

August 1990

Value Conflicts Raised by Physician Assisted Suicide

Kevin O'Rourke

Follow this and additional works at: <http://epublications.marquette.edu/lnq>

Recommended Citation

O'Rourke, Kevin (1990) "Value Conflicts Raised by Physician Assisted Suicide," *The Linacre Quarterly*: Vol. 57: No. 3, Article 8.
Available at: <http://epublications.marquette.edu/lnq/vol57/iss3/8>

Value Conflicts Raised by Physician Assisted Suicide¹

Kevin O'Rourke, O.P.

Father O'Rourke is director of the Center for Health Care Ethics at St. Louis University Medical Center.

Introduction

When the Concern for Dying Council asked me to attend this seminar and "to identify and discuss the value conflicts raised by assisted suicide and physician assisted suicide within the context of terminal illness", I thought of Kelly the Irish football player. Kelly was a third string player on the team representing County Cork. One day County Kerry was "doing in" the County Cork team. As one Cork player after another was carried off the field, the crowd would yell, "Give the ball to Kelly — give the ball to Kelly." Finally, after the victim of a particularly vicious tackle was carried off the field, Kelly stood on the bench, faced the crowd and shouted, "Kelly don't want the ball!"

Upon reflection however, I realized that "I do want the ball." Though the Concern for Dying Council has an agenda that I do not share, this is exactly the type of setting and forum in which we must discuss controversial issues. Only in a forum where listening and reasoned analysis predominate, where public opinion polls, raucous denunciation of opponents, self serving publicity releases, and manipulation by the media are set aside, will we make true progress in resolving some of the difficult issues which beset our society. Hence I appreciate the invitation of the Concern for Dying Council to participate in this program.

Having willingly accepted the challenge and realizing that we live in a pluralistic society, I thought I would address the issue totally from the perspective of the life sciences. Avoiding religion and theology, I intended to concentrate on the arguments against physician assisted suicide from medicine, sociology and psychology. However, I realized that this

approach would be inadequate. Theology and religious tradition play major roles in developing value consensus in a pluralistic society. As Cardinal John Deardon stated several years ago:

The challenge of religious pluralism is not the negative problem of how to keep religion out of the public business, but rather how to draw upon the teaching, traditions and insights of the several religious communities to provide directions, meaning and moral wisdom in confronting the major issues facing society.²

Though speaking from a theological tradition, my arguments will be based, I trust, upon reasoned analysis, the *lingua franca* of the pluralistic society. Thus, I do not expect your respect for my remarks because they represent a theological tradition, but rather, because they are reasonable expressions of a theological tradition. In addition to expressing the thoughts of the Catholic theological tradition, I shall seek to substantiate this tradition with statements from sociologists, physicians, psychiatrists, artists and everyday people.

This rather long introduction having been completed, let me move into the main part of my presentation. In the first part of the paper, I shall define and identify some terms which are significant in order to understand our topic. After that, I shall present briefly the history and content of the teaching of the Catholic Church in regard to assisted suicide; in the third part, I shall offer responses from prominent people in the life sciences to some of the contemporary arguments proposed in favor of physician assisted suicide.

I. Definition of Terms

A. By the term *suicide*, I understand a voluntary act by which a person intends and causes his or her own death. Suicide may be accomplished by commission or omission. Thus one may commit suicide either by inducing the cause of death. (e.g., shooting oneself) or by refusing to circumvent or eliminate a fatal pathology when there is a moral obligation to do so (e.g., an otherwise healthy person with family responsibilities refuses respirator assistance to bide him over an asthma attack, thus dying due to lack of medical care which should have been utilized).

B. **Assisting a suicide** implies that one offers aid to a person desirous of committing suicide; usually the aid is a physical action, though it could be verbal persuasion as well. Assisting a suicide is a voluntary action and receives the same moral designation as the act of suicide itself.

