True Compassion
by a Sister of Life

Compassion. Death with Dignity. Many voices in our culture are using these terms to describe physician-assisted suicide. But what does true compassion at the end of life look like?

One day a woman was brought to Calvary Hospital in the Bronx. Her name was Angela and she had been found under the highway. She had a large tumor on her back and all sorts of infections. The staff began to care for her, to clean her up. They even did her hair and her nails. She didn’t seem to be aware of anything but Dr. Michael Brescia, the hospital’s co-founder, said to her, “I’m going to promise you, Angela, that I will see you three times every day.” And he did this. Until one day he was coming back from a trip to Washington and he was tired and he thought, “I won’t go see her tonight; I’ll see her tomorrow.” But then he thought, “No, I’d better go. I'll feel miserable tonight if I don’t go.” So he went up to Angela’s floor and as he entered her room he realized that Angela was actively dying. He put his hand on her cheek and he said, “Angela, I’m staying.” An hour and a half later he heard, “Dr. Michael, Dr. Michael.” It was Angela. She hadn’t said a word up to this point. Dr. Michael leaned in and she said, “Dr. Michael, tonight, in a few hours, I'll speak your name to God.”

Angela experienced true compassion at the end of her life and she was transformed. That’s what we all desire…in life and at the end of life. We want to be loved when we are most in need, most weak, and most vulnerable. We want to know that we are good not for what we can do but simply for who we are.

Assisted suicide is not compassion. Legalized assisted suicide is particularly dangerous for some of the most vulnerable citizens of our state: the elderly, the poor, the depressed, and people living with disabilities. They can feel pressured into choosing death over life for financial, emotional, or psychological reasons. Advocates for the law claim that it includes safeguards that will protect against coercion but that is not true. These so-called safeguards are ineffective and unenforceable. Laws are meant to protect the weakest members of society, but assisted suicide does just the opposite.

Right now, the New York Legislature is poised to legalize physician-assisted suicide in the state of New York. The Governor has publicly expressed his wish to sign physician-assisted suicide into law, allowing doctors to legally prescribe a lethal dose of pills at the request of a dying patient. This legislation has been named the “Medical Aid in Dying Act.” This terminology disguises suicide to sound like a medical treatment. Suicide is not a medical treatment. With all the positive efforts to decrease the staggering suicide rates in our country, this legislation contradicts the truth that suicide—in every circumstance—is a tragedy.
Many people fear experiencing pain at the end of their life. But in Oregon, where assisted suicide is legal, pain is not even one of the top five reasons that patients request lethal drugs. Instead, their reasons relate to their fears and disappointments. What they need is compassion, accompaniment, and palliative care services. Giving them a lethal dose of drugs only validates their sense of worthlessness. The decision to end one’s life is always made from a place of hopelessness, fear, or loneliness. It is never really a choice made in freedom.

It is not necessary to continue undue treatments or artificial life support when one is dying. But that’s not what assisted suicide is. Assisted suicide is not simply refusing medical treatment; it is a direct and intentional choice to end one’s life through ingesting a lethal dose of drugs.

Many of those who choose suicide fear that they will become a burden to their family and friends. But it is a gift and a privilege to care for someone we love when they are most in need. I am sure that each of our lives have been enriched by someone who allowed us to love them in a time of suffering or vulnerability.

Lynda Holler is a local to the Archdiocese of New York who has lived this journey intimately. Her husband Kenny, a NYC firefighter, was diagnosed with oral cancer 8 months after they were married. Doctors did not expect him to live more than 5 years, but he went on to live for 21. She advocates against physician-assisted suicide because she witnessed the powerful impact of her husband’s life. She says:

“Kenny experienced extreme suffering throughout those 21 years and that means that our two sons and I did as well. But rather than focus on dying, we focused on living. By the last 2 years Kenny had lost everything that we physically take for granted. It was during that extreme suffering that I started to really recognize the impact that Kenny was making on all the people around him. Family and friends of course, but also kids that he coached, medical professionals, and random acquaintances. In fact, I believe that his impact was greater in his suffering than it had ever been in his healthy, witty, charismatic years of friendship and service. That outcome is not one that Kenny or I could have ever anticipated. We can never know whose lives we might alter, what reconciliations we may inspire, what end of life revelations may be unveiled. We must live them out and trust that only God knows the day and the time that our work here is done.”