

INTRODUCTION TO AND ANALYSIS OF THE CHURCH TEXTS

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The following paragraphs aim to outline the development and trajectory of the Catholic Church's key teachings on euthanasia since its introduction in modern discussion. This line-up of texts is not an exhaustive but a representative series which marks crucial moments and arguments. While these Church documents are properly read as part of the greater Catholic Social Tradition, and no one piece of teaching can truly be isolated as a stand-alone text or categorized by one theme or era, we have attempted to chronologically group the chosen documents into three periods of thought for the sake of organization and analysis. The differences in wording and teaching between the three "periods" serve to highlight the developments in the Church's response to the euthanasia question, simultaneously telling of the changes taking place in society which required such a continuous development of response. In turn, this presentation of texts provides a logical projection of where the current euthanasia discussion undoubtedly leads, revealing the many spiritual and social implications that accompany a Human Right to choose death.

First Stage: Foundational Teachings on Euthanasia

Euthanasia was rarely a topic of formal discussion in the Catholic Church until the late 20th century, previous to which, standard Church teaching maintained an authoritative tone and systematic theological approach. As displayed in these first texts, the Church's straightforward handling of the topic - and the sufficiency of a de-facto response - is reflective of a social consensus that still widely rejected suicide and euthanasia as sinful as well as criminal. Indeed, in reaction to the horrors of World War II, there was a sudden rush within the global community to establish ethical norms and codes of conduct in the 1940's and 50's. Alongside the establishment of the United Nations, the deontological language of

inherent and universal human rights took on heightened social and political significance. Likewise, the role of a doctor was generally agreed upon during this time: “to aid, to cure, and to prevent disease, not to harm or to kill”.¹ In following, the 1948 Physician’s Oath adopted by the World Medical Association in Geneva, stated: “The health and life of my patient will be my first consideration”.² This first section of texts (roughly spanning from the 1950’s until 1980) juxtaposes the great cultural shift soon to take place, for the Church faced more challenges regarding euthanasia in the following decades than it had for hundreds of years. Consequently, this opening period is not of interest for its novel handling or development of thought on euthanasia but because the documents represent the Church’s approach before the topic gained prominence and took on further complexities in public debate.

By way of overview, these four texts provide a sample of the Church’s moral teaching on euthanasia when it surfaced after the Second World War as primarily an issue of medical ethics. The first two documents specifically address the medical community, but the latter two were published for a much broader audience. Whether addressing the medical community or all the Catholic faithful, however, the Church’s response to the question of euthanasia is to recall, more-or-less, the same moral principles outlined by St. Thomas Aquinas in the thirteenth century, namely, to deprive oneself or another of life is contrary to the natural law, contrary to the charity owed oneself or another, injurious to the common good, and a sin against God.³ In these beginning documents, questions surrounding euthanasia are handled more from a theological than pastoral manner; only later does Pope John Paul II explore the problem of euthanasia from a deeper philosophical perspective of the human person and relate it to certain ideological or cultural trends.

Instead, focusing on theological norms and questions of morality, the texts from this period present the conventional but still-to-be-developed position of the Church. Given this context, Pope Pius XII’s address to the World Medical Association outlines the primary foundations for medical ethics. As new technologies advanced medical practices, however, the euthanasia question gained urgency, necessitating a clearer delineation between procedures that were medically possible and those which were morally applicable. Consequently, in the second document Pope Pius XII begins to apply the Church’s established moral principles to specific medical scenarios in his address to the International Congress of Anaesthesiologists. Similar to the first two texts, the third and fourth documents also demonstrate a shift from a broad handling to a specific application of moral principles. In *Gaudium et Spes*, for instance, the Fathers at the Second Vatican Council address euthanasia along with all other offenses against life in one broad paragraph. Later, responding to the need to focus greater attention on the topic, the Sacred Congregation for the Doctrine of the

Faith succinctly outlines the Church's teaching in their "Declaration on Euthanasia", the first document of such weight and specificity to be issued on the subject. Differences clearly arise between the first and last texts of this period, but these differences reflect a greater change in societal thought than developments yet to be seen in Church teaching.

