

Respect for Life

A range of contemporary issues are challenging the sanctity of life today. Abortion, the elderly, the quality of life and the church's tradition of social justice are among the topics considered in this year's Respect Life supplement, which begins after page 8.

Deadly dosage: Aided suicide stirs debate

BY ROB CULLIVAN STAFF WRITER

> told Ona. "At least I'd have someone who'd do me a favor''

The patient knew that Ona, who is also a Catholic deacon, would never provide the kind of "favor" Quill did.

'We're not supposed to take our life because it's a gift from God," Dr. Ona argued, echoing the teaching of the Catholic Church, which has come to the forefront of the nation's opponents of legalizing euthanasia.

Stemming from a Greek word meaning "painless, or happy death," euthanasia has been the subject of several debates in the past year, as a variety of events - including Dr. Quill's case - have focused the spotlight on two disturbing questions: whether people have a right to kill themselves when faced with painful death, and whether physicians should help them.

Ithough the church recognizes that under certain mental and physical conditions, a person may feel driven to end his or her life, it nonetheless views suicide as being "equally as wrong as murder" ("Declaration on Euthanasia," 1980).

In its 1980 declaration, the Vatican anticipated patients' possible requests for help in committing suicide:

"Furthermore, no one is permitted to ask for this act of killing, either for himself or herself or for another person entrusted to his or her care, nor can he or she consent to it, either explicitly or implicitly. Nor can any authority legitimately recommend or permit such an action."

ut one authority, indeed, may be on the verge of permitting such actions to occur. On Nov. 5, voters in the state of Washington will decide whether to legalize physician-assisted suicide. Known as Initiative 119, the proposed law would allow terminally ill patients who will

r. Timothy Quill, an internist at Rochester's Genesee Hospital, gained national attention earlier this year by publicly admitting that he had helped a dying patient commit suicide. A Monroe County grand jury later cleared Quill of criminal wrongdoing. In part, the phy-

sician justified prescribing a lethal dose of barbiturates to the patient by noting that she had requested the drug for just such a purpose.

"It was extraordinarily important to Diane to maintain control of herself and her own dignity during the time remaining to her," Quill wrote in a March, 1991, article for the New England Journal of Medicine.

'When this was no longer possible, she clearly wanted to die," Quill's article continued. "When the time came, she wanted to take her life in the least painful way possible. Knowing of her desire for independence and her decision to stay in control, I thought this request made perfect sense."

That a terminally ill patient might make such a request also makes perfect sense to Dr. Ferdinand V. Ona of St. Mary's Hospital in Rochester. The chief of St. Mary's gastrointestinal department, he recalled an incident in which one of his patients quipped about Quill's service to his patient.

"I think I'm going to Dr. Quill," the patient

hat pitch of these debates was heightened by this year's publication of Final Exit — The Practicalities of Self-

Deliverance and Assisted Suicide for the Dying. The book was written by Derek Humphry, founder of the Hemlock Society, which lobbies for the legalization of voluntary euthanasia for terminally ill patients.

The book outlines several methods by which a person can end his or her life, and procedures for evading any legal repercussions from committing suicide. Humphry's response to religious concerns about suicide is contained in two parenthetical sentences on page 21: "(If you consider God the master of your fate, then read no further. Seek the best pain management available and arrange hospice care.)"

die within six months to request "aid-indying" from their physicians.

To legally qualify for such assistance, a patient would need two physicians to verify that he or she had a terminal condition and was a "mentally-competent" adult.

Under the proposed law, any health facility or physician refusing to aid a patient in committing suicide would be required to make "a good faith effort to transfer the gualified patient to another physician ... or to another facility," that will aid the patient to kill himself or herself.

The Washington State Catholic Conference has repeatedly condemned the proposed law and has actively campaigned against it, according to Kay Lagried, news and information manager for the Archdiocese of Seattle.

Initiative 119 so worries conference officials that for the first time in the state's history, the Catholic par-Continued on page 14

