

THE HALO VOICE

A Voice for The Medically Vulnerable

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PHYSICIAN ASSISTED SUICIDE IS A DANGER TO EVERYONE!

By Karl Benzio, MD, Psychiatrist

As a psychiatrist for 33 years, I've successfully cared for thousands of patients, many critically or terminally ill. I've also been blessed to help those experiencing severe trauma in Kenya, Uganda, and Iraq, as well as Ukrainian refugees in Poland. I see desperate people with unimaginable physical, psychological, and/or spiritual pain and realize that contemplating suicide is complex, never occurring lightly.

Nevertheless, allowing anyone, particularly a physician, to help kill a person is dangerous to patients, dangerous to doctors, dangerous to the healthcare system, and dangerous to society. Especially because better and safer options exist. The real solution needs to combine proper expertise with true compassion.



**MEDICAL DEFINITION:
SUICIDE IS THE
DESTRUCTION OF
ONE'S OWN LIFE
AND PROSPECTS**

We don't have to kill the patient to kill the suffering.

The most immediate danger of Physician Assisted Suicide (PAS) is obviously to patients. Suicidal people have impaired thinking and distorted judgment leading to compromised decision-making. This contradicts the PAS backers' claim that suicide can be "rational." All my training has been to equip me to help stop suicide. In fact, every state compassionately implements laws to detain suicidal people against their will, ensuring life-saving protection, then treatment until suicidal intent is gone.

Suicidal people experience significant psychological and spiritual pain. They desire shortcuts to numb it. Callous, insensitive, or unaware people reduce a suicidal patient's value to that of a suffering pet and propose "mercy" killing them. But people with real compassion, recognizing the suicidal person's humanity and value, come alongside to bear their burden with

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RED ALERT!

In the tumultuous times we are living in, prolife reporting is needed now more than ever before. Sadly, however, in the upcoming weeks and months, HALO is facing some tough decisions including looking at staff reductions and deciding if we should continue our quarterly print newsletter. If you appreciate HALO's work, please consider making a donation. Donations in any amount are gratefully appreciated.

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Below letter was initially published in the Sisters of Life Spring 2022 edition of IMPRINT.

Dear Friends,

Recently, one of our Sisters was speaking with the seven-year-old son of a mother we have been serving. He pointed to the large crucifix in our chapel and said, "I'm sad because Jesus died."

Sister nodded but then replied, "Yes, but then He rose from the dead. He came back to life." The little boy looked up at her, thoroughly stunned, and exclaimed, "Wait...He came back?!" Sister explained a little more, and the boy responded, "If He came back, that means life is awesome!" Yes, indeed! The truth about Jesus changes everything.

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HALO INTERVIEWS EUTHANASIA EXPERT ALEX SCHADENBERG

Recognizing Canada arguably has some of the most permissive euthanasia rules in the world, we reached out to Alex Schadenberg, executive director of the Euthanasia Prevention Coalition, for his thoughts on the euthanasia/assisted suicide battle. Mr. Schadenberg is also a member of HALO's Advisory Board and a board member of Delta Hospice Society in Canada.

I understand you are a Board member of Delta Hospice Society in Canada which has been embroiled in controversy and legal battles after refusing to offer medically assisted dying services. What have we learned from their battle and what's next for Delta Hospice Society?

The Delta Hospice Society (DHS) was defunded by the British Columbia (BC) government in February 2021 for refusing to provide euthanasia. The DHS was founded in 1980 and included in its incorporation that they do not hasten death, therefore the DHS was maintaining their principles. The BC government decided that all government funded non-religious healthcare institutions must offer all medical options. Therefore, they were obligated to provide euthanasia. The BC government not only defunded the Delta Hospice Society but they also expropriated their 10 bed hospice building.

It is my opinion that the BC government were very harsh to the DHS because the DHS was willing to stand up against the government's euthanasia policy. The government made an example of the DHS to prevent other hospice organizations from refusing to provide euthanasia.

The question of what will happen next to the DHS is still being discussed. The DHS is offering a No Kill Power of Attorney for Healthcare legal document and they are providing a toll free help-line but the long-term goal of the DHS is to provide private no kill hospice services.

What do you see as the future, or next phase, of assisted suicide?

In Canada the growth of euthanasia has been nearly unchecked. The current Canadian government appears committed to the expansion of killing. Canada began by legalizing euthanasia in cases when the person's

death is deemed to be reasonably foreseeable, a phrase that lacked definition, and the law required a 10 day waiting period and the person needed to be competent at the time of death, but in March 2021, the Canadian government withdrew the need for someone to be terminally ill, it withdrew the 10 day waiting period and it withdrew the requirement that a person needed to be competent at the time of death.