1. Pope Pius XII

Opening this period of texts is Pope Pius XII's address to the World Medical Association in 1954. Herein the Pope unreservedly makes use of religious language and arguments, building on an assumed belief in a divine creator and the eternal destination of man, even in front of a secular medical audience. Clearly outlining a moral platform for medical care, the Pope states that "medical ethics are, fundamentally, based upon being, reason, and God".⁴ In following, there seems to be no great distinction made between general medical ethics and specifically Catholic medical ethics, and as the law had yet to be greatly involved in the issue, emphasis is placed on the ennobled doctor's conscience as a primary guide in such matters. The Pontiff illustrates that, although the law draws the absolute parameters for doctors, it falls to a code of moral principles to set the honourable standard of care, for "it is too much to hope that medical law will, in the foreseeable future, propose all that it should to satisfy the demands of natural ethics."⁵ In regards to the strict legality of aiding in an innocent person's death, the Church declares with simple and straight-forward logic: "As the state does not possess the aforementioned right, then, it cannot possibly delegate it to the doctor".⁶

With the rise of interest in establishing ethical standards of health and practice, the Church was called upon to answer particular questions resulting from modern medical advances. Examples of these emerging scenarios and technicalities are displayed in the second text, Pope Pius XII's address to the International Congress of Anaesthesiologists. In summary, the key questions he raises include: the morality and obligation of using or removing resuscitation capabilities and/or life support, how to determine the moment of death, the duty and difference between ordinary and extraordinary care, and the complexities surrounding pain killers and consciousness. Naturally, such scenarios only become more complicated in situations of a coma or an irreversible condition. While addressing these questions and situations in turn, the Church maintains a principled approach, declaring that natural reason and Christian morals outline the duty to "take the necessary treatment for the preservation of life and health."⁷ Yet, Pius XII also explains that one is only obliged to use ordinary means to preserve life, "that is to say, means that do not involve any grave burden for oneself or another. A more strict obligation would be too burdensome for most men and would render the attainment of the higher, more important good too difficult."⁸ This principle of "ordinary means" soon became a standard

argument in the Church's response to euthanasia, but it proved less than self-explanatory when further advancements turned previously burdensome means into easy and standard treatments. Such advanced technologies and resuscitation abilities also posed the problem of how and when to declare the moment of death, which greatly affect legal, social, familial and professional situations, as well as "many other questions of private and social life".⁹ The Pope stresses the need to presume life remains until clearly proven otherwise and reiterates the traditional understanding of death as the separation of the body and soul. Although he also draws a connection between certifiable life and blood flow, this position is debatable from both a medical and theological perspective. In light of questions regarding pain killers and consciousness, Pius XII certainly allows for the necessary and helpful use of drugs to eliminate extreme pain or lend comfort, but he also maintains that it is preferable that a person remain conscious near the end of their life. Not only are the moments before death considered a precious moment when the Christian often says goodbye to loved ones and makes peace with God, but it marks the time when the Church ideally ministers the end-of-life sacraments of confession and extreme unction. Both the delivery and validity of these sacraments are greatly affected by the patient's awareness, lucidity, and even their moment of death.

2. Council Vatican II - *Gaudium et Spes*

Gaudium et Spes serves as a brief synopsis of the Church's position on euthanasia at the time of its promulgation. With the same broad dogmatic approach already noted in the previous texts, but this time voiced as a pastoral constitution meant for a greater audience, the Council Fathers strictly condemned "anything opposed to life" in a memorable and often quoted paragraph. This text became a standard in the Church's response to euthanasia, but its categorical approach proved insufficient for handling the many questions and situations that later emerged as societal ethics shifted. Typifying this period of social-teaching as a whole, the encyclical references St. Thomas Aquinas's original principles, convicting any offense against life as an injury to all, and most of all to God. Notably, the ability to approach such a large audience and decidedly answer such a complex set of issues in one paragraph (compared to the many pages needed to unpack and explain Catholic thought on the very same issues in later documents), denotes that the audience, at large, held certain moral principles and considered the Church an ethical authority on social issues. In retrospect, what is taught here is not as significant as what is taken for granted or not yet questioned.

