

The Beginning and the End
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Where do we look for the source of life?

Where do we look for the meaning of life?

The answer to both of these questions involves something, no, *someone* greater than ourselves. That someone is the Lord. In [Revelation 22:13](#) we read, “I am the Alpha and the Omega, the first and the last, the beginning and the end.” Our Lord was present at creation. He was not just present. He is the creator of all. Even if you accept the Big Bang Theory as the explanation for the universe as it is today, you are still left with the question, “what caused the big bang?”. The answer is God. There can be no other answer.

As our creator, He is our *beginning* and his heavenly kingdom is where we hope to be at the *end*. To achieve the latter, we must accept Jesus as *the way and the truth and the life*. He is our *beginning* and our *end* on both a cosmic scale and for each individual person.

God is the one who determines when life begins and when it ends. “*There is an appointed time for everything....a time to give birth, and a time to die*” ([Ecclesiastes 3:1-2](#)). Yet many people have taken it upon themselves to determine when life begins and when it should end.

In our recent election (2024), New York State had a proposal on the ballot to enshrine what the proposal’s supporters called *rights* in our state constitution ([see my series of bulletin articles on NYS Prop 1](#)). What they call “rights”, for example abortion, surgery and hormone therapy to attempt to change one’s gender, I see as violating what our Lord and Savior has taught. The day after the election I wrote [“Where Do We Go from Here?”](#) Now, I present this article in an ongoing effort to help people see the errors of abortion and assisted suicide. I hope this article helps people change their hearts to respect life from the moment of conception until natural death.

Those who support abortion often talk in terms of women’s reproductive rights. They say it is a woman’s own decision what to do with her body. It is true that women (and men too) have a right to determine what they do with their bodies, *to a point*.

To what point? Well, for example, if a woman decided to cut off her right arm even though it was perfectly healthy, would you let her? Of course not. We would say that no reasonable woman would want to do this. However, as I wrote in my document on transgenderism

There is a condition known as Body Integrity Dysphoria (BID) where a person has all their limbs but they think they do not. To make their body conform to the missing limb,

they desire to have the limb cut off. We do not allow them to amputate the limb. We say it brings them harm.¹

So, why, if a child in the womb is perfectly healthy, would we allow a woman to remove the child from her womb through an abortion?

Of course, we need to admit that children in the womb are not always healthy. Still, do we not do everything we can to avoid amputation of even a diseased arm? If we make great **efforts** to save a person's arm, should we not do the same for a child in the womb?

Then, we must consider cases where the mother's life is at risk. Does this warrant an abortion? Without a doubt, saving the mother's life is of paramount importance. It is just as important to save the baby's life. We need to find ways to save both lives.

And then there are cases where a pregnancy results from rape. Without a doubt, rape is a terrible thing. I think it can be one of the worst crimes there is. In the case of rape, the pregnancy is ***not*** the result of a woman's ***choice*** to engage in sexual relations. Still, two wrongs (rape and abortion) do not make a right.

People use the cases of rape, saving the mother's life, and medical issues for the child to say that all abortions should be legal because it should be the woman's choice.

The first thing we should realize here that most abortions are not because of rape or health issues for the mother and/or the child. Statistics are difficult to find because it seems the data is not being tracked in most places to document ***why*** a woman has an abortion.

Data from the National Institute of Health for 2021 says that 93% of abortions occurred before 13 weeks.² This would ***generally*** rule out abortion is being considered because of diagnosed birth defects. The testing for such things generally begins about that time.

Of course, abortions before thirteen weeks could be from pregnancies resulting from rape. This is difficult to determine because women are not required in most places to say why they want an abortion.

¹ Fr. Jeffrey S. Tunncliff, [Towards Dignity and Truth: Compassionate Dialogue and Pastoral Response on Transgenderism](https://renewaloffaith.org/wp-content/uploads/2024/06/Transgenderium-Compassionate-Response-Final.pdf), September 22, 2023, <https://renewaloffaith.org/wp-content/uploads/2024/06/Transgenderium-Compassionate-Response-Final.pdf>. 37.

