

FAQs on assisted suicide

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Some frequently asked questions on Assisted Suicide and why the Church has always been against euthanasia and assisted suicide.

Given the ongoing debate on assisted suicide currently making headlines, with many well-known figures pushing for legalisation, it is worthwhile understanding why the Church has always been against euthanasia and assisted suicide.

Further, this year's [Day for Life](#) is about the necessity for good end of life care.

Below are some frequently asked questions on this topic which we hope are useful.

What is the difference between assisted suicide and euthanasia?

According to the definitions currently provided by the NHS, assisted suicide is “the act of deliberately assisting another person to kill themselves” whilst euthanasia is “the act of deliberately ending a person’s life to relieve suffering”. Euthanasia can be voluntary or non-voluntary where it is not possible for the patient to provide consent and another person is authorised to make the decision on their behalf.

Assisted suicide and euthanasia are both illegal in England and Wales.

Why does the Catholic Church oppose assisted suicide and euthanasia?

The Catholic Church opposes the legalisation of assisted suicide out of concern for the good of every person in society, the protection of this good in law, and the spiritual and pastoral care of the sick and dying.

Assisted suicide is inherently wrong. In addition, the evidence from other jurisdictions shows that there can be no “safe” or limited assisted suicide law.

Life is a gift from God and remains equally valuable even in times of suffering. Life is to be cherished and cared for at all stages from conception until natural death, and it is morally wrong to intentionally end the life of a person, including at their request. Both assisted suicide and euthanasia involve the deliberate termination of human life and are therefore a violation of the sanctity of life.

In practice, the legalisation of assisted suicide and euthanasia would endanger the lives of some of the most vulnerable members of our society. Many people living with disabilities, suffering from progressive illnesses or approaching the end of their lives can be highly vulnerable and feel themselves to be a burden on their loved ones and the wider community. [Evidence](#) from countries in which assisted suicide has been legalised demonstrates that those who seek it often report a fear of burdening their loved ones with their suffering. In the [words of Pope Francis](#), “the sick, the vulnerable and the poor are at the heart of the Church” and thus it is our duty to protect them. Legalising assisted suicide or euthanasia would also send a strong message that people who are suffering are less worthy than other members of our community.

Why do we oppose the use of the phrase “assisted dying”, which is commonly used by proponents of assisted suicide and euthanasia?

Replacing the word “suicide” with “dying” conflates the wrongful and intentional act of deliberately ending a life with the natural process of dying, implying that helping to deliberately end a person’s life is as normal and as familiar as assisting somebody by caring for them as they are coming towards the end of their lives. True assisted dying means caring for those coming towards the end of life with love, companionship and support. Similarly, calling assisted suicide “dignity in dying”, as campaigners for assisted suicide and euthanasia do, implies that there is something undignified about living with severe disabilities or that physical or psychological discomfort denies the innate dignity of every human life.

Clarity of language is central to effective public debate on important moral issues, and we know from polling that [public support for assisted suicide can depend on which term is used](#).

Where have assisted suicide and/or euthanasia been legalised elsewhere in the world?

Assisted suicide and/or euthanasia are currently legal in countries or states comprising about 2.5 per cent of the world’s population.

Assisted suicide is legal in Austria, Belgium, Canada, Luxembourg, the Netherlands, New Zealand, Spain, Switzerland parts of the United States (the most well-known being Oregon) as well as in almost all of Australia.

Euthanasia is legal in Belgium, Canada, Colombia, Luxembourg, the Netherlands, New Zealand, Spain and most Australian states.

In some countries, assisted suicide and euthanasia have been deemed permissible by their relevant courts but have yet to be legalised by the government.

What does the experience of assisted suicide and euthanasia laws tell us about the dangers of their introduction in our own country?

The experience of other jurisdictions reveals that there is a “slippery slope” whereby laws are quickly and progressively widened to cover much wider scenarios.

Oregon, often referenced as a model template by proponents, now allows assisted suicide for non-terminal conditions including anorexia, arthritis and kidney failure. Canada, legally and culturally very similar to England and Wales, now offers assisted suicide even when death is not “reasonably foreseeable”. Belgium has expanded their provision of assisted suicide to include children.

