

NEWS

Opponents warn of impact assisted suicide measure would have in Maryland

By Richard Szczepanowski
Catholic Standard

For the second year in a row, Maryland lawmakers have begun deliberating a measure that would allow doctors in the state to prescribe lethal medications to terminally ill patients who wish to end their lives.

"A terminally ill patient requesting a prescription to commit suicide deserves to be surrounded by compassion, not handed a prescription to take his or her life," Mary Ellen Russell, executive director of the Maryland Catholic Conference, told a joint Maryland House panel Feb. 20. The panel was hearing testimony on House Bill 404: the Richard E. Israel and Roger "Pip" Moyer End-of-Life Option Act.

The Maryland House of Delegates and the State Senate are considering companion "end of life options" measures that would allow a terminally ill patient to seek aid in hastening his or her death and would protect from prosecution those physicians who provide the medication to carry out that request.

The Maryland House of Delegates' Health and Government Operations Committee and Judiciary Committee heard from proponents and opponents of the proposed legislation.

A state Senate panel is expected to hold

similar hearings Feb. 25.

"The (proposed) bill essentially allows a doctor to provide a patient a lethal prescription to take his or her life without any requirement that the patient first be offered appropriate therapeutic interventions to ensure his or her request is not influenced by a discrete and treatable mental, emotional or mood disorder that is commonly known to accompany a terminal diagnosis," Russell said.

"The End-of-Life Option Act" is sponsored by Delegates Shane Pendergrass (D-Howard County) and Chris West, (R-Baltimore County). It would allow patients who have been told they have six months or less to live to request a combination of medications to end their lives.

Pendergrass said she co-sponsored the measure because "it is morally right to let people be in control of the ends of their lives when they have six months or less to live."

Opponents of the measure have pointed out that it is almost impossible for doctors to accurately predict a terminally ill person's life span. They have also warned that the measure doesn't require patients to have a screening for depression.

Dr. William Toffler, an Oregon-based physician and the national director of Physicians for Compassionate Care, warned lawmakers in written testimony not to pass

the proposal, which is similar to Oregon's physician-assisted suicide law.

"Many individuals who have been labeled 'terminal' and given overdoses by their doctors were actually found to be depressed, yet the doctor who gave them the overdose had not recognized the depression," Dr. Toffler wrote. "Since doctor-assisted suicide has become an option (in Oregon), I have had more than two-dozen patients discuss this option with me in my practice. Most of the patients who have broached this issue didn't have a terminal diagnosis."

Kim Callinan, the chief program officer at Compassion & Choices – a national lobbying group advocating for "choice at the end of life" laws – urged lawmakers to pass the measure.

"Dying adults request medical aid in dying, not out of despair or depression, but to maintain some dignity and control in their final days, to ease their pain and suffering, and to help them pass peacefully," she said.

Responding to a question by Delegate Deborah Rey (R-St. Mary's County), Callinan described the "medical aid in dying" procedure. She said that six hours prior to killing himself or herself, a patient should stop eating and drinking. Two hours before the suicide, a pill is ingested to promote absorption of the life-ending drug. One-hour before the suicide, an additional pill is taken

to prevent nausea, thus stopping the patient from throwing up the life-ending drug. Finally, a lethal powder is mixed with liquid and ingested. Callinan said many patients mix the powder with juice or another sweetened beverage to mask the bitter taste.

After the lethal powder is ingested, the patient will fall asleep. Death occurs sometime after that. Callinan said the time between falling asleep and dying varies from patient to patient.

Pharmacist Christine Sybert testified that the lethal medication causes death by respiratory arrest and that in Oregon, "the range of onset of death after taking the overdose is one minute to 4.3 days."

"Physician-assisted suicide is not a 'natural cause' of death, and it is dishonest to consider naming it anything otherwise," she said. "While it is natural to die, it is unnatural to want to die. Anyone who wants to die, and seeks sanctioning from the state to permit them to do so, is suffering from a mental disorder of depression or hopelessness."