² Katherine Kortsmitt, Antoinette T. Nguyen, Michele G Mandle, Lisa M Hollier, Stephanie Ramer, Jessica Rodenhizer, and Maura K. Whiteman, National Institute of Health/National Library of Medicine, *Abortion Surveillance – United States, 2021*. November 24, 2023. <https://pubmed.ncbi.nlm.nih.gov/37992038/>.

Some data would indicate that only 1% of abortions are for pregnancies resulting from rape (with an even smaller number from incest).³ ***This does not lessen the crime done in rape.*** I only offer these statistics to show that it is a very small portions of abortions that are for rape.

Information available from the Cincinnati Right to Life Organization says 1.14% of abortions are for reasons regarding the mother’s health.⁴ It cites

Alan Guttmacher of Planned Parenthood, who did more to promote and spread abortion on demand throughout the world than any other individual. In 1967 he commented, “Today it is possible for almost any patient to be brought through pregnancy alive, unless she suffers from a fatal disease such as cancer or leukemia, and if so, abortion would be unlikely to prolong, much less save the life.”⁵

I do not mean to say we can ignore issues regarding the mother’s life. I only desire to state here that it is a small number of abortions that are for the mother’s life. We must do everything morally permissible to save the mother’s life and the child’s life. I encourage you to read Abbamonte’s article for the words it offers from the personal experience of doctors in several cases.

Here, I feel it appropriate and necessary to differentiate between an intentional abortion as a ***deliberate*** action to end the child’s life and medical treatment that may, as an unintended side effect, result in a miscarriage. The miscarriage is ***not intended***. There is no moral choice made in a miscarriage.

The state of Florida documents a reason for each abortion. Here are the reasons given for abortions in 2021.⁶

Percentage	Reason
0.01%	The pregnancy resulted from an incestuous relationship
0.15%	The woman was raped

³ Jonathan Abbamonte, “Bad Math, Bad Research: The Truth About Abortion and Rape-related Pregnancy.” The Heritage Foundation, February 26, 2024.

<https://www.heritage.org/life/commentary/bad-math-bad-research-the-truth-about-abortion-and-rape-related-pregnancy> and Alia E. Dastagir, “Rape and incest account for hardly any abortions. So, why are they a focus now?”. USA Today. May 24, 2019.

<https://www.usatoday.com/story/news/nation/2019/05/24/rape-and-incest-account-few-abortions-so-why-all-attention/1211175001/>.

⁴ Human Life International Staff, “What Percentage of Abortions Are Medically Necessary?”. Cincinnati Right to Life. February 15, 2024. <https://cincinnati.richtolife.org/what-percentage-of-abortions-are-medically-necessary/#:~:text=Data%20from%20six%20reporting%20states,mother's%20life%20or%20physical%20health>.

⁵ Ibid.

⁶ Abort73.com, “U.S. Abortion Statistics: Facts and figures relating to the frequency of abortion in the United States.” https://abort73.com/abortion_facts/us_abortion_statistics/.

0.15%	The woman's life was endangered by the pregnancy
0.95%	There was serious fetal abnormality.
1.34%	The woman's physical health was threatened by the pregnancy
1.89%	The woman's psychological health was threatened by the pregnancy
21.3%	The woman aborted for social or economic reasons
74.2%	No reason (elective)

As I have already said, we need to make every effort to *address* medical issues. This includes psychological health as listed in the sixth reason above. Most people are not properly trained and educated to help with medical or psychological issues. There we all need to support the efforts of those who are qualified to help the children *and* the mother with any issues. We also need to make proper efforts to ensure there are enough qualified people available to provide the proper care.

The seventh reason given for abortions (21% of them!) in Florida, “social or economic reasons”, is something many people can help with. We need to do what we can to ensure the family has what it needs by supporting local pregnancy centers who understand that life begins at conception and that assistance for the family is often still needed for long after birth.⁷

Those who support abortion speak of the woman's right to choose⁸ and her right to privacy regarding her medical decision. We do believe in free will in choosing morally permissible acts. We also believe in her right to privacy. *We also believe in the child's right to life.* Those of us who object to abortion do so because it takes a life. Those who support abortion will generally say life does not begin until after the child is born.

