



Death with Dignity?

A Catholic Look at Euthanasia and Assisted Suicide

Since Oregon passed the Oregon Death with Dignity Act in 1994, the debate over euthanasia and physician-assisted suicide has moved from the political margins into the national spotlight. What was once considered an unthinkable evil is now treated as a legitimate policy question, with multiple states legalizing assisted suicide and others considering similar laws. Even Pope Leo XIV has stepped into the debate, urging the Governor of Illinois to veto a bill legalizing assisted suicide — a measure that he ultimately signed into law despite the Vatican’s objections.

As Catholics, we have a duty to participate in this deeply consequential conversation about the dignity of life in every stage, proclaiming the truth with both clarity and compassion. In light of that, this issue of Messenger seeks to answer some fundamental questions regarding assisted suicide and the Church’s stance on it.

1. What are euthanasia and physician-assisted suicide?

The Dicastery for the Doctrine of the Faith’s Declaration on Euthanasia (ch. II) explains

that the etymological origin of the term “euthanasia” comes from a Greek word which means “an easy death,” without severe suffering. However, we no longer connect the word with its original meaning, but rather with “mercy killing,” the act of ending a person’s life to stop extreme suffering, especially in cases of severe illness, mental illness, serious disabilities, or conditions that may lead to a long and painful life and place heavy emotional or financial strain on families or society.

Therefore, when we refer to euthanasia, broadly speaking, we mean “an action or omission which of itself and by intention causes death, with the purpose of eliminating all suffering” (John Paul II, *Evangelium Vitae*, n. 65).

Euthanasia can be classified into three types: voluntary, non-voluntary, and involuntary. Voluntary euthanasia occurs when a person wishes to end their own life and consents to it. Non-voluntary euthanasia happens when the patient cannot give consent (for example, if they are comatose or in a persistent vegetative state) and may be carried out either passively, by withholding life-saving treatment, or

actively, through direct lethal means, such as an injection or high-dose medication. Involuntary euthanasia is performed without the patient’s consent or against their will, as has sometimes occurred with severely ill newborns.

A very similar term often associated with euthanasia is assisted suicide, which occurs when a health care professional, family member, or another individual intentionally helps a person carry out their wish to die at their explicit request. When the individual providing assistance is a physician, it is referred to as “physician-assisted suicide.”

The subtle but crucial difference between these two concepts is who performs the final act. In euthanasia, it is the doctor (or another person) who directly administers the life-ending medication to the patient, while in assisted suicide, the medication is provided by the doctor (or another person), but it is the patient who takes it.

2. Why does the Catholic Church oppose euthanasia and physician-assisted suicide?

According to Church teaching, “human life is the

basis of all goods, and is the necessary source and condition of every human activity and of all society. Most people regard life as something sacred and hold that no one may dispose of it at will, but believers see in life something greater, namely, a gift of God's love, which they are called upon to preserve and make fruitful" (DDF *Declaration on Euthanasia*, ch. 1).

Because of this, intentionally causing one's own death is as wrong as murder. Suicide is gravely contrary to the dignity of the human person; it is a refusal of love for self, the denial of a natural instinct to live, a flight from the duties of justice and charity owed to one's neighbor, to various communities, and to the whole of society. To Catholics, it is also evident that suicide entails a rejection of God's sovereignty and loving plan.

Assisted suicide is not qualitatively different. If anything, it aggravates the seriousness of the suicidal act by implicating another person in one's own despair. Assisting in a suicide is, thus, a repudiation of the authentic value of life and an attack to the covenant that establishes the human family. It is "an unjustified collaboration in an unlawful act that contradicts the theological relationship with God and the moral relationship that unites us with others who share the gift of life and the meaning of existence" (DDF Letter *Samaritanus Bonus*, ch. V).

