooperating with those who choose to hasten or bring about their own death is an act of compassion, because their suffering is so severe. However, the word “compassion” literally means to “suffer with” another; to accompany and enter into solidarity with one in need. To kill (or assist in the death of) persons who suffer is the opposite of compassion. Instead of accompanying people who suffer, the suffering is deemed too great and the suffering person becomes a problem to be eliminated. In Samaritanus Bonus, we read:

In the face of seemingly “unbearable” suffering, the termination of a patient’s life is justified in the name of “compassion”. This so-called “compassionate” euthanasia holds that it is better to die than to suffer, and that it would be compassionate to help a patient to die by means of euthanasia or assisted suicide. In reality, human compassion consists not in causing death, but in embracing the sick, in supporting them in their difficulties, in offering them affection, attention, and the means to alleviate the suffering (SB, IV)

Pope St. John Paul II wrote: “True ‘compassion’ leads to sharing another’s pain; it does not kill the person whose suffering we cannot bear” (EV 66). When we are tempted to hasten the death of someone or cooperate in his or her suicide, we should ask ourselves, “Whose needs are being met? Am I really motivated by compassion (suffering with), or am I afraid of what true compassion demands of me?”

## Family and loved ones

Disguising itself as a form of compassion, assisted suicide distorts the relationship between suffering and dying persons and their family and other loved ones. It is very common for disabled, elderly, and dying persons to feel as though they are only a burden to others and to society. This feeling of only being a burden can increase a person’s temptation to suicide. Perversely, the availability of assisted suicide sends the message to these persons: “Yes, you are a burden. Your suffering and neediness are dragging everyone down. We would be better off without you here.” When assisted suicide is offered as an option, a new pressure arises for people to end their lives when they reach a certain level of dependency. Some ethicists today have even begun proposing a so-called “duty to die.” Family and loved ones, knowing that the option of assisted suicide exists, are less likely to rise to the occasion and embrace a heroic form of love by accompanying their loved one to the end. When the faster, easier option of assisted suicide is available and promoted, those who choose to continue living in spite of suffering and limitations can start to seem selfish.

## Addressing suffering as Christians

The Catholic Church does not suggest or require that a person must be allowed to suffer



# Talking/Preaching Points on Assisted Suicide

---

mercilessly or endlessly. Adequate palliative care is to be offered so that a person's pain can be managed. Realizing the limits of human bodily life, the Church recognizes that there are times when further treatments are futile and/or disproportionately burdensome. At such times, no one is obligated to take on medical treatment to extend life as long as possible. Care in the form of pain management is to be provided to the extent needed to make a person comfortable, even when treatments are no longer helpful. This is the recognition of the limits of our earthly life. However, there is a clear moral difference between accepting death on the one hand and actively assisting in the killing of a suffering person on the other:

It is not lawful to suspend treatments that are required to maintain essential physiological functions, as long as the body can benefit from them (such as hydration, nutrition, thermoregulation, proportionate respiratory support, and the other types of assistance needed to maintain bodily homeostasis and manage systemic and organic pain). [...] the renunciation of extraordinary and/or disproportionate means “is not the equivalent of suicide or euthanasia; it rather expresses acceptance of the human condition in the face of death”[EV 65] or a deliberate decision to waive disproportionate medical treatments which have little hope of positive results. The renunciation of treatments that would only provide a precarious and painful prolongation of life can also mean respect for the will of the dying person as expressed in advanced directives for treatment, excluding however every act of a euthanistic or suicidal nature (SB, V, 2).

For many suffering persons, their initial inquiries into assisted suicide have been reversed when their pain is managed and their emotional and spiritual needs addressed. Rather than simply cooperating with a person's request for death, which comes from a place of fear and desperation, we need to listen to the underlying cry of their heart. As Pope St. John Paul II wrote: “The request which arises from the human heart in the supreme confrontation with suffering and death, especially when faced with the temptation to give up in utter desperation, is above all a request for companionship, sympathy and support in the time of trial” (EV 67).

