

Compassion, Assisted Suicide, and the Problem of Suffering

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ABSTRACT: Assisted suicide laws instigate a bioethics not only contrary to the best practices of medicine but also to the philosophy of rights found in the Declaration of Independence. Yet the legalization of assisted suicide continues primarily due to the utilitarian argument that since life cannot be meaningful when autonomy and health are compromised, assisted suicide laws are compassionate. I argue to the contrary that these laws mask a deeper cruelty that interferes with the ability of the suffering to receive the support that they need. Especially crucial is the philosophical support that alleviates spiritual suffering by assigning it meaning in a variety of ways that is both compassionate and compatible with religious beliefs. Helping the suffering assign meaning to suffering is what true compassion requires of both medical professionals and family members.

IN THIS WORLD, not only is suffering inescapable but so is the moral obligation to be compassionate. Effective compassion alleviates suffering to the degree that it accurately addresses the causes of suffering. For instance, throwing someone a surprise party can help alleviate loneliness but not social anxiety. Whether suicide or assisted suicide is better at alleviating terminal suffering than counseling or adequate pain relief has become a pressing political question, with state legislatures considering whether to follow the path of Oregon, which legalized assisted suicide in 1997, as did Washington in 2009 and Vermont in 2013.

Assisted suicide is typically cast as a compassionate act that alleviates the pain of suffering from a terminal disease by reducing the dying process to mere moments. Embedded in this approach are various utilitarian assumptions, including a cost/benefit calculation about whether it is better to be dead than alive and suffering. Another assumption is that the value of a person's life is determined by the amount of pleasure that it brings and pain that it avoids. Accordingly,

the lives of those in comas or those with advanced senility lack value because they lack the robust self-awareness deemed necessary for enjoying life. Embedded in this judgment is the denial that deep sleep or dreaming can be enjoyable as well as the problematic assumption that the standard of enjoyment is determined by the able-minded.

These assumptions entail that one need not be dying before life can be deemed not worth living. A soccer player, for instance, may think death preferable to living as a quadriplegic. And within this assumption is embedded the notion that the value of a person's life depends on what they do. Its value is extrinsic, not intrinsic and objective. From this it follows that whenever one deems one's life to hold no value, suicide (whether assisted or not) is what compassion truly requires. If relatives disagree, they are only being selfish. Finally, all these positions entail that a person's life is worthwhile only so long as living is more pleasurable than dying. As such, life has no intrinsic value. It derives its value from its usefulness in providing pleasure without pain. This is an instrumental evaluation of human life.

This line of reasoning shows that the reasons for legalizing physician-assisted suicide for those with a terminal disease also justify assisted suicide for those suffering from catastrophic loss of limbs or illnesses like advanced senility, or even for anyone who deems life more burdensome than worthwhile – even if they are merely depressed.

So, we ask, why is it that Oregon's 1997 Death with Dignity law¹ restricts physician-assisted suicide to those with terminal diseases who have less than six months to live and who do not need a referral to a mental health professional? To this question there are three possible answers. One of these is that Oregon believes that only those who have a terminal diagnosis of six months or less are correct that their lives are without value and not worth living. A second possible answer is that the Death with Dignity law is a wedge law designed to change anti-suicide attitudes and open the door to euthanasia on demand. A third possible answer is that while the Oregon believes that while every human life is valuable, the suffering involved in having a terminal disease can alienate

¹ For more information, see Oregon's website for the Department of Human Services at <https://public.health.oregon.gov/ProviderPartnerResources/Evaluationresearch/deathwithdignityact/Pages/index.aspx>.

or otherwise override that value and make assisted suicide for those with a terminal diagnosis morally acceptable. In any case, by holding that suffering from a terminal disease can alienate the right not to be killed by a prescription given by one's physician, assisted suicide laws reject the inalienability of the right of life as found in the *Declaration of Independence* and adopt a self-defeating instrumentalist bioethics.²

These laws also unnecessarily reject the best practice standards of contemporary medicine. For human life can be held to be an inalienable right without also obligating those who are suffering to use any and all treatments to prolong living, inasmuch as some treatments are incredibly painful, offer scant benefit, cause huge inconvenience or are excessively expensive. In these cases, standard medical ethics holds that the extraordinary treatment can be rejected, for the patient's death is not intended. Best medical practices currently holds that death should be caused by whatever is killing the patient, not by the failure to supply the care that would prevent the death and not by ingesting a suicide drug. Hence, the current assisted suicide campaigns are campaigns to overturn medicine's best practices.

