ENGAGE
the Bay State

A Call to
Christian Civic Stewardship
in the Commonwealth

Massachusetts Family Institute
Chapter III:

Assisted Suicide and Euthanasia
WHO:

For: Compassion and Choices (George Soros & Hemlock Society), Death With Dignity

Against: Archdiocese of Boston, protestant and orthodox churches, disability advocates, MA Medical Society, and many others.

Cardinal Sean O’Malley of the Catholic Archdiocese of Boston quoted the United States Conference of Catholic Bishops statement, “To Live Each Day With Dignity” in his message on assisted suicide:

Taking life in the name of compassion also invites a slippery slope toward ending the lives of people with non-terminal conditions. Dutch doctors, who once limited euthanasia to terminally ill patients, now provide lethal drugs to people with chronic illnesses and disabilities, mental illness, and even melancholy. Once they convinced themselves that ending a short life can be an act of compassion, it was morbidly logical to conclude that ending a longer life may show even more compassion. Psychologically, as well, the physician who has begun to offer death as a solution for some illnesses is tempted to view it as the answer for an ever-broader range of problems.
“Question 2 turns his vision of health care for all on its head by asking us to endorse patient suicide — not patient care — as our public policy for dealing with pain and the financial burdens of care at the end of life. We’re better than that. We should expand palliative care, pain management, nursing care and hospice, not trade the dignity and life of a human being for the bottom line.”

- The widow of the late Senator Ted Kennedy

**WHAT:**

A victory for life in the Commonwealth: On a state-wide ballot referendum, Question 2, the “Death with Dignity” question failed 51% to 49%, losing by about 68,000 votes. Per MA law, the same topic cannot be on a statewide ballot again until 2018.

The defeated law stated it “would allow a physician licensed in Massachusetts to prescribe medication, at a terminally ill patient’s request, to end that patient’s life.”

**WHEN:**

November 6, 2012

**WHERE:**

Massachusetts

**FOR YOUR INFO**

Physician Assisted Suicide (PAS, euphemized as “Doctor prescribed death” or “death with dignity” or “compassion in dying”) is an act of suicide. The usual technique for PAS is to prescribe a lethal dose (approximately 100 capsules) of Secobarbital, a barbiturate. This is different than refusing treatment (or “pulling the plug”) which is allowing for nature to take its course. It is an intentional act of taking one’s own life, which is morally distinct from medication prescribed for the purpose of relieving pain. By intentionally causing death, doctors and patients cross a dangerous ethical line.
WHY:

Question 2 was part of a national campaign to legalize assisted suicide throughout the U.S. Specifically, assisted suicide activists were hoping to establish a beachhead in New England as an eastern counterpart to the states of Washington and Oregon, where PAS is already legal.\textsuperscript{54}

HOW:

Opposition to Question 2 was comprised of a broad coalition of faith leaders from all backgrounds—disability rights advocates, pro-life advocates like MFI, and medical professionals. The Catholic church in particular played a key leadership role, albeit often quietly behind the scenes. The pro-life movement in MA was also able to substantially outspend assisted suicide forces with $5 million used on very effective television advertisements.\textsuperscript{55}
Civics 101:
The MA state referendum (initiative petition) process

The voters of Massachusetts have the ability to largely bypass the state legislature by enacting legislation directly through the initiative process. As established by Amendment Article 48 of the Massachusetts Constitution, citizens may propose laws for approval by the electorate on a statewide ballot. In order to have a proposed law make it onto the ballot, supporters must:

• Gain approval by the Commonwealth’s attorney general
• Gather just under 70,000 signatures in 90 days from MA voters
• Have the signatures verified by the Commonwealth’s secretary of state
• Wait up to five months for the legislature to pass the proposed law
• Collect approximately 12,000 additional signatures in 30 days, if the legislature does not act

Once the secretary of state verifies the additional signatures, the proposed law is placed on the ballot in November of the next election year.

Question 2 in 2012, the proposed “Death with Dignity” law, gathered just under 80,000 signatures in order to get on the ballot. However, because it was voted down, it is prohibited by the MA Constitution from being on the ballot again until 2018.
**BIBLICAL FOUNDATIONS**

- Exodus 20:13
  “You shall not murder.”

- 1 Samuel 31:3-5
  “The battle pressed hard against Saul, and the archers found him, and he was badly wounded by the archers. Then Saul said to his armor-bearer, ‘Draw your sword, and thrust me through with it, lest these uncircumcised come and thrust me through, and mistreat me.’ But his armor-bearer would not, for he feared greatly. Therefore Saul took his own sword and fell upon it. And when his armor-bearer saw that Saul was dead, he also fell upon his sword and died with him.”

