



WISCONSIN CATHOLIC CONFERENCE

August 3, 2009

Dr. Martha Rolli, Chair
ATTN: Ms. Merry Earl
Ethics Committee
Wisconsin Medical Society
330 E. Lakeside St.
Madison, WI 53715

Dear Dr. Rolli,

On behalf of the Catholic bishops of Wisconsin, I thank you for this opportunity to share our insights regarding Resolution 14.

The Conference strongly urges you not to approve this resolution for three main reasons.

First, human life is a sacred gift and an inalienable right. This is not merely a "Catholic" belief, nor a uniquely Christian one. It is, rather, a "self-evident" proposition, recognized as such by the Founders and reaffirmed by Lincoln at Gettysburg.

Those who choose a vocation in medicine or pastoral care share a common commitment to fostering and preserving the sanctity and dignity of life. Whether our goal is to restore physical health or spiritual health, we strive to offer hope even as we encounter the limits of our finite human existence. And we all confront the reality of death.

In helping those in our care to face their death, we strive to overcome their emotional fears and mitigate their suffering. Often their pain becomes ours. And we share their desire to put an end to it. This impulse to want to end this suffering is natural and good.

Yet our encounter with the boundaries of our human capabilities reminds us of our own limitations. We cannot cure every ailment. We cannot heal every wounded spirit. And we cannot cross certain ethical lines. Assisted suicide is such a line. It can never be the answer. We human beings cannot kill each other.

Second, assisted suicide weakens the bonds of human solidarity. By our very nature, we humans are profoundly interconnected. As such, a person's private choice sometimes has public consequences. This is why the state rightly limits certain freedoms: when one person's choice easily leads to the degradation or destruction, not just of her life, but of others as well, especially the most vulnerable. If disability rights groups oppose assisted suicide because it threatens their members and undermines solidarity, we simply cannot turn away.

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Third, if freedom of choice is what matters most, as supporters of assisted suicide maintain, then it will be difficult in the future to justify imposing any limits on that choice.

Why limit the right to die to the terminally ill? Many chronically ill persons may be experiencing greater suffering, for more extended periods, and at greater cost to themselves, their families, and society than those who are terminally ill.

If the goal of assisted suicide is to avoid pain and suffering, why limit the resolution only to those patients who are capable of making an informed choice? What about non-competent patients who are suffering and who are not capable of expressing their desire to live or to die?

We simply cannot go in this direction as other nations, like the Netherlands, already have.

It does not follow, however, that a terminally ill patient is obligated to accept or employ every form of medical treatment. Catholic moral teaching makes a clear distinction between proportionate and disproportionate means of care, between accepting death and choosing to cause it. If a patient chooses to forego aggressive (i.e., disproportionate) treatment for advanced cancer, she is not choosing death. Rather, she is choosing life without the burden of extraordinary medical interventions.

The crucial question that patients and medical professionals must ask is this: "Am I bringing about death or am I allowing death to occur naturally because continuing therapy is not beneficial?"

On the question of pain and suffering, there is an important distinction to be made between the two.

Pain is physical and very real for the dying person. Everything possible should be done to reduce and alleviate it. Thankfully, enormous strides are being made in the area of palliative care. Catholic medical ethics permits the use of powerful painkillers. The *Ethical and Religious Directives for Catholic Health Care Services (ERDs)* published by the U.S. Catholic Bishops clearly state, "Medicines capable of alleviating or suppressing pain may be given to a dying person, even if this therapy may indirectly shorten the person's life so long as the intent is not to hasten death." (no. 61)

Suffering, on the other hand, is not solely a matter of physical discomfort. Suffering is also a matter of emotional and psychological anguish. Although we can never remove all suffering without taking away our human nature, we can ease most suffering. As individuals and as a society, we can and must comfort dying persons and reassure them that we value their continued presence. We can and must show them that their dependency does not diminish their inherent dignity. We can and must affirm that their lives still matter.

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A recent *New York Times* article on the Sisters of St. Joseph in Pittsford, New York, illustrates how their dying members experience dignity, comfort, and compassion, without resorting to assisted suicide.

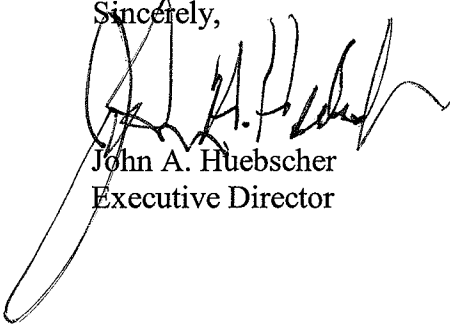
Here in Wisconsin, we have written *Now and at the Hour of Our Death: A Pastoral Letter from the Roman Catholic Bishops of Wisconsin on End of Life Decisions*. First published in 2002, the letter is intended for prospective patients, family members, and health care professionals to help guide their decision-making. To date, we have distributed close to 21,000 copies of this letter to parishes all around the state.

Physicians are in a unique position to offer their dying patients comfort and trusted care. No other person combines the medical, spiritual, and emotional expertise that terminal patients so desperately need. We are deeply indebted to all those physicians who strive to provide the most compassionate and appropriate care to their patients.

We urge members of the Medical Society to reject assisted suicide and instead to concentrate every effort on the finest end-of-life care possible. For our part, we are committed to providing continued education and pastoral care so that, working together with physicians, we may help dying persons experience faith, hope, and love as death approaches.

I hope these insights are helpful to you. Thanks again for inviting me to share them.

Sincerely,



John A. Huebscher
Executive Director