The proposal requires a patient to request life-ending medication several times with the doctor, twice verbally and once in writing. The doctor would be required to determine if the patient is indeed terminal and is mentally capable of making the request.

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Friday, March 25

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3 p.m. | Liturgy of Good Friday

EXTENDED HOURS
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EDITORIAL

Prescription to kill is bad medicine in Maryland

Words can illuminate or eclipse the truth, as can be seen in the unfolding debate in the Maryland General Assembly over bills that would legalize physician-assisted suicide in the state. The national advocacy group that is pushing the measure in Maryland and in many other states, Compassion & Choices, promotes the opposite of compassion in its drive to alter the healing nature of the medical profession and to transform some physicians into agents assisting in the suicide deaths of the terminally ill.

Simply put, Compassion & Choices advocates the choice of what it calls “medical aid in dying” – legally enabling doctors to write prescriptions for terminally ill people who request lethal drugs so they can kill themselves. The group is an embodiment of what St. John Paul II called the “culture of death” that is spreading across our society and clouding people’s hearts and minds about the dignity of human life in all its stages.

No wonder people use the word “choice” to promote killing people at the frontiers of life, the unborn through abortion and the dying through assisted suicide. Our culture values personal autonomy and choice, but it’s important for truly compassionate people to reflect on what impact their choices have on other people and on our society, especially when it involves the deaths of those who are most vulnerable among us.

The people whom this bill threatens include the dying, their family members, physicians, pharmacists, the disabled, depressed, elderly and poor. The choices being promoted by Compassion & Choices put all those groups at risk of being victimized by or of becoming accessories to physician-assisted suicide.

A *Washington Post* article on last week’s hearing in the House of Delegates makes it seem as if the Catholic Church and lawmakers faithful to the Church’s teaching on the dignity of life, along with members of the African-American community, offer the biggest roadblock to the passage of this legislation. But the fact is that Maryland Against Physician Assisted Suicide, the broad-based coalition fighting these bills, includes Jewish, Muslim and Baptist groups, in addition to the Maryland Catholic Conference. Also opposing the bill are the Maryland chapter of the American College of Physicians, and disability rights groups including the Autistic Self Advocacy Network and The Arc Maryland.

The national organizations that oppose physician-assisted

What you can do

Catholics concerned about this and other key legislative issues in Maryland are encouraged to sign up for the Maryland Catholic Conference’s online Catholic Advocacy Network at www.mdathcon.org/joinCAN, which offers legislative alerts and gives people a quick way to communicate with their elected officials.

For more information on taking action against the proposed assisted suicide bill, follow the efforts of the Maryland Against Physician Assisted Suicide Coalition at www.stopassisted-suicidemd.org.

suicide include the American Medical Association, the National Council on Disability, the American Nurses Association and the National Hospice & Palliative Care Organization. These are groups that live out the virtue of compassion every day in their care of the elderly, the sick and the dying, and in their work with people with disabilities.

Opponents have warned that legalizing physician-assisted suicide could change the economics of medical care, because lethal prescriptions are often significantly less expensive than life-prolonging measures. Such a dynamic could threaten the sick and elderly, especially those of limited financial means.

Among those submitting testimony against the proposed bill was Dr. William Toffler, the national director of Physicians for Compassionate Care, who practices medicine in Oregon, which legalized assisted suicide 20 years ago.

“In Oregon, I regularly receive notices that many important services and drugs for my patients – even some pain medications – won’t be paid for by the state health plan. At the same time, doctor-assisted suicide is fully covered and sanctioned by the state of Oregon and by our collective tax dollars,” he said.

Advocates for physician-assisted suicide also like to mischaracterize it as “death with dignity,” but what they propose does not respect human dignity. Maryland Against Physician Assisted Suicide has noted that the bills’ many flaws include: no doctor or nurse need be present when the patient ingests the lethal dose at home; the lethal drugs can

be picked up at your neighborhood pharmacy; no family notification is required; and patients aren’t required to receive a screening for depression. Also, patients can request a prescription for lethal drugs if a doctor has diagnosed them with a terminal illness and six months or less to live, but it is almost impossible for doctors to accurately make such a prediction on a dying person’s life span.

