Making Sense of Bioethics

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The Most Serious Miscalculation of All?

"In considering our own death, we may entertain a strong wish that there be no more sufferings on the other side, especially when it comes to justifying our decision to engage in physician-assisted suicide. Simply having such a wish, however, does not actually make it so."



Physician-assisted suicide, according to its advocates, offers a good way to wrap up our life as we face extreme suffering. When we think we have reached the limit of what we can bear in terms of pain and discomfort, they assure us we can choose death on "our own terms." Given that our life belongs to us and no one else, we are told we should feel free to end it, supported by professionals from the medical community. Once our physician has prescribed us a toxic pharmaceutical, we are at liberty to ingest it whenever we are ready and "want out." This final act will putatively close out our time of suffering, resolving our situation for the better, and giving permanent testimony that we believe we are, quite literally, "better off dead."

But are we?

What if multiple mistaken ideas and flawed assumptions sustain this whole line of thinking? For example, what if we are mistaken in supposing that our life is exclusively our own? What if it also belongs, in important ways, to God and to others? And what if we are mistaken in supposing that suffering can no longer befall those who pass through death to the other side?

Some might be tempted to reply, "There is no God and no 'other side." Beyond the portal of death, they argue, lies nothing — mere void and blackness. We vanish, and life does not continue on in any form.

however, Careful thinkers, would have to admit that, since we have not actually died yet, we lack the first-hand experience or positive knowledge to be certain about this conclusion. Given that many religious traditions teach strongly about our existence after death, careful thinkers face still greater uncertainty when it comes to the claim that there is no "other side." It could even be the case that they may be simply deceiving themselves about something that they wish were true.

Many people today take this same approach when speaking about others who have died. "She is with the angels," they may declare, or "He's in a better place now." Even though they lack any first-hand or real knowledge that would support such claims about other people's post-mortem destinies, they simply want it to be so, and because they desire it to be that way, they jump to the conclusion that it actually is so.

This can have a practical impact whereby Catholics, for example, may not pray or have Masses offered for the repose of the soul of departed loved ones, even though both of these activities, objectively speaking, could be of potentially great assistance to those who have died. Instead, they play along in a kind of

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cultural fiction tempting us to believe that if we feel or want something to be true, then it must be so.

In considering our own death, then, we may similarly entertain a strong wish that there be no more sufferings on the other side, especially when it comes to justifying our decision to engage in physician-assisted suicide. Simply having such a wish, however, does not actually make it so. From our limited vantage point, we cannot safely rule out the possibility that after we die, we could encounter purifications and afflictions similar to, or exceeding, those we left behind, especially if we had chosen to become the direct cause and agent of our own demise.

Careful thinkers, then, will acknowledge that, at a minimum, they lack certitude regarding the conclusion that suffering, purgation and punishment are impossible in the hereafter. They also need to consider scenarios in which the hereafter may be much longer than they might initially suppose, perhaps even eternal, as they ponder the ethical questions involved in death, dying and selfkilling.

Given our lack of first-hand awareness of what awaits us after death, and the potential for serious, extended consequences, we may indeed be foolishly gambling with our most valuable asset, our very selves, if we choose physician-assisted suicide as a means of ending our earthly existence. This could engender profound regret. In thinking through the worst-case scenario, we could even envision the prospect of catastrophic repercussions and the loss of everything through eternal perdition, if we had, with full awareness and intention, and in the absence of mental illness or other mitigating factors, freely pursued the wrongful action of suicide.

Looking squarely at these logical possibilities and unpacking some of the flawed assumptions behind physician-assisted suicide can help us avoid the most serious miscalculation of all, whereby we end up, not in deliverance, but in straits potentially far worse than the limited, earthly travails we are seeking to escape. Instead of trusting in worldly slogans and leaning on human wishes, careful thinkers will seek to discern the deeper eschatological order governing human perishing and death.

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