## *The role of Suffering in Human Solidarity and Communion*

An integral aspect of human life is our interdependence upon others and our willingness to come to the aid of others. In all of creation, human beings uniquely care for and accompany others in their need. We are born into relationships of interdependence, where we learn the value of life and the true meaning of compassion. The human family flourishes only when it stands with those in need and accompanies them in situations where they are unable to care for themselves. This solidarity is what allows us to perceive the value of the young, the impoverished, the handicapped, the sick, and the dying; those whose dignity is not measured by what they can do, but for their being created in God's image and likeness.



# Talking/Preaching Points on Assisted Suicide

---

This necessary solidarity breaks down when the value of a person is equated to their health, productivity, or contribution to society. In fact, it is precisely when a person has nothing to contribute in a material sense that we have the greatest opportunity to affirm his or her intrinsic value. To affirm the value of such persons is to say simply, “It is good that you exist.” In this we imitate God our Creator, who “saw everything that he had made, and behold, it was very good” (Gen 1:31).

## *The redemptive value of suffering*

The teaching of Scripture, the life of Christ, and the witness of the saints all affirm that suffering—even great suffering—does not render life meaningless or no longer worth living. After all, the greatest revelation of God’s love for us is Christ crucified. Especially as Catholics, we have a beautiful spiritual theology of the redemptive value of suffering. Suffering remains an evil, and it is good to reduce and avoid it where possible. However, when humbly accepted in faith and love, suffering can be a powerful source of sanctification and intercession. In suffering, we experience more acutely the reality of our limitation and need for God, which in reality are always present. For a Christian in particular, to reject the value of suffering as incompatible with God’s love and goodness is to reject the value of Christ’s suffering death, to “empty the cross of its meaning” (1 Cor 1:17). Through faith, we recognize that “the sufferings of this present time are not worth comparing with the glory that is to be revealed to us,” and moreover, that “for those who love God all things work together for good, for those who are called according to his purpose” (Rom 8:18, 28). Keeping this in mind, we also recognize that everyone is not called to embrace suffering in the same way or to the same degree. This is why the Church has always sought to alleviate suffering wherever she has found it, and in modern times, has affirmed the legitimacy of using medications and other treatments to reduce and eliminate pain.

## *Called to love the “least of these”*

The Christian perspective on the value of life is utterly opposed to every utilitarian perspective, which only recognizes a person’s value insofar as he or she is wanted by others or thought to be “useful” in some way. Throughout salvation history, God shows a special love for the poor and those overlooked by others. In St. Paul’s words, “God chose the lowly and despised of the world, those who count for nothing” (1 Cor 1:28). And of course, Christ himself radically identifies with these “least ones,” to the point that we will be judged on how we treated them: “Amen, I say to you, whatever you did for one of these least brothers of mine, you did for me” (Mt 25:40). It is not up to us to judge whether another person’s life is “worth living” or not. If we do make this judgement, we presume to take the role of God, the Author of Life. When people face the darkness of suffering and are tempted to despair about the value or meaning of their lives, our role is to raise them up and, humbly, to help them to see themselves and their situation from God’s perspective.





# Talking/Preaching Points on Assisted Suicide

---

## Why does it matter if assisted suicide is legalized if I do not participate in it?

There are many dangers to all individuals in making assisted suicide acceptable in our broader society. A society in which the elderly, disabled, and extremely sick are pressured to die is a society in which the value of human life is conditional. The message is that life is valuable and worthy of respect so long as one experiences a certain level of pleasure and contributes something to others. This leads to what Pope St. John Paul II called the “culture of death” and what Pope Francis has called the “throwaway culture.” Sometimes people are quick to dismiss such arguments as a “slippery slope fallacy.” But when we witness the breakdown of respect for human life all around us, especially in countries and states where actions like abortion, assisted suicide, and euthanasia are permitted and promoted, it is not fallacious to recognize this development as morally evil and opposed to human flourishing and God’s design.

Very few would have predicted in 1973 that the legalization of abortion, frequently argued for extreme situations, would have led to the cultural phenomenon of “abortion on demand” for any reason or no reason at all. It would be naïve to assume that the same pattern for undermining the objective dignity of human life would not lead to similar dismissal of the poor, handicapped, sick, and suffering. In places where assisted suicide has been legalized and is practiced, the cultural situation has deteriorated to the point of allowing death inducing medications to be given to those who are unable to grant their desire or consent to such practices.