Any legalisation of assisted suicide for terminal illnesses in England and Wales would be likely to be challenged in our courts on grounds of discrimination and thereby extended to allow for assisted suicide in cases of non-terminal illnesses. It is likely that it would also be extended to allow euthanasia in cases of physical difficulty in self-administering lethal medication. There are increasing dangers that mental health

will be included in assisted suicide legislation, and it is known that few of those seeking assisted suicide in countries in which it is legal are referred for psychiatric evaluation.

Are laws legalising assisted suicide and/or euthanasia likely to be introduced in England and Wales?

Past attempts to introduced assisted suicide have failed. However, since December 2023, an active campaign to support assisted suicide has been underway initiated by Dame Esther Rantzen. Many other celebrities have been “fronting” campaigns using the, often tragic, circumstances of their own illnesses to promote sympathy for the cause of assisted suicide.

The leader of the opposition, Sir Keir Starmer, has publicly confirmed his support for assisted suicide and committed to giving Parliament a vote on the matter were he to become Prime Minister. It is highly likely that a future government will give parliamentary time to a bill legalising assisted suicide and/or euthanasia. It will be a matter for individual Members of Parliament as to how they vote. Given the celebrity-driven and media support for assisted suicide, opposing legislation has become harder.

What is the Church’s view on the continued treatment of people who are in serious discomfort?

The Catholic faith commands that we care for the sick and dying. The Church supports the provision of necessary medical care and the alleviation of suffering for those who are in serious discomfort, as long as the intention of administering any medication is to relieve pain and not to shorten life.

At the same time, to care for the sick and dying does not mean that we should seek to prolong life at all costs. The Church recognises a difference between ordinary and extraordinary means of sustaining a person’s life and that there exist times when the continuation of medical treatment would be futile and even cause additional suffering to patients and their loved ones. In those cases, the patient, or their loved ones on their behalf, should make decisions on treatment in dialogue with the physician and after considering medical advice. At the same time, care for the patient should be the priority.

Are we certain that assisted suicide and euthanasia lead to a pain-free death?

Assisted suicide typically involves the oral ingestion of a lethal dose of medication. In euthanasia, the medication is administered to the patient by a doctor or nurse. [Research published in 2022](#) revealed that such medication can lead to various complications and sometimes fails to end life, leaving patients and their loved ones in a deeply distressing situation. [Data on deaths from assisted suicide](#) in the American state of Oregon has shown that complication rates have been close to 15%. Around a third of deaths from assisted suicide in Oregon take over an hour.

Deaths by euthanasia through lethal injection can also involve complications, such as difficulties in performing the operation and protracted deaths. Given the difficulties in ensuring that patients remain unconscious during euthanasia, it has been argued that such deaths could be akin to drowning or suffocating without the patient having any means of communicating the agony.

What is the alternative to assisted suicide and euthanasia?

Rather than the legalisation of assisted suicide and/or euthanasia, the Church strongly supports greater provision of high-quality specialist palliative care and hospice care for the sick and dying. Such care can comprise pain management, symptom relief and holistic support for patients and their loved ones towards the end of life. The intention of such care is to cherish and care for the lives of those who are approaching their death based on the view of human life as remaining inherently dignified and valuable even in times of great physical or psychological suffering.

It is worth noting that the introduction and availability of assisted suicide and/or euthanasia may well lead to a decline in investment in palliative and hospice care given that the provision of lethal medication is often a much cheaper option than holistic, life-affirming care.

What support does the Catholic Church offer to individuals and families facing terminal illness or difficult end-of-life decisions?

The Church offers pastoral and spiritual support to those facing terminal illness and difficult end-of-life decisions. Such support can be sought from a priest, deacon or religious sister, as well as from hospital chaplains in various hospitals across England and Wales.

