



Archdiocese of Southwark

Pastoral Message on the Question of Assisted Suicide

Dear Brothers and Sisters in Christ

Our world is beautiful, but it is also troubled. We are witnessing an increasing number of threats to the dignity of the human person. These range from violence and war to poverty and disease. Our global climate is in crisis. Some of these threats may seem distant to us. They happen to other people in other countries; but the human family is one. We are our brothers and sisters keeper. We share a common home and share one humanity. There are, however, some direct threats we face at home, threats to human life at its earliest beginnings through abortion, and threats to human life at its end through assisted suicide. These threats are not only physical. They are also moral and spiritual. They may involve individuals, but their impact is much more extensive and challenges our very understanding of the value and dignity of human life. Threats to human life, at whatever stage of existence, undermine our claim to uphold equality in a most fundamental way.

For our common good and wellbeing, the family must be protected as the fundamental unit of society. Despite its imperfections, the family is where we learn to love and respect life. The family is where we care for one another and value the dignity of every person. It is within the family that we are taught the duty to care for the poor and the sick, and to protect the vulnerable. As Christians, the family teaches us to treat every human life as a gift from God, not a commodity we manipulate and dominate. Every human life is to be welcome. Every human life is to be cherished.

In different ways all members of the human family face suffering. St John Paul II reminded us of our shared responsibility in response: to *'cure if possible,'* but *'always to care.'*¹ Incurable does not mean *un-care-able*. Nor does it signify meaningless. To be *'present with'* people who are sick and suffering is a hallmark of our humanity. To accompany people, to listen to them and make them feel loved to the natural end of their lives, is the authentically human instinct that overcomes loneliness and isolation. This is how the fear of suffering and death can be avoided.

The Catholic Church believes and teaches that every life is valuable, regardless of one's physical or mental state or ability. We are called to care for those who are suffering, not to bring about their death. We cannot approve of any form of euthanasia and assisted suicide.

¹ John Paul II, Address to the Participants in the International Congress on 'Life-Sustaining Treatments and Vegetative State: Scientific Advances and Ethical Dilemmas,' 20 March 2004.

Rather, we need to support individuals, families, and those who work in healthcare, so that the fundamental value of life is not eroded.

The United Kingdom is currently experiencing a significant campaign by advocates of assisted suicide. This has gained momentum following Dame Esther Rantzen's announcement that she has joined *Dignitas*, the assisted suicide facility in Switzerland. There has been increased media coverage and pressure on Members of Parliament to change legislation.

Assisted suicide refers to the act of deliberately assisting another person to end their life, usually by providing them with lethal drugs. Euthanasia is an action or omission which, of itself or by intention, causes death in order to eliminate suffering.² Both involve a fundamental conviction that life is not worth living and a suffering person is better off dead. This raises many serious issues: the pressure which will fall on people with debilitating and life-shortening illnesses who are made to feel a burden to their family or society; the slippery slope which moves from there being an option to end one's life to this becoming a duty; the impact on the ethos of medical and healthcare workers when those we trust to care for us also become those who might end our life; and the challenges of obtaining consent in the context of suffering. Elevating individual choice above any concern for its wider consequences can deform a culture of life into a culture of death. Experience shows, not least with abortion legislation, that whatever safeguards are initially assured, restrictions are trampled.

The charity, Marie Curie, estimates that by 2033, around 660,000 people with palliative care needs will die each year in the UK. Without improved funding, the NHS and hospice charities will be unable to meet this growing need and address the existing gaps in end-of-life care across the UK. Yet, the answer does not lie in assisted suicide, but improving palliative care provision. This includes better funding, training, and accessibility to ensure that everyone who needs palliative care can receive it.

There are grave concerns about the dangers of coercion if assisted suicide is legalised. In Canada and Oregon, a significant percentage of individuals who died by medical assistance reported being motivated by being a "perceived burden on family, friends or caregivers."³ Once assisted dying is legal, there is a risk that vulnerable, disabled, and elderly people will feel obliged to consider it so as not to burden their loved ones. This fundamentally changes the relationship between healthcare professionals and their patients.

There has been a rapid expansion in the eligibility criteria for assisted suicide and euthanasia in jurisdictions where it has been permitted. For instance, in Canada, Medical Assistance in Dying (MAID) was legalised in 2016 for the terminally ill, but the requirement for death to be 'reasonably foreseeable' was removed in 2021.⁴ Canada is also considering

² See Catechism of the Catholic Church, 2277.

³ Health Canada, 'Fourth Annual Report on Medical Assistance in Dying in Canada 2022', October 2023, 31.

