

SUICIDE: TO ASSIST OR NOT? THAT IS THE QUESTION

By Stephanie Gray, Love Unleashes Life

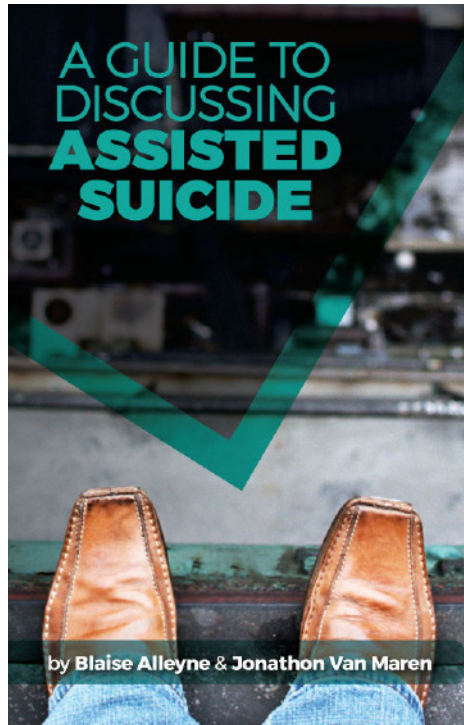
This past week my newsfeed filled with news of the suicides of two famous people, Kate Spade and Anthony Bourdain. It has struck me that there is consensus among the posts I see that these deaths were tragic, that the loss of their lives is something to be mourned, and that the cause of their death—suicide—is something to be prevented—or is it?

As best we know, Spade and Bourdain died alone, at their own hands. But what if they hadn't been alone? What if their suicides had been assisted? What if their actions were aided by a physician? In our confused culture, a subtle change of facts can make the thing we prevent the thing some assist.

Which brings to mind an experience I had on a plane last weekend. I was flying to Halifax, Nova Scotia, to speak at a conference for physicians on the topic of assisted suicide, newly legal in Canada as well as in places like DC, Hawaii, Washington, Oregon, The Netherlands, and Belgium, to name a few. During my flight I read a phenomenal book on the subject by my friends Jonathon Van Maren and Blaise Alleyne: *A Guide to Discussing Assisted Suicide*. Shortly before landing, a passenger next to me noticed the cover and commented to me, "That's certainly not light reading!" he said. In a brief conversation I learned that he had elderly relatives and his wife worked in healthcare. "Would you like to have my copy?" I asked. "It's a short read—I finished it on this flight." He gratefully accepted it and promised to e-mail me his thoughts.

Van Maren and Alleyne have brilliantly distilled the assisted suicide/euthanasia debate to this central question: **Who gets suicide assistance and who gets suicide prevention?**

When the debate is framed that way it becomes difficult to give



anyone suicide assistance—which is the point. If we believe in human dignity and equality then everyone inclined to suicide should get suicide prevention, not suicide assistance. Van Maren and Alleyne help explain it this way: A lot of times in the assisted suicide debate people will say it's about choice, about the freedom of an individual to choose whether she herself lives or dies. And yet, if we would try to prevent some people's suicides (e.g., Spade and Bourdain) then it's not about choice at all. By trying to stop their deaths we are overriding their choice. Which means rather than being about choice, assisting with some suicides is about judgment — about other parties making a judgment about whether someone's life is worth saving — or not, about whether someone is better off dead — or not. If person X would prevent Spade's suicide but assist with grandma's suicide, then person X is making a judgment about each person's life and not valuing them equally. And that's the problem.

Van Maren and Alleyne write, "Most people who support assisted suicide

also support suicide prevention. This is *The Split Position*... [which] considers suicide and assisted suicide as totally separate topics. People who hold to this position have often never tried to reconcile their conflicting beliefs. Our goal in responding to *The Split Position* in conversation is to attack this cognitive dissonance – to pit their own beliefs in preventing suicide and assisting suicide against each other, and show that *The Split Position* is a basic human rights violation because it splits people into protected and unprotected classes. Suicidal despair is always a symptom of some other unmet need. The desire to die is changeable, suicide prevention is a human right, suicide assistance is a human rights violation, and our moral duty to the suicidal is to prevent self-harm, never to facilitate it."