Furthermore, when states do invent a right to die, a confusion about natural death is fomented. Natural death is caused by a lethal disease and need not be intended, but dying by ingesting suicide drugs or by foregoing ordinary means of treatment is intentional killing, either by commission or by omission. The State of Washington intentionally confused this distinction in its physician-assisted suicide law by prohibiting death certificates from identifying – in any way – that the death was caused by legal and lethal prescriptions; instead, only the underlying pathology is to be identified.³ Why this need to falsify the death certificate?

Death certificate falsification prevents all who were not at the bedside from knowing what really happened. This is especially

² For in-depth arguments on these points. see "Compassion and the Personalism of American Jurisprudence" in *Bioethics with Liberty and Justice: Themes in the Work of Joseph M. Boyle*, edited by Christopher Tollefsen (Berlin: Springer, 2011), pp. 59-74.

³ See <http://www.doh.wa.gov/portals/1/Documents/5300/DWDAMedCertifier.pdf> (accessed 6/16/2015): "The cause of death section may not contain any language that indicates that the Death with Dignity Act was used."

problematic when the physician-assisted suicide law permits those who would inherit an estate to talk for the patient during the lethal-dose request process and to be a legal witness that the patient really wants the lethal prescription. Both of these elements are found within Washington's Death with Dignity Act.⁴ And they are especially troubling for those familiar with elder abuse and bullying by offspring and heirs.

Attorney Margaret Dore points out an additional problem with the Washington law. Although it states that the lethal dose be "self-administered," it defines self-administration with "ingesting," meaning that "someone else can administer the lethal dose to the patient."⁵ So, the patient is basically "unprotected against others in the event he changes his mind after the lethal prescription is filled and decides that he wants to live."⁶ This lack of oversight is significant, for the data coming from the state of Oregon show that a significant percentage of lethal prescriptions are never used.⁷

Assisted Suicide Laws and the Death of Compassion

Although assisted suicide laws are promoted as compassionate, they paradoxically eviscerate compassion in four ways.

First, the *raison d'être* for compassion is to help another live more fully by alleviating whatever is interfering with human life and well-being. As a result, compassion has objective criteria: whatever helps another overcome obstacles to living well is compassionate and what opposes living well is cruel. So, it is compassionate to donate canned food to the local food shelf but cruel to donate canned food so old as to be dangerous to eat. This would be true even if one were convinced that those depending on donated food would be better off dead. Feelings do not suffice to determine what is and what is not compassionate. Thus,

⁴ Margaret Dore, "Death with Dignity: What Do We Advise Our Clients?" *King County Bar Bulletin* (May 2009).

⁵ *Ibid.*

⁶ *Ibid.*

⁷ More people filled their prescription for lethal drugs than used them in Oregon. See <https://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Documents/year16.pdf> (last accessed 6/16/2015).

since compassion takes its standards from whatever promotes living, it is a category mistake to identify whatever opposes life to be compassionate.

Assisted suicide laws necessarily identify death as an acceptable form of compassion, thereby eviscerating the objectivity of compassion. If medical insurance companies were to adopt this identification, it would become more difficult for the non-suicidal with terminal diseases to get the counseling or the better pain relief that they seek. This has already happened in the state of Oregon. According to Dr. Kheriaty,⁸ there has been cases where “the Oregon Health Plan refused to pay for more expensive potentially life-extending cancer treatments, but offered to pay instead for the \$50 assisted-suicide pills.”

Second, assisted suicide laws identify death as an adequate way to relieve suffering. By so doing, these laws inculcate an apathy and a philosophy that entails self-defeating inconsistencies. Assisted suicide laws state that the evil of suffering can override the goodness of innocent human life so completely as to make death desirable. This means that these laws hold that the goodness of innocent human life can be alienated by suffering. And this means that the goodness of innocent human life is not intrinsic but instrumental and dependent on outside factors, e.g., whether or not life is pleasant. An instrumental valuation of human life permits suffering to alienate the goodness of human life, to nullify its value and to erase its rightness. By so doing, the very basis of compassion is eliminated. Compassion, after all, presupposes that a valuable someone is undergoing unavoidable suffering.