**However, the death of Saul is reported falsely by an Amalekite seeking a reward from David.**

- 2 Samuel 1:9-10
  “And he [King Saul] said to me, ‘Stand beside me and kill me, for anguish has seized me, and yet my life still lingers.’ So I stood beside him and killed him, because I was sure that he could not live after he had fallen. And I took the crown that was on his head and the armlet that was on his arm, and I have brought them here to my lord.”

**In both scenarios, King Saul is mortally wounded and asking for death after an unsuccessful battle against the Philistines.**
What similarities do Saul’s circumstances share with the current assisted suicide proposals? As Professor Wayne Grudem points out in his book, *Politics According to the Bible*,58

- The patient appeared to be terminally ill, with no reasonable human hope of recovery. (He had fallen on his own sword in an attempt to commit suicide: see 1 Sam. 31:4-5.)

- The patient was in extreme pain, and if he did not die, he faced the prospect of even more suffering.

- The patient clearly requested, even begged, that someone else would actively put him to death.

- This request was also a command from the head of government at that time, because Saul was the king.

And yet, David, to whom this is reported, treats the killing of Saul as murder.

- 2 Samuel 1:14-16

  “David said to him, ‘How is it you were not afraid to put out your hand to destroy the Lord’s anointed?’ Then David called one of the young men and said, ‘Go, execute him.’ And he struck him down so that he died. And David said to him, ‘Your blood be on your head, for your own mouth has testified against you, saying, I have killed the Lord’s anointed.’”

- 1 Corinthians 3:16,17

  “Do you not know that you are a temple of God, and that the Spirit of God dwells in you? If any man destroys the temple of God, God will destroy him, for the temple of God is holy and that is what you are.”
Nations that have allowed for physician-assisted suicide find that a society can quickly move from merely allowing the right to die to the belief that there is an obligation to die on the part of the elderly and the very ill people who are draining resources from the society. In such situations it becomes likely that a number of elderly people will be put to death against their will.”

ESV Study Bible

U.S. HISTORY: LEGAL, CULTURAL & POLITICAL

For millennia, western medicine has had a strong prohibition against “physician assisted suicide.” The Hippocratic Oath (Classic) clearly states: “I will not give a lethal drug to anyone if I am asked, nor will I advise such a plan.”

In the U.S., assisted suicide was promoted by the “Hemlock Society” in the 1980s in California, led by a man who had helped his wife commit suicide and then wrote a book about it. In 1989, the Hemlock Society moved from California to Oregon and by the mid 1990s succeeded in securing the “Death with Dignity Act” there. In 2003, the Hemlock Society changed its name to “End-of-Life Choices,” which merged with “Compassion in Dying” (from Washington state) in 2005 to form Compassion and Choices, now headquartered in Colorado.
oregon - enacted assisted suicide in 1994 through statewide ballot initiative.\textsuperscript{62} However, Oregon’s law was hampered by the federal Controlled Substances Act, which the U.S. Attorney General could use to suspend the license of physicians who prescribed drugs for the purpose of committing suicide. In 2006, the U.S. Supreme Court ruled in \textit{Gonzales v. Oregon} that Oregon’s state law protected physicians who engaged in assisted suicide from criminal prosecution.\textsuperscript{63}

\textbf{Washington State} - enacted assisted suicide in 2009 through statewide ballot initiative.\textsuperscript{64}

\textbf{Montana} - In 2009, the Montana State Supreme Court declared nothing in state law prohibits physician assisted suicide.

\textbf{Vermont} - In 2013, Vermont became the first state where assisted suicide was enacted by the legislature.

\textbf{New Mexico} - In 2014, a NM state court found that it could not “envision a right more fundamental, more private or more integral to the liberty, safety and happiness of a New Mexican than the right of a competent, terminally ill patient to choose aid in dying.” Although the court thereby ruled that assisted suicide could not be criminalized, this decision is currently being appealed.\textsuperscript{65}
THE SLIPPERY SLOPE OF EUTHANASIA

WHAT IS MEANT BY “DIGNITY”:

Assisted Suicide advocates often tell heart-wrenching stories about intractable pain and prolonged, intense physical suffering as justification for intentionally ending one’s life. However, in Oregon and Washington State the most common concern cited by people who want to commit suicide is the “loss of autonomy” followed by “being less able to engage in enjoyable activities” and “loss of dignity.”

