

MORAL THEOLOGY

- Topic: Perspectives on Physician-Assisted Suicide
Convener: Philip J. Rossi, Marquette University
Moderator: M. Cathleen Kaveny, University of Notre Dame
Presenters: Michael Hollerich, University of St. Thomas, Minnesota
Dolores Christie, Ursuline College
Jon Fuller, Boston City Hospital
Ronald P. Hamel, Lutheran General Hospital

In view of the impending Supreme Court ruling on physician assisted suicide (PAS), panelists examined the issues from the perspectives of their respective fields of study and professional practice.

Michael Hollerich's overview of early Christian attitudes to life and death placed issues raised by PAS into a larger historical framework. He criticized the claims of Droge and Tabor (*A Noble Death: Suicide and Martyrdom Among Christian and Jews in Antiquity*, Harper, 1992) that before Augustine, Christian tradition, in parallel with classical culture, lacked an absolute condemnation of suicide and could, in certain circumstances (i.e., martyrdom), even endorse voluntary taking of one's own life as "noble." Hollerich argued against the parallel: Christian teaching on giving up one's life issues from a religious vision quite different from classical philosophical traditions which could, without qualm, endorse actively taking one's own life.

Dolores Christie reviewed key points and distinctions around which Catholic teaching and the American debate pivot: the value of life, autonomy, relationality, and the distinction between active/passive euthanasia. Whereas Catholic teaching relativizes autonomy in view of relationality and the value of life, the American debate makes autonomy a "trump card"; similarly, the active/passive distinction remains a reference point in Catholic teaching, but has not significantly entered American debate. She identified fear of the process of dying in a highly technologized medical environment and fear of abandonment as key factors fueling the debate.

Jon Fuller, from the perspective of a physician at an inner-city AIDS clinic, echoed Christie: Advocacy of PAS "has been propelled by the fear that . . . one's dying could become a painful, alienating experience characterized by inappropriate use of technology." Recent studies indicate the fear is well founded. Provision of more competent terminal care is the appropriate long-term response to this fear, but the possibility that courts may grant terminally ill patients a constitutional right to commit suicide—and allow physicians to assist them—needs to

be addressed. Fuller offered two arguments against PAS: It is vulnerable to abuse and conflicts of interest on the physician's part; it would inflict damage on "our subconscious image of the healer which is the basis of the doctor-patient relationship."

Ron Hamel focused on responses Catholic hospitals can make beyond an explicit ban on PAS. These would aim at improving end-of-life care in ways that could demonstrate an alternative to PAS. He recommended measures for transforming hospital culture in care of the dying, improving palliative care and pain management, and engaging family and community in the ambit of that care. He stressed the need and opportunity for Catholic hospitals to form partnerships with parishes to effect this transformation.

Additional issues arose in discussion: the impact of PAS on women and "underside populations"; whether the substantively religious basis of Catholic opposition to PAS can effectively enter into public policy debate; engagement of secular construals of human dignity to expand them beyond autonomy and rational choice.

Patrick McCormick (Gonzaga) and Brian Linnane (Holy Cross) will be co-conveners for 1998.

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