

# Dying with dignity

**By Archbishop William E. Lori**

Recently I had the pleasure of visiting Stella Maris in Timonium. Operated by the devoted Sisters of Mercy, Stella Maris provides, among other things, hospice care for people who are terminally ill. They do this at both their locations as well as in the homes of patients, putting the needs and comfort of their patients first, thereby offering them the opportunity to live their final days pain-free and with dignity.

The Little Sisters of the Poor operate St. Martin's Home for the Aged in the Catonsville area. An outgrowth of their charism of caring for the elderly poor, the Little Sisters treat residents of St. Martin's like their own family members. This has been evident every time I have visited as I've seen the way the sisters care for and love the residents, who always appear content and at peace.

Blessed Mother Teresa of Kolkata's Missionaries of Charity operate an AIDS hospice at St. Wenceslaus Catholic Church in East Baltimore. The Missionaries of Charity sisters began the hospice at the urging of Cardinal William H. Keeler in 1992. They provide care and housing to people afflicted with AIDS and HIV. Of their care for residents of the hospice, Sister Mary Manorama, superior of the missionaries, told the Catholic Review, "We try to enrich their lives with the experience and love of Jesus."

These are but three examples of the way the Catholic Church here in our archdiocese seeks to alleviate the suffering of individuals who are dying and to allow them to live their remaining days in comfort and with dignity. The church, whether through its Catholic healthcare facilities or the pastoral outreach of its parishes and priests, aims to bring comfort to those in its care by sharing God's mercy and love.

Being able to live one's final days with dignity when diagnosed with a terminal illness is the subject of legislation currently before the Legislature here in Maryland and in other states. The legislation would allow doctors legally to prescribe a lethal dose of medicine at the request of a patient who has received a diagnosis of six months or less to live. The legislation is supported by the former Hemlock Society (the group now refers to itself by a much less ominous name) and is flawed on a number of levels:

- It's impossible accurately to predict a terminal diagnosis - medical prognoses are based on statistical averages. Virtually everyone knows someone who has outlived a prognosis, sometimes by several years;
- Patients aren't required to receive a screening for depression - mental health professionals argue strongly that the overwhelming number of suicides could have been avoided with the right therapeutic intervention;

- No family notification is required – there are no safeguards to ensure that a patient is not coerced at the time of death or even to prevent another person from administering the drug;
- No doctor or nurse is present – in almost all cases, patients will ingest the lethal dose at home, possibly alone, without any doctor or nurse with them in case something goes wrong; and
- The lethal drugs are picked up at the local pharmacy. In most cases the dosage is up to 100 individual pills.

And we, as Catholics, need to consider what the church believes and teaches on this issue: physician-assisted suicide gravely violates the sacred value of all human life, particularly of those who are vulnerable due to illness, age or disability, and undermines the medical profession’s healing mission.

“Physician-assisted suicide is fundamentally incompatible with the physician’s role as healer, would be difficult or impossible to control, and would pose serious societal risks,” the American Medical Association has said about the issue.

Moreover, the American College of Physicians, the American Nurses Association, the National Hospice and Palliative Care Organization, the National Council on Disability and numerous other medical, palliative care and disability organizations opposed physician-assisted suicide. Since 1994, there have been more than 140 legislative proposals in 27 states to legalize physician-assisted suicide. All but three states (Oregon, Washington and Vermont) have rejected the legislation.

While opposed to physician-assisted suicide, the church also teaches that reasonable steps should be taken to sustain life, including the use of beneficial medical treatments, and of effective means for conveying nourishment and fluids. “Respect for life does not demand that we attempt to prolong life by using medical treatments that are ineffective or unduly burdensome,” the U.S. Conference of Catholic Bishops has said. “Nor does it mean we should deprive suffering patients of needed pain medications out of a misplaced or exaggerated fear that they might have the side effect of shortening life.”

Instead of finding ways of making it easier for people to extinguish human life, we should be seeking ways to bring comfort and healing to those who are suffering, especially when death may be near.

“There is no human life that is more sacred than another – every human life is sacred – just as there is no human life qualitatively more significant than another,” Pope Francis said.

For more information about the church’s teaching on end of life care, visit [injoyfulhope.org](http://injoyfulhope.org); to receive alerts about this issue in Maryland and to help defeat assisted physician-suicide legislation, visit [stopassistedsuicidemd.org](http://stopassistedsuicidemd.org).

*Also see:*

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