The Church does make some relevant nuances, though. First, it acknowledges that suicide is vastly different from sacrificing one's life for a higher cause, such as God's glory, the salvation of souls, or service to our neighbors (for instance, St. Maximilian Kolbe's voluntary sacrifice to die in place of a stranger at the Auschwitz concentration camp). It also recognizes that, in some cases, there are additional elements that can diminish the guilt of the individual or even completely remove it, such as psychological factors, anguish and despair due to prolonged suffering, or a misguided belief that it is legitimate to ask for death or obtain it for others. However, as the *Catechism* (n. 2277) teaches, "the error of judgment into which one can fall in good faith does not change the nature of this murderous act, which must always be forbidden and excluded."



"We can try to limit suffering, to fight against it, but we cannot eliminate it... It is not by sidestepping or fleeing from suffering that we are healed, but rather by our capacity for accepting it, maturing through it and finding meaning through union with Christ, who suffered with infinite love." -Benedict XVI, *Spe Salvi*, n. 37

Does this mean that we are always bound to prolong the dying process by using every medical treatment available? Certainly not. Discontinuing medical procedures that are burdensome, dangerous, extraordinary, or disproportionate to the expected outcome can be legitimate (*Catechism*, n. 2278). As Pope St. John Paul II put it, "to forego extraordinary or disproportionate means is not the equivalent of suicide or euthanasia; it rather expresses acceptance of the human condition in the face of death" (*Evangelium Vitae*, n. 65).

The bottom line is that it cannot be overstated that the Church's position on euthanasia and assisted suicide is unambiguous and binds the faithful to oppose these practices in every case, as is clear from the words of Pope St. John Paul II in *Evangelium Vitae* (n. 65): "In harmony with the Magisterium of my predecessors and in communion with the Bishops of the Catholic Church, I confirm that euthanasia is a grave violation of the law of God, since it is the deliberate and morally unacceptable killing of a human person. This doctrine is based upon the natural law and upon the written word of God, is transmitted by the Church's Tradition and taught by the ordinary and universal Magisterium. Depending on the circumstances, this practice involves the malice proper to suicide or murder."

3. What other practical and moral issues does physician-assisted suicide raise?

As physician-assisted suicide becomes more common under the guise of "death with dignity," several practical and moral problems arise. The United States Conference of Catholic Bishops (USCCB) has issued numerous documents addressing these problems, arguing that assisted suicide reshapes the ethical foundations of medicine and society. Legal assisted suicide undermines investment in and commitment to palliative and hospice care, redirecting attention away from comprehensive pain management and compassionate accompaniment at the end of life.

In addition, vulnerable individuals, including the elderly, people with disabilities, or those who feel like a burden on their families, may experience internal or external pressure to choose death. Over time, the normalization of assisted suicide can reshape cultural attitudes so that ending one's life in the face of suffering appears not only permissible, but expected, diminishing the sense that every human life possesses inherent dignity regardless of condition or circumstance.

Furthermore, there are a number of practical problems that relate to policy and implementation. In its 2025 report, *Assisted Suicide Laws in Oregon and Washington: What Safeguards?*, the USCCB presents a robust overview of some of those problems. The USCCB argues that the practical safeguards written into assisted-suicide laws in Oregon and Washington are weak and difficult to enforce in practice. Much of the system relies on self-reporting by the prescribing physician, with no independent investigation to verify that legal requirements were followed. In many cases, no health professional is present when the lethal drugs are taken, making it impossible to confirm that the patient was competent, fully informed, and acting voluntarily at the time of death. The report also notes that psychological evaluations are rare, even though depression and other mental health conditions can affect judgment and may be treatable.

In addition, the USCCB points out that definitions of "terminal illness" can be applied broadly, especially when patients decline life-sustaining treatment, thereby expanding eligibility beyond what was originally expected. Finally, the report points to the steadily rising numbers of prescriptions and deaths over time as evidence that the practice has expanded despite claims that "safeguards" would contain it.