3. The Sacred Congregation for the Doctrine of the Faith: Declaration on Euthanasia

Closing the first group of texts, the declaration published by the Sacred Congregation for the Doctrine of the Faith incorporates Church teaching into a new sort of document.¹⁰ At the request of episcopal conferences, this declaration was published as a response to the growing ‘right to an easy death’ claim, i.e. an early death that would “*shorten suffering and feels more in harmony with human dignity*”.¹¹ The Congregation’s answer is the first consistently articulated text of the Church on this issue in modern times. It seeks to establish - still in categorical language - what is considered legitimate or illegitimate treatment from the perspective of the Christian faith. Functioning in part as a summary of previous interventions and texts, this declaration retains tensions inherited from the language and positions of Pope Pius XII.

The document begins by stating that life is “the basis of all good” and has overwhelmingly been held as sacred throughout history. Accordingly, this translates into the widely shared belief that no one can rightfully dispose of life at will. For Christians, human life has paramount meaning: it is a loving gift from God, reflective of His very image, and it is something which human beings do not create but respectfully receive. From this perspective, murder is certainly wrong, as is willful suicide or euthanasia. There is a right to life, not a ‘right to death’; therefore, any direct act against human life contradicts a fundamental right.

Considering the different uses and conceptions of ‘euthanasia’, The Congregation defines its own use of the term as “*an action or an omission which of itself or by intention causes death, in order that all suffering may in this way be eliminated*” (§2). The Church is increasingly aware that cases surrounding death and dignity are complex and not easily answered with black-and-white statements. Thus, the document immediately notes that any moral judgment on a case of euthanasia must consider both the *intentions* of the *persons involved* and the *objective means employed*, even if the end result is, in any case, death.

Subsequently, there is no euthanasia when the intention is not death itself but the alleviation of pain, the protection of other persons, the will to forgo an unnecessary and risky treatment or even only a wish to stay conscious (§3). A mother that gives her life to protect her children, for example, is not willingly seeking death itself; she risks it for the life of her children. A man who refuses disproportionate or experimental treatment is not necessarily seeking death; he may be merely accepting the finitude of his human condition, the limits of medical science and/or of social resources. Contrary to the first impressions conveyed by the text, the Congregation distinguishes a wide range of situations where differences in *intentionality* may actually change the *moral signification* of one’s own death. This is particularly clear in the case of painkillers (§3). Whereas suffering is an element of our human condition,

its excess frequently bypasses its biological utility. The use of painkillers to treat unbearable pain is therefore morally acceptable, even if it numbs consciousness and accelerates death, because the intention is to forgo pain, not to seek death.¹²

The Congregation says, however, that a judgment on euthanasia must also consider the *objectivity* of the medical means employed. Personal intentionality is not enough to judge all cases of euthanasia. The development of technologies and treatments demands an examination of the medical means employed. Two principles serve our assessment of healthcare methods. First, we have a duty to take care of our health and thus seek available treatments. Yet, we also have a ‘right to die’; this is not understood as “*the right to procure death either by one’s own hand or by means of someone else, as one pleases, but rather, the ‘right to die’ peacefully with human and Christian dignity*”¹³ (§4). This second duty is but the acceptance of our human condition as limited by death. Moral judgment must balance the two duties. To this effect, the Church distinguishes between proportionate medical means of treatment and disproportionate ones. The difference depends on the *kind of treatment*, its *complexity*, the *risk* involved for the patient, its *accessibility* and *cost*, as well as the *expected results*. The physical and moral resources of the patient are also of importance. In other words, a complex and prudential judgment has to be made regarding the choice of intervention so as to balance the duty to treat and the duty to let someone die “with human and Christian dignity”. This prudential decision rests upon the patient, the family and their doctors, and it should respect a patient’s wish to forgo disproportionate medical treatments (§4).

