

# Justice, Peace and Life

October 2017

RESPECT LIFE MONTH  
OCTOBER 2017



**"Fear is useless;  
what is needed  
is trust."  
-Luke 8:50**

For Respect Life Month this October, the United States Conference of Catholic Bishops Conference has chosen the theme "Be Not Afraid", a very timely reminder in these days of so much violence and war. You can read all of the short essays for this month at [www.usccb.org/about/pro-life-activities/](http://www.usccb.org/about/pro-life-activities/)

[How to Build a Culture of Life](#)

[Catholic Considerations for Our Earthly Passing](#)

[What to Do When a Friend Is Considering Abortion](#)

[Understanding Conscience](#)

[Death Penalty: Catholic Q & A](#)

[Top Reasons to Oppose Assisted Suicide](#)

## **Opposition to Physician-Assisted Suicide: The Struggle Continues**

Last month, the New York State Court of Appeals rejected the argument that our State Constitution already protects the right to physician-assisted suicide (PAS). This is a great victory for life!

However, the push to legalize PAS will continue in the upcoming legislative session in Albany. Please call your state legislators to ask them to oppose the legalization of PAS in New York State.

Go to [www.nyasembly.gov](http://www.nyasembly.gov) and [www.nysenate.gov](http://www.nysenate.gov) to find your Assembly member and State Senator.

Here are some of the *Top Reasons to Oppose Assisted Suicide*, from the Respect Life Month's materials:

### **A DEADLY MIX WITH OUR PROFIT-DRIVEN HEALTH CARE SYSTEM**

Some patients in Oregon and California have received word that their health insurance will pay for assisted suicide but will not pay for treatment that may sustain their lives.

### **PUTS VULNERABLE PERSONS AT RISK OF ABUSE AND COERCION**

Once lethal drugs have been prescribed, assisted suicide laws have no requirements for assessing the patient's consent, competency, or voluntariness... contd

## **Gun Violence in the U.S. and Respect for Human Life**

"As bishops, we support measures that control the sale and use of firearms and make them safer (especially efforts that prevent their unsupervised use by children or anyone other than the owner), and we reiterate our call for sensible regulation of handguns.

Likewise, we cannot ignore the underlying cultural values that help to create a violent environment: a denial of right and wrong, education that ignores fundamental values, an abandonment of personal responsibility, an excessive and selfish focus on our individual desires, a diminishing sense of obligation to our children and neighbors, and a misplaced emphasis on acquiring wealth and possessions.

...[T]he media must be challenged to stop glorifying violence and exploiting sexuality...

In short, we often fail to value life and cherish human beings above our desires for possessions, power, and pleasure."

Excerpted from: [\*Responsibility, Rehabilitation, and Restoration: A Catholic Perspective on Crime and Criminal Justice\*](#),

A Statement of the Catholic Bishops  
of the United States, 2000

### *Top Reasons to Oppose Assisted Suicide* contd.

Assisted suicide laws often allow one of the two witnesses to the request for lethal drugs to be an heir to the patient's estate. Therefore, an heir or friends of the heir can encourage or pressure the patient to request lethal drugs and then be a witness to the request.

#### DANGEROUSLY BROAD DEFINITION OF TERMINAL ILLNESS

Assisted suicide laws typically appear to limit eligibility to terminally ill patients who are expected to die within six months but don't distinguish between persons who will die within six months with treatment and those who will die within six months without treatment. This means that patients with treatable diseases (like diabetes or chronic respiratory or cardiac disease) and patients with disabilities requiring ventilator support are all eligible for lethal drugs because they would die within six months without the treatment they would normally receive.

#### PAIN NOT THE PRIMARY ISSUE

Untreated pain is not among the top reasons for taking lethal drugs. Per official annual state reports, in 2016, 90% of Oregon patients seeking lethal drugs said they were doing so because they were "less able to engage in activities making life enjoyable" and were "losing autonomy," and 49% cited being a "burden" on family, friends or caregivers. And in Washington, 52% cited being a "burden" as a reason, while only 35% cited a concern about pain.

#### NO PSYCHIATRIC EVALUATION OR TREATMENT REQUIRED

Despite medical literature showing that nearly 95% of those who commit suicide had a diagnosable psychiatric illness (usually treatable depression) in the months preceding suicide, the prescribing doctor and the doctor he or she selects to give a second opinion are both free to decide whether to refer suicidal patients for any psychological counseling. Per Oregon's official annual report, from 2013-2016 less than 4% of patients who died under its assisted suicide law had been referred for counseling to check for "impaired judgment."

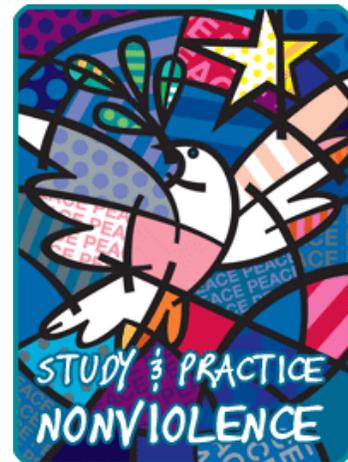
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**"We have too much violence in our society and everything we say is beginning to seem tired and repetitive.**

**As a society, we all need to stop making excuses and commit to a movement for nonviolence that involves all of us.**

**...unless we recover the sense that we are all in this together, because we are one family, I fear we may not be able to stop the violent trends we are facing."**

**-Most Rev. George Murry, S.J, Bishop of Youngstown, OH,  
Chairman, Ad-Hoc Committee Against Racism, US Conference of Catholic Bishops  
October 2, 2017 Press conference at MLK Memorial in Washington**



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