Opponents say assisted suicide legalization push is unrelenting
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By JULIE MINDA

The organization Compassion & Choices is conducting a well-organized campaign in more than half of U.S. states to make physician-assisted suicide legal. Advocates from Catholic organizations that have experience opposing the group’s efforts say that ministry providers who have not yet done so should prepare for the push in their states.

"You need to begin coalition-building conversations and message development early. You need to involve the grassroots. This should happen sooner rather than later," said Lori Dangberg, vice president of the Alliance of Catholic Health Care in Sacramento, Calif., an organization of Catholic health systems that helped coordinate the defeat of physician-assisted suicide in July 2015, only to see it enacted the following October during a special session of the legislature.

A wide variety of national and state-level organizations — including faith-based groups, medical associations, pro-life activists, disability rights groups and advocates of minority populations — have voiced their opposition to the legalization attempts and have lent varying amounts and types of support to state-level efforts to oppose legalization.

National-level Catholic organizations, including the United States Conference of Catholic Bishops and the Supportive Care Coalition, have produced position papers about why they oppose assisted suicide and resources that can be used in opposition. They have provided consultation to Catholic conferences and other groups fighting state-level legislative activity. CHA has worked in conjunction with these groups and others to advocate for public policy to promote palliative care and to educate health professionals on palliative care. CHA also has promoted advance care planning, as a tool to give people more control over their end-of-life choices.

The Supportive Care Coalition’s position statement says that Catholic health care providers object to physician-assisted suicide out of "respect for the sacredness of human life, our long tradition of caring for persons who are most vulnerable, our commitment to the provision of high quality palliative care and our concern for the integrity of medical, nursing and allied health professionals." Catholic hospitals and physician practices do not provide lethal prescriptions for assisted suicides. The Affordable Care Act protects and preserves that conscience-based choice.

The USCCB’s 2011 "To Live Each Day with Dignity: A Statement on Physician-Assisted Suicide" acknowledges the very real suffering people can face at the end of life. Individuals can experience extreme physical pain, dementia, emotional crisis, loss of control over their circumstances; they may fear they’ll be a burden to others or that they themselves will be abandoned. The bishops’ statement says the medical field’s response to these problems should be to provide palliative care to alleviate pain and to address people’s emotional and spiritual needs.
Organizing the opposition

Compassion & Choices, formerly the Hemlock Society, is supporting active legislation in 27 states and the District of Columbia to "make aid in dying available to every American, no matter where they live," according to the group's website. In addition to California, where the law is expected to take effect this year, physician-assisted suicide is legal in Oregon, Vermont, Montana and Washington.

As more states consider legalizing assisted suicide, "we will see more and more pressure on the faith community to respond," said MC Sullivan, director of the Initiative for Palliative Care and Advance Care Planning for the Archdiocese of Boston. She was director of ethics for Covenant Health of Tewksbury, Mass., when, in 2012, she worked with a diverse coalition to successfully oppose the Massachusetts Death with Dignity Act, a Compassion & Choices-backed ballot initiative to legalize assisted suicide.

Dangberg said Catholic organizations preparing to counter physician-assisted suicide initiatives should consult widely with other Catholic organizations, and others that have gained extensive, valuable experience addressing and responding to the types of arguments Compassion & Choices and others raise in state legislatures in support of physician-assisted suicide.

Changing attitudes

According to a Pew Research Center report released Oct. 5, nearly 70 percent of U.S. adults say doctors "should be allowed by law to assist patients who are terminally ill and living in severe pain to commit suicide. That's an increase of 10 percentage points in just one year, and 17 points over two years."

Colleen Scanlon is senior vice president and chief advocacy officer of Englewood, Colo.-based Catholic Health Initiatives and a board member of the Supportive Care Coalition, a group of 19 Catholic health care providers promoting excellence in palliative care. She noted that the physician-assisted suicide movement has grown as Americans have increasingly associated this issue with the values of freedom, self-determination and individual rights — tenets that are part of the American psyche.

Sullivan said that Compassion & Choices capitalizes on this American penchant for individual autonomy through its messaging around free choice and "better end-of-life options." But, said Sullivan, "this is not true. It's not about end-of-life care choices, it's about ending life."

Problematic legislation

The coalition Sullivan worked with to counter the 2012 Massachusetts ballot initiative included the Archdiocese of Boston, Catholic health and social service providers, representatives of the disability community and various religious organizations.

Despite initial polling showing significant support for physician-assisted suicide, the group helped to narrowly defeat the initiative. Sullivan said they did this by engaging in a broad media, advocacy and public education campaign exposing the initiative's flaws.

Among the issues the coalition exposed: the law would not require patients to meet with a psychologist or psychiatrist who could detect mental health concerns such as treatable depression, the law did not have safeguards ensuring patients would receive adequate information on alternatives to physician-assisted suicide and the law would not have required the prescribing physician to provide counseling on hospice and palliative end-of-life care options.

Making the case

Since the initiative's defeat, Sullivan has moved to the archdiocese where she directs a strategic initiative that promotes and provides education about palliative care and advance care planning.