CARING FOR WIDOWS:

Physician-assisted suicide creates a legal opportunity for hidden elder abuse. Elder financial abuse is a documented fact, costing victims an estimated $2.6 billion each year and can serve as a catalyst for other types of elder abuse. Society-approved death puts the elderly at risk for abuse through being coerced, pressured, or even forced into suicide.

CARING FOR THE DISABLED:

One of the dangers of permitting assisted suicide is the normalization of the idea that some lives are “no longer worth living.” Assisted suicide relies on the assumption that once a person’s “quality of life” falls below a certain threshold, it no longer has value, either for the individual or for society. Many people in the disability community rightfully recognize the danger in this logic, because many of the conditions they live with every day could put their “quality of life” below that arbitrary threshold.
DEATH CERTIFICATES - A SHROUD OF SECRECY

In Oregon, the assisted suicide law requires doctors to falsify death certificates by listing only the “underlying terminal disease” as the cause of death, not the intentional ingestion of lethal drugs.68 This requirement was also present in the MA 2012 ballot initiative and subsequent legislative attempts. After this was exposed by groups like MFI, the provision was removed in the current bill before the MA legislature.

THE EUROPEAN EXPERIENCE:

- Belgium and the Netherlands decriminalized euthanasia and assisted suicide in 2002. As of 2010 in Belgium, 32% of physician-assisted deaths were without explicit consent from the patient.69

  The primary reasons for not discussing the decision to end the person’s life and not obtaining consent were that patients were comatose (70% of cases) or had dementia (21% of cases).70

- “By 2005, the Groningen Protocol (Netherlands), which allows euthanasia of newborns and younger children who are expected to have “no hope of a good quality of life,” was implemented.”71

- In the Netherlands, euthanasia for anyone over the age of 70 who is “tired of living” is now being considered.72
Belgium’s Verbessem Twins:

Jan 2013: The deaf twins killed by euthanasia in Belgium chose to die because they ‘had nothing to live for’ after learning they would soon become blind, their brother revealed today. The 45-year-olds, named yesterday as Marc and Eddy Verbessem, had lived together their entire adult lives and could not communicate with the outside world. Their brother, Dirk Verbessem, said they were terrified of never being able to see each other and feared losing their independence in an institution.73

-From a recent article in the UK’s Daily Mail

In Belgium, an average of five people a day die by lethal injection.74

Belgium and the Netherlands have even considered legislation to allow for lethal injections to infants if it will alleviate parental suffering. A very insightful article on this development by Peter Saunders from Lifesite News explains:

These disturbing latest developments in the two countries which were the first to legalise euthanasia in Europe demonstrate graphically the incremental extension that takes place once the door is opened and the public conscience begins to change.

The acceptance of two key concepts is what makes this extension inevitable – first it is accepted that there is such a thing as a life not worth living and second that the active ending of a person’s life is justified in order to lessen the suffering of others.
It was these two principles that were used to justify the killing of an infant with limb abnormalities and congenital blindness (named Knauer) with parental consent by Dr Karl Brandt in neighbouring Germany in 1939.

This ‘test-case’ paved the way for the registration of all children under three years of age with ‘serious hereditary diseases’. This information was then used by a panel of ‘experts’, including three medical professors (who never saw the patients), to authorise death by injection or starvation of some 6,000 children by the end of the Second World War.

The euthanasia programme in Nazi Germany, later headed by the same Karl Brandt, did not begin in prison camps like Auschwitz and Treblinka. It began far more subtly with doctors in hospitals and its very first victims were children who were killed on supposedly compassionate grounds.

It is bitterly ironic that child euthanasia is happening again seventy years later on the very same grounds in two countries that share a common border with Germany.\textsuperscript{75}
What is current Massachusetts law?

- Under current law, doctors and others can be held liable if they cause or fail to prevent another person’s suicide.

- Counseling, causing, or aiding a suicide is a common law crime potentially chargeable as murder.

- Medical professionals are required to report “Suicidal Ideations.”

- The 2012 ballot initiative failed. Prior to that, PAS legislation had been submitted, unsuccessfully, for several years, at the State House.76
How would House Bill 1194 the “End of Life Options Act” change Massachusetts law?

- If passed, doctors, family members, and other persons who counsel, cause, or aid the suicide of a qualified patient in substantial compliance with the act will be immune from civil liability and criminal prosecution.

