Assisted suicide may sound like it provides choices for individuals, but instead, it’s taking choices away from people by radically weakening the promise of care and support at the end of life for terminally ill patients like me. When societies accept assisted suicide as a “quick fix” for terminally ill patients, they lose the incentive to improve genuine end-of-life care and pain control—or even to offer it to those who want it. For example, some cancer patients in Oregon have been denied coverage of treatment to sustain their lives, and instead offered coverage for assisted suicide. A critical part of end-of-life care is a trusting doctor-patient relationship in which a patient knows their doctor has their best interests at heart and will not abandon them; it is one which assures patients of the truth that their lives have meaning and are worth living. To this day, my doctor won’t give me a timeline for my survival because we know medical opinions can be, and have been, wrong. Many patients have lived full and active lives for years after receiving a 6-month prognosis. Sadly, opinions about projected timelines can lead people to give up on treatment and miss out on years of life. I have decided to take part in a new clinical trial for my cancer, hoping to find a cure—if not for me, then for others who will follow me. I hope for the gift of healing from God, but I trust in his love for me and his plan for my life, however long or short that may be.

This is very personal for me. My brain cancer—or what I can or can’t do—doesn’t define me as a person. But it does give me the opportunity to witness to the fact that every human life has incredible dignity, whether we are infirm or able. And all the while, my family and friends can daily learn the valuable lessons of caring for me in my last days with real compassion and respect. Through their loving care, they affirm what I also know—that my life is, always has been, and always will be, worth living.

Maggie Karner was diagnosed with terminal illness at the age of 50, but did not give up hope. She embraced a “new normal,” cherishing each moment of life given to her. Meet Maggie and hear more about her story in a brief, 3-minute video (shortened URL: www.goo.gl/4HM8Ib / full URL: https://www.youtube.com/watch?v=XJwWDGDB5so).

Clothesline with clothespin and blank picture by rangizzz, courtesy of 123RF Photos. Used with permission. Photos of Maggie and her family: Used with permission. All rights reserved. Copyright © 2015, United States Conference of Catholic Bishops, Washington, D.C.

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I was nervous and uncomfortable as I drove to the hospice facility to visit my Dad. Just a few weeks prior, he had suffered a severe fall that damaged his spinal cord and left him unable to move from his neck down. It took my family and me quite a while to accept that my dad was a person with quadriplegia. It took Dad even longer.

My formerly healthy and active father would no longer be doing much of anything for himself. His health was quickly failing due to his age and the stress the accident imposed on his system, and I realized we were entering a new phase of Dad’s existence: the end of his life. I struggled with how to reconcile this fact with my belief in a God who loved Dad and our family.

Watching anyone suffer, especially a loved one, is one of the hardest human experiences. Physical and emotional pain seep into us and affect us profoundly. For me, watching my father come to terms with his prognosis was agonizing. At first it was awkward trying to converse with a father I only knew as “Dad,” the guy who loaned me the car keys in high school and made sure I could balance my checkbook in college. But eventually, the conversation turned to life’s more significant topics. This was new, but refreshing, and it soon became a time that our family cherished. I learned more about my dad in those last five months than I had ever known. At one point he even remarked how great it was to have the time to just talk together.

As time progressed, his condition deteriorated, bringing dementia, and later, the end stages leading to his death. “Why doesn’t God just take him already?” my siblings and I cried. It was so hard to see him linger.

Looking back, I’m convinced that walking through those moments with Dad made both of us different and better people. God loved us enough to allow those moments—even and especially moments of suffering—in order to teach us lessons which helped us to grow spiritually and emotionally. Dad left a legacy. He taught me how to live and die with faith and with dignity marked by patience and grace. He taught me that dignity can’t be diminished by pain or loss of personal control. Regardless of our circumstances and whether people acknowledge it, nothing and no one can take away our God-given dignity.

Dad taught me that Jesus was walking along with him through “the valley of the shadow of death” (Psalm 23:4). Christ’s journey to the Cross left him alone, in pain, and by all appearances, abandoned by his Father in heaven. Because of this, Dad knew Christ experienced and understood suffering more deeply than any of us can comprehend, and he taught me that our suffering is not meaningless when we unite it with Christ’s own suffering.

I needed to know that message because my own life today is filled with chemo treatments, fatigue, and a gradual loss of physical function. I’ve been diagnosed with aggressive glioblastoma brain cancer. This is a terminal diagnosis, and I’m only 51 with 3 kids and a busy husband. It pains me to watch them struggle to care for me daily. I cry out to God every night with the same questions my father did. But I am certain my God hears my cries, which are sometimes angry, sometimes frustrated, and sometimes exhausted. I know this because Jesus also cried out to his Father in pain and showed me that God can handle our questions, our fears, and our uncertainties.

My dad’s legacy of faith and courage have been a beacon for me, lighting my path as I walk through the valley of the shadow of my own death. I know that in some states, I could legally seek to end my life with a lethal prescription. However, I also know that there is much more to my story and many more people involved in it than just myself. Assisted suicide wouldn’t end suffering; it would increase it for those left behind.

The current debate about legalizing physician-assisted suicide isn’t about me or any other individual; it’s about all of us together—as a society and as a community of faith. We are meant to be interdependent, to serve each other in humility, and to walk together in suffering.

Assisted suicide also involves more than just the patient. It includes doctors, pharmacists, witnesses, and the state, which we trust to protect and safeguard the most vulnerable: people with disabilities, the elderly, people with mental illnesses, and others.