Cristine Marchand, executive director of The Arc Maryland, issued a statement opposing the bill, warning, “People with intellectual and developmental disabilities have historically and presently face discrimination and lack of access to medical care based on their perceived value.”

She noted that the bill does not require a medical professional or independent witness to be present when an individual takes the lethal dose of physician prescribed medication. “Given the disproportionate levels at which people with intellectual and developmental disabilities are the victims of coercion and abuse (including by caretakers), this is concerning since there is no one present to verify that the individual taking the medication did so without being forced, and of their own free will.”

Addressing the issue of death and dignity, Mary Ellen Russell, the executive director of the Maryland Catholic Conference, testified, “While some may view this legislation as a response to the understandable fears about pain and a loss of ‘dignity’ that someone diagnosed with a terminal illness might face, we insist firmly that the answer to those fears should be a demand for appropriate medical treatment that provides adequate pain management and excellent palliative or hospice care.” The dying deserve to be surrounded by love, care and compassion, “not handed a prescription to take his or her life,” she said.

Vigilance on this issue is crucial, because the Feb. 19 hearing on the physician assisted suicide bill before a committee in the Maryland House of Delegates is being followed by a committee hearing on a companion bill on Feb. 25 in the Maryland State Senate, and if the bills pass their committees, they could be approved by the General Assembly and then could be signed into law by the governor, who has voiced opposition to such a measure.

With this legislation, Maryland is at a crossroads, and its legislators face the truly compassionate choice of choosing life over death, and rejecting physician-assisted suicide. The measure’s prescription to kill is bad medicine for our state and its people, especially the most vulnerable.

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Russell stressed that under the proposal, patients seeking to kill themselves do not have to undergo a mental examination by a psychologist or psychiatrist.

The decision to refer to a mental health professional a patient seeking life-ending drugs, Russell said, “is entirely up to the discretion of the patient’s attending physician or consulting physician. “Neither the attending or consulting physician are required to have any expertise in evaluating a patient’s mental health,” she said.

The Maryland Catholic Conference was not the only religious-based group testifying against the measure. The MCC has joined with a broad-based coalition of other religious groups, advocates for the disabled, doctors and other health professionals to oppose physician-assisted suicide.

Among those who have voiced

reservations about the proposal are: the Maryland chapter of the American College of Physicians, the Maryland Psychiatric Society, the Maryland Board of Physicians, the Maryland Disability Law Center, the Muslim Community Cultural Center of Baltimore, the Jesse Klump Memorial Fund suicide awareness and prevention program, the Not Dead Yet disability advocacy group, the Maryland Chapter of Agudath Israel of America Orthodox Jewish public policy group, the Baltimore Jewish Council, Maryland Right to Life, Maryland Legislative Lobby for Life, and a host of individuals.

“The (Maryland Catholic) Conference joins many in the faith community who oppose this legislation not only because it violates the most basic tenet of our belief in the sacredness of life, but also because of the many dangers this legislation poses to vulnerable populations,” Russell said.

Pastor Nathaniel Thomas of New Redeemer Baptist Church in Forestville, testified that “moral argument against this proposal extends beyond religion.”

“It is our fear that, should the ‘End-of-Life Options Act’ pass, then this could become another way in which the disadvantaged and uneducated in our society are abused,” he said. “We have to consider the potential for unimaginable harm to people and families who are already challenged for the value of their lives in so many ways and could be subject to another form of discrimination in healthcare.”

Dr. Kevin Donovan from the Georgetown University School of Medicine doctor also criticized the proposal as “discriminatory and not progressive.”

“It creates, by law, a class of people whose lives should no longer be preserved,” he said. Samantha Crane, director of public policy

for the Autistic Self Advocacy Network, said, “This legislation would lead to many unintended consequences for individuals with disabilities who are often targets of coercion and abuse... It would endanger many more lives for people with disabilities who already feel like a burden to family and loved ones.”