Therefore, since assisted suicide laws are passed on the basis that terminal diseases can make human life so valueless as to make its destruction desirable, those who are suffering with terminal diseases are not living valuable lives and cannot be valuable people worth caring about. Apathy toward the suffering is thus inculcated. Assisted suicide laws – despite their proclamations of being compassionate – inculcate apathy.

⁸ Dr. Kheriaty, associate clinical professor of psychiatry and director of the Program in Medical Ethics at the University of California Irvine School of Medicine, “The Assisted-Suicide Movement Goes on Life Support,” *Wall Street Journal* (23-24 May 2015), p. A9.

Third, assisted suicide laws promote the philosophy that only pleasant lives are worthwhile and that death is the proper remedy for those with unavoidable suffering. Over time this utilitarian philosophy of suffering inculcates resentment, intolerance, and cruelty towards those who are suffering because witnessing suffering usually repels on-lookers and makes them resent those causing them discomfort.

Resentment in states with assisted suicide increases thoughts like this one: “Ugh! That person is suffering, why don’t they just take the pill and die so that we aren’t forced to see them in our parks and malls?” And if tax dollars are paying for their insurance, intolerance and resentment could easily feed the attitude that they are morally obligated to die so as to protect the finances of the greatest numbers. And this is just a hair’s breath away from making their deaths legally obligated. Indeed, if the twentieth century teaches us anything, it teaches us three things: (1) that philosophies that breed intolerance and resentment eventually breed – at best – laws that are unfair and discriminatory, and – at worst – genocidal; (2) that modern democracies such as Nazi Germany do not suffice to prevent the systemic trivialization and dehumanization of human beings; and (3) that the only antidote is the widespread belief that every innocent human life is priceless, whether suffering or not. That is to say that innocent human life is an intrinsic good and an unalienable right.

Fourth, assisted suicide laws require adopting an utilitarian philosophy contrary to the founding philosophy of this country, as expressed by the *Declaration of Independence*. The *Declaration* identified life as an unalienable right – not as a right conditioned on its pleasantness. When life is conditioned on its pleasantness, the question arises: pleasant for whom? Social utilitarians like Peter Singer have been arguing since the 1970s that pleasantness is valuable only to those who are self-aware, autonomous, and rational – whether human or animal⁹ – and that the value of those lives lacking in those three properties is determined by on-lookers. Accordingly, horses frolicking in a field would have valuable lives while infants and those with advanced senility

⁹ Peter Singer is a major proponent of animal rights and equality; see, for instance, “All Animals are Equal” in *Writings on an Ethical Life* (New York NY: Harper Collins, 2000), pp. 28-46.

would not. Here Singer assumes that neither infants nor those with advance senility are autonomous, self-aware, or rational.¹⁰ On this basis, he argues that, even though it is possible for a hemophiliac baby to have a life more pleasurable than not, it is permissible for parents to kill the infant, have another one, and thereby increase the total amount of happiness.¹¹

Although contemporary research has disproved Singer's assumptions about animal intelligence¹² and the lack of intelligence in babies,¹³ many remain drawn to his utilitarian precept that justifies maximizing the total amount of happiness. This precept's justification of infanticide and euthanasia, however, also justifies the cruelty of refusing care to the helpless. This is cruelty rather than compassion.

Therefore, assisted suicide laws embrace a utilitarian philosophy that self-identifies as compassionate but actually inculcates anti-compassionate apathy, resentment, intolerance, and cruelty. Such inconsistencies are typical of unsound philosophies.

¹⁰ See Peter Singer, *Practical Ethics* (New York NY: Cambridge Univ. Press, 1979), p. 131: "In Chapter 4 we saw that the fact that a being is a human being, in the sense of a member of the species *Homo sapiens*, is not relevant to the wrongness of killing it; it is, rather, characteristics like rationality, autonomy, and self-consciousness that make a difference. Defective infants lack these characteristics. Killing them, therefore, cannot be equated with killing normal human beings, or any other self-conscious beings. This conclusion is not limited to infants who, because of irreversible intellectual disabilities, will never be rational, self-conscious beings."