What is a “qualified patient”

1. A capable adult (18 or older),
2. diagnosed with a terminal disease,
3. who has been given 6 months or less to live, and
4. is a resident of MA
PROBLEMS WITH "QUALIFIED PATIENT"

- Medical end-of-life prognosis has a 30% error rate.
- A patient can be deemed “capable” even if they are unable to communicate on their own, so long as their request for death is made via “communication through persons familiar with the patient’s manner of communicating.” This certainly opens up the possibility of fraud and coercion.

WHAT IS THE PROCESS?

- Patient submits written request
- Must be signed by two witnesses (one of whom can be an heir)
- Must be approved by attending and consulting physician
- “Ingests” lethal dose

WHAT IS THE “LEthal DOSE”?  

The usual technique for PAS is to prescribe 100 capsules of Secobarbital, a barbiturate.

RECIPE FOR ELDER ABUSE?

- An heir may witness the patient’s request for lethal dose.
- No requirement for a witness when lethal dose is administered.
- Doctors are forced to sign what amounts to fraudulent death certificates, listing only the underlying disease, not the patient’s suicide, as the cause of death.
WHO WILL THIS AFFECT?

- Doctors and the Hippocratic oath.
- Persons with disabilities.
- Legalization of Physician Assisted Suicide leads to an increase in overall suicide rates (assisted suicides not included), as is the case in Oregon.77
- Insurance companies who will see PAS as a far less expensive “treatment” than life-saving procedures.
- Hospitals would be unable to control what goes on in their own facilities. Even Catholic hospitals, for example, would not be able to prevent their doctors from engaging in PAS.

CAN WE “LEGISLATE MORALITY”?

“Defending human life is not a sectarian or simply a Catholic thing. Everyone, regardless of their religious persuasion or lack of it, has an obligation to defend human life, and promote human dignity. Many people criticized Monseñor Oscar Romero for preaching against the exploitation of the poor, many were hostile to Martin Luther King for preaching on civil rights. No one would say, ‘I am against perjury but I would not impose my religion on others,’ or ‘I am against human trafficking but I would not impose my religion on others.’ Defending the most vulnerable in our society is not just a Catholic thing, and it is certainly not like imposing our religion on others.”

- Cardinal Sean O’Malley of the Catholic Archdiocese of Boston78
1. **Pray.**
   Pray for the church to take up its God-ordained duty to care for widows and to promote a culture of life that values the elderly and the aging.

2. **Be a “Two-Minute Activist.”**
   Contact your legislators about House Bill 1194, the “End of Life Options Act,” submitted for the 2017-2018 Massachusetts legislative session. Tell them that you oppose assisted suicide. Visit mafamily.org/legislation to learn more.

3. **Apply These Principles to Your Own Life.**
   Review any living will or medical power of attorney you may have, and be sure it expresses your desire to be treated consistently with a Biblical ethic of life.
GROUP DISCUSSION QUESTIONS

1. Does it surprise you that the vote in Massachusetts was so close? What does this tell us?

2. How would you articulate the difference between “pulling the plug” and physician assisted suicide? What ethical/moral issue is at stake?

3. Can you provide some of the arguments the pro-assisted suicide community uses to justify prematurely ending life? (The study guide provides some of the rationale.)

4. Comment on the slippery slope assisted suicide perpetuates.

5. There are 27 states with pending legislation legalizing assisted suicide. Why does there seem to be a growing passion to end life on our own terms? Read Ecclesiastes 8:8: “No one has the power over the day of his death.” Where is the conflict?

6. Comment on the text about Saul and his armor bearer. How does it speak to the issue?

7. Is assisted suicide a political issue? Why or why not? Can an issue be both Biblical and political?
8. Define natural death. Can anyone reflect for us on the beauty of natural death even accompanied by suffering? Has anyone experienced a natural death that was God honoring? Can you tell us about it?

9. Has modern medicine, in an attempt to ease pain, insulated us from experiencing the beauty of suffering and passing on to the next life?

10. Why is “quality of life” a dangerous consideration in relation to considering the termination of life?

11. Why has the disability community joined in the alliance against assisted suicide?


13. Why do proponents of assisted suicide believe that murder is morally acceptable to alleviate suffering? What is a Christian answer to this claim?

14. Considering the aggressive agenda of pro-assisted suicide advocates, what is a responsible Christian response?

15. Please take a moment to look at page 68. What are some practical ways you, your church, or small group can pray and advocate for life in Massachusetts?


61. ESV Study Bible, “The End of Life,” p. 2543


Engage the Bay State’s topical discussion of current challenges to family values and religious freedom in Massachusetts is a timely resource for church classes, small groups or personal study.

From the Moakley Federal Courthouse in Boston

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