Currently five states permit physician-assisted suicide. Vermont, California, Oregon and Washington State approved the action either by ballot initiative or through passage of a law by state legislators. In Montana, a judge ruled that physicians prescribing life-ending drugs do not face criminal penalties. The issue is currently before the courts in New Mexico.

A year ago, lawmakers in Colorado voted down a proposal to make assisted suicide legal in that state.

For more information, visit www.StopAssistedSuicideMD.org.

NEWS

Maryland state senator withdraws physician assisted suicide bill

By Richard Szczepanowski
Catholic Standard

The Maryland Catholic Conference has expressed “relief” that a state senator has withdrawn his bill that would have allowed doctors in the state to prescribe lethal medications to terminally ill patients who wish to end their lives.

“It is a relief that this very dangerous legislation is not moving forward,” said Mary Ellen Russell, executive director of the Maryland Catholic Conference. “It has been made patently clear by opponents of the bill, that the bill would impact the lives of vulnerable people in multiple ways that simply can’t be fixed by amending the bill.”

Various media outlets reported March 3 that State Sen. Ronald Young, D-Frederick County, said he was withdrawing the measure rather than have it be defeated at a senate committee hearing scheduled for the same day.

The “end of life options” bill before the State Senate sought to allow a terminally ill patient to seek aid in hastening his or her death and would protect from prosecution those physicians who prescribe the

medication to carry out that request. The House of Delegates was considering a similar measure.

The Maryland Catholic Conference joined with a broad-based coalition of other religious groups, advocates for the disabled, doctors and other health professionals to oppose physician-assisted suicide in the state. MCC officials and others testified or submitted testimony to the House and Senate expressing reservations over the proposals.

“We are very grateful to all of the groups advocating for people with disabilities, people who are concerned about elder abuse, people who are concerned about those who already don’t have adequate and affordable access to health care, for coming forward and making sure this legislation was seen for what it is,” Russell said.

Among those who joined the MCC to voice opposition to legalized physician-assisted suicide are: the Maryland chapter of the American College of Physicians, the Maryland Psychiatric Society, the Maryland Board of Physicians, the Maryland Disability Law Center, the Muslim Community Cultural Center of

Baltimore, the Jesse Klump Memorial Fund suicide awareness and prevention program, the Not Dead Yet disability advocacy group, the Maryland Chapter of Agudath Israel of America Orthodox Jewish public policy group, the Baltimore Jewish Council, Maryland Right to Life, Maryland Legislative Lobby for Life, and a host of individuals.

Elena Boisvert, an Annapolis-based elder law attorney, said she was “very happy” that the measure was withdrawn.

“I work with older people who are frail, sick, vulnerable and facing the challenges of aging,” she said. “Anything we do of this magnitude has to be studied very, very carefully.”

She said that the law – based on a physician-assisted suicide law in Oregon – has not been studied long enough in that state to determine its long-term effects.

She said that it seems as if many people “are all in a hurry to jump on this (physician-assisted suicide) bandwagon” because such a law “sounds sympathetic and it sounds like a wonderful thing to do for people.”

She warned people not to “put blinders on ... we have to see what effect this has on people.”

The Maryland Against Physician Suicide Coalition posted on its Facebook page that while the state’s House of Delegates is still considering a physician-assisted suicide bill, “we believe the issue is effectively dead for this legislative session.”

“Thank you for all of your support,” the group posted. “We must continue the fight as we look toward 2017 when we’re confident [physician-assisted suicide] supporters will file the bill again with renewed focus.”

Good Friday collection will benefit Holy Land Christians

A collection will be taken up in Catholic churches throughout the world on Good Friday, March 25, to benefit Christians in the Holy Land. In a video on the Archdiocese of Washington’s YouTube channel, Cardinal Donald Wuerl urged local Catholics to participate in the annual pontifical collection.

Cardinal Wuerl called it “an opportunity ‘to help our brothers and sisters who endure so much in the Holy Land... You and I are invited to help carry the cross in a special way.’”