Second Stage: Countering the “Culture of Death”

1. A New Sort of Approach to Euthanasia

The second identified period of texts roughly overlaps John Paul II’s long papacy (1978-2005). Its paradigm is the encyclical *Evangelium Vitae* (1995), arguably the Church’s main document on euthanasia to this day. This text, representative of the general interventions at the time, shows a marked style-change from the first series of documents. First, there is a clear transformation in the perceived stakes of euthanasia. This is no longer a highly specific question limited to a specialized medical audience but a topic which reveals fundamental changes in western culture’s approach to life and death. What constitutes a moral life, human dignity and man’s autonomy can no longer be assumed and is far from agreed upon in society. Transitioning from a more restricted dialogue, euthanasia suddenly becomes an issue which includes and reveals a changing civilization. By closely linking abortion and euthanasia, *Evangelium Vitae* features the

two as hallmarks of a ‘culture of death’. Hedonism coupled with a zealous promotion of individual autonomy induces a change in our relationship to our own body and the bodies of others. The points marking the beginning and end of life are now seen as matters of choice, expressions of autonomy rather than key moments of grace as viewed in the Christian tradition. Life and death are no longer thought of as realities received by man but as products engineered through the ever enhancing capabilities of medical science. The anticipated audiences of the texts are also markedly different. Departing from texts which found a limited circulation among experts, John Paul II engages and addresses the Catholic Church as a whole, urging the community of believers to maintain congruence between their faith and moral practice. He also reaches out to non-believers, however, outlining the Catholic position for a wider audience and explaining why the issue of euthanasia surpasses questions of privacy, choice and freedom.¹⁴

A second notable difference between the texts of the first and second periods lies in the tone and rhetoric adopted by the Church. Whereas the first documents were mostly conversational – short answers to open questions for professionals – and offered guidance on difficult points, the present texts are long and give a comprehensive narrative of the Catholic Church’s understanding of and inherent conflict with euthanasia. These texts dig deeply into biblical sources, seeking the root causes of the sudden and modern desire to die, and they invoke practical reason to foster the notion of human dignity and support the inalienable value of life. The tone is that of a *Magister*, explaining in order to be understood and denouncing so as to draw a line in front of practices deemed contrary to the Christian faith. In short, the documents are apologetic and communicate with utmost clarity that euthanasia is incompatible with faith in Christ. Despite an emphasis on natural reason, the core arguments remain theological, lending a rational explanation for the Catholic position.

2. Pope John Paul II - Encyclical Letter *Evangelium Vitae*

As previously noted, the dominant text of the second period is Pope John-Paul II’s encyclical *Evangelium Vitae* (1995)¹⁵, and as other texts from this time draw mainly from its content, our attention is specifically focused on this piece. Herein, the Pope dedicates several paragraphs to the question of euthanasia (§64-74), and while he references or quotes many previous documents, he frames them in the broader analysis of a shifting conception of death:

“Today... the experience of dying is marked by new features. When the prevailing tendency is to value life only to the extent that it brings pleasure and well-being, suffering seems like an unbearable setback, something from which one must be freed at all cost. Death is considered ‘senseless’ if it suddenly interrupts a life still open to a future of new and interesting experiences. But it becomes a ‘rightful liberation’ once life is held to be no longer meaningful

because it is filled with pain and inexorably doomed to even greater suffering” (§64).