It is also worth pointing out that several major medical groups openly oppose physician-assisted suicide, such as the American Medical

Association (AMA), the American Psychiatric Association (APA), and the American College of Physicians (ACP). The AMA's Code of Ethics states the following: "Physician-assisted suicide is fundamentally incompatible with the physician's role as healer, would be difficult or impossible to control, and would pose serious societal risks."

Similarly, the largest disability rights advocacy groups, such as the Disability Rights Education and Defense Fund, the American Association of People with Disabilities, and the National Council on Independent Living, tend to oppose physician-assisted suicide. In 2019, the National Council on Disability, an independent federal agency committed to disability policy, published a thorough report detailing the multiple "dangers and harms" that assisted suicide laws present to those with disabilities. Ultimately, assisted suicide advances the prejudice that disabled people are "better dead than disabled," discouraging them to pursue true care.

4. Are euthanasia and physician-assisted suicide legal?

The legality of euthanasia and assisted suicide varies greatly from one country to another. Physician-assisted suicide has been legal in Switzerland since 1942, with the country currently allowing non-residents to travel to Switzerland to undergo this procedure, but it wasn't until the 1990s that the issue was popularized across the Western world.

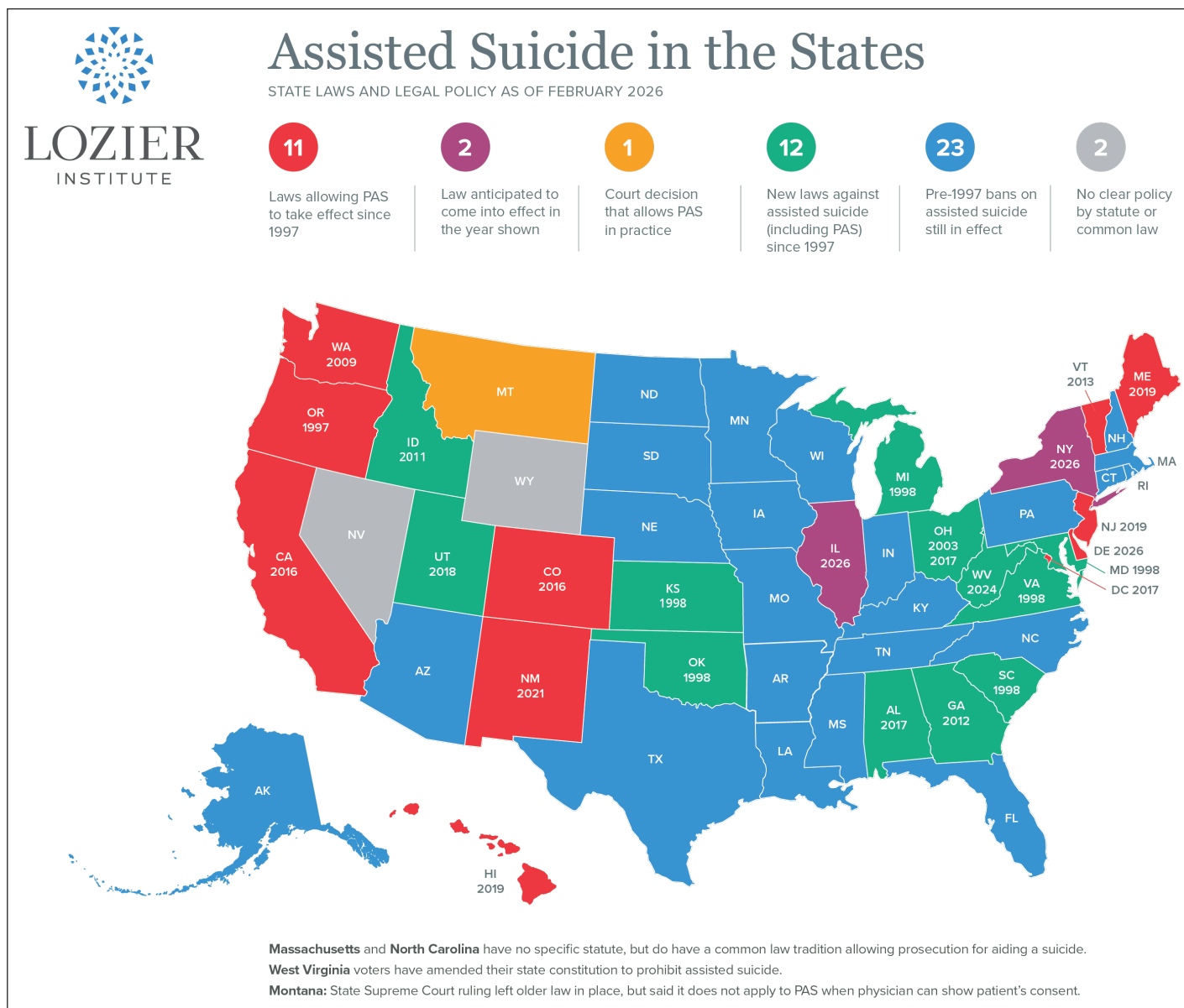
Today, these practices are legal in countries such as Colombia (1997), Canada (2016), New Zealand (2021), Ecuador (2024), Uruguay (2025), and Australia (each state legalized it in a different year). In the European Union, four countries (Belgium, Spain, Luxembourg, and the Netherlands) have legislation in force that allows euthanasia

