End-of-Life Options Act Fails to Protect Conscience Rights

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This bill is about choices. Choices for patients and choices for healthcare providers. Only patients and healthcare providers who want to participate in aid-in-dying will do so.

—Deborah Armstrong

The New Mexico Senate passed the Elizabeth Whitefield End-of-Life Options Act on March 15 by a vote of twenty-four to seventeen. That vote followed a February vote of thirty-nine to twenty-seven in the lower chamber. Now with the stroke of Governor Michelle Lujan Grisham’s pen, New Mexico has become the ninth state in the United States to enact a physician-assisted suicide law. (The practice also is legal in Washington, DC.) The End-of-Life Options Act is incompatible with the moral teachings of Catholicism (along with several other religions). A provider who embraces the Catholic faith will be faced with the following ultimatum: You can either write a prescription for a lethal dose of a sedative or refer the patient to a physician who will then write it, or you can suffer the professional consequences of conscientiously objecting to both of those options. It is clear upon review of the End-of-Life Options Act that it fails to fully protect the conscience rights of providers.

Defining Terms

Grisham calls the subject of the End-of-Life Options Act “medical aid-in-dying.” Others call it “self-determined death” or “death with dignity.” Euphemisms like these are often intended to hide the reality of the action in question, thereby making it more tolerable and perhaps even acceptable to the public. Rarely will supporters of medical aid in dying call it what it truly is—physician-assisted suicide.

This law outright denies that it legalizes assisted suicide. It states, “Actions taken in accordance with the End-of-Life Options Act shall not be construed, for any purpose, to constitute suicide, assisted suicide, euthanasia, mercy killing, homicide or adult abuse under the law.” That statement is included in the law because assisted suicide per se remains illegal in New Mexico. Interestingly, the law protects physician-assisted suicide and prohibits assisted suicide in general on account of the circumstances: “Assisting suicide consists of deliberately aiding another in the taking of the person’s own life, unless the person aiding another in the taking of the person’s own life is a person acting in accordance with the provisions of the End-of-Life Options Act.” “Deliberately aiding” someone in taking his life is assisted suicide for everyone except a prescribing provider.

Regardless of what the authors have written, the chambers have approved, and the governor has signed, a lethal dose of sedatives does not aid in dying, but directly causes death, and the lethal dose is made available only by way of a physician’s prescription. Therefore, it ought to be called what it is—physician-assisted suicide.

Catholic Moral Teaching

What, then, are the moral implications of suicide generally and physician-assisted suicide specifically? The Catechism of the Catholic Church teaches the following on suicide: “Suicide contradicts the natural inclination of the human being to preserve and perpetuate his life. It is gravely contrary to the just love of self. It likewise offends love of neighbor because it unjustly breaks the ties of solidarity with family, nation, and other human societies to which we continue to have obligations. Suicide is contrary to love for the living God.”

Catholic moral teaching does not discount the effects of grave psychological disturbances, anguish, or grave fear of hardship, suffering, or torture” on the culpability of the person who commits suicide (Catechism, n. 2282). God is merciful, and He understands the deepest experiences in the hearts and minds of his children. Yet objectively the action per se remains intrinsically evil and ought never to be done.

Assisting in another’s suicide is also intrinsically evil. The Catechism teaches, “Voluntary cooperation in suicide is contrary to the moral law” (n. 2282). Pope St. John Paul II affirmed this when he wrote, “To concur with the intention of another person to commit suicide and to help in carrying it out through so-called ‘assisted suicide’ means to cooperate in, and at times, to be the actual perpetrator of, an injustice which can never be excused, even if it is requested.” Moreover, the circumstances that the bill uses to distinguish between physician-assisted suicide and assisted suicide are insufficient to make the act good: “Circumstances of themselves cannot change the moral quality of acts themselves; they can make neither good nor right an action that is in itself evil” (Catechism, n. 1754). Therefore, the Catholic moral tradition is clear: suicide is never permissible, nor is assisting in it.