This avoidance of pain or adversity at any cost also mirrors other changes in social thought regarding privacy rights and the state’s obligation towards its citizens. According to the new trend, decisions over life and death are the exclusive affair of the autonomous self, and the state is vested with the responsibility to respect and protect the right of each citizen to decide how to dispose of his/her own life. Associated with the present and extraordinary extension of our medical capabilities, the temptation grows to “*take control of death and bring it about before time, ‘gently’ ending one’s own life or the life of others*” (§64). The trend to qualify the worth of a life, correlating with the call to legalize euthanasia, is neither “logical” nor “humane”, but “senseless” and “inhumane”. With an excessive focus on the autonomous self and concern for efficiency and productivity, the contemporary mentality discards elderly and disabled persons as “intolerable burdens” and does not recognize value in a life with serious constraints or impairments (§65).

Embracing the definition of euthanasia given by the Congregation for the Doctrine of the Faith ¹⁶, the Pope further develops previously made distinctions regarding what is or is not considered euthanasia. Intentionality and proportionality are here reexamined, and the previous teachings are either reaffirmed or further nuanced. A solemn condemnation of euthanasia is still clearly communicated: “*In harmony with the Magisterium of my predecessors and in communion with the Bishops of the Catholic Church, I confirm that euthanasia is a grave violation of the law of God, since it is the deliberate and morally unacceptable killing of a human person*” (§65). Plainly speaking, John Paul II is seeking a fuller and better exploration of the many dimensions of the euthanasia issue, yet he also reaffirms and even intensifies the Church’s foundational teaching regarding the inherent dignity of human life and the gravity of its willful elimination.

Evangelium Vitae then turns toward suicide and especially assisted suicide: “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 be the actual perpetrator of, an injustice which can never be excused” (§66). The frequently alleged argument of compassion and mercy to justify assisted suicide is squarely rejected as a “false mercy”, or a “disturbing perversion of mercy”. “*True compassion leads to sharing another’s pain; it does not kill the person whose suffering we cannot bear*” (§66). Even the explicit request of help to commit suicide cannot and must not oblige even the friend or relative to collaborate, because “*The request which arises from the human heart in the supreme confrontation with suffering and death, especially when faced with the temptation to give up in utter desperation, is above all a request for companionship, sympathy and support in the time of trial. It is a plea for help to keep on hoping when all human hopes fail*” (§67).

For John Paul II, the most serious and preoccupying forms of euthanasia arise when they are institutionalized under the guise of a policy or a law. Despite the protections and safeguards put in place, physicians or legislators “arrogate to themselves the power to decide who ought to live and who ought to die” (§68). Once institutionalized, intentionality does not function in the same manner as an individual’s but often directs the person’s choice in a biased way toward the institution’s own preference (institutional rationality). Even when respecting the provision of fair individual consent, institutional legalization of euthanasia undermines the “sense of justice” and “mutual trust” necessary for personal and institutional relationship (§68).

Today there is an evolution towards recognizing a ‘right to die’, understood as the right of each individual citizen to choose and fix the time of their death. This ‘right’ entails the corresponding obligation by the state to respect and promote the safe enjoyment of this private freedom. Such a ‘right to die’ is rooted in two underpinning narratives, says the Pope. The first and more radical one claims that life is a relative good, the value of which can only and exclusively be assessed by its owner, i.e. the subject. The state should not interfere with the freedom of a person to determine the value of their own life, as it has no authority over private moral matters in a pluralist society. A legal ban of euthanasia is therefore tantamount to an intolerable display of state authoritarianism. The second narrative holds that civilian law should not set or impose a non-consensual high moral standard but express the communal will of the majority. Failure to stick to the majority’s opinion over moral issues imposes undue limitations on personal freedom, promotes illegal practice and undermines the rule of law.

A fundamental contradiction runs through the two narratives underpinning the ‘right to die’ concept, says John Paul II. In the name of personal privacy, individuals require that their moral choices be absolutely respected, yet they reject moral values in the public sphere, where legal norms supplant individual conscience and everybody must abide by the law.

