



"Unity in Charity"

where NURSING, MINISTRY and CATHOLIC MISSION meet

April 9, 2018

The Honorable Joseph F. Vitale, Chair  
New Jersey Legislature, State House Annex  
Senate Committee on Health, Human Services and Senior Citizens  
P.O. Box 068  
Trenton, NJ 08625-0068

**Subj: S1072 "Aid in Dying for the Terminally Ill Act"**

Dear Senator Vitale,

The National Association of Catholic Nurses U.S.A. (NACN-USA) is the national professional organization for Catholic nurses in the United States. Representing hundreds of nurses of different backgrounds, many of whom are residents of the state of New Jersey, the NACN-USA promotes education in Catholic nursing ethics, nurtures spiritual growth, and provides guidance, support and networking for Catholic nurses, nursing students and others who support our mission and objectives. The NACN-USA writes to express our strenuous opposition to S1072.

The "Aid in Dying for the Terminally Ill Act," claims that [it] "is in the public interest and necessary for the welfare of the State and its residents." We emphatically disagree. This Act is unnecessary and does a grave injustice to the public, as it promotes suicide as if it were an appropriate response to human suffering, creates an absurd paradox for the medical and nursing professions that engenders public mistrust, imposes a cognitive dissonance upon physicians and nurses that is impossible to reconcile with moral integrity, and obstructs the furtherance of the common good through irresponsible public policy. Rather than this misnamed and misguided approach to the care of persons with terminal illness, it is good palliative care that should be supported by the New Jersey Legislature.

Indeed, the "Aid in Dying for the Terminally Ill Act" is misnamed and misguided and, thus, requires that a critical misconception be corrected at the outset. This bill promotes suicide. Even though it asserts that when a person with a terminal condition takes their own life by means of ingesting a lethal dose of drug this is not suicide but "aid in dying," it does not change the fact that the person killed themselves, which, by definition, is suicide. Legislators, please do not allow yourselves to be deceived by euphemisms nor to be party to misleading the public by supporting their use. The public deserves the truth and, as public servants, legislators owe their constituents the truth.

The truth is that suicide is a serious public health problem and a grave national concern<sup>1</sup> that imposes emotional and financial costs on society.<sup>2</sup> In public health, suicide falls under the category of "Violence Prevention."<sup>3</sup> That is because suicide is exactly that - an act of violence against oneself and, in the case of assisted suicide, an act of violence against oneself accomplished with the help of another person who is willing that violence be done to others. Whether one takes one's life with a revolver held up to one's head or with a lethal dose of drug held up to one's lips, it still is an act of deadly violence against oneself. Whether the revolver was purchased with the assistance of a gun dealer or the deadly drug was purchased with the assistance of a healthcare provider, both parties are accomplices to the act of lethal violence that follows which, regardless of the method used, is tragic, abhorrent and should not be supported by law, medicine, or ethics.

It has been long-standing and continues to be a commonly held ethical standard that healthcare professionals have a duty to prevent violence in that they have a duty to warn and protect others when they are aware of threats to safety, including suicide.<sup>4</sup> Thus, assisted suicide creates an absurd paradox for the medical and nursing professions. What kind of society do we create when doctors and nurses are, on the one hand, obliged to fight to *prevent* patients from killing themselves and, on the other hand, obliged to *help* patients, or at least some of them, to kill themselves? To be logically consistent and not discriminatory, healthcare professionals would need to strive to prevent suicide among every patient or be willing to help to kill any patient. All reasonable people would choose the former, and so should this legislature. We only need to look at the trajectory of assisted suicide that has taken place in Europe to see how, despite numerous "safeguards," what began as legally allowable only for consenting adults who are terminally ill, now includes euthanasia of children, the mentally ill, and persons who simply feel tired of living,<sup>5</sup> sometimes performed involuntarily.<sup>6</sup>

This absurd paradox imposes a cognitive dissonance on physicians and nurses that is impossible to reconcile in a morally integrated way. Studies show that in order for normal, well-socialized persons to move from caring for our fellow human beings to accepting and participating in killing them, powerful cognitive restructuring must take place so that moral disengagement sets in. Moral disengagement has powerful negative consequences, namely, dehumanization not only of the individuals involved, but also dehumanization and brutalization of society as a whole,<sup>7</sup> the result of which would be a frightening distrust of physicians and nurses by the public who must depend upon healthcare professionals in times of illness or infirmity.

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<sup>1</sup> Center for Disease Control. 10 Leading Causes of Death by Age Group, United States. 2014.

