



# Scholl Institute of Bioethics

# Bioethics Review

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**The Scholl Institute of Bioethics is a nonprofit, Judeo-Christian organization that addresses bioethical issues including euthanasia, physician-assisted-suicide, the withholding or withdrawing of food and water from non-dying patients, brain death, organ transplantation, genetic engineering, and the rights of disabled or mentally ill persons.**

## Depression and Assisted Suicide: A Deadly Combination

Until relatively recently, suicide has been considered a tragic loss of life. Civil societies have been organized in ways that reflect a common belief in the sanctity of human life and the understanding that we individually and collectively have a responsibility to protect the most vulnerable among us. To this end, there are phone and internet hotlines, TV commercials, and various other efforts designed to encourage at-risk persons or their loved ones to reach out for help to prevent a suicide from occurring. Yet, simultaneously there are zealous efforts to legalize and expand the availability of assisted suicide. This contradiction in how we view the value of human life reflects a cognitive dissonance present in our culture and time.

Assisted suicide encompasses different practices such as voluntary euthanasia and physician-assisted suicide (PAS). In euthanasia, which is legal in Canada, the Netherlands, Belgium, and Luxembourg, the physician (or also nurse practitioner in Canada) administers the drugs to the “patient.” In PAS, which is legal in many countries including some states of the United States, Colombia, Germany, and Switzerland, physicians (or a nurse practitioner in Canada) prescribe the lethal drugs and the person wishing to die self-administers them.

As the debate about the legalization of euthanasia and PAS continues unabated and the practices become a reality in many countries, a new element has been introduced. Especially among those countries and U.S. states that first legalized these assaults on human dignity, there is a push to loosen the original safeguards in an effort to make the “services” easier to obtain and available to more people.

***The expansion of legally assisted suicide to include those suffering solely from mental illness, coupled with the prevalence of depression, is a deadly combination whose outcome is a tragic and preventable loss of life.***

One way that proponents seek to broaden access to PAS and euthanasia is to extend the legal option to those whose sole underlying medical condition is mental illness. Tragically, this would allow those suffering from depression to legally end their life at a time when 1) their ability to make rational decisions is significantly impaired and 2) the desire to die is itself a symptom of their condition.

While the eligibility criteria may vary among countries, euthanasia or PAS for mental illness alone are already legal in Belgium, Netherlands, Luxembourg, and soon Canada where a bill passed in 2021 to take effect in 2023 (legislation to both delay the bill’s implementation and eliminate it altogether has been introduced).

According to the World Health Organization, depression is a common illness worldwide, with an estimated 3.8%

of the population affected, including 5.0% among adults and 5.7% among adults older than 60 years. *It is a leading cause of disability around the world.* The numbers are even higher according to the American Psychiatric Association. It estimates that depression affects about 6.7% of adults in any given year and 16.6% of people will experience depression at some time in their life. During a depressive episode, the person experiences depressed mood or a loss of pleasure or interest in activities for most of the day, nearly every day, for at least two weeks. Chronic depression can last for years. Other symptoms may include poor concentration, feelings of excessive guilt or low self-worth, hopelessness about the future, *thoughts about dying or suicide*, disrupted sleep, changes in appetite or weight, and feeling especially low in energy. These feelings dramatically affect the person's ability to function and to live a rewarding life and cause them to focus on the worst possible outcomes.

Medical and psychiatric professionals recognize that thoughts of death and suicide, as well as suicide attempts are often symptoms of depression or of being unable to cope with the pain of depression. However, it is also important to know that this condition is treatable. According to most reputable psychiatric professionals including those at Mayo Clinic, medications and psychotherapy are effective for most people with depression. In fact, depression is among the most treatable of mental disorders; therefore, families and doctors of persons suffering from depression have a moral obligation to explore treatment options before abandoning their loved one or patient to suicide.

In the initial push to legalize euthanasia and PAS, they were promoted as compassionate options for those suffering from terminal illness whose prognosis was a shortened life expectancy coupled with severe, irremediable pain. Later efforts to expand eligibility add new complexities to these practices which are already fraught with moral questions about the sanctity of human life, bodily autonomy, and especially our responsibility to care for and protect the most vulnerable. When euthanasia and PAS are considered for those who suffer solely from depression, it is our moral imperative to question whether a person thusly impaired is capable of making a rational autonomous decision about an act that is irreversible. Such a person is vulnerable *because* of the symptoms of their illness. The expansion of legally assisted suicide to include those suffering solely from mental illness, coupled with the prevalence of depression,

is a deadly combination whose outcome is a tragic and preventable loss of life.

While the belief in the sanctity of all human life remains constant for many, a rapidly spreading ideology proposes that human life is not a gift from God and therefore not inherently valuable. Rather, life's value is determined by its level of freedom from suffering. This ideology views death as the solution to life's hardships. It is those who subscribe to these beliefs that use terms such as "death with dignity" and "medical aid in dying" seeking to dress up the acts as heroic. The truth is that they view humanity through a utilitarian lens – those who are no longer useful, who are suffering, who are taking up precious resources are expendable.

"No compromise" pro-life supporters believe in the sanctity of all human life from conception to natural death. While we have compassion for those who are suffering so greatly that life feels intolerable and we seek ways to comfort, provide relief, and support them, we oppose unnatural, accelerated death as the answer.

We must continue to shine light on this issue, and where euthanasia and PAS are already legal, even if not yet for the mentally ill, we must resist efforts to loosen existing restrictions and safeguards. We can be sure that the proponents of death will not stop at expanding legal euthanasia and PAS to include those who suffer solely from mental illness. These self-proclaimed "progressives" will continue to push the envelope until assisted suicide is legal for everyone, everywhere, at any age, for any reason. As a result, pressure to choose death, even unwillingly, will be felt by those who believe they are a burden to their loved ones or to society in general. This is not progress.

As people who believe in the sanctity of all human life from conception to natural death, let us make our voices heard over those of the culture of death, reminding the culture at large of the inherent dignity of human life. Let our example be that of loving care for one another in suffering and pain, offering true compassion and comfort up until the moment of natural death.

*Author: Renee A. Lynch, MBA, is a Catholic wife and mother who serves as the treasurer of the Scholl Executive Committee. She is a former international finance professional and treasurer of CNES.*