C. **Physician assisted suicide** is usually performed to end psychic or physiological suffering.³ In the theological tradition of the Catholic Church committing suicide in order to avoid suffering, or assisting suicide for the same reason, are called acts of euthanasia. In the Catholic tradition "by euthanasia is understood an action or omission which of itself or by intention causes death in order that all suffering may in this way be eliminated."⁴ Euthanasia may be *voluntary* or *involuntary* depending upon the desire of the person who dies. The fact that euthanasia is

voluntary, that is, that the patient ends his life willingly either by the hand of the caregiver, or by his own hand with assistance of the caregiver, does not justify the action. Simply because an act is voluntary does not make it ethically acceptable, nor does it mean that the person assisting in the performance of the action is acting in a morally acceptable manner. Euthanasia, like suicide may be *active*, if the cause of death is induced (e.g., gun shot or poison) or *passive*, if the cause of death is present within one's body, but is not resisted when there is a moral obligation to do so (e.g., the case of suicide by omission cited above). Active euthanasia is called murder if it is involuntary on the part of the patient. Very often, people state that active euthanasia is forbidden, but passive euthanasia is acceptable. In the Catholic tradition, there is no significant moral distinction between active and passive euthanasia. Both bespeak *causing* the death of a sick person when there is a moral obligation to prolong the life of that person.⁵

D. There is a significant moral distinction however between euthanasia and *allowing a person to die of an existing pathology when there is no moral obligation to prolong life*. Euthanasia, both active and passive, *causes* the death of a patient in order to eliminate suffering. Hence, the intrinsic or primary goal of euthanasia is to end the life of the suffering patient. An act of euthanasia presupposes that there is a moral obligation to prolong life. If there is no moral obligation to prolong the life of a person who is afflicted with a fatal pathology, then the act by which one is allowed to die is not euthanasia. When a fatal pathology is present, and there is no moral obligation to prolong life, the cause of death is the fatal pathology which is allowed to take its natural course. The difference, between passive euthanasia and allowing to die when no moral obligation exists to prolong life, is more than a difference of semantics. There is a difference in objective reality. The difference is that when one "is allowed to die" no benefit would be derived from treatment. In Catholic teaching the moral obligation to prolong one's own life or the life of one entrusted to one's care is presumed to exist because prolonging one's life "helps one to fulfill the mission of life."⁶ But the moral obligation to prolong one's own life, or the life of another, ceases if utilization of the means to prolong life would not help one fulfill the mission of life. That is, if the means to prolong life are ineffective or impose a grave burden insofar as the particular person's effort to strive for the mission of life is concerned, there is no moral obligation to utilize them.⁷ While the interpretation concerning which means of therapy or care constitute a grave burden or are ineffective for a particular person may be disputed,⁸ there is general agreement in the Catholic tradition concerning these principles. Given this teaching of the Catholic Church concerning the removal of life support when it does not benefit the patient, it seems many of the scenarios put forward to justify physician assisted euthanasia are ludicrous. If the medicines, surgeries and medical devices usually portrayed in these scenarios are not helping the patient, then they may be withheld or withdrawn and the patient may be

allowed to die of the natural pathologies from which he or she is suffering. There is no need for euthanasia if the reasonable limits of medical care are observed.

II. What does the Catholic Church's history and tradition teach about suicide and euthanasia?*

A. Roman Catholic theology recognizes that all teaching on Christian morality must be judged by its conformity to the canonical Scriptures. The Mosaic Law included among its basic principles, "You shall not kill" (Ex 20:13), yet restricted it by other laws mandating holy war (Dt 20:10-14) and death for certain crimes (e.g., Ex 21:12).

Without moral comment the Old Law reports many suicides: Abimelech (Jgs 9:53-54), Saul (1 Sam 31:3-5), Zimri (1 Kg 16:18), Macron (2 Mc 10:13), Judas (Mt 27:5; Acts 1:18). Implicitly it seems to approve the deaths of Samson (Jgs 16:23-31) and Eleasar (1 Mc 6:43-46) as incidental to heroic acts of holy war.

Jesus, in the Sermon on the Mount (Mt 5:17-20) reinforces and extends the command against killing contained in the Ten Commandments of the Old Law, by prohibiting hateful thoughts as well (Mt 5:21-26); He also admonishes us to love our enemies (i.e., everyone 5:43-48) and to eschew all use of force in one's own interest (5:38-42).

The New Testament Church became aware that Jesus' teaching on non-violent respect for all human life needed interpretation. Did it abrogate the Old Law's mandate for public authority to defend personal or national rights by force? St. Paul answered this question: "It is not without purpose that the ruler carries the sword; he is God's servant, to inflict his avenging wrath upon the wrongdoer" (Rm 13:4), which the First Petrine Epistle echoes (2:13-14). Stewardship of human life demands that a community sometimes use force to defend it.