“On the one hand, individuals claim for themselves in the moral sphere the most complete freedom of choice and demand that the State should not adopt or impose any ethical position but limit itself to guaranteeing maximum space for the freedom of each individual (...) On the other hand, it is held that, in the exercise of public and professional duties, respect for other people’s freedom of choice requires that each one should set aside his or her own convictions in order to satisfy every demand of the citizens which is recognized and guaranteed by law; in carrying out one’s duties the only moral criterion should be what is laid down by the law itself. Individual responsibility is thus turned over to the civil law, with a renouncing of personal conscience, at least in the public sphere” (§70).

These contradictory attitudes between the private and the public spheres arise from a misconstruction of the relationship between ethics, civil law

and democracy. What is considered ‘good’ or ‘bad’ should not be determined by merely the opinion of the majority. Neither should “equality of rights” be taken as equivalent to “justice”. The moral value of democracy “*depends on the morality of the ends which it pursues and the means it employs (...) it stands or falls with the values which it embodies and promotes*” (§70). The basis of these values is not the changing opinion of a majority but the objective and universal values written on the human heart. Accordingly, civil law relies on moral law for its ultimate legitimacy. Euthanasia, therefore, cannot be reduced to a personal moral choice over the value of life, nor can the law be merely the majority opinion on moral matters. The dignity of human beings and the dignity of their life is not a question of personal opinion, and it cannot be denied by a parliament’s decision - it is a human right, universal and infrangible.

Third Stage : Revealing the Progression and Repercussions of Legalized Euthanasia

1. Characteristics of the Stage

Although the Church continues to develop her teaching on euthanasia, the moral principles and the theological foundations have largely been laid out in previous decades. Nonetheless, the final period of texts (roughly published since the turn of the century) is of great importance, for they show the response of bishops around the world in their dealings with new national legislation and extensions of previous bills of law on euthanasia. These episcopal documents are informed, specific (avoiding technicalities), and short; they are written to have an impact on the social or political debate and are meant for a large audience. The arguments made in previous Catholic teaching are now assimilated and newly emphasized as the factual developments regarding legal forms of assisted suicide corroborate them. Notably, the bishops’ interventions apply to specific situations, such as a new bill of law or the extension of the ‘right to die’ to new categories of people

One of the most striking contemporary texts is published by the Australian Bishop’s Conference, and it is structured around the noted opposition of myths and facts; the ‘myths’ support the introduction of legal forms of euthanasia and the ‘facts’ contradict them. Six myths are identified and dismissed as ideological constructions that contradict reality. The result is quite efficient in terms of communication. The following sample conveys an impression of the document:

“Myth 1: Euthanasia can be legislated for safely.

Fact : Euthanasia and assisted suicide can never be safe. Because terminally ill people are vulnerable to powerful feeling of fear, depression, loneliness, not wanting to be a burden, and even to coercion from family members, no law can adequately protect them from succumbing to euthanasia if it is available.” (...)

“Myth 2: Dying with dignity.

Fact: (...) There is nothing truly dignified about being killed or assisted to suicide, even when the motive is compassion for suffering. Suicide is always a tragedy.” (...)

“Myth 3: Euthanasia is an issue of personal liberty and personal choice.

Fact: Euthanasia always involves a second person and is therefore a public act with public consequences.” (...)

“Myth 6: Euthanasia is necessary to relieve pain.

Fact: Good palliative care, not killing, is the answer to relieve pain from the dying.”

2. Some Texts of the Present Stage

The factual language employed by the Australian Bishops’ Conference succeeds in re-emphasizing that euthanasia is an objective killing of a human person, but the starkness of their approach comes at the expense of some intricacies connected with moral judgment and intentionality. Straight forward ‘definitions’ are implemented: *“Euthanasia occurs when a doctor, not an illness, kills a patient (...) Even if it is done for what seems a good reason (...) and even if it is done with the patient’s consent, it is still killing”*¹⁷. This language and approach seems to align the discourse of the Church with the ideological nature of the public euthanasia debate.¹⁸

Additionally, several of the texts published in this volume explicitly react to existing bills of law which expand access to assisted suicide or euthanasia to new groups of persons. This draws attention to the initial principles and arguments set forward to justify legal forms of assisted suicide. Consider the following two cases regarding euthanasia for children and the demented.