¹¹ *Ibid.*, p. 134: "When the death of a disabled infant will lead to the birth of another infant with better prospects of a happy life, the total amount of happiness will be greater if the disabled infant is killed. The loss of happy life for the first infant is outweighed by the gain of a happier life for the second. Therefore, if killing the haemophiliac infant has no adverse effect on others, it would, according to the total view, be right to kill him."

¹² See Rose Mary Hayden Lemmons, "Intelligence" in *New Catholic Encyclopedia: Supplement 2012-13: Ethics and Philosophy*, Vol. 2, edited by Robert L. Fastiggi and Joseph Koterski, S.J.. (Detroit MI: Gale Cengage Learning, 2013), pp. 784-87.

¹³ See the report on Yale's Baby Lab: "Born good? Babies help unlock the origins of morality," 60 Minutes on CBS News. Available on-line at <https://www.youtube.com/watch?v=aIc-4h9RIvY>.

Towards a Truly Compassionate Philosophy of Suffering

Those who are suffering or who are afraid to suffer unto death may be reluctant to accept the preceding arguments because they know that suffering demands an escape. But from what? What is it that makes suffering so unbearable that death seems preferable? Intense pain – whether physical, psychosomatic, or spiritual – seems to be the only answer. Yet, if this were so, intense physical pain would be a sufficient condition for making death a proper tool of relief. But it is not in the case of childbirth – even when the pain is so horrendous that the laboring mother feels as if she will die. Furthermore, suicide is not the only alternative to pain since all but spiritual suffering can be adequately treated through medication. Intense spiritual suffering occurs when life’s goals are snuffed out and feelings of meaninglessness become all-consuming. Indeed, the majority of those seeking prescriptions for Oregon’s suicide drugs identified their concerns as either “loss of autonomy (91.4%)” or “decreasing ability to participate in activities that made life enjoyable (86.7%).”¹⁴

It was not a worry about intense pain that drove most of these people to acquire lethal prescriptions, but rather a worry about their quality of life. This worry requires the ability to understand oneself in relationship to one’s own decline and death. This is a peculiar ability of able-minded and mature humans. Young children and the senile who live in the present cannot suffer in this way. In fact, such people can be comforted by small pleasures such as petting a cat or singing a song.

The suffering that arises from the grasp of life’s transitoriness and one’s own upcoming death is called “spiritual” by philosophers. It can be acutely experienced even by the physically and psychologically healthy. Psychologist Viktor Frankl became familiar with spiritual suffering through his experiences in Nazi concentration camps. He found that spiritual suffering becomes most acute when life and death are deemed to be without meaning. He also found¹⁵ that meaning enables

¹⁴ Available on-line at <https://public.health.oregon.gov/ProviderPartnerResources/EvaluationResearch/DeathwithDignityAct/Documents/year17.pdf> (accessed 5/28/2015).

¹⁵ Viktor E. Frankl, *Man's Search for Meaning* (New York NY: Pocket Books, 1985), p. 97.

one to bear any amount of suffering:

What was really needed was a fundamental change in our attitude toward life. We had to learn ourselves and, furthermore, we had to teach the despairing men, that it did not really matter what we expected from life, but rather what life expected from us.... When a man finds that it is his destiny to suffer, he will have to accept his suffering as his task; his single and unique task.... His unique opportunity lies in the way in which he bears his burden.¹⁶

Frankl's searing experiences show that spiritual suffering is alleviated through assigning meaning to suffering and to dying. But what must this meaning be? This question cannot be adequately answered without philosophically analyzing the meaning of life and how suffering attacks it. Let us begin this analysis by seeking to understand the sources of life's meaning and how suffering attacks them.

Life is the ultimate practical activity: it requires one to make and execute long-range plans without denigrating the short-range plans and activities that give life its gusto. As a result, we identify life's meaning with the goals that we seek. Acting for these goals can either be fulfilling or nullifying: if the former, life is happy and satisfying; if the latter, life increasingly becomes a matter of despair.

When we are young, we assume that the goals of life are a certain state of affairs: an exciting job, a wonderful lover, a cool car. But when we are mature, we realize that life is a never ending race that can only be run well or poorly. No state of affairs can guarantee an easy run. Suffering is inescapable. As a result, happiness ceases to be seen as a future state of acquisition and becomes the current state of functioning well. Such a life is meaningful; such a life is happy.