In addition to explicit statements about killing others, the Scriptures require a respect for one's own life. "The nature of the human person is God's image in humanity" (Gn 1:27), the goal of authentic "human action" ("life") is conformity to Christ, the New Adam (1 Cor 15:22) and perfect Image of the Father (Col 1:15). Incorporated in Christ already on earth, we share His eternal life (1 Cor 12:27) not just spiritually but as members of His risen *body* (15:1-58). Thus our bodily life, although not the supreme, is an essential Christian value given us by God, not to exploit autonomously but to use as stewards and co-creators in cooperation with His purposes.

In sum, without explicitly condemning suicide or euthanasia, Scripture provides principles which directly affect our moral judgment of such actions. But how are these principles to be validly applied? According to

*In this historical section, I have been aided by an unpublished paper of my colleague, Benedict Ashley, entitled, "How the Roman Catholic Position on Euthanasia Developed."

the Council of Trent (*Dei Verbum* n. 8-10). God reveals His Word both in Scripture and apostolic tradition. Vatican II called Scripture the privileged expression of apostolic tradition which, therefore, can be rightly understood only within the developing life of the faithful community guided by the Holy Spirit and shepherded by the legitimate successors of the Apostles. (Constitution on Divine Revelation, n. 10). Therefore, God's Word should be read in the light of developing tradition.

B. Development of the Tradition in the Patristic Period

No need here to cite the 77 authors of the patristic period whom Joseph V. Sullivan in his thesis, *Catholic Teaching on the Morality of Euthanasia*, counts as one of those "who in some way indicate in their writing the Western tradition against the direct killing of the innocent", but they include Irenaeus, Cyprian, Athanasius, Ambrose, Bede, and Popes St. Leo the Great and Gregory the Great.⁹ Thus, before 150, *The Sheperd of Hermas* urged care for the poor lest they resort to suicide. About 125 St. Justin Martyr (*Second Apology*, PG 6.4, col. 450-51) to the pagan objection that if Christians really believed in heaven, they would kill themselves to get there, replied by explaining that Christians obey God by living in the world to preach the Gospel.

St. Augustine is often said to be the first to speak out unequivocally against suicide but there are earlier witnesses. Augustine simply took up the argument already stated very clearly about 313 by Lactantius. (*Div. Inst.* CSEL, 1961; p. 237). Like Lactantius, Augustine argued from God's domion over life and the commandment: "You shall not kill," but he, following St. Paul, thought this law also implied that governments have the duty to use force to prevent or punish crime and to wage just war, of which Augustine was the first Christian theorist. So understood, "You shall not kill," like, "You shall not bear false witness," was for Augustine an absolute law, admitting no exception in any circumstance, even for a good purpose. Hence he explained the "suicides" of biblical figures and of some martyrs either as authorized by God or as due to excusable but mistaken euthusiasm (*Epist.*, 204, CSEL 57, p. 317ff). Thus by the end of the Patristic Period a firm stand against suicide had been clearly expressed and generally accepted.

C. Development of Tradition in Middle Ages

Augustine's teaching on the absolute law against suicide became standard for the monastic moralists such as Rabanus Maurus, and Abelard. In the High Middle Ages canonists such as St. Raymund of Penafort codified this tradition in their guides for confessors, while the scholastic theologians like St. Thomas Aquinas strove to reinforce it philosophically.

Thus Aquinas (*Summa Theologiae*, II-II, a. 64, a. 5) uses Augustine's fundamental Biblical argument from God's dominion over life, but prefaces it with two others: suicide is *metaphysically* contradictory to the natural tendency of every being to maintain its own existence, and *politically* it unjustly deprives the community of one of its members. The

values which Aquinas would see destroyed by suicide or assisted suicide (euthanasia) are the love of God, self, and community (neighbor).

The fact that Aquinas places the Lactantius-Augustine argument in the context of these other two arguments drawn from the intrinsic teleology of human nature in its individual and political aspects is highly significant. Aquinas was the first Christian theologian to use Aristotle's *Nicomachean Ethics* with its theological methodology to systematize the Biblical data and patristic tradition on morals. Augustine's own Neo-Platonic ethics was itself strongly teleological, but his interpreters had often stated the notion of God's "dominion" in merely legal, deontological terms from which Aquinas freed it.