Finally, in terms of just access to healthcare, once the precedent of assigning value to one’s life is established, government aid resources and insurance coverage will naturally begin to decrease for those whose conditions are not “worth treating.” It has already been documented that in countries like Canada people with terminal illnesses have been denied various treatments but offered assisted suicide instead. Sadly, this phenomenon of death in place of care would have a disproportionate effect on the poor. The United States Conference of Catholic Bishops addressed the threat of assisted suicide to end-of-life healthcare in a recent document:

Even health care providers’ ability and willingness to provide palliative care such as effective pain management can be undermined by authorizing assisted suicide. Studies indicate that untreated pain among terminally ill patients may increase and development of hospice care can stagnate after assisted suicide is legalized. Government programs and private insurers may even limit support for care that could extend life, while emphasizing the “cost-effective” solution of a doctor-prescribed death. The reason for such trends is easy to understand. Why would medical professionals spend a lifetime developing the empathy and skills needed for the difficult but important task of providing optimum care, once society has authorized a “solution” for suffering patients that requires no skill at all?



# Talking/Preaching Points on Assisted Suicide

---

Once some people have become candidates for the inexpensive treatment of assisted suicide, public and private payers for health coverage also find it easy to direct life-affirming resources elsewhere (USCCB, “To Live Each Day with Dignity: A Statement on Physician-Assisted Suicide”).

## Conclusion

As many in the pro-life movement have argued in recent decades, the right to life is the most fundamental right of all, since life is the necessary foundation for all other rights. Like abortion, assisted suicide is a grave evil that perpetuates the lie that the value of a human life depends on a person’s circumstances, especially whether or not he or she is still wanted by others and convenient enough for them. As Christians, we believe that all human beings are valuable simply because they are created in the image and likeness of God. We also believe that Christ’s own passion and death forever changed the meaning of our suffering and death. Therefore, out of love for God and our neighbor, our response to suffering and dying persons whose dignity and value is under attack must be to proclaim these truths by our words and actions.

“For none of us lives to himself, and none of us dies to himself. For if we live, we live to the Lord, and if we die, we die to the Lord. So then, whether we live or whether we die, we are the Lord’s. For to this end Christ died and lived again, that he might be Lord both of the dead and of the living” (Rom 14:7–9).



# Talking/Preaching Points on Assisted Suicide

---

## Recommended Resources:

“Congregation for the Doctrine of the Faith, *Samaritanus Bonus* (On the care of persons in the critical and terminal phases of life), 2020.

Congregation for the Doctrine of the Faith, *Iura et Bona* (Declaration on Euthanasia), 1980.

Pope John Paul II, *Evangelium Vitae* (The Gospel of Life) nn. 64-67

Pope John Paul II, *Salvifici Doloris* (On the Christian Meaning of Human Suffering), 1984.

*Catechism of the Catholic Church*, nn. 2276-2283.

United States Conference of Catholic Bishops, “To Live Each Day with Dignity: A Statement on Physician-Assisted Suicide”, 2011.

United States Conference of Catholic Bishops, *Ethical and Religious Directives for Catholic Health Care Services*, 6th Ed., Part Five: Issues in Care for the Seriously Ill and Dying.

Pontifical Council for Pastoral Assistance to Health Care Workers, *New Charter for Healthcare Workers*.

*This document was prepared by Fr. Peter Harman, S.T.D. and Fr. Christopher Trummer, S.T.L. of the diocese of Springfield in Illinois for the Catholic Conference of Illinois.*



# Webinar on Assisted Suicide

<https://www.youtube.com/watch?v=-J7bXytwC6c&t=9s>



## Press Conference from March 2024 from Advocates Against Assisted Suicide:

<https://www.youtube.com/watch?v=BrQH1YzTuPA&t=1470s>





## **Join the Illinois Catholic Advocacy Network (I-CAN)**

**Our state's General Assembly creates laws that affect us, our Church, families and vulnerable neighbors. Put your faith into action with the Illinois Catholic Advocacy Network (I-CAN). Stay informed and join your voice with Catholics statewide on critical issues. Members get action alerts on issues along with updates from the Catholic Conference of Illinois:**

**<https://www.ilcatholic.org/take-action/join-i-can/>**