Thus, although we expect to run our race with various pains and ailments, we consider our race well-run if we do it without immorality, and with good-humor, a gentle spirit, a concern for others, and a full appreciation of God's goodness. As Aristotle put it so long ago in the *Nicomachean Ethics*, happiness is living virtuously by contemplating God and being moral.¹⁷ Within this context, suffering is never the

¹⁶ Ibid., pp. 98-99.

¹⁷ Aristotle, *Nicomachean Ethics* 1177a7-17: "the activity of this in accordance with its proper virtue will be perfect happiness.... This activity is contem-

dominant feature of one's life and so it is not too hard to keep one's focus on the goal of acting virtuously.

But in cases of heart-rending bereavement, a serious loss like paralysis, or terminal illness, the physical and spiritual suffering can become so dominant that it threatens to define one's entire life and to rob it of meaningfulness. To avoid this, physical suffering must be countered by good medicine and spiritual suffering by finding in it a spiritual meaning. This meaning must be extrinsic rather than intrinsic; after all, if suffering possessed intrinsic meaning, it would not be able to threaten the sufferer with meaninglessness.

Ways to Suffer Meaningfully

Suffering is inevitable in human life, writes the atheist Nathaniel Branden: "what is not inevitable, however, is the status...[ascribed to] suffering, i.e., the significance [it is given] in this life and in [one's] view of existence." There are various ways to suffer meaningfully.

A first way is to view suffering as an opportunity to become more humane. Will I suffer as a human being with gentleness, kindness, and dignity; or, like a drowning rat ready to claw and chew whatever is within reach?

Suffering challenges one to face the ultimate question: Can I be more than my suffering? What attitude should I adopt about my suffering? Viktor Frankl put the challenge like this: shall I choose to be worthy of my suffering?¹⁸ To choose to be worthy of one's suffering is to choose to recommit to one's moral and spiritual values, rather than having the indignities of suffering determine one's perspective and make life seem worthless. Life is ultimately not about experiencing a predominance of pleasure over pain but about not missing any opportunities to be kind, generous, and brave. Choosing to transcend one's suffering is choosing to triumph over suffering by committing oneself to suffering nobly and humanely regardless of the provocation

plative." Also, 1178a8-10: "But in a secondary degree the life in accordance with the other kind of virtue [moral virtue] is happy." *The Basic Works of Aristotle*, edited by Richard McKeon, translated by W. D. Ross (New York NY: Random House, 1941).

¹⁸ Frankl, *Man's Search for Meaning*, p. 87.

to do otherwise. Such a choice acknowledges not only that life is always worth living even in the horrible conditions of a concentration camp but that every suicide is a defeat for humanity. If it is true in a concentration camp, it is true everywhere – even in the states of Washington and Oregon.

Furthermore, to suffer without being unkind and inconsiderate makes a huge difference to care-givers and loved ones and can constitute one's final gift: showing others how to die while acknowledging with one's last breath that morality and spirituality makes life worthwhile. Those considering assisted suicide should thus consider whether the legacy they wish to leave their care-givers and loved ones is the message that human life is worthless when not enjoyable or the message that human life is precious. The first message legitimates destroying a human being; the second obligates always treating human beings with loving kindness especially when suffering.

A second way to live meaningfully while suffering unto death begins by noting that while all die, dying is only a small part of life. This means that – most of the time – things work out for good. The world is good. If this were not the case, most would die in agony. And, insurance companies would not be profitable, as the atheist Ayn Rand points out.¹⁹

A metaphysics of goodness makes it likely that suffering unto death will not be a dismal experience without its own kind of joy and peace. After all, no life is without its pleasures for the perceptive. Indeed, the severely disabled Harriet McBryde Johnson wrote “that it's a great sensual pleasure to zoom by power chair on...delicious muggy streets.”²⁰ The metaphysics of goodness accordingly gives us reason to hope that pleasure can be found while suffering from a terminal illness – if only the sweet relief of being able to step back from the pressures of work and world and focus on what's really important in life, namely, developing or deepening one's humanity and spirituality.

The metaphysics of goodness also provides *a third way* to find

¹⁹ Ayn Rand, “The Ethics of Emergencies,” *The Virtue of Selfishness* (New York NY: New American Library, 1964), p. 49.