D. After the Middle Ages

In the Renaissance and Reformation the classical arguments for euthanasia were revived and had some influence. Thus Francis Bacon (d. 1626) introduced the term in a plea for physicians to do more to ease the suffering of the dying, but without openly defending actual mercy killing. The great Anglican poet-preacher, John Donne, about 1609 in his *Biathanos*, openly defended it, although this work was published only posthumously in 1644.

For Catholic theologians, who once again had to answer these arguments, the development or moral tradition in this period is found chiefly in manuals for confessors. Typical, but outstanding in its fullness and precision, is the discussion of direct and indirect suicide by the Jesuit Juan de Lugo (1583-1660) in his treatise, *De Jure et Justitia*. De Lugo admits that: "Although (suicide) is evidently evil, nevertheless it is not easy to find why this is so; hence, as in many other questions, the conclusion is more certain than the various arguments which are proposed to prove it." (Disp. X, S. 1) He proposes four arguments against suicide: (1) God, not we, has dominion over human life. (2) Suicide is an injustice to the community. (3) It is contrary to the love we naturally owe ourselves. (4) It is cowardly. Of these arguments, de Lugo prefers the first and in conjunction with the classical distinctions of Aquinas, uses it to solve a great variety of "cases of conscience."

In each case, de Lugo seeks to determine if the action will or will not infringe upon God's sovereign rights. While this principle is, of course, Biblical and traditional, de Lugo says little to expound, as Aquinas did, its deeper foundation in God's wisdom reflected in the *intrinsic teleology of human nature*.

E. Modern Statements

No ecumenical Church council, nor any of the popes before Pius XII seem to have felt it necessary to condemn suicide or euthanasia explicitly. But when the German National Socialists adopted "eugenic euthanasia," Pius wrote:

Conscious of the obligations of our high office, we deem it necessary to reiterate this grave statement today, when to our profound grief we see the bodily-deformed, the insane and those suffering from hereditary disease, at times

deprived of their lives, as though they were a useless burden to society. And this procedure is hailed by some as a new discovery of human progress, as something that is altogether justified by the common good. Yet what sane man does not recognize that this not only violates the natural and divine law written in the heart of every man, but flies in the face of every sensibility of civilized humanity? The blood of these victims, all the dearer to our Redeemer because deserving of greater pity, 'cries to God from the earth' (Gn 4:10).¹⁰

In several other addresses of somewhat lesser authority, the pope also rejected *voluntary* euthanasia as a usurpation of God's sole dominion over innocent life, and as a refusal to accept suffering in union with Christ.

The Second Vatican Council (1965) spoke in general terms about crimes against life, and specifically mentioned "genocide, abortion, euthanasia, and willful suicide"¹¹ but did not define euthanasia or discuss it in any detail. Consequently, John Paul II, perhaps in response to the growing strength of the European and American "death with dignity" movements and current controversies about life prolonging medical techniques, felt it necessary in 1980 to issue through the Congregation for the Doctrine of the Faith the *Declaration on Euthanasia* which stands as the first full and direct statement on the subject ever made by pope or council.

This statement maintains:

It is necessary to state firmly once more that nothing and no one can in any way permit the killing of an innocent human being, whether a fetus or an embryo, an infant or an adult, an old person, or one suffering from an incurable disease, or a person who is dying. Furthermore, no one is permitted to ask for this act of killing, either for himself or herself or for another person entrusted to his or her care, nor can he or she consent to it, either explicitly or implicitly. Nor can any authority legitimately recommend or permit such an action. For it is a question of the violation of the divine law, an offense against the dignity of the human person, a crime against life, and an attack on humanity.¹²

In summary, according to Catholic teaching, "human life is a Gift of God's love which we are called upon to preserve and make fruitful; intentionally causing one's own death (through suicide or euthanasia) is equally as wrong as murder.¹³ Through suicide one fails to fulfill one's responsibility to God, violates one's own natural desire to exist, betrays self love, and injures one's own community. The human person is created individually by God; thus the human person is dependent upon God, even though the person freely cooperates with God in achieving his destiny.