Besides local hospice provision, several religious congregations and Catholic organisations in England and Wales provide different forms of support and care for those nearing the end of life and their family. These include St Joseph's Hospice in London, the Saint Vincent de Paul Society in England and Wales, St Raphael's Hospice in Cheam and St Gemma's Hospice in Leeds. A variety of resources are available for those approaching the end of their life and for their loved ones, such as on the "[Art of Dying Well](#)".

How does the Catholic Church view the reality of suffering at the end of life?

Although God never desires that we suffer, suffering is an unavoidable part of human life, including as we approach death. While we should seek to relieve rather than prolong suffering as much as possible, the reality of suffering is also an invitation to come closer to God and depend more on His grace as we realise the limitations of our physical and psychological capacities. In such moments, it is crucial to remember that Christ shared our suffering, including when He experienced suffering Himself toward the end of His life on earth for the sake of our redemption: "In the Cross of Christ not only is the Redemption accomplished through suffering, but also human suffering itself has been redeemed" (Pope John Paul II, *Salvifici Doloris* 19). We can offer our own suffering to God for our sins and the sins of others as well as experience His compassionate love and mercy amidst our difficulty. This is especially important towards the end of life, as we approach our death and an encounter with the justice and mercy of God.

What has been the role of Christianity in the development of hospice care?

Driven by the Christian ethos of fraternity, care and compassion, hospices and similar facilities have been always closely tied to the Catholic Church. The first hospices opened in the Middle Ages and were aimed at

caring for sick and dying pilgrims. From the seventeenth century onwards, Catholic societies and orders emerged with the purpose of serving the poor, the sick and the dying, such as the Daughters of Charity of Saint Vincent de Paul in France, or the Religious Sisters of Charity in Ireland. It was a committed Christian, Dame Cicely Saunders, who created the first modern hospice and contributed to developing the holistic approach to patient care within palliative and hospice care of today.

What are the potential spiritual implications for those involved in assisted suicide or euthanasia?

[The Church teaches](#) that assisted suicide and euthanasia are inherently immoral actions through their violation of the inherent dignity of human life. Of course, we can always turn back to God through the sacrament of confession, and we should never hesitate to seek spiritual direction to help us deal with difficult situations in the family or workplace.

What guidance does the Catholic Church offer to healthcare professionals who may be confronted with requests for assisted suicide or euthanasia?

Healthcare professionals are called to protect and preserve life and to conscientiously object to any practices that undermine this calling. Therefore, healthcare professionals must not support, encourage or provide assisted suicide or euthanasia. We are also called to do good as well as to avoid evil. We therefore encourage healthcare professionals to prioritise and promote palliative care and hospice care. Support is available through relevant organisations, such as the [Catholic Medical Association](#).

Will assisted suicide and euthanasia laws allow healthcare professionals and Catholic institutions not to assist with euthanasia and assisted suicide?

Laws have generally allowed individual healthcare workers to “opt out” of participation in euthanasia and assisted suicide when they have been introduced. However, in many areas that are contested ethically, so-called “conscientious objection” clauses have come under attack and/or they have been narrowed to apply only to direct involvement with the relevant act. In addition, in many countries, there have been no protections given for institutions that do not wish to facilitate assisted suicide and/or euthanasia. Such protections are also not provided for in the proposed Scottish assisted suicide bill. Under This may put Catholic care facilities under threat because they will not be able to operate as Catholic institutions in such a legal environment when they are required to facilitate a client’s wish to avail themselves of assisted suicide. There will be additional pressures where Catholic institutions are in receipt of government funding.

Where can I read more about how the Catholic Church views assisted suicide and euthanasia?

As well as [Samaritanus Bonus](#), another important papal document outlining Church teaching on life ethics is the papal encyclical [Evangelium Vitae](#) written by Pope Saint John Paul II. More information can be found in the Catechism of the Catholic Church and in resources prepared by various Catholic Bishops’ Conferences in countries where assisted suicide and euthanasia have been legalised, such as the [United States Conference](#)

[of Catholic Bishops](#). Useful resources are also provided by organisations working on medical ethics from a Christian perspective, such as the Anscombe Bioethics Centre.