She believes that opponents to physician-assisted suicide have not yet succeeded in making a persuasive moral case against it that has been accepted by a broad, secular audience. She said it is important that those opposing legalized suicide "be more daring" in making their case that palliative care — not legalized physician-assisted suicide — is the humane approach for addressing end-of-life suffering. She said it is important to be proactive in communicating that a wide array of very effective options are available to manage pain and suffering, including ways to address the emotional pain of dying patients.
Deeply personal
In California, proponents of legalizing physician-assisted suicide for terminally ill patients had failed for decades to pass a law, but they succeeded during a special health care session of the state legislature.

Compassion & Choices credits Brittany Maynard for the law's passage in California and for giving impetus to its current aggressive push in other states. The 29-year-old Maynard, who suffered from an end-stage glioblastoma, gave a poignant personal testimony in support of physician-assisted suicide in a video that was posted on the YouTube website on Oct. 6, 2014. It gained national and international attention. Maynard and her husband moved from California to Oregon in order to obtain the legal, lethal prescription she took to end her life on Nov. 1, 2014.

Dangberg said the Alliance of Catholic Health Care, which represents Catholic and Catholic-affiliated systems in California, had been part of a coalition that lobbied against physician-assisted suicide each time it was considered. Assisted suicide was rejected by voters in 1992, and repeated legislative attempts to authorize it failed between 1999 and 2007. Dangberg said the coalition was very diverse, and included minority groups and disability groups, which expressed grave concern that pressure could be applied to minority or disabled people at the end of life to opt for suicide instead of palliative care measures. While state-level coalition partners generally were most visible and provided the most funding for the lobbying efforts, national groups including the bishops' conference and the Patients Rights Council also lent their support, Dangberg said.

The coalition members developed a grassroots network and used a phone campaign and social media push to encourage people to contact legislators to emphasize the importance of protecting human life by opposing the legislation.

Dangberg estimates assisted suicide proponents spent up to $2 million, while opponents spent about $300,000 to fight the 2015 legislative push. She said, "While facing well-funded, single-issue proponents, the coalition was very strategic in their efforts and achieved its goal of stopping (an earlier 2015 bill) in the assembly. Unfortunately, the authors and proponents used the special session to circumvent the regular legislative process to ultimately pass a bill."

Dangberg said coalition members attempted to counter the assisted suicide proponent’s "this is my life, my choice" message by pointing out that it encapsulated a false choice in the context of end-of-life options. "They said the choices are to have unbearable pain or to control death with your choices. This is a true disservice to all of us in health care who have worked for decades" to develop excellent palliative care options for sufferers.

Visit chausa.org/chworld for more information and resources, including the Supportive Care Coalition's position statement on assisted suicide and talking points against physician-assisted suicide.

Catholic organizations provide resources for opposing assisted suicide, promoting palliative care
Catholic organizations offer various online materials that can be helpful to opponents of physician-assisted suicide. Among the resources:

- The Supportive Care Coalition summarizes its position opposing physician-assisted suicide, explains the grounding for that position and makes the case that palliative care is the right choice for suffering patients in this brochure.

- The Supportive Care Coalition's quick link reference guide lists organizations opposing physician-assisted suicide.

- The United States Conference of Catholic Bishops' resources on opposing assisted suicide can be found here. The resources are centered around the bishops' statement on physician-assisted suicide, which is titled, "To Live Each Day with Dignity." Along with the policy document are fact sheets, prayers, videos and other educational materials, columns and
Commentary and explanations of church teaching.

- CHA devoted a special section of its January-February 2014 Health Progress to end-of-life issues. Several articles cover physician-assisted suicide. The archived issue is available online here. Fr. J. Bryan Hehir, a professor on religion and public life at Harvard University, frames the issues in "Physician-Assisted Suicide: Political, Pastoral Challenges Ahead."

- A tool kit on end-of-life issues from the Alliance of Catholic Health Care in California covers subjects including Physicians Orders for Life Sustaining Treatment, the Ethical and Religious Directives for Catholic Health Care Services, palliative care and physician-assisted suicide. The advocacy tool kit for assisted suicide, accessible on that webpage, includes talking points, sample letters that could be sent to legislators by facility leadership or staff and articles that ran on the subject in top California daily newspapers.

Much activity happening in state legislatures

Since the U.S. Supreme Court ruled in a 1997 case that state laws banning physician-assisted suicide do not violate the constitution, it has been left up to each state to determine whether to legalize the practice in its jurisdiction. The practice is now legal in five states: Oregon, Vermont, Washington, California and Montana.

- In Oregon, voters passed the Death with Dignity Act in 1994. A U.S. district judge issued an injunction and ruled the law unconstitutional. An appeals court reversed that decision and lifted the injunction in 1997. Later that year, voters rejected a ballot measure that would have repealed the law.

- In Vermont, the state legislature passed the Vermont Patient Choice and Control at the End of Life Act in May 2013.

- In 2008 Washington state voters passed the Death with Dignity Act.

- According to information from the Alliance of Catholic Health Care, California voters rejected a proposition to make assisted-suicide legal in 1992. Legislators initiated acts to legalize the practice in 1999, 2005, 2006 and 2007, but none of the acts passed in the state's assembly. The End of Life Option Act stalled in the assembly in mid-2015, but the act was introduced anew in a special session on health in August and passed. Gov. Jerry Brown signed the act into law in October. It goes into effect with the closing of the special session -- the session has not yet closed.
A December 2009 Montana Supreme Court ruling protects physicians that prescribe a lethal dose of medicine.

All but the California state details is from a CNN.com fact sheet.