In order to understand fully Church teaching in regard to euthanasia and suicide, two further principles of Catholic theology must be explained:

1. Catholic theology does not interpret God's sovereignty over human life in a physicalist manner, as if God's will is identified with the process of biological function, and as if the process of dying must be left totally to divine providence without intervention of human reason and freedom.¹⁴ Rather, Catholic theology presents human beings as co-creators with God, called upon to make decisions about the positive acts and medical procedures which would prolong life, but which might not be beneficial to the person in question. The free choice one has, concerning life support in

regard to the mission of life, does not extend to bringing about death at the time and under the conditions one stipulates. Rather, the freedom one can exercise in dying is to accept one's existence as God's creature and to consent to one's powerlessness in the face of death.

Thus the human person has only the limited act of human life, not absolute dominion. For this reason, the Roman Catholic moral tradition has regarded taking innocent human life as "intrinsically evil" by defect of right (*ex defectu juris in agente*). Human responsibility for life is one of stewardship. Absolute dominion over human life is an exclusively divine prerogative.

2. Declaring that suicide and euthanasia are unethical or immoral does not impart the guilt or responsibility for that act to all who perform it. The Catholic Church does not presume to pass judgment upon the *subjective* disposition of an act, but only states the *objective* nature of the act, if performed with knowledge and freedom. In the case of suicide there is a recognition that it is seldom performed with sufficient reflection to warrant subjective guilt. In this regard the Document on Euthanasia of the Catholic Church states:

It may happen that, by reason of prolonged and barely tolerable pain, for deeply personal or other reasons, people may be led to believe that they can legitimately ask for death or obtain it for others. Although in these cases the guilt of the individual may be reduced or completely absent, nevertheless the error of judgment into which the conscience falls, perhaps in good faith, does not change the nature of this act of killing, which will always be in itself something to be rejected.¹⁵

III. In this third section, I would like to consider three arguments often put forward in defense of suicide, or assisted suicide, and to each one offer a response taken mainly from the life sciences and literature.

A. "*Assisted suicide is justified to relieve unbearable pain.*" The scenario is often presented that the patient is suffering unbearable and untreatable pain and can only find relief through assisted suicide. Indeed, the article which seemed to have prompted this seminar alleged this as a justification for assisted suicide by physicians as the last act in a continuum of care.¹⁶ In response to this argument, let us note briefly:

1) The ability to limit and remove pain is within the armamentarium of the physician in almost every case. The situation in which pain cannot be controlled probably reflects more upon the expertise of the physician than upon the severity of the disease.¹⁷

2) If pain is severe, and pain relief might shorten the life of the person, it must be realized that utilizing sufficient analgesics to control the pain is not suicide or euthanasia. Rather it is an act of medical therapy insofar as its direct effect, the relief of pain, is concerned. There may be an unwanted side-effect, impaired respiratory function, but this is not the intended effect of the therapy. As the teaching of the Catholic Church declares:

At this point it is fitting to recall a declaration by Pius XII, which retains its full force; in answer to a group of doctors who had put the question: "Is the

suppression of pain and consciousness by the use of narcotics . . . permitted by religion and morality to the doctor and the patient (even at the approach of death and if one foresees that the use of narcotics will shorten life)?

The Pope said: "If no other means exist, and if, in the given circumstances, this does not prevent the carrying out of other religious and moral duties: Yes." In this case, of course, death is in no way intended or sought, even if the risk of it is reasonably taken; the intention is simply to relieve pain effectively, using for this purpose painkillers available to medicine.¹⁸

3) Leon Kass speaks eloquently to those who would require physicians to assist at suicide because it offers "a continuum of care." He declares:

The physician as physician serves only the sick. Thus he will never sacrifice the well-being of the sick to the convenience or pocketbook or feeling of the relatives or society. Moreover, the physician serves the sick not because they have rights or wants or claims, but because they are sick. Healing is thus the central core of medicine: to heal, to make whole, is the doctor's primary business. Despite enormous changes in medical technique and institutional practice, despite enormous changes in nosology and therapeutics, the center of medicine has not changed: it is as true today as it was in the days of Hippocrates that the ill desire to be whole; that wholeness means a certain well-working of the enlivened body and its unimpaired powers to sense, think, feel, desire more, and maintain itself; and that the relationship between the healer and the ill is constituted, essentially even if only tacitly, around the desire of both to promote the wholeness of the one who is ailing. The patient's trust in the doctor's wholehearted devotion to the patient's best interests will be hard to sustain once doctors are licensed to kill. Indeed, using the taboo against doctors killing patients, the medical profession has its own intrinsic ethic, which a physician true to his calling will not violate, either for love or for money.¹⁹