Now the government is debating child euthanasia for "mature minors," euthanasia based on advanced directive requests and euthanasia for mental illness alone. Clearly killing leads to more killing. Canada desperately needs political change.

The assisted suicide issue in the United States remains in flux. 10 states and the District of Columbia have legalized assisted suicide, but no additional state legalized assisted suicide in 2022. The assisted suicide lobby has been pushing to expand assisted suicide in states where it is legal. This year the assisted suicide lobby launched a court case challenging Oregon's residency requirement for assisted suicide. The Oregon Health Authority decided not to defend their statute and they removed the residency requirement permitting death tourism in Oregon. The assisted suicide lobby is now pressuring the other states that have legalized assisted suicide to also remove their residency requirement. It is my fear that the assisted suicide lobby will set-up death clinics in the states that have legalized assisted suicide and then kill many more Americans.

What can each of us do to stop, or at least prevent, further expansion of assisted suicide?

Stopping the spread of euthanasia and assisted suicide requires people to call it what it is. Assisted suicide and euthanasia are about killing. They are not about freedom of choice or autonomy but they are about abandoning people to death at a vulnerable time of their life.

The assisted suicide lobby wants us to call it medical aid in dying. This is a deceptive description because it makes killing sound like it is medical and it makes us feel better about killing.

We have to recognize how euthanasia and assisted suicide threaten all of our lives. Every human being experiences emotional, psychological and spiritual distress when we experience physical illness. It is not uncommon for someone who is struggling with illness or chronic conditions, to also experience deep feelings of loneliness, depression or to feel that their life

has lost meaning. It is normal for someone in a difficult circumstance to question their purpose for living. But, when euthanasia or assisted suicide are legal, a person's questioning their life may result in others agreeing that their life has lost meaning or purpose and agreeing to cause their death. Euthanasia and assisted suicide threaten our lives.



DOES LEGALIZING ASSISTED SUICIDE DECREASE SUICIDE?

By Anne O'Meara, HALO Executive Director

Ten states along with the District of Columbia currently permit assisted suicide, and there are efforts underway to legalize it in every remaining state.

Over the years, proponents of assisted suicide have argued that legalization would lead to a reduction in total suicide rates. Are they right?

In a word, "No."

In fact, according to multiple reports and studies, laws permitting assisted suicide have had the polar opposite effect. In an article published in April at voxeu.org, we learn "the real-world data suggest that assisted suicide laws lead to a substantial increase in total suicide rates and, if anything, are associated with an increase even in unassisted suicides. This effect is most pronounced amongst women."¹ The authors note that the increase is observed most strongly for the over-64s and for women. To understand the size of the effect, "the event study estimates suggest assisted suicide laws increase total suicide rates by about 18% overall. For women, the estimated increase is 40%."²

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Oregon voters passed the so-called Death with Dignity Act in November of 1994 but due to legal delays it did not go into effect until 1997. "Between 1999-2010, the [Oregon] suicide rate among men and women aged 34-65 spiked nearly 50% compared to 28% nationally."³ An earlier study about Oregon also reflected legalization

did indeed "induce more self-inflicted deaths than it inhibits."⁴ Additionally, a peer-reviewed study in the *Journal of Mental Health Ethics* looked at European countries to see what the impact was of legalizing euthanasia or assisted suicide. The study found that legalization did not reduce "premature" deaths and, compared with neighboring countries without legalized euthanasia or assisted suicide, legalization is actually associated with suicide increases.⁵ Wesley J. Smith, Chair and Senior Fellow at the *Discovery Institute's Center on Human Exceptionalism*, reports the study's conclusions as the following (emphasis his):

- In the four jurisdictions [where euthanasia/assisted suicide (EAS) is legal] **there have been very steep rises in suicide** (including assisted suicide) or in intentional self-initiated deaths (ISID) after the introduction of EAS. A striking example is the suicide rate (including assisted suicide) of women in Switzerland which has roughly doubled since 1998. Many more people have died prematurely after these changes.
- **In none of the four jurisdictions did non-assisted suicide rates decrease after introduction of EAS relative to the most similar non-EAS neighbor.** There is no indication of prevention of non-assisted suicide at a population level.⁶

So where does this leave the assisted suicide debate?

When society determines that assisted suicide is an acceptable way to end one's suffering, what will keep us from urging the death of anyone whose life we deem undesirable? And once we accept that only life which meets a certain quality threshold is worth living, where will we stop? Will suicide become acceptable – viewed as merely a personal choice? Will we abandon suicide prevention efforts and instead provide suicide assistance to anyone who deems their own life undesirable? When we devalue one life, we devalue all lives.

