



Roman Catholic Diocese of Portland

510 Ocean Avenue
Portland Maine 04103-4936

Telephone: (207) 773-6471
Facsimile: (207) 773-0182

Suzanne C. Lafreniere, JD
Office of Public Policy

Comments of Suzanne Lafreniere, on behalf of the Catholic Diocese LD 1270 An Act Regarding Patient-directed Care at the End of Life

Senator Brakey, Representative Gattine, and members of the Joint Standing Committees on Health and Human Services, my name is Suzanne Lafreniere and I represent the Roman Catholic Diocese of Portland in expressing opposition to LD 1270. The Diocese has a population of over 193,000 registered Catholics or one-seventh of the total population of the state of Maine. In addition to its 141 churches organized into 55 parishes, it has 10 elementary schools, one private elementary school, one diocesan high school and two private high schools. It also includes one Catholic college, Saint Joseph's College of Maine in Standish.

For the Church, there is no distinction between defending human life and promoting the dignity of the human person. As a gift from God, every human life is sacred from conception to natural death. The life and dignity of every person must be respected and protected at every stage and in every condition. The right to life is the first and most fundamental principle of human rights that leads Catholics to actively work for a world of greater respect for human life and greater commitment to justice and peace.

To sanction the taking of innocent human life is to contradict a primary purpose of law in an ordered society. A law permitting assisted suicide would demean the lives of vulnerable patients and expose them to exploitation by those who feel they are better off dead. The voiceless or marginalized in our society -- the poor, the frail elderly, racial minorities, millions of people who lack health insurance -- would be the first to feel pressure to die.

For Catholics, and for many other people of faith, life is a sacred gift from God, only He can determine the time of our death. Suicide, assisted or not, is not an acceptable practice. However, this is not the sole basis. There are ample good reasons why physician assisted suicide is a flawed alternative from a purely secular perspective. This practice is laden with dangers of abuse despite attempts to build in safeguards.

Our Holy Father, Pope Francis has denounced euthanasia and assisted suicide, calling it a "culture of discarding" the elderly. He warns against what he calls clandestine euthanasia. "Social services pay up to a certain point; if you pass it, 'die, you are very old'. Today, elderly people are discarded when, in reality, they are the seat of wisdom of the society," he said "The right to life means allowing people to live and not killing, allowing them to grow, to eat, to be educated, to be healed, and to be permitted to die [naturally]."

I urge you to protect the most vulnerable in our society by voting Ought Not to Pass on 1270.



Secretariat of Pro-Life Activities

3211 FOURTH STREET NE • WASHINGTON DC 20017-1194

202-541-3070 • FAX 202-541-3054 • EMAIL PROLIFE@USCCB.ORG • WEB WWW.USCCB.ORG/PROLIFE

Physician-Assisted Suicide: Threat to Improved Palliative Care

Advocates for assisted suicide claim that the practice can simply be added to the “palliative care” options now available to patients. There is good reason to conclude that the opposite is true -- that legalizing assisted suicide undermines efforts to maintain and improve good care for patients nearing the end of life, including patients who never wanted assisted suicide.

“We must solve the real and pressing problems of inadequate care, not avoid them through solutions such as physician-assisted suicide. A broad right to physician-assisted suicide could undermine efforts to marshal the needed resources, and the will, to ensure humane and dignified care for all persons facing terminal illness or severe disability.”

L. Snyder and D. Sulmasy, “Physician-Assisted Suicide” (Position Paper of the American College of Physicians and American Society of Internal Medicine), 135 *Annals of Internal Medicine* (2001) 209-16 at 214.

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From one study of severe pain and distress in dying patients in Oregon, comparing the period before the assisted suicide law took effect (1996-1997) to a period after it took effect (1999-2002): “The frequency of family reports of moderate or severe pain or distress in Oregon decedents increased – from 30.8% in 1996-1997 to 48% in 1999-2002... An increase from 30.8% to 48% represents the increased suffering of over 5,000 additional decedents and families. Higher levels of pain have profound effects on seriously ill patients and are associated with greater functional impairment, greater depression, anxiety and suicidal ideation, and worsening cognition.... In Oregon, there is evidence that ...resources [for end-of-life care] have been stretched more thinly. Medicare patients in Oregon have among the lowest reimbursement in the United States during the last 6 months of life and have fallen significantly during the study period.”

E. Fromme et al., “Increased Family Reports of Pain or Distress in Dying Oregonians: 1996 to 2002,” 7 *Journal of Palliative Medicine* (2004): 431-42 at 437, 439.

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While supporters of the Oregon assisted suicide law say it has helped the state maintain and improve its status as a leader in end-of-life care, this was not borne out by a nationwide study by the respected Last Acts coalition in 2002. The study “graded” the 50 states on various elements of such care, and found that a number of states where assisted suicide is illegal outpaced Oregon in key areas. According to the Last Acts report card: On median number of days in hospice, Oregon received a “D” (6 states had a better grade); on percentage of hospitals reporting a pain management program, a C (5 states and the District of Columbia); on percentage of hospitals reporting a hospice program, a D (three states); on percentage of hospitals reporting a palliative care program, an E (11 states and the District of Columbia); on percentage of nursing home residents with persistent pain, a C (one state, Hawaii, had a better grade; only 11 states had a

worse one); on strength of the state's pain policies, a C (16 states better); on percentage of primary care physicians who are certified in palliative medicine, a C (14 states); on percentage of nurses certified in palliative care, a B (5 states). As a sign of hope, the study noted that 30 states had statewide coalitions or partnerships to improve care of the dying; Oregon was not among them.

Last Acts, *Means to a Better End: A Report on Dying in America Today* (November 2002), www.rwjf.org/files/publications/other/meansbetterend.pdf, at 19, 23, 24, 25, 32, 36, 41, 42, 55.

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In his concurring opinion in the U.S. Supreme Court's 1997 rulings against a constitutional right to assisted suicide, Justice Breyer noted that a study by the British House of Lords found that "the number of palliative care centers in the United Kingdom, where physician assisted suicide is illegal, significantly exceeds that in the Netherlands, where such practices are legal." The study found 185 such centers in the UK, but only 3 in the Netherlands.

Washington v. Glucksberg, 521 U.S. 702 (1997) at 792 (Breyer, J., concurring in the judgment), citing 2 House of Lords, Session 1993-1994 Report of Select Committee on Medical Ethics 113 (1994).

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A leading hospice physician in the Netherlands writes: "Accepting euthanasia or assisted suicide as a normal medical practice for some cases of unacceptable suffering assumes that the process will be controllable... Regulation has proved to be difficult if not impossible and is fraught with danger. It also serves to stifle creativity in palliative care and even to make proper care impossible to achieve."

The physician recounts that he once had to explain to a colleague how to relieve a bowel obstruction that was causing great distress for a cancer patient. "Usually I solve this kind of problem by euthanasia," the colleague explained, but in this case the patient did not accept euthanasia. The author comments: "The physician's remark that he usually solves such problems with euthanasia is disturbing. It illustrates how euthanasia becomes a substitute for learning how to relieve the suffering of dying patients. Ordinarily physicians learn more from their patients than from books. By endangering this process, euthanasia has consequences not only for a particular patient, but also for the quality of care in general."

Z. Zylicz, "Palliative Care and Euthanasia in the Netherlands: Observations of a Dutch Physician," in K. Foley and H. Hendin, *The Case Against Assisted Suicide: For the Right to End-of-Life Care* (Johns Hopkins University Press 2002), 122-43 at 140-41, 142.

6/9/11