The World Medical Association echoes this view when it states:

Euthanasia, that is the act of deliberately ending life of a patient, even at his own request, is unethical. This does not prevent the physician from respecting the will of patient to allow the natural process of death to follow its course in the terminal phase of sickness.²⁰

B) "*Choosing suicide is a beneficial and rational alternative to dying 'a natural death'*". David Peretz, a psychiatrist at Columbia University has answered this argument adequately and completely. He states:

Most of us readily recognize external threats, and we deal with them by various means, not the least of which is denial: 'It will not happen to me.' But under the unprecedented stress of recent decades denial mechanisms are breaking down, and we are becoming increasingly vulnerable to the internal threat of intensely painful feelings of anxiety, fear, panic, rage, guilt, shame, grief, longing, and helplessness. In order to avoid being overwhelmed, we are driven to seek new ways to adapt . . . "If our deepest, growing fear is of being destroyed, and we cannot deal with that fear, we take refuge in planning death and rational suicide. We find comfort in the *illusion*, 'It will not be done to me' (a residue of the original denial); 'I will do it to myself.' . . . "From my experience they are seeking control over external and internal threats to a diminished present *through the fantasy*, 'I can (or will) do it to myself, before it is done to me.' In this fantasy, one imagines killing the 'self as object' (the myself), thus preserving an illusion of immortality.²¹

In sum, rational suicide is founded upon the illusion that we are totally in control of our own life and our own destiny. I ask those of you who have children to tell me about "the total control" you have had of your life. Finally, in regard to autonomy, suicide, and human destiny, let us not forget the words of Albert Camus:

Even if one does not believe in God, suicide is not legitimate . . . only in the courageous facing of things as they are is authenticity realized, is one's destiny fulfilled . . . Murder and suicide are one and the same thing . . . from the moment life is recognized as good, it becomes good for all.²²

C. *"Given the developing medical expertise in our society, many people out-live their years of productivity, are lonely, and ready to die and physicians have a responsibility to provide a continuum of care and assist those who wish to end their life."* Arguments of this nature are realistic in that they reflect the disease of individualism which Robert Bellah identifies as leading perversion of our culture.²³ Individualism disposes for isolation from others, not for interdependence with others. The only antidote for loneliness in face of an aging and an isolated individual is not suicide, but rather to foster and develop a community of care and concern.²⁴ While I don't believe he was committing suicide, I think the case of Larry McAffie in Atlanta demonstrates the difference a caring community can make in the life of debilitated person.²⁵

Quadriplegic, being sustained by a respirator, and feeling that "life was not worth living," Larry McAffie requested to have a device installed on his respirator so that he could shut it off and thus allow himself to die of his impaired cardio-pulmonary function. After receiving ethical and legal clearance for his wish, several disabled persons with similar difficulties contacted him and persuaded him that he was a worthwhile person and had more options than he realized. Creating a community of care, hospitality, and compassion will not be easy. As Peretz stated: "Continued caring and relatedness are costly and imply sharing pain." In sum, we will not dispose for a human community of worth by encouraging suicide, but only by fostering care and compassion for one another.

Conclusion

In conclusion let us reflect upon the words of a woman who describes the suffering caused by her mother's suicide: "She taught me the most valuable lesson of my life: no matter how bad the pain is, it's never so bad that suicide is the only answer. It's never so bad that the only escape is a false one. Suicide doesn't end pain. It only lays it on the broken shoulders of the survivors."²⁶ Hence, "the call" for assisted suicide by physicians is not only contrary to religious values, it is also denounced by experts in the life sciences, is contrary to beneficent care of patients and contrary to the best interests of family and society. Fostering suicide would only demonstrate that we have lost the meaning of being human.