“Political, religious and military challenges in the Holy Land are more complex than ever,” Cardinal Wuerl noted. “The war, unrest and instability have been especially difficult for Christians who are regularly persecuted be-

cause of their faith.”

One-hundred percent of donations taken up by the Good Friday collection support Christians in the Holy Land. Donations to the collection help maintain the holy shrines there, and provide charitable activities for the poorest of people in that area.

Holy Land Franciscans also provide education to children, run parishes and provide liturgical, ecumenical and communications programs.

The collection, Cardinal Wuerl said, is the faithful’s way “to minister to those Christians who are descendants of our early Church mothers and fathers.”

For more information on the Holy Land collection, visit www.myfranciscan.org/our-mission/the-good-friday-collection.



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D.C. assisted suicide bill seen as endangering the vulnerable

By Richard Szczepanowski
Catholic Standard

As lawmakers in the District of Columbia prepare to consider a bill that would allow doctors to prescribe medications to terminally ill patients who want to end their lives, opponents of such a move have stressed that the legislation would lead to abuse and harm the city's most vulnerable populations.

"This bill is dangerous to the public. This bill is dangerous to the poor. This bill is dangerous to the practice of medicine. This bill is dangerous to the residents of the District of Columbia," said Dr. Lawrence Prograis, an affiliated scholar with the Pellegrino Center for Clinical Bioethics, Georgetown University Medical Center.

Prograis and about 50 other advocates for the terminally ill, the elderly and the disabled gathered at the District's Wilson Building on Sept. 21 to urge city lawmakers to reject the "Death With Dignity" act. The gathering was sponsored by No DC Suicide, a broad-based coalition representing various community, advocacy and faith groups.

Introduced last year by Ward 3 Councilmember Mary M. Cheh, the law would allow a physician to legally prescribe lethal drugs to patients who have been deemed men-



CS PHOTO BY JACLYN LIPPELMANN

Opponents of a proposed D.C. law that would legalize physician-assisted suicide gathered Sept. 21 at the District's Wilson building to advocate against the measure. Here, they speak with Ward 1 Councilmember Brianne K. Nadeau.

tally competent and who have received a terminal diagnosis of six months or less. The bill is in markup and could be heard as early as next month.

Cheh said she believes permitting the terminally ill to kill themselves provides "a humane and dignified manner" of dying.

Opponents, however, say the bill is flawed

because it endangers "high-risk" populations including the elderly, the uninsured and underinsured, the homeless, low-income individuals and those with intellectual disabilities.

They also point out that the bill does not require doctors to give patients a screening for depression before providing them with the lethal prescription; the patient is not required to notify family members before taking the medication; and no doctor, nurse, or legal witness is required to be present when the lethal dose is taken.

"Will older people and those who have physical or mental disabilities think they are in jeopardy, that their lives may be seen as less valuable to society, their care as too great a burden?" Prograis questioned. "This could cause a profound change to the doctor-patient relationship, a relationship based on trust that your physician will put your best interest foremost."

Anne Sommers, chairman of Not Dead Yet, a national, grassroots disability rights group that opposes legalization of assisted suicide and euthanasia, said the proposal is a "deadly form of discrimination against old, ill, and disabled people."

"Although people with disabilities aren't

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THE JOURNEY CONTINUES OCTOBER 22

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Photo: Vincenzo Pinto, AFP Photo

NEWS

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usually terminally ill, the terminally ill are almost always disabled," she said. "This bill would establish government-sanctioned support for the idea that in some instances, doctor-prescribed suicide is the best medical treatment. We have to fight the notion that you are better off dead than disabled."

She also warned that a person intent on killing himself or herself would "go doctor

shopping" until he or she finds a physician willing to write a deadly prescription.

"These are not doctors who have been with their patients for a long time and really know them," Sommers said. "If one doctor declines to approve the lethal prescription, families can simply go doctor shopping."

JJ Hanson, president of the Patients' Rights Action Fund, said that "making sure everyone has good access to palliative care" is the way to ensure "death with dignity

and compassion."

