

Reflections

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Induced Death and the Right to Life

Life is being devalued in Western society and induced death becoming acceptable. The unborn, physically handicapped, seriously ill, elderly, and those incapable of leading economically-productive lives are at particular risk. While the abortion industry eliminates the “burdens” of unplanned pregnancies, there now is a movement to halt the continuing afflictions of old age and of persistent illness through euthanasia and assisted suicide.

A recent case of purposeful death that gained worldwide attention was that of Alfie Evans, a young child in England, who had a rare neurodegenerative disorder that put him in a continuing coma. The doctors could not treat it, but refused to allow him to be moved to Italy for therapy, despite a plea from the Pope. The hospital, claiming it was in the child’s best interest for him to die, removed his life-support on April 23, 2018, and he passed away five days later.

The case of Alfie Evans is not unique. A year earlier, infant Charlie Gard was diagnosed in a London hospital with a terminal, neurological condition. His parents wanted him moved to New York for a new, experimental procedure, but the hospital refused. After six months of litigation, Charlie died on July 28, 2017. In each of these cases, the courts overruled the parents and allowed the hospitals to decide what was in the best interest of the children.

As a result of a car accident ten years ago, Vincent Lambert is in a French hospital, a severely injured quadriplegic, but not in a coma or with a terminal illness. In April 2018, a doctor decided that because of “unreasonable obstinacy” in his persistent survival, Lambert should have his feeding tubes removed, which would starve him to death. A court has appointed a panel of medical experts to examine Lambert’s health and, based on its report, will either confirm or void the hospital’s decision.

Euthanasia currently may be more prevalent in Europe, but is increasing in the United States. In 1976, the New Jersey Supreme Court sided with the parents of Karen Quinlan, who was in a long-term coma, to have her life-sustaining equipment removed; although done, she remained alive for almost another decade. Then, in 2005, a Florida court ruled in favor of her husband’s request that Terri Schiavo, who also was in a lengthy coma, have her feeding tubes disconnected; it was done and she starved to death over a two-week period.

Stephanie Packer, a California mother of four young children, was diagnosed in 2012 with an autoimmune disease and given three years to live. In June 2016, one week after the state legalized physician-assisted suicide, her health insurance company reversed its earlier decision and denied her doctor-recommended treatments. It would allow her, however, to obtain a lethal dose of suicide pills for a co-pay of \$1.20. After media attention, the insurance company relented and covered her treatments. On May 15, 2018, after testifying at a legislative hearing against physician assisted suicide, she posted a message on Facebook that she is “feeling fantastic.”

Today, seven U.S. states and the District of Columbia permit physicians to assist persons in committing suicide; attempts have been made to legalize it in many other states. This movement toward physician-sanctioned death has ominous implications. The medical community cannot

predict with assurance or accuracy how soon a patient might die. Stephen Hawking was diagnosed with ALS at the age of 21 and given 2-3 years to live; although completely crippled, he lived until the age of 76, and when he died recently he was renowned as a theoretical physicist and cosmologist. There are many cases in which patients declared terminally ill have lived well beyond a physician's projected life span. Some have even recovered from years-long comas.

While conditions established for physician-assisted suicide may appear to be compassionate, experience shows that reasons for sanctioning procured death expand over time. In the Netherlands, where euthanasia has been legal since 2002, many of the reasons given for choosing to be euthanized are depression, dementia, old age, and loneliness, none of which qualify as a terminal illness, and there are movements to allow any person over 70, regardless of health, and terminally-ill children to request it.

Is a life not worth living if the individual is in a coma, significantly handicapped, has Alzheimer's, severe autism, Down syndrome, cannot live without constant pain, or needs significant assistance for daily living? Stephanie Parker answered the question, when she recently wrote, "Though it is a struggle, so much joy and beauty is right in front of you if you are willing to open yourself up and see the possibilities."

The position of the Catholic Church is clear: Life begins at conception and continues until natural death. Humans have spiritual souls as well as physical bodies, and their souls are created in the image and likeness of God. As such, they have inherent worth and dignity and an unalienable right to life, even if their quality of life is not up to some social norm

When the quality of life is considered more important than life itself, when cost containment becomes a criterion for medical decisions, when euthanasia becomes a therapeutic option, life is no longer treated as a right endowed by the Creator. No person or government has the right to usurp a gift of God, no individual the right to throw it away.

Pope Francis has reminded us that: "All life has inestimable value even the weakest and most vulnerable, the sick, the old, the unborn and the poor, are the masterpieces of God's creation, made in his own image, destined to live forever, and deserving of the utmost reverence and respect."

Vivat Jesus!

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