to be administered by a physician, and three others (Germany, Italy, and Austria) allow assisted suicide. In addition, as of September 2025, many other European nations (Ireland, France, Cyprus, Malta, Portugal, and Slovenia) are working on legislation on euthanasia or assisted suicide (European Parliament Research Service, *Briefing on Euthanasia Legislation in the EU*, 2025).

In the United States, euthanasia is illegal across all 50 states. In 1997, the Supreme Court ruled unanimously in *Washington v. Glucksberg* and *Vacco v. Quill* that there is no constitutional right to assisted suicide, leaving the decision to legalize it to individual states. As of today, physician-assisted suicide is legal in the following states: California, Colorado, Delaware, Hawaii, Illinois, Maine, Montana (via state Supreme Court ruling), New Jersey, New Mexico, Oregon (first state to legalize it,

in 1994), and Vermont. Assisted suicide is also legal in the District of Columbia.

It is important to note that the Catholic Church does not consider the legalization of euthanasia and assisted suicide as legitimate policy questions: "It is gravely unjust to enact laws that legalize euthanasia or justify and support suicide, invoking the false right to choose a death improperly characterized as respectable only because it is chosen. Such laws strike at the foundation of the legal order: the right to life sustains all other rights, including the exercise of freedom. The existence of such laws deeply wounds human relation and justice, and threatens the mutual trust among human beings. The legitimization of assisted suicide and euthanasia is a sign of the degradation of the legal system" (DDF Letter *Samaritanus Bonus*, ch. V).



5. What is palliative care, and how does the Church view it?

According to the Mayo Clinic, “palliative care is specialized medical care that focuses on providing relief from pain and other symptoms of a serious illness.”

The Church understands the distinction between assisted suicide and palliative care, and acknowledges that the latter is a genuine form of care, “which seeks to make suffering more bearable in the final stages of illness and to ensure that the patient is supported and accompanied in his or her ordeal” (John Paul II, *Evangelium Vitae*, n. 65). The *Catechism* teaches the following: “The use of painkillers to alleviate the sufferings of the dying, even at the risk of shortening their days, can be morally in conformity with human dignity if death is not willed as either an end or a means, but only foreseen and tolerated as inevitable. Palliative care is a special form of disinterested charity. As such it should be encouraged” (n. 2279).