²⁰ “Unspeakable Conversations,” *New York Times Magazine* (13 February 2003), accessible at <http://www.nytimes.com/2003/02/16/magazine/unspeakable-conversations.html>.

meaning while suffering. This third way has several stages beginning with the realization that whenever something happens for the most part, there is a cause making it happen that way. And since evil is not more likely than good, there must be a cause of good's greater likelihood. This cause of the universe's organization for good can only be an omnipotent and good God. Hence, the existence of a good God makes more sense than His non-existence.²¹

The second state of finding meaning requires realizing that no God would be good if He would not compensate the innocent who suffer in this life.²² As Thomas Aquinas points out, "although the good sometimes do not receive material rewards in this life..., they never lack spiritual rewards, even in this life."²³ Almost a millennium earlier, Socrates confessed a similar confidence when he exclaimed at his infamous trial that although he did not know whether death was an endless sleep or the doorway to eternal conversations and fellowship, he was certain that, as a good man, he would not be harmed.²⁴ This confidence is nothing other

²¹ For a more extensive version of this argument, see my *Ultimate Normative Foundations: The Case for Aquinas's Personalist Natural Law* (Lanham MD: Lexington Books, 2011), pp. 231-37.

²² "[J]ust as no singular act escapes God's knowledge or causality, no singular act escapes His goodness. If every act is touched by His goodness, then if some instance of evil could outweigh the good, God's goodness would be impotent relative to a finite evil. Therefore, God must compensate individuals for their unwarranted sufferings in this life by providing equal or greater rewards in this life *or* the next. That such a God does not prevent suffering does not indicate cruelty insofar as the benefit discounts the pain. For example, we do not consider our dentists cruel for injecting Novocain" (Ibid., pp. 235-36).

²³ Aquinas, *Summa theologiae* II-II.69.2 ad 2. Eleonore Stump argues that in the case of "mentally fully functional adults" suffering opens the heart to both flourishing and achieving its deepest desire of union with God: "The relationship to God does not take away suffering; but, in the second-personal presence between a human person and God brought about by surrender to love, there is consolation even in the face of suffering. The suffering itself is redeemed in flourishing and fulfillment in the shared union of love." *Wandering in Darkness: Narrative and the Problem of Suffering* (Oxford UK: Clarendon Press, 2010) p. 478.

²⁴ *Apology* 41 c-d: "You too, gentlemen of the jury, must look forward to death with confidence, and fix your minds on this one belief, which is certain – that nothing can harm a good man either in life or after death, and his fortunes

than the confidence that God would permit no innocent person to suffer in vain.

This means that the innocent can be sure not only of divine compensation but that their suffering must be seen in relationship to eternity. This gives us *a fourth way* to live meaningfully while suffering, namely, to realize that a key goal of this life is to achieve a blissful eternity. Every soul have been given this mission of preparing for eternity. And God is in charge of shaping that mission to enable a soul to achieve that eternity. The uniqueness of human souls means that everyone's path is unique; tailored by God to make success possible. Hence, Socrates's confidence that "nothing will harm the good man."

This confidence led Socrates to formulate one of the strongest arguments possible against suicide, namely, that it betrays our divine mission in this life.²⁵ We must not let fear and suffering lead us to abandon that mission; we must live it out until the gods decide otherwise.²⁶ Socrates thus give us the ultimate philosophical meaning to suffering, namely, that it is to be endured for the sake of our divine mission in this life, that is for the sake of our eternity.

This philosophical meaning of suffering is compatible with the redemptive meaning of suffering found in many religions. Moreover, the harmony between the philosophical meaning and religious meaning of suffering reassures health care providers that encouraging their patients to assign meaning to their suffering is a form of caring in accord with the best humanitarian values. Human beings really are spiritual as well

are not a matter of indifference to the gods." In *The Collected Dialogues of Plato Including the Letters*. Ed. Edith Hamilton and Huntington Cairns, translated by Hugh Tredennick (Princeton NJ: Princeton Univ. Press, 1961).