<https://www.cdc.gov/injury/images/lc-charts/leading-causes-of-death-age-group-2014-1050w760h.gif>

<sup>2</sup> Center for Disease Control. Health United States, 2015, p. 11. <https://www.cdc.gov/nchs/data/abus/abus15.pdf>

See also Dugdale, Lydia S. & Callahan, Daniel. Assisted Death and the Public Good. *Southern Medical Journal*, Vol. 110, No. 9, September 2017, pp. 559-561.

<sup>3</sup> Center for Disease Control. Violence Prevention. <https://www.cdc.gov/violenceprevention/suicide/statistics/index.html>

<sup>4</sup> American Psychiatric Association. What do we mean by duty to warn? January 6, 2018. <https://www.psychiatry.org/news-room/apa-blogs/apa-blog/2018/01/what-do-we-mean-by-duty-to-warn>

<sup>5</sup> ProCon.org. Euthanasia and assisted suicide around the world. July 20, 2016.

[https://euthanasia.procon.org/view\\_resource.php?resourceID=000136](https://euthanasia.procon.org/view_resource.php?resourceID=000136)

See also Bilefsky, Dan, Schuetz, Christopher F. Dutch Law Would Allow Assisted Suicide for Healthy Older People, *The New York Times*. October 13, 2016.

<https://www.nytimes.com/2016/10/14/world/europe/dutch-law-would-allow-euthanasia-for-healthy-elderly-people.html>

<sup>6</sup> Cohen-Almagor, R. Non-voluntary and involuntary euthanasia in The Netherlands: Dutch perspective. *Issues in Law & Medicine* Vol. 18, No. 3, pp. 239-257. <https://www.ncbi.nlm.nih.gov/pubmed/12693180>

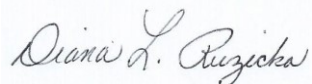
<sup>7</sup> Stahle, F. Moral Disengagement: Mechanisms Propelling the Euthanasia/PAS Movement. *The Journal of Ethics in Mental Health*. Vol. 10, 2017. ISSN: 1916-2405.

While it is true that, based upon the principle of autonomy, the public can accept or reject treatment offered by physicians and nurses, the right to refuse life-sustaining medical treatment does not equate with a right to assisted suicide, as the "Aid in Dying for the Terminally Ill Act" claims. That is because there is a meaningful moral distinction between the two based on intent. As explained by Judge Neil Gorsuch, now Justice on the United States Supreme Court, "the right to refuse need not imply any intention to die or to help kill on the part of anyone involved; meanwhile, assisted suicide requires someone to assist in the intentional taking of human life."<sup>8</sup>

While respect for the right to autonomy is important to ethical healthcare practice, autonomy is not without limits. When it comes to public policy, the common good outweighs autonomy. It is the common good that concerns all the social conditions and support needed to allow people, as individuals and as a collective, to flourish. It requires respect for the person, accessibility to those goods necessary to truly live a human life, and the stability and security of a just social order. It is the role of the political community, especially its legislators, to promote and protect the common good. Suicide, assisting in suicide or, as this bill euphemistically calls it, "aid in dying" do not promote the common good. In fact, as described by Leon Kass, MD, "The manufacture of a 'right to die,' ostensibly a gift to those not dying fast enough, is, in fact, the state's abdication of its duty to protect innocent life and its abandonment especially of the old, the weak, and the poor."<sup>9</sup>

Rather than support assisted suicide and execute a grave injustice upon the public, we strongly encourage you to support proper palliative care. It is palliative care, done well, that has been shown to be an evidence-based, cost-effective public health strategy<sup>10</sup> that, when properly provided, promotes the common good, a responsibility of legislators upon whom the public depend.

Sincerely,



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President, National Association of Catholic Nurses, U.S.A.

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<sup>8</sup> Gorsuch, Neil. *The Future of Assisted Suicide and Euthanasia*. Princeton New Jersey, Princeton University Press, 2006, page 216.

<sup>9</sup> Kass, Leon R. Dehumanization Triumphant. *First Things*. August 1996. Leon Kass, M.D. is Addie Clark Harding Professor in the College and the Committee on Social Thought at the University of Chicago.

<sup>10</sup> Sternjard, J., Foley, K. M., Ferris, F. D. The Public Health Strategy for Palliative Care. *Journal of Pain and Symptom Management*, Vol. 33, No. 5, May 2007. [http://www.ipsmjournal.com/article/S0885-3924\(07\)00122-4/pdf](http://www.ipsmjournal.com/article/S0885-3924(07)00122-4/pdf)