The decision by the Netherlands to extend access to euthanasia for children under 12 years of age threatens the principle of ‘informed consent’, one of the cornerstones of the legal construct for sustaining assisted suicide. Personal consent is in this case substituted by the parent’s decision and the

doctor's professional opinion. According to the Pontifical Academy for Life¹⁹, this move demonstrates that the *first* and only *real* intention of the social adoption of euthanasia is to "free from suffering". Not only does this example from the Netherlands result in the killing of a child, it highlights complications arising from the doctor's or parents' conception of pain. Could it be their own incapacity to bear the situation that actually prompts them to 'free the child from suffering'? This evolution – besides being blatant euthanasia – opens the door to a whole new world of 'mercy killing' which excludes the consent of the person 'needing' to be freed from suffering. At the level of principles, even the reliance on autonomy to defend a 'right to die' is simply abandoned in the face of an apparent need to prevent 'undue suffering'.

Church texts in the past fifteen years are focused on the risks involved with the legal forms of euthanasia, especially in regards to the most vulnerable in society. Numerous social categories, frequently already victims of other abuses (e.g. the elderly) might find it difficult to resist the pressure to 'do the right thing' and 'leave in dignity'. The New Zealand bishops propose that the 'right to die' could soon become a 'duty to die'. This *slippery slope* argument is not merely a scare tactic; facts prove the contrary. Legal control of euthanasia is difficult and has failed repeatedly in Oregon, the Netherlands and Belgium. Violations of the law are notoriously under-reported and difficult to prosecute, while at the same time, original limitations have been quickly removed to extend the practice, further enhancing impunity. The bishops fear that down the road, economic interests may have much to gain from an extension of legal forms of euthanasia, and if allowed by law, new traction could be added to this trend. Sadly, the first victims would be the most vulnerable. Here, the bishops remind us that the quality of civil law is measured by its effort to protect the most vulnerable, for the law ultimately exists to protect the weak from the strong and powerful, to enhance and protect their inalienable dignity. "The most vulnerable members of our society depend upon the protections which the legal and medical institutions currently provide"²⁰.

Conclusion

The Church's rejection of euthanasia is not without many nuances and finesse, yet the fundamental teachings recognize the killing of a human being must always be considered objectively bad and should never become an accepted principle of social life. To kill another person is always a tragedy and must not become the norm for any category of persons. The interdiction of murder must therefore remain as one of the fundamental principles organizing human society and law. Accordingly, a citizen's inherent right to life is the only basis from which to legally approach euthanasia.

In the realm of intention, the line that sets euthanasia apart from other practices is the direct intention to kill oneself or of helping another person to kill himself/herself. Since there is no temporal dignity higher than the essential dignity of human life, there is no admissible motive for its willful violation or negation. Neither can supposed pity, mercy or compassion legitimize the euthanizing of another human being. Respect for an individual's free choice does not morally oblige us to kill him, even at his own request. These conclusions are implied when the Church reminds us that love and palliative care, not euthanasia, is the answer to suffering. It merits repeating that the inherent dignity of a human being cannot be lost through old age, illness or infirmity. This is the reason the Magisterium constantly states that autonomy, however valuable, does not trump life as a right.

Moreover, the Church inquires whether the reasons usually advanced for euthanasia are the ones that truly motivate a person's request for death. Rather, are the real reasons a fear of decay, dependency and aloneness? A fear of suffering? A fear of losing autonomy? As for one who collaborates in euthanasia, is it not our helplessness that drives our need to help kill a beloved friend or relative? Is it not our own incapacity to bear the suffering of others that drives our conviction that it would be better for them to die?

