



## WISCONSIN CATHOLIC CONFERENCE

Dr. Andrew W. Gurman, MD  
President

Bette Crigger, PhD  
Secretary, Council on Ethical and Affairs (CEJA)  
American Medical Association  
330 N Wabash, Ste 43482  
Chicago IL 60611-5885

November 11, 2016

Dear Drs. Gurman and Crigger,

On behalf of the Wisconsin Catholic Conference (WCC), the public policy voice for the Catholic bishops of Wisconsin, I write to urge you to maintain the American Medical Association's (AMA) decades-long opposition to physician-assisted suicide (PAS).

Human life is a sacred gift from God and an inalienable right, deserving of protection. While physicians cannot cure every illness, they can and must show love and support for every human life and resist the temptation to facilitate death. Increased use of palliative care is the proper response to human suffering, not assisted suicide. Recent studies show that when patients receive proper physical, emotional, and spiritual care, they live longer and score substantially higher on quality of life measures. Rather than changing the AMA's longstanding opposition to PAS, we urge the AMA to redouble its efforts to provide more palliative care options for patients.

Physician assisted suicide encourages the most helpless – those living in poverty, those who suffer from depression, loneliness, or long-term illness or disability – to end their lives. While supporters maintain that a majority of Americans support PAS and that proper protections are in place, groups such as Disability Rights Wisconsin, the Wisconsin Board for People with Developmental Disabilities, and countless other individuals with disabilities and chronic conditions have opposed measures to legalize PAS in our state. Those living with disabilities, illness, and chronic conditions understand that neutrality to assisted suicide by medical professionals will result in societal coercion, abuse, pressure, and a devaluing of those who are vulnerable.

Supporters of PAS argue that patient autonomy will be protected and that decision-making will be assessed by medical professionals. This approach ignores the difficulties of having those charged with preserving a person's health also determining whether a person should die. It is equivalent to requiring a defense attorney to sentence his or her own client. A physician may not be privy to all of societal, familial, emotional, financial, or other factors outside the medical realm that are driving a patient's decision. With this in mind, the more apt analogy is that of an expert witness at trial later being called to sentence a defendant.

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Rather than rely on the convenient recourse of PAS, our society must focus on expanding mental health resources to all in need. Despondency can often be more debilitating and difficult to control than physical pain, but it commonly emerges among those facing a terminal or chronic condition. Inadequate mental health resources force communities to focus on meeting the psychological needs of those who are young or physically healthy, leaving those who are physically vulnerable without remedy or recourse – a development that only exacerbates their desolation and despair.

Nor is physician-assisted suicide just a personal choice. It alters relationships within families, communities, and medicine. Once PAS is an option, terminally ill parents may seek out PAS despite their children's pleas or without their knowledge. Communities may begrudge the cost of caring for the sick and steer them towards "cost-effective" lethal drugs. Medical professionals will be viewed with suspicion. In the absence of PAS, a patient assumes that a doctor is there to heal and alleviate suffering. However, once PAS is available, an element of fear is introduced and the patient may doubt a physician's motives.

Unless our society and medical professionals remain committed to protecting human life, it will become easier to justify death for a host of non-medical reasons. Just last month, the Dutch government announced that it plans to introduce a law in 2017, making it possible for healthy older people to request and receive PAS. The Dutch Health Minister, explained the need for a change in the law, saying that it would help "older people who do not have the possibility to continue life in a meaningful way, who are struggling with the loss of independence and reduced mobility, and who have a sense of loneliness, partly because of the loss of loved ones, and who are burdened by general fatigue, deterioration and loss of personal dignity" (*New York Times*, October 13, 2016).

Physicians are in a unique position to offer their dying patients comfort and support. They bear the heavy responsibility of ensuring that patients have access to medical, spiritual, and emotional care. We are deeply indebted to physicians who continually strive to provide compassionate and appropriate care for their patients. We urge the American Medical Society to retain its opposition to physician assisted suicide and reaffirm the role of physician as healer – one who seeks to eliminate the pain and not the patient.

I hope these insights are helpful to you.

Sincerely,

A handwritten signature in blue ink that reads "Kim Wadas". The signature is fluid and cursive, with a long horizontal stroke at the end.

Kim Wadas

Executive Director