References

1. This paper was presented at the seminar, "Options at the End of Life: Competing Values and Difficult Decisions," sponsored by the Concern for Dying Council and other interested entities, in New York, May 12, 1990, at the New York Academy of Medicine.
2. Deardon, Cardinal John, "The Challenge of Religious Pluralism," *Origins* vol. 6, n. 19, (Oct. 28, 1976), pp. 293-299.
3. Wanzer, *et al.* "The Physician's Responsibility toward Hopelessly Ill Patients," *NEJM* 320:844-9 (1989).
4. *On Euthanasia*, Vatican Congregation for the Doctrine of the Faith, June 26, 1980, p. 4.
5. Ashley and O'Rourke, *Health Care Ethics*, (St. Louis: The Catholic Health Association), 1989, p. 378.
6. I have borrowed the term "mission in life" from the statement of the Pontifical Commission Cor Unum on the Euthanasia Document issued by the Catholic Church. The term "mission in life" is the same as the term "purpose in life" which I have used in other places as the ultimate criterion for judging the use of the means to prolong life. Through this term, I wish to convey the concept utilized by Pope Pius XII, when he stated "Life, health, all temporal activities are in fact subordinated to spiritual ends." And the concept of the *Document on Euthanasia* which states: "Everyone has the duty to lead his or her life in accordance with God's plan. that life is entrusted to the individual as a good that must bear fruit already here on earth, but that finds its full perfection only in eternal life."
The "mission of life" is the same for all persons: to love God, love ourselves, and to love others. However, the objectives by which we accomplish this mission, will differ one person from another. (Cf. O'Rourke and Boyle, "Questions of Ethics Regarding the Fatally Ill and the Dying", *Medical Ethics: Sources of Catholic Teaching*, St. Louis: The Catholic Health Association, 1989, p. 326.)
7. Committee for Pro-Life Activities of the NCCB, "Guidelines for Legislation on Life-Sustaining Treatment" (11-10-84), *Origins* vol. 14, n. 32 (Jan. 24, 1985) p. 526-528.
8. Cf. Germain Grisez and Kevin O'Rourke, "Different Viewpoints on Use of Hydration and Nutrition," *Issues in Law and Medicine*; vol. 5, n. 2, p. 165-196.
9. Sullivan, Joseph, *Catholic Teaching on the Morality of Euthanasia*, Washington, DC: Catholic University of America, 1944, p. 44.
10. *Mystici Corporis*, AAS, 35 (July 20, 1943) 239.
11. *Gaudium et Spes* n. 27, *Documents of Second Vatican Council*, ed. Flannery, *Scholarly Resources*, Wilmington, DE: 1975, p. 928.
12. Vatican Congregation for the Doctrine of the Faith, *Declaration on Euthanasia* June 26, 1980, p. 4.
13. *Op. cit.*, p. 3.
14. Gula, Richard, "Euthanasia: A Catholic Perspective," *Health Progress*, December 1987, p. 29ff.
15. *Op. cit.*, p. 5.
16. See footnote 3.
17. Loeser, John D. and Kelly J. Egan, eds, *Managing the Chronic Pain Patient: Theory & Practice at the University of Washington*, (New York: Raven Press), 1989.
18. Vatican Congregation for the Doctrine of the Faith, *Declaration on Euthanasia*, June 26, 1980, p. 7.
19. Kass, Leon, "Neither for Love nor Money; Why Doctors Must Not Kill," *The Public Interest*, January 1989, p. 25ff.
20. World Medical Association, "Declaration on Euthanasia," Document 17, (1987).
21. Peretz, David, "The Illusion of Rational Suicide," (Review) *Hastings Center Report*, December, 1981, p. 40.
22. Camus, Albert, *The Myth of Sisyphus*, (New York: Vintage Books), 1955, preface; p. 16; p. 49.

23. Bellah, Robert, et al, *Habits of the Heart: Individualism and Commitment in American Life*, (New York: Harper & Row), 1986.
 24. Gula, *op. cit.*
 25. Archdiocese of Atlanta, "Georgia Man Asks to Turn Off Life Supporting Ventilator," *Origins* vol. 19 n. 17 Sept. 28, 1989, p. 273ff.
 26. Scheinin, Anne-Grace, "The Burden of Suicide," *Newsweek*, Feb. 7, 1983, p. 13.
-