⁴ Health Canada, 'Fourth Annual Report on Medical Assistance in Dying in Canada 2021' July 2022, 11.

extending MAID to include people with mental illness and minors.⁵ This expansion is almost inevitable under human rights challenges, as permitting assisted dying for one group of people, but not others could be considered discriminatory. In the Netherlands, conditions such as tinnitus have been considered legitimate grounds for euthanasia.⁶

Attempts to limit assisted suicide to terminally ill patients with fewer than six months to live are fraught with problems. It is extremely difficult to determine terminal illness prognoses with certainty, and the accuracy of prognoses can range from 78% to a mere 23%.⁷ Legislation in Oregon, USA, has been used to permit assisted suicide for conditions including anorexia, diabetes, hernias, and arthritis.⁸ In the Netherlands and Belgium, euthanasia eligibility has expanded to include infants and children of any age.⁹

Supporters of assisted suicide often claim that they are upholding individual autonomy and the right to choose how and when one dies. This completely contradicts modern suicide prevention schemes which seek to preserve life. Furthermore, permitting assisted suicide sends a message which undermines human dignity, namely that some lives are simply not worth living.

Here in the United Kingdom, assisted suicide and euthanasia are currently illegal. There are, however, ongoing attempts to introduce legislation to legalise such practices.¹⁰ As Christians we hold truths that are not limited to religious believers. We are stewards, not owners, of the life God has entrusted to us, and it is not ours to dispose of. Pope Francis reminded us of this when he said: "We must be careful not to confuse [medical care] with unacceptable drifts towards euthanasia. We must accompany people towards death, but not provoke death or facilitate assisted suicide." He went on to say: "I would point out that the right to care and treatment for all must always be prioritised, so that the weakest, particularly the elderly and the sick, are never discarded. Indeed, life is a right, not death, which must be welcomed, not administered. And this ethical principle applies to everyone, not just Christians or believers."¹¹

⁵ Department of Justice, 'Canada's medical assistance in dying (MAID) law', <accessed 21 March 2024> <https://www.justice.gc.ca/eng/cj-jp/ad-am/bk-di.html>.

⁶ 'Euthanasia clinic criticised for helping woman with severe tinnitus to die', *DutchNews*, 19 January 2015.

⁷ All-Party Parliamentary Group for Terminal Illness, 'Six Months to Live?', July 2019, 24.

⁸ Oregon Health Authority, 'Oregon Death with Dignity Act: 2021 Data Summary', 28 February 2022, 14.

⁹ Government of the Netherlands, 'Euthanasia and newborn infants', <accessed 21 March 2024> <https://www.government.nl/topics/euthanasia/euthanasia-and-newborn-infants>; Reuters in The Hague, 'Netherlands to broaden euthanasia rules to cover children of all ages', *The Guardian*, 14 April 2023; 'Belgium minor first to be granted euthanasia', *BBC*, 17 September 2016.

¹⁰ In England and Wales, assisted suicide and euthanasia remain illegal. Despite this, increased public awareness due to the efforts of campaign groups, media personalities, and public figures has led to renewed calls for legalisation. In Scotland, Liam McArthur MSP has secured the right to introduce a bill to legalise assisted suicide for terminally ill adults, with the bill set to be published this year. On the Isle of Man, Dr Alex Allinson MHK introduced a Private Members' Bill to the Isle of Man Parliament (Tynwald) in July 2023. The bill, which proposes allowing terminally ill adult residents of the Isle of Man to access assisted suicide or euthanasia, is currently under review by a committee. In Jersey, the States Assembly decided in principle in November 2021 that assisted suicide should be permitted and is inviting further inquiry into the matter.

¹¹ Pope Francis, General Audience, 9 February 2022.

Whilst this letter is primarily concerned with the aggressive promotion of assisted suicide and euthanasia, we must not forget that there are currently attempts to manipulate HM Government's Criminal Justice Bill with extreme abortion amendments making it possible for abortion up to birth. Charities, such as *Right to Life*, have campaigns which make it easier for you to let your MP know the importance defend the right to life of every human being from conception to natural death. If you are able, please contact your MP to express your opposition to assisted suicide and your desire for the government to commit to improving palliative care provision across the UK; and also your opposition to abortion.¹²

Dear brothers and sisters, you and me, every person, is created in the image and likeness of God, and is therefore deserving of respect and protection. As baptised followers of the Lord Jesus we must do all within our power to support the most vulnerable in our society, especially those who have no voice to speak for themselves. May God bless you always, and guide and strengthen you in your efforts to uphold, respect, and protect every human life from conception until natural death.

With every blessing and the assurance of my prayers
Yours devotedly in Christ

+ John Wilson

Metropolitan Archbishop of Southwark

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¹² <https://righttolife.org.uk/>