He called the proposal "a very dangerous piece of legislation – there are so many loopholes and little oversight over how people get a set of pills" to kill themselves.

Hanson also said his own experience proves that a terminal diagnosis is not always a correct diagnosis and "can serve as an example to those who would needlessly give up their lives."

In 2014, Hanson was diagnosed with Grade 4 Glioblastoma Multiforme, the same

brain cancer as Brittany Maynard. Maynard was a 29-year-old California woman who in 2014 made a highly publicized move to Oregon – where assisted suicide is legal – in order to obtain the drugs to kill herself.

Hanson said that when his brain cancer was discovered, doctors told him he only had four months to live.

"I began to fight a very grim prognosis. I underwent an aggressive treatment regimen, which included surgery, radiation, chemotherapy and

a clinical trial for an experimental drug," he said. "My treatment was difficult and there were times I thought the struggle was too much of a burden to bear. I fear to imagine what choice I might have made if lethal drugs were there at my bedside when I faced that moment of doubt and depression."

Hanson said that many insurance companies support physician-assisted suicide "based on economic arguments because it is a cost-saving measure."

"Not only does the availability of lethal drugs diminish hope for vulnerable patients, but the lower cost of lethal drugs compared to treatment gives governmental bodies and insurance companies the opportunity to deny treatment, leaving patients with a cheaper, deadlier option instead," he warned.

He said that in California – where assisted suicide became legal just three months ago – his organization is already receiving complaints "where patients have been denied coverage for their illness but have been offered assisted suicide pills."

"Assisted suicide does not solve the problems faced by terminal patients, it only creates new ones," Hanson added. "It is vital to give hope to the vulnerable and sick at their greatest time of need and to ensure that life-saving treatment is available to them."

Opponents of the District proposal said that the measure is also harmful to African-Americans, Hispanics and other minorities "who do not have the same access to nutrition, exercise, and preventative medicine that more affluent communities do."

"When I see politicians focused on ending lives rather than saving them, I get worried," said Mayor Richard Thomas of Mt. Vernon, New York, who is active in opposing assisted suicide legislation. He said his "majority-minority" city is similar to the make-up of Washington, D.C.

"Our community understands the challenge of getting access to first opinions from doctors, never mind medical second and third opinions," he said. "Assisted suicide will be a death sentence for those who never

got a fair chance at life."

Kate Fialowski, who also attended O the Wilson Building event, noted that "there is a great diversity" among those who oppose physician-assisted suicide.

"Liberals, conservatives, people of all colors all understand that fundamentally this is wrong," she said.

Prograis, warned that the bill, would make patients "feel abandoned and less valued when they become seriously ill or develop a terminal disease. People want to trust their doctors to do everything reasonable to increase their comfort and prolong their lives."

He also noted that "for those who may believe that their lives are no longer worth living" they already have the option to end their lives because "suicide is not illegal in the District or anywhere in the United States."

The Catholic Church opposes assisted suicide because suicide disregards the sacredness of human life. Also Pope Francis has spoken out against the practice. He called it a "false compassion" indicative of today's "throwaway culture."

Five states currently allow physician assisted suicide for terminal patients: Oregon, Washington State, Vermont, Montana and California.

Assisted suicide and "death with dignity" bills have been rejected in the past few years by lawmakers in several states, including Colorado, Delaware, Tennessee, Maine, New Hampshire, Nevada, Utah, New Jersey, Iowa, Hawaii, Arizona, Wisconsin, Minnesota, Nebraska, Alaska, Oklahoma, North Carolina, Missouri, Kansas, New York, Rhode Island, and Massachusetts. Last year, Maryland lawmakers tabled a proposal that would have allowed terminally ill patients to end their own lives.

(For more information, please contact the D.C. Catholic Conference at mccott@dccathcon.org or 202-683-1721, or go to the nodcsuicide.org website, which has links to that group's Facebook and Twitter pages and how to join that broad-based coalition's efforts in opposing that bill.)

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