In articulating why the "Split Position" should be rejected (as well as the position which favors suicide assistance for anyone), Van Maren and Alleyne explain the pro-life position of total suicide prevention:

"In a society that truly values each and every human life, we have a responsibility to view the desire for suicide as an opportunity to love that person better, and to love that person more. What someone is saying when they express the desire for suicide is that they are in pain, and that they feel unloved. We have a responsibility to respond. From a personal and social standpoint, we need to ask questions such as: What is our duty to the suicidal? Are we responsible to care for and love those who cannot love us back? How can we love this person better?"

"Opposing assisted suicide does not mean a refusal to recognize how dire situations of extreme suffering or how painful the final days of terminal illness can be. It simply means rejecting assisted suicide as an ethical, humane, or life-affirming response to those

News & Views



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Please join Cambridge Right to Life as we promote the culture of LIFE in our community. Your presence is critical to the success of our events and makes a statement to those around you, while helping to shed light on the injustices of our day.

Now is the time to sharpen your pencils and collect pledges from your sponsors for our **ANNUAL WALK FOR LIFE** on **Saturday, September 29th**. See our poster and sponsor sheet included in this newsletter. Please invite family members and friends to participate in this fun-filled morning. New this year, is an opportunity for students to enter our Poem & Essay Contest for an additional prize. The creative writing should address a specific pro-life theme and must be a maximum of 500 words in length. Entries must be received by October 31, 2018. Visit our website for more details.

The **INTERNATIONAL LIFE CHAIN** will take place on **Sunday, September 30th from 2:00 - 3:00 pm**. See details below. Please contact our office if you have any questions about our events at 519.623.1850.

LIFE CHAIN SUNDAY

**PRAY TO END ABORTION
IN OUR COUNTRY, PROVINCE &
COMMUNITY!**

**SUNDAY, SEPTEMBER 30TH
2:00-3:00PM**

ALONG HESPELER RD. NEAR THE ROYAL BANK & VALUE VILLAGE



WE ARE IGNORING A KEY PART OF ‘DYING WITH DIGNITY’

By Barbara Kay (Reprinted from the National Post)

ING WONG-WARD IS DISABLED, dependent on a wheelchair and afflicted with colon cancer, accompanied, for the past year, by a stubbornly persistent abdominal abscess. This seems a depressing scenario, but Wong-Ward presents as anything but depressed in her promotional article for palliative care in Saturday’s Globe and Mail, “Living — and dying — with dignity.”

Wong-Ward writes she was surprised to discover that palliative care — which, like many Canadians, she identified as meaning “you are about to die” — is more about guidance and protection for patients “who are coping with the most difficult time of their lives,” which may or may not include the prospect of imminent death.

In fact, Wong-Ward was told she may have years to live in spite of her cancer. But through consultation with a palliative-care expert, her fears of a gruesome death (for although she wants no heroic measures at the end, she also does not wish to be euthanized) were assuaged, and she was given “the window I need to live my life, as compromised as it now is.”

Wong-Ward resists the freighted term “dying with dignity.” She is well aware that many euthanasia proponents would not consider the constrained circumstances she grapples with “dignified,” but that troubles her, as well it should. She is “trying to live with dignity as I always have, despite the very real medical indignities” she endures.

Wong-Ward’s final pitch echoes my own point of view

on this subject. It “dismays” her that the state makes it easy for people without terminal conditions to end their lives, and that lobby groups such as Dying with Dignity are not “actively lobbying for increased access to palliative and hospice care.”

They aren’t, because according to my reading of the literature, activists for euthanasia regard activists for palliative care as rivals for the same “customers,” rather than purveyors of an equally worthy but different “product.” Furthermore, in assessing what happens in countries or other jurisdictions where euthanasia becomes legal, it is clear to me that citizens with poor quality of life who demand greater resources for “assisted living” rather than opting for “dying with dignity” are looked at with a certain impatience and disrespect.

Take, for example, the Ontario case of 42-year-old Roger Foley. Foley’s mind is perfectly functional, but his body is ravaged by a progressive neurodegenerative disease, cerebellar ataxia, which renders him dependent on intensive caregiving. Foley is exactly the kind of individual Dying with Dignity was formed to assist with euthanasia, for his condition is both irremediable and, to most euthanasia proponents, what they would consider intolerable. Alas for them, Foley wants to play out the cards he was dealt. He wants to live at home with assistance but, having arrived at suicidal ideation due to alleged injuries, food poisoning and other incompetency-induced indignities at the hands of government-

We are ignoring a key part of dying with dignity, continued...

funded care, he has been hospitalized in a London hospital for two years.

