



Cut Off from Me, You Can Do Nothing

Called to Care, Not to Kill – a Pastoral Letter on Assisted Suicide

In the parable of the Vine and the Branches, Jesus teaches us that we are one community, one family and one society. We live in a world where any one of our decisions affects all of us. We are all brothers and sisters with responsibility to each other.

Living out our responsibilities for each other in our families, many of us will have had first-hand experience of being with loved ones as they passed from this world. It can be a harrowing and difficult experience, but it can also be a precious time of shared love and memories.

In the context of our responsibilities as a wider society, we are grateful to the medical, nursing and care staff who support our loved ones in their last weeks, days and hours. Sadly, however, palliative care is underfunded and limited in Scotland, and our Parliament should focus its energies on improving palliative care rather than on contemplating assisted suicide or euthanasia.

The private member's bill to introduce assisted suicide for those aged sixteen and over, recently published in the Scottish Parliament, amounts to a rejection of the common responsibility we owe to each other and to those who are ill and dying.

Campaigners call it 'assisted dying' when what is really meant is assisted suicide. Palliative care and the process by which families and communities accompany and support those in the final moments of their lives is what we all usually mean by assisted dying. What is now being proposed is that doctors hand a lethal concoction of drugs to a patient to kill themselves. It is a direct, intentional action to end the patient's life and truly crosses a Rubicon in Scotland.

In countries where assisted suicide has been legalised, palliative care provision has stalled and hospices which refuse to offer assisted suicide have had their funding cut or stopped altogether, including Catholic hospices. This is perhaps why three quarters of our palliative care doctors in Scotland said they would refuse to participate in assisted suicide, and just under half said they would resign if they were required to administer it. These are the very specialists who deal with our brothers and sisters at the end of their lives and who assure us that their care can cope with the suffering their patients experience.

We trust our doctors to be concerned for our life, health and wellbeing and we do not want to think of them being put into the position of raising the question with our loved ones of whether they would be better off dead. Killing is not medical treatment.

Countries where assisted suicide or euthanasia has been legalised have seen safeguards eroded, and many have expanded eligibility criteria to now include people with arthritis, anorexia, autism and dementia. Even little children are being euthanised in these countries that are not so different from our own. The experience of these countries shows that assisted suicide is almost immediately uncontrollable.

At a time when suicide is on the rise in Scotland and we are doing our best to reduce it, what message are we sending to those who are vulnerable when we say that suicide is okay provided it is overseen by a doctor? Laws like this normalise suicide and send a message that some people are beyond hope.

Assisted suicide, which allows us to kill our brothers and sisters, takes us down a dangerous spiral that always puts at risk the most vulnerable members of our society, including the elderly, the disabled, and those who struggle with mental health. All those in fact who cannot stand up for themselves. It is little wonder the Glasgow Disability Alliance has said the assisted suicide proposal sends a message to disabled people that they are a burden and puts pressure on them to make a choice to die.

That is why it is no surprise that in Oregon, consistently around half of those who choose assisted suicide do so because they feel that they are a burden on their families or on their communities and healthcare system. When vulnerable people, including the elderly and disabled, express concerns about being a burden, the appropriate response is not to suggest that they have a duty to die; rather, it is to commit to meeting their needs and providing the care and compassion they need to help them live.

When our society is already marked by so many inequalities, we do not need assisted suicide to put intolerable pressure on our most disadvantaged who do not have a voice in this debate.

Implicit in assisted suicide is the suggestion that an individual, in certain circumstances, can lose their value and worth. However, as stated in the Church's recent declaration on Human Dignity, *Dignitas Infinita*, "even in its sorrowful state, human life carries a dignity that must always be upheld" and there are "no circumstances" under which human life could lose its dignity and "be put to an end".

The Bishops' Conference of Scotland urges the Catholic community to contact MSPs, urging them to work collaboratively to improve palliative care, and to reject the dangerous proposal to legalise assisted suicide, which would devalue life and put immense pressure on the most vulnerable to end their lives prematurely.

We are called to care, not to kill.

Yours devotedly in Christ,

- + Hugh Gilbert, President, Bishop of Aberdeen
- + John Keenan, Vice President, Bishop of Paisley
- + Brian McGee, Episcopal Secretary, Bishop of Argyll and the Isles
- + Leo Cushley, Archbishop of St Andrews and Edinburgh
- + William Nolan, Archbishop of Glasgow
- + Joseph Toal, Bishop of Motherwell
- + Frank Dougan, Bishop of Galloway