In a similar vein, the USCCB addressed the role of palliative care in *The Witness of the Good Samaritan: Palliative Care and Hospice*: “In view of our earthly finitude, medicine must therefore accept that death is part of the human condition. However, even when a cure is not possible, adequate care must still be provided until the very end: ‘to cure if possible, always to care.’ Adequate care—which upholds the dignity and integrity of the person—includes necessary physical, psychological, social, familial, and spiritual support to those who are sick. Palliative care and hospice embody this comprehensive and integrated approach.

“Death is a decisive moment in the human person’s encounter with God the Savior. Helping the Christian to experience this moment with spiritual assistance is a supreme act of charity. (...) While palliative care cannot entirely eradicate suffering from people’s lives, it provides an authentic expression of human and Christian care—allowing us to ‘remain’ at the side of a suffering person, as the Blessed Mother and the beloved disciple remained at the foot of the Cross. When we follow their example, we participate in the mystery of Redemption. The path of accompaniment until the moment of death must remain open, with

appropriate care for body and soul customized to the personal needs of the patient.”

6. What resources can I look into to better understand the Catholic view on this issue?

Catechism of the Catholic Church (nn. 2276-2283).

Pope John Paul II: Encyclical Letter *Evangelium Vitae* (nn. 64-67).

Pope Benedict XVI: Encyclical Letter *Spe Salvi* (nn. 36-40).

Pope Francis: Message to the Participants in the Symposium “*Towards a Narrative of Hope: An International Interfaith Symposium on Palliative Care.*”

Dicastery for the Doctrine of the Faith: *Declaration on Euthanasia.*

Dicastery for the Doctrine of the Faith: Letter *Samaritanus Bonus.*

USCCB: *Assisted Suicide and Euthanasia: From Voluntary to Involuntary.*

USCCB: *Assisted Suicide Laws in Oregon and Washington: What Safeguards?*

USCCB: *Killing the Pain, Not the Patient: Palliative Care vs. Assisted Suicide.*

USCCB: *Suicide and Assisted Suicide: The Role of Depression.*

USCCB: *The Witness of the Good Samaritan: Palliative Care and Hospice.*

USCCB: *Top Reasons to Oppose Assisted Suicide.*
Missouri Catholic Conference: *A Catholic Guide to End-of-Life Decisions for Individuals and Families.*

THE CANADIAN EXPERIENCE: MAID AND THE SLIPPERY SLOPE OF ASSISTED SUICIDE

Both euthanasia and assisted suicide— Medical Aid in Dying, or MAID—have been legal for nearly a decade in Canada. The country’s experience provides a cautionary tale of how quickly the practice of euthanasia can spread after legalization.

MAID began as a practice limited to terminally ill patients, but was quickly expanded to those who had serious, but not imminently fatal, conditions. As a result of this expansion, MAID now accounts for nearly one in 20 deaths in Canada, representing over 60,000 individuals as of 2023¹. In 2027, MAID will be available to those suffering from mental illness. Canada’s Parliament has also recommended granting access to minors.

Recent investigations show that legal safeguards put into place to prohibit MAID abuses have not been followed. Canadian law requires practitioners to carefully assess eligibility for euthanasia, uphold safeguards against abuse, and report deaths, with criminal penalties for noncompliance. Documents provided to science journal *The New Atlantis* show that the group responsible for tracking compliance in Ontario identified over 400 apparent violations, but did not refer a single violation to law enforcement for investigation².

These factors have contributed to a climate where doctors in Canada are struggling to meet the demand for those wanting to exercise their “right to die”.



¹Plott Calabro, Elaina. “Canada Is Killing Itself.” *The Atlantic*, 11 Aug. 2025, <https://www.theatlantic.com/magazine/archive/2025/09/canada-euthanasia-demand-maid-policy/683562/>.

²Raikin, Alexander. “A Pattern of Noncompliance.” *The New Atlantis*, 11 Nov. 2024, <https://www.thenewatlantis.com/publications/compliance-problems-maid-canada-leaked-documents>.