According to Foley, he now has two options: “forced discharge” from hospital and return to “contracted agencies that have failed him,” or euthanasia. Foley seeks a third option, “assisted life with self-directed funding,” and he is suing the hospital, several health agencies and the attorneys general of Ontario and Canada to get it. His demand seems reasonable to me. It will be less costly than hospitalization, and it will give him a measure of control he cannot feel as the infantilized ward of an impersonal state.

What comes across in Foley’s story is institutional insensitivity to his individual needs, and — in my interpretation — resentment that he is complaining about substandard care, and worse, demanding to live optimally, rather than die to validate the theory that death is, or should be, preferable to radically diminished physical independence.

I have just read, and recommend, a beautiful new book about palliative care, *With the End in Mind*,

by Kathryn Mannix, a British physician specializing in Cognitive Behaviour Therapy with palliative-care patients. The book is a series of stories (somewhat edited to conceal identities) about deaths that Mannix has overseen, both easy and difficult, experienced by a broad spectrum of humanity: toddlers, teens, mid-lifers, the elderly. Mannix is a loving presence, exactly the kind of “deathwife,” as she calls palliative-care practitioners, one would want for oneself at the end. (See Book description (Recommended Reading, below.)

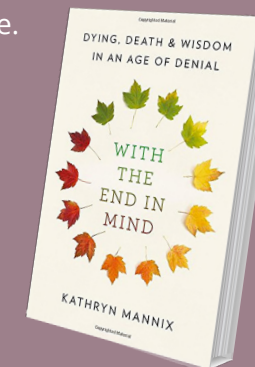
Committed as she is to palliative care as the best way to die, Mannix is not the least bit ideological (although one story, of a Dutch patient who moved to England because his Dutch doctors kept pressing him toward euthanasia, was disturbing). I recommend it to all those facing the end who have fears of the process itself (in most cases not nearly as awful as we imagine) and anxiety about discussing it with loved ones. This book will comfort and ease passage for the dying and for their circle of support alike. ■

RECOMMENDED READING: WITH THE END IN MIND

Palliative Care Physician, Dr. Kathryn Mannix helps to demystify a subject that is increasingly taboo – how people die. Through stories from her own practice, Kathryn takes the reader on a journey through dying.

Modern medical technology is allowing us to live longer and fuller lives than ever before. And for the most part, that is good news. But with changes in the way we understand medicine come changes in the way we understand death. Once a familiar and gentle process, death has come to be something from which we shy away, preferring to fight it desperately than to accept its inevitability. In this book, she shares beautifully crafted stories from a lifetime of caring for the dying. With insightful meditations on life, death, and the space between them, *With the End in Mind* describes the possibility of meeting death gently, with forethought and preparation, and shows the unexpected beauty, dignity, and profound humanity of life coming to an end.

To borrow a copy of *With The End in Mind*, please contact our office at 519.623.1850.



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circumstances. Instead, we propose that treatment centred around the person (rather than ending that person’s life) be implemented.”

They further observe, “John Paul II wrote that ‘the world of human suffering unceasingly calls for, so to *speak, another world: the world of human love.*’ *Suffering unleashes love, it demands our creative response, and a response to alleviate suffering, but never to eliminate the sufferer. Our duty to the suicidal is suicide prevention, and even in the face of a terminal prognosis or incurable condition, never to ‘quit’ on someone and give into suicidal despair. Rather, we must work to relieve unbearable suffering and apply our creativity and imagination to improve quality of life, even when it is in short supply, even in a person’s darkest moments or final days.*”

And so, in the wake of the tragic deaths of Spade and Bourdain, let us remember that just as they deserved suicide prevention—not assistance, so do the elderly, the disabled, the sick, and the dying. To further understand why, get a copy of Van Maren and Alleyne’s book today. It is the best apologetic I’ve read on the subject.

Cambridge Right to Life has several copies of *A Guide to Discussing Assisted Suicide*. Please contact our office if you’d like to borrow a copy at 519.623.1850. ■