The legal forms of euthanasia – be it a “right to die” or a “medical procedure” allowing a person to ask doctors for euthanasia, a so-called ‘mercy-killing’ – are rejected by the Church. Not only on the grounds of previously exposed reasons, but because institutional preferences tend to override and impose themselves on individuals. When a “right to die” enters the normal procedures of hospitals and hospice, it creates a subtle social pressure to choose death over life. We are dealing here with different levels of intentionality: individual will and institutional will (or group will) do not hold the same level of influence. No amount of protection for the individual's “informed decision” will truly level the playing field. Institutional authority is difficult to resist. The law (through judges and norms) and the hospital (through doctors and procedures) have a decisive sway over the ruling of a person's value or dignity. This is why the Church constantly reminds society that the law should protect the most vulnerable among us – people without education, the poor, the elderly or handicapped, the migrant worker, etc. – those persons, in other words, who are most easily persuaded that their lives are no longer worth living. No one is dispensable, replies the Magisterium; no one should think that there is nothing else left for him but death.

These are the main lines of arguments that have progressively emerged through the different interventions of the Magisterium during the last 70 years. Without ambiguity, there is no place in Catholic teaching for a willful termination of human life, even when thought more ‘dignified’. What determines the dignity of a life is no value attached or merited by man, but a nature and worth decided by God. This is the transcendental and universal foundation for human rights.

NOTES

1. Address of Pope Pius XII to the VIII Congress of the World Medical Association, 30 September 1954
2. Adopted by the 2nd General Assembly of the World Medical Association, Geneva, Switzerland, September 1948
3. St. Thomas Aquinas, *Summa Theologica* II-II.64.5. The phrase “and life” was later removed in 1968
4. Address of Pope Pius XII to the VIII Congress of the World Medical Association, 30 September 1954
5. Ibid.
6. Ibid.
7. Address of Pope Pius XII to an International Congress of Anaesthesiologists, “Basic Principles”, 24 November 1957
8. Ibid.
9. Ibid., “The Fact of Death”.
10. Sacred Congregation for the Doctrine of the Faith, Declaration on Euthanasia, 5 May 1980.
11. Ibid., Introduction.
12. The reduction of pain is not an overwhelming obligation. Suffering can be accepted as participation in Christ’s sacrifice. The decision to reduce pain at the cost of consciousness should never be made lightly and without “serious reasons”.
13. Not to be confused with the ‘right to death’- the right to willingly choose and enact the moment of my death.
14. From the first period to the next, the Church’s position also shifts from being that of a critical observer and respected advisor in medical matters to being a defiant and counter-cultural witness of a social trend it cannot sway. Contradicted by the cultural and institutional development of the western world, the Church is keen to convey its position to society, attempting to explain, defend and clarify its teaching; yet, the shift in position from being a dominant actor to being considered obsolete is not addressed.
15. Pope John Paul II, Encyclical Letter *Evangelium Vitae*, 25 March 1995.
16. Euthanasia is thus defined by the Pope as “an action or omission which of itself and by intention causes death with the purpose of eliminating all suffering”. Note that the definition crucially drops the “which by itself or by intention” from the Congregation’s definition to replace it by “which of itself and by intention”.
17. New Zealand Conference of Catholic Bishops, *The Dangers of Euthanasia*, 19 October 2011
18. Public discussions on euthanasia are usually not about fine arguments and subtle moral distinctions, but emotional power plays to establish the prevalence of one vision over the other. This ideological approach of the debate by the tenants of euthanasia drives the Church toward objective facts, because ideological constructs can’t be opposed but by facts that show the inadequacy and inner contradiction of ideological construction.
19. Statement by H.E. Msgr Elio Sgreccia Secretary of the Pontifical Academy for Life, *Legalizing Euthanasia for Children in the Netherlands*, 3 September 2004
20. New Zealand Conference of Catholic Bishops, *The Dangers of Euthanasia*, 19 October 2011