Decriminalizing Assisted Suicide: The Academy's Perspective

Archbishop Pegoraro's Interview with Avvenire on Italy's End-of-Life Debate

A wide-ranging debate is currently taking place in Italy, across both the political sphere and civil society, because Parliament has begun discussing a draft bill on the possible partial decriminalization of the offence of aiding assisted suicide, following a ruling by the Constitutional Court moving in that direction. Some Italian Provinces have enacted regional laws. The President of our Academy gave a lengthy interview to *Avvenire*, the daily newspaper of the Italian Bishops' Conference.
We offer an English translation of Archbishop Pegoraro's words:

Can the State and the Regions restrict every person's natural right to life by permitting not only that a person take their own life (a freedom with tragic consequences, yet often unavoidable) but also that their representatives assist them in doing so, under certain circumstances? In other words: is life still an absolute good, or can it become subordinate to other criteria, by law? These are by no means simple questions. When we discuss 'end-of-life choices', this is what we are talking about: on what foundations does our society rest, today and, even more so, tomorrow? This is why we must make the effort to free the debate surrounding the laws – the regional ones already passed and the national one still in limbo – from excessive rhetoric and political claims of every kind, as well as from a hasty tendency to dismiss as 'outdated' those who do not share what they consider a disturbing 'drift towards death'. It is better – much better

– to commit ourselves to reasoning through the essential aspects of the issue, which are bioethical, medical, legal and anthropological. This is a complex and arduous task, but one that is indispensable for building a coherent line of thought. We are able to do so thanks to the willingness of Monsignor Renzo Pegoraro, the new archbishop and president of the Pontifical Academy for Life. A native of Padua, he has followed the story of the Veneto region's law on assisted suicide – approved on Wednesday – with a great deal of personal involvement.

What are your thoughts on the law just passed by the Veneto Region, given that this is your homeland and where you received your education?

First of all, let us clarify the terms: in Italy, aiding suicide is a criminal offence, one that has never been removed from the Criminal Code. In certain specific and limited situations, this offence is decriminalised by Constitutional Court ruling 242/19, a ruling which calls for legislative action; given the sensitivity of the matter, this should be at national level. The regions can do no more than regulate a procedure. I believe, however, that in the case of the Veneto Region, more time should have been taken to listen to the many local organisations serving patients and ensuring the smooth running of the palliative care network. Haste is never a good counsellor. Especially when one is dealing with legislation concerning the very meaning of life. The members of the Regional Council who voted in favour, I believe, thought they were reflecting the views of the people who elected them: many people, faced with the prospect of a serious and debilitating illness, say they 'would rather die'. We must have the courage and patience to talk about this, to inform, and to educate people about respect for the value of life and the role of medicine in dealing with disability. A society that remains silent, that is unable or unwilling to find the words and attention to give this issue, is destined to drift towards sad and harmful forms of euthanasia. At the very least, however, the law does, it seems to me, contain one positive element: the public body is obliged to provide palliative care and psychological support, and offers the 'opportunity to receive information regarding organisations whose statutory aims include the protection of life'. If properly organised and accepted, this will help those seeking care to choose life. As was already the case, even without a law, prior to any court ruling.

The Patriarch of Venice, Francesco Moraglia, has written that with the Venetian law 'a certain model of human closeness has been wounded and restricted'. What is happening to our society?

The 'model of human closeness' to which the Patriarch refers is, for Christians, that of evangelical compassion inspired by the Good

Samaritan: drawing near, remaining by the side of those who suffer, listening to their questions, taking responsibility for alleviating their pain and upholding the meaning of life even in the terminal phase of existence. The request to bring forward the end of one's life – though not always – is a plea for a life well-cared-for, for the elimination of pain, or stems from the fear of being a burden to others. It is a plea not to be left alone. As I am familiar with the Veneto region, I know full well – and it is important that everyone should know – that some people who had requested assisted suicide have decided to continue facing their illness thanks to counselling, palliative care programmes and detailed information on what the National Health Service could offer them: to live until the very end, accepting death without bringing it about. It is essential, in fact, to open channels of understanding and attentive dialogue that address the underlying reasons behind a request for assisted suicide and can be transformed into concrete proposals that do not leave individuals and families on their own. Patriarch Moraglia identifies a huge problem: it is not so much the law that undermines the model of solidarity, but society as a whole that risks losing and denying it. It is the 'mindset of this world', as St Paul would say.

