

## **Pressuring for Euthanasia**

### Activists Push to Loosen Laws

By Father John Flynn, LC

ROME, MARCH 16, 2008 (Zenit.org).- Misguided compassion for the sick continues to spur attempts for the legalization of euthanasia. The Luxembourg Parliament recently voted in favor of a law to permit the practice, Reuters reported Feb. 20.

Prime Minister Jean-Claude Juncker and his Christian Social Party opposed the bill, but were outvoted. As ZENIT reported March 7, Benedict XVI raised the issue with the prime minister during an audience with him that day.

Before giving the final go-ahead to legalized euthanasia, Luxembourg may wish to examine what has happened in other countries. Just a short distance northward, in Holland, the practice of euthanasia for terminally ill adults is now being extended to babies.

In 2005, the so-called Groningen Protocol was published, setting out under what circumstances doctors could kill the newly born. Although the practice came in for heavy criticism, an article in the January-February issue of the bioethics journal the Hastings Report defended it.

In "Ending the Life of a Newborn: The Groningen Protocol," Hilde Lindemann and Marian Verkerk acknowledged that the new norms had been accused of allowing a form of infanticide and of failing to distinguish with precision between cases of babies who are certain to die and those who could continue to live.

Criticism was mainly from other countries, the authors claimed. Within Holland, they argued, there is little opposition to ending the lives of the newborn, at least in most situations. They distinguished three categories of cases: Those who either have no chance of survival; those who after intensive treatment face a very grim future with severe problems.

More controversial, they admit, is the case of a third group who are not dependent on intensive medical treatment, and who may survive for many years, even into adulthood. Among the examples in this category Lindemann and Verkerk mention those with progressive paralysis, complete dependency or a permanent inability to communicate.

"In bringing within its compass babies who are in no danger of dying -- and, indeed, with proper care could live to adulthood -- the protocol is even more radical than its critics supposed," they observed.

Preemptive death

Moreover, they mentioned further on, the protocol leaves the door open for the euthanasia of babies whose suffering will take place only in the future, and who in the current status are not in great pain.

Is it permissible for a doctor to engage in, "lethal preemptive strikes before any actual suffering has occurred," ask Lindemann and Verkerk? The disturbing answer is: "We can see no reason why, in at least some cases, the more responsible course of action might not be to end an infant's life in advance of intense, unrelievable suffering it will otherwise surely have to endure."

Experience in North America, where the state of Oregon approved assisted suicide in 1994, also gives cause for concern. Rita Marker, executive director of the International Task Force on Euthanasia and Assisted Suicide, analyzed the situation in an article published last Dec. 18 by the Web site InsideCatholic.com.

Proponents of assisted suicide argue that there have not been any abuses on the law in Oregon, noted Marker. Nevertheless, she explained, this claim cannot be proved. In fact, all the information in official reports on each case is provided by the very same people who carry it out.

There are, in addition, no legal penalties for doctors who simply do not report cases where they have participated in assisted suicide.

As well, once the individual reports are submitted to state authorities and compiled in an annual report, the original records are destroyed. There is, therefore, no possibility to examine the documentation if at some subsequent point doubts are raised.

Marker also criticized the provision in Oregon's law that permits a doctor to help a mentally ill or depressed patient commit suicide. This is troubling, she observed, considering that, according to the last official state report, doctors referred only 4% percent of assisted-suicide patients for psychological or psychiatric evaluation.

#### Bending laws

Even without explicit legalization in a number of cases the legal system looks with increasing leniency on people involved in assisted suicide. In Canada the National Parole Board decided to release Robert Latimer, convicted in 1993 of killing his daughter Tracy, who suffered from cerebral palsy, reported the National Post newspaper Feb. 28.

Latimer had argued it was a "mercy killing," but was convicted of murder. His prison sentence started in 2001. Late last year his parole was declined, given he refused to admit he had done anything wrong. Authorities, however, soon reversed their decision.

Meanwhile in England, Robert Cook admitted the manslaughter of his wife Vanessa, but was given a suspended sentence, reported the BBC on Feb. 1. Cook had helped his wife, who had multiple sclerosis, commit suicide. The Lewes Crown Court sentenced Cook to 12 months in jail, suspended for two years.

"The law of murder, against killing someone, is a vital one for the protection of the most vulnerable in society," commented But Andrea Williams, of the organization Care Not Killing, to the BBC.

Pro-euthanasia groups, however, used the occasion to renew their appeal in favor of legal changes to allow assisted suicide. Not a good idea, argued Mick Hume, opinion columnist for the Times newspaper Feb. 5.

Hume noted the tendency for tribunals to look with leniency on those how help the ill commit suicide. This tendency can lead to tragic cases, he warned. He cited the case of Jennifer Allwood, who thought it would be merciful to smother her 67-year-old father who had cancer.

Her father wanted nothing of it, and was able to fight back and survive. In spite of this Hume observed that last December a court only imposed a suspended sentence on Jennifer Allwood.

#### Value of life

Benedict XVI has spoken out clearly on the need to respect the value of human life in the face of attempts to legalize euthanasia. "If it is true that human life in every phase is worthy of the maximum respect, in some sense it is even more so when it is marked by age and sickness," he told participants in an international congress organized by the Pontifical Council for Health Care Ministry last Nov. 17.

"Today's efficiency mentality often tends to marginalize our suffering brothers and sisters, as if they were only a 'weight' and 'a problem' for society," the Pope commented.

We should indeed do all we can to alleviate the pain caused by illness, he urged, but at the same time we also need to demonstrate our capacity to love and our sense of human dignity.

The Pontiff also encouraged his listeners to learn from the example of Christ on the cross and to use his love for us to sustain ourselves in times of trial.

Last month the Pontifical Academy for Life held its annual congress precisely on the theme of the incurably sick. In his Feb. 25 address to participants the Pope called for appropriate medical treatment for the sick, and also for support of the families involved who often bear a great burden.

Growing numbers of elderly people are threatened by a combination of financial pressures and a utilitarian vision of the person, the Pope warned. He called on Church institutions and parishes to create an environment of solidarity and charity for those close to death and at the same time reaffirmed the Church's long-held teaching on the immorality of direct euthanasia.

The Pontiff also cited a passage from his recent encyclical "Spes Salvi": "A society unable to accept its suffering members and incapable of helping to share their suffering and to bear it inwardly through 'com-passion' is a cruel and inhuman society" (No. 38). A cruelty that will extend its reach if pro-euthanasia groups are successful.