1 Girma, Sourafel and Paton, David, "Assisted Suicide Laws Increase Suicide Rates, Especially Among Women," voxeu.org, 29 Apr. 2022

2 Ibid

3 Smith, Wesley J., "Assisted Suicide Increases Other Suicides," nationalreview.com, 6 Oct. 2015

4 Smith, Wesley J., "Study: Legalizing Assisted Suicide is Associated with Increased Suicides," nationalreview.com, 18 Feb. 2022

5 Jones, David Albert, "Euthanasia, Assisted Suicide, and Suicide Rates in Europe," JEMH.ca, 7 Feb. 2022

6 Smith, Wesley J., "Study: Legalizing Assisted Suicide is Associated with Increased Suicides," nationalreview.com, 18 Feb. 2022

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them. They provide protection, love, hope, connection, affirmation, forgiveness, value, and purpose coupled with sound psychiatric evaluation and treatment by trained, ethical professionals.

Suicide is a permanent solution to a temporary problem. Suicidality is very treatable, but severe cases require a truly holistic spirit-mind-body approach. PTSD (post-traumatic stress disorder), depression, and hopelessness from underlying PsychoSpiritual struggles precipitate suicide intent. We don't have to kill the patient to kill the suffering; we just need to provide **real compassion and expert treatment**.

Our impatient and all-knowing society selfishly imposes premature finish lines. We often leave at halftime and miss the great comeback, or at intermission and miss the show's awesome turnaround climax. All life's seasons are valuable, especially the last one. Great relational, spiritual, and psychological richness to the individual and loved ones comes from our last days. We've all seen people persevere past hospice predictions, be outright cured, or reconciled with an estranged family member. I have treated many suicidal patients, who, after their attempt, or being stopped from killing themselves, then appropriately treated, were grateful for the prolonged and now enjoyable life they were blessed to live. Don't rob people by imposing a premature and permanent finish line.

PAS – an abyss of catastrophe

If a person really wants to kill himself or herself, I can't stop them. But, if suicide is truly honorable and the goal of PAS legislation is true autonomy, a suicidal person should not need to involve anyone else, especially a physician – a trained healer vowed in their Hippocratic Oath to not give anyone “poison” (a.k.a. “a deadly drug”) to kill themselves. Bringing in another person reveals ambivalence and fear about their tragic decision. PAS ignores the patient's ambivalence. It also critically endangers the doctor-patient relationship by undermining the bedrock trust patients and society need to have in their doctors, into whose hands they entrust their lives and whose voices protect the voiceless.

Many other dangers exist in PAS. For instance, in Oregon there has been a dramatic increase in suicides since PAS was legalized there in 1997. In several countries, people are euthanized without their consent, even children without parents' consent. PAS laws do

not require vital documentation of death. Instead, they actually mandate falsifying the death certificate in order to not reveal suicide as the cause of death. Sadly, PAS has been expanded to allow its implementation for even non-terminal conditions. The PAS slippery slope ends in an abyss of catastrophe and destruction.

Lastly, when laws allow people to kill other people, why are we surprised that all types of violence have dramatically increased in the last 12 years. Make a stand for what's right. Protect the lives of others as you may need protection someday.

Please think about this. Which kind of society would you like to live in? The society that comes alongside, extending compassion, hope, possibility, connection, and love – demonstrating, especially to our youth, that we value every person's life? Or the society that is cold, callous, and sci-fi like; treating people like commodities; terminating them quickly, cheaply, and quietly without documentation, conscience, or accountability? Wisdom should lead us to decide on the side of caution and morality, to protect life when evaluating policies with deadly and long-reaching tentacles.



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Do we allow ourselves to be overcome with awe and wonder at the Person of Jesus? For, if Jesus really is who He says He is – God the great I AM (cf. Jn 8:58), “the Resurrection and the Life” (Jn 11:25), “the Son of Man” (Lk 19:11) who brings glad tidings to the afflicted, binds up the brokenhearted, proclaims liberty to the captives and release to those who are bound (cf. Lk 4:14-30) – then truly, life is awesome. Then, in Jesus, we discover the God who loves us with an unfathomable and relentless love and who answers all the questions of our hearts with His very self.

While it is easy to become weighed down by the challenges of life, let us instead keep our eyes fixed on Jesus. For indeed, as our young friend recognized, Christ fills life with new splendor. He has opened the way to heaven for us and is always at work drawing us into union with the Trinity. In Jesus, our lives become a great adventure of love. May Jesus give you every grace and fill you with His peace. Know of our prayers for you and your loved ones.

*In Christ, Our Life,
Mother Agnes Mary, SV*