Could the debate on assisted suicide and its adoption as a possible 'response' to extreme suffering alter the very concept of medicine as a form of care?

No conception of medical science could ever view it as a science in the service of death. In extreme situations, one can only speak of allowing a person to die, whilst avoiding futile or disproportionate treatments – that is, aggressive medical intervention. It is already legitimate today for a patient to refuse or suspend all treatment and for them to be accompanied by deep sedation where necessary. Of course, given contemporary technology, we need to reflect on what the expression 'natural death' means in extreme situations: today, we can prolong life for far longer than in the past. But there is a crucial point. We live in times when the value of life seems to be diminishing ever further. As Francis has strongly emphasised, and Leo XIV reiterates with equal conviction, there are clear signs of how much the 'throwaway society' surrounds us today. On so many levels, there is little love for life. We do not bring it into the world; we do not welcome it willingly by making the effort to integrate it into the faces of our migrant brothers and sisters; the lives of so many elderly people throw us into crisis; we do not really know how to help young lives mature, by educating them in the great things of life. Life appears to be devalued. In such a context, the seriously ill are at greater risk, for they demand

that we, in our hectic times, learn to pause and devote time, resources and affection to them. True medicine, even when it can no longer cure, always continues to care. We must return to reflecting, as Catholics and laypeople alike, on how serious it is to lose sight of the greatness of the value of human life and of the mission of doctors, nurses and all healthcare professionals involved in providing care.

In your view, is a law on end-of-life care necessary? And what criteria should it be based on to ensure the greatest possible protection of life? Would it not be better to avoid palliative care being treated as a sort of 'bargain'?

Parliament is sovereign and free, and must act as such. The Constitutional Court can only suggest that a law would be appropriate. This is a suggestion to be taken into consideration, not a binding requirement. Parliament should discuss this issue seriously and courageously: is a law needed to standardise across Italy the limited changes that the Constitutional Court has introduced? It is not a foregone conclusion. Furthermore, it is worth emphasising that, thanks to Law 219/2017 on informed consent and Advance Healthcare Directives (AHCDs) and the Law on Palliative Care 38/2018, most situations and personal circumstances of those who are seriously ill can be addressed in the light of this legislation. I would, however, consider it appropriate for Italy to introduce a requirement to offer palliative care pathways to all citizens – as in Veneto – whilst taking on the responsibility of securing the necessary funds and funding. A good law on palliative care already exists in Italy, and it recognises an explicit right to access it. But those who present themselves as defenders of life must also find the money to implement it. Fewer weapons and more palliative care, I would say. This would not be a sort of 'bargain' but a clear message: it is the Constitution itself that 'obliges' the State to take care of the sick, by providing treatment appropriate to a specific personal situation. A secular State is by no means a State that is indifferent to the sick. There is no such thing as a right to assisted suicide. In Italy, the State has a duty to provide care, and also to respect an individual's wish not to receive treatment. Furthermore, any national legislation would need to be monitored to ensure it does not overstep the narrow boundaries set out by the criteria established by the Court. From a Catholic perspective, the issue is, in short, to assess whether we are dealing with an 'imperfect law', to which it would nevertheless be morally right to give one's consent, given that Parliament might otherwise readily pass more permissive and libertarian laws, which would be far more detrimental to the dignity of the sick and the

value of life. It must also be emphasised that, according to the Church's Magisterium, every healthcare professional should always strive to save life, to accompany the final stage of existence, and never to cause death or assist in suicide. Suicide has always been something to be prevented, never supported. Help is provided by alleviating pain, by understanding the reasons behind certain requests, and by assessing the impact of the illness on the patient's psyche, spirit and very will. To what extent is a person's will truly free in certain circumstances? I hope that Parliament will hold an in-depth and serious debate on this matter. As the criminologist Nigel Walker pointed out, 'the legislation of one generation can become the morality of the next'. What sort of 'morality' do we wish to build for the young people of tomorrow?