



LIFE-GIVING LOVE

A NATIONAL CAMPAIGN FOR
PALLIATIVE AND HOME CARE:
AGAINST EUTHANASIA AND ASSISTED SUICIDE

Revised Edition



Catholic Organization
for Life and Family



Canadian Conference
of Catholic Bishops

Euthanasia and assisted suicide have become very pressing issues in our country

On June 5, 2014, the Québec National Assembly adopted a law that encourages and supports institutionalized palliative care, but which also makes euthanasia legal by considering it a form of medical treatment, calling it “medical aid in dying”. This law goes into effect on December 10, 2015.

Eight months later, on February 6, 2015, the Supreme Court of Canada ruled, in the Carter case, that Canada’s prohibitions against “medical aid in dying” (a euphemism for euthanasia and assisted suicide) are unconstitutional. The highest court in the country gave the Federal Government one year to legislate on the matter. This means that the Criminal Code of Canada, which treats euthanasia as homicide and assisted suicide as a separate criminal offence, must be amended.

Supporters of euthanasia and assisted suicide have played on words and on the emotions of the public and led them to become confused about these deadly

What is euthanasia?

Euthanasia is an intentional action or omission that directly causes the death of a person, when that person most needs help. The most common method used to euthanize is a lethal poison injection.

What is assisted suicide?

Assisted suicide is an action to end one’s own life with the guidance, encouragement or help of another person – usually a doctor who prescribes a lethal substance which the person uses to take his or her life.

What is palliative care?

Focused on the overall well-being of the patient and his or her family and based on an interdisciplinary approach, institutionalized palliative care ensures quality support adapted to the needs of the individual at the end of life. The goal of palliative care is to alleviate suffering by helping the patient to maintain the best quality of life possible while neither hastening nor postponing death.

practices. This has made it harder to understand how the acceptance of euthanasia would negatively affect individual Canadians and Canadian society as a whole.

By looking at two real life examples of what can and does happen when euthanasia or assisted suicide become legal, we can better understand the real threat that their legalization poses.

In Belgium

Euthanasia for those suffering physical or psychological pain was legalized in 2002. On February 20, 2012, Dr. Tom Mortier, a Belgian chemistry professor, received a call from a local hospital informing him of the death — by euthanasia — of his mother, Leive De Troyer.

Dr. Mortier and his family were shocked! His mother had been physically healthy, but was living with chronic depression following the break-up of a long-term relationship. Unknown to Dr. Mortier, his mother had asked for euthanasia for psychological reasons. With the agreement of a psychiatrist, she was put to death.

“How is it possible, asks Dr. Mortier, for euthanasia to be performed on physically healthy people without even contacting their family?”

In 2014, Belgium authorized euthanasia for children.

In Oregon

Assisted suicide was legalized in 1998. Sometime thereafter, one of Dr. Charles Bentz’s long-term patients became very depressed after being diagnosed with cancer. Dr. Bentz referred his patient to a cancer specialist for treatment.

To Dr. Bentz’s dismay, the specialist soon contacted him with the request that he authorize assisted suicide for his patient. Dr. Bentz refused, stating:

“My patient does not qualify for assisted suicide. My patient is depressed.”

Even though Oregon’s assisted suicide statute theoretically safeguards depressed people from assisted suicide, Dr. Bentz — who was the primary physician — was unable to protect his patient from assisted suicide. Faced with Dr. Bentz’s refusal, the cancer specialist simply contacted another doctor who provided the required second signature. Fifteen days later the patient was dead.

Canada’s assisted suicide law prohibits one person from intentionally aiding, encouraging or counseling another person to commit suicide. Our current law is designed to protect people at the most vulnerable time of their life.

Legalized euthanasia and assisted suicide are not “safe”. They result in the deaths of many people who simply require good care, like palliative or home care.

How should people of faith and goodwill react to the threat of euthanasia and assisted suicide?

In the parable of the Good Samaritan, Jesus answers the question: What should I do for my neighbor?

“A man was going down from Jerusalem to Jericho, when he was attacked by robbers. They stripped him of his clothes, beat him and went away, leaving him half dead.”

“One man came and passed by the other side, then another came and also passed by the other side. But a Samaritan, as he traveled, came where the man was; and when he saw him, he took pity on him. He went to him and bandaged his wounds, pouring on oil and wine. Then he put the man on his own donkey, brought him to an inn and took care of him.”

The answer to nearly all requests for death is better care, institutionalized palliative care and personalized home care.



The answer to all suffering is life-giving love.

- A person who is in distress needs support and good medical, psychological, social or spiritual care.
- A person who fears becoming a burden on others, needs to be assured that caring for him or her is not a burden.
- A person who fears pain needs to be reassured and to know that it is possible to receive good medical care, including pain and symptom management.
- A person who is lonely needs to know that someone cares and that he or she will not be abandoned.

All these people God puts in our life are our neighbors. They need our care. **They need life-giving love.**

Christians react to the threat of legalized euthanasia and assisted suicide by opposing it, by recognizing that killing is not compassion. The Christian knows that true compassion is essentially about sharing in the other’s suffering.

We need to show care and concern for all people, but especially for the most vulnerable.
Caring can never mean killing.

It is a common human reaction to fear suffering. Many people who support euthanasia do so out of a fear of suffering. Of course, everything needs to be done to control suffering and to allay pain: that is by making palliative care available.



Caring for people and answering their needs is a universal call. The mission of a disciple of Christ is one of self-giving love.

When people of faith care for others and share in their suffering in times of trial, they are in communion with their physical, psychological and spiritual suffering. By so doing, they help them to find meaning to their suffering. The most vulnerable are thus confirmed in their inherent human dignity. We need to react by caring for the sufferer, not by killing.

A society whose citizens effectively care for each other will not experience political and social pressure to legalize euthanasia or assisted suicide. Considering today's public debates regarding respect for life, we should perhaps reflect on our own availability to care for our brothers and sisters in need.

We can all help to build a Culture of Life by taking care of others when they are in need, by advocating or promoting measures designed to support life — such as good palliative care or home care — and by denouncing euthanasia and assisted suicide...symptoms of a culture of death.

Let us be instruments of LIFE-GIVING LOVE.

**“Truly I tell you,
whatever you did for one of the least
of these brothers and sisters of mine,
you did for me.” (Matthew 25:40)**