²⁵ *Apology* 30e: "It is literally true, even if it sounds rather comical, that God has specially appointed me to this city." See also *Phaedo* 62b-c: "All the same, Cebes, I believe that this much is true, that the gods are our keepers, and we men are one of their possessions.... So, if you look at it in this way I suppose it is not unreasonable to say that we must not put an end to ourselves until God sends some compulsion like the one which we are facing now." *Ibid.*

²⁶ Centuries later, Aquinas will acknowledge this point by stating that suicide offends against the Creator. See the *Summa Theologica* II-II, q. 64 a.5. In the same article, Aquinas also argues that suicide violates the principle of proper self-love as well as transgresses against the common good by harming one of society's members.

as physical beings; hence, they can be comforted when they identify their suffering with a spiritual value able to counter the meaninglessness that renders suffering so awful.

Avoiding the Ultimate Cruelty

Compassion can alleviate physical and psychosomatic suffering by providing adequate medication and spiritual suffering by encouraging the patient to realize that suffering need not be in vain and even though suffering, meaningful goals can be reached. Unavoidable suffering is an opportunity not only for transcendence and spiritual growth but also for enabling others to affirm – through loving care – the sufferer’s invaluable personhood and unalienable right to live.

Hence, the vicious cruelty of assisted suicide and euthanasia: they intensify suffering by reinforcing the lie that the sufferer’s life has no meaning, no value, and no goodness able to contravene the meaninglessness of suffering. Herein lies the ultimate cruelty, namely, to treat suffering as the worst of all possible evils – as if transcendence were not possible.

Therefore the truly compassionate do not facilitate suicide but help those who suffer find meaning through their suffering. Health care practitioners and family members are especially poised to help the sufferer transcend suffering because they can offer additional support for the sufferer’s spirituality by personally offering religious support or by bringing in religious counselors. Most religions teach that death is but the door to eternity and that any suffering in this life is blessed with joys in the next.

The compassionate moreover are willing to accompany the sufferer through his very personal journey towards meaning by being quick to affirm the sufferer and reassure him that his spirit need not surrender to the difficulties of life; his life is a gift beyond measure, a gift that suffering cannot obliterate. Even when life is ending, it remains invaluable and a source of meaning.

For the compassionate know not only that no human being escapes suffering unto death but also that no terminal diagnosis is a prescription of meaninglessness. This is especially the case when the diagnosis of six months to live is given in a suicide state like Oregon and Washington; because, that diagnosis – according to suicide laws – is given without

taking into account possible treatments that can enable one to live with a terminal diagnosis for years.

Nevertheless regardless of the years – or days – that one has to live, the meaninglessness caused by suffering is best countered by deliberately choosing to accept unavoidable suffering as part of life's tasks – as an unique opportunity to find meaning in acting virtuously and humanely while suffering.

Compassion is thus incompatible with all forms of assisted suicide because it allows pain and suffering to triumph over the value of human life. Indeed, it is inhumane to allow suffering to bestow upon a human being the status of a pet or a research animal that may be killed when its suffering becomes troublesome or disturbing. Human life is not valuable only to the degree that it is valued by others. Killing demeans human beings and trivializes human lives by presuming that it is possible for suffering to wipe out the intrinsic value of human life. But this is a lie. For no matter the degree of suffering, a human being's life retains not only inalienable dignity and goodness, but also the status of being an end in itself, that is, a transcendent being with eternity on the horizon.

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Compassionate love abhors the cruelty embedded in the notion that suffering can make a human being's life worthless. No person's life is worthless – but that is not the philosophy of suicide and assisted suicide. And that is the reason why the legalization of assisted suicide introduces a vicious philosophy of person that threatens the suffering with resentment and intolerance.

Conclusion

This paper has argued that what ultimately makes unavoidable suffering the crucible of human values and spirituality is its meaninglessness. Those suffering from meaninglessness because they believed that life's point was the pleasure that their suffering has ended cannot be truly helped by having the meaninglessness of their lives

affirmed by assisted suicide. Although it is always cruel to affirm that an innocent life and a person's very existence is without value or meaning, it is especially cruel when that person is already suffering because to do so intensifies the suffering of meaninglessness – whether that unavoidable suffering is temporary or terminal. From this perspective, assisted suicide laws are especially cruel by supposing that unavoidable suffering cannot be meaningful.

True compassion thus does not facilitate suicide but rather seeks to alleviate unavoidable suffering by helping those who suffer find meaning.