There is no question the mother's body is intimately linked to her child's body in her womb. Everything I had said above centers on why abortions are not moral or necessary. These are important questions to consider. However, the most important question to consider in determining the morality of abortion is when does life begin. It is the answer to this question that tells us that the child in a mother's womb is not just part of her body. It is a life of its own.

When Does Life Begin?

At whatever time in a pregnancy one agrees that life begins, at that time the child has rights of its own. This includes the right to life enshrined in the United States Declaration of Independence. Once the child's life begins, to end his/her life would be murder.

⁷ For more on reasons why women choose abortions and what we can do to help them, see slides 10-14 Part II in my series of video presentations, *Treating Life with Dignity and Love*. 2021. <https://renewaloffaith.org/treating-life-with-dignity-and-love-part-ii/>.

⁸ Pro-Abortionists use freedom of choice as fundamental to allowing abortion. However, it seems to me that they do not respect the freedom of choice for health care workers who are against abortions as they want to force them to perform procedures they object to and expect all of us to pay for abortions. For more on my thinking here, see my article, “Pro-Choice or Not.” August 4, 2024. <https://renewaloffaith.org/pro-choice-or-not/>.

The challenge here is that people have different understandings of when life begins. Therefore, now I would like to discuss the common points in a pregnancy where someone holds that life begins or, at least, abortions should be prohibited based on the child's rights.

Conception

Conception is the moment when one egg cell from a female and one sperm cell from a male come together to form a zygote. This is a very profound moment. At that moment, a child is created as a unique individual. By *unique*, I mean that the child has its own genetic makeup that belongs only to that particular child. Never before or after has/will there be a human being with the exact same genetic makeup. When one considers what goes into the human genetic makeup, this is remarkable.

At the moment of conception, every genetic trait of the child is determined and the child has what it needs to develop into a full-grown human being except for the nutrition to grow. In fact, it even knows what it needs to do to grow from a single-cell zygote into a full-grown human being. I find this amazing and profound. For me, it is proof that God exists. To think that life would have ever developed as we know without God is unfathomable to me.

It is like the mustard seed of which Jesus speaks.

The kingdom of heaven is like a mustard seed that a person took and sowed in a field. It is the smallest of all the seeds, yet when full-grown it is the largest of plants. It becomes a large bush, and the 'birds of the sky come and dwell in its branches.'⁹

At conception, the separate egg and sperm cell no longer exist as two separate "things." They are now one, the very nature of their being changes. Because of this, I firmly *know* that life begins at conception. In the past I did not look any further.¹⁰ However, not everyone accepts this. Acknowledging that, I would like to discuss other stages that others see as the beginning of life and/or when abortions should no longer be allowed. These are significant moments but do not include the same change in being that occurs at conception.

From single cell organism to multi-cell organism

Immediately, the child begins to develop as it becomes a multi-cell organism. It will begin to add mass but its genetic makeup will never change. Some see a child at this time as just a clump of cells when it is so much more. He or she has much growing to do but their *life* has begun.

Implantation

The child makes its way into its mother's uterus in around six to twelve days after conception. **Implantation** is a crucial moment in a child's life. If the child does not implant in its mother's uterus, it will pass out of her body and pass from this world within a few days of conception. The child's mother and no other human being will not even know the child existed. That does not mean

⁹ [Matthew 13:31-32](#)

¹⁰ I first wrote this in my words in "Biology Makes Me Pro-Life." January 31, 2020. <https://renewaloffaith.org/biology-makes-me-pro-life/>.

it never existed or that it was never loved. God knows the child and, in his love, takes the child to his/her place in Heaven.

Implantation is necessary for the child to grow but it does not change the child's existence.

The natural lack of implantation is not an abortion because there was no intent. It is only if implantation is prevented by artificial means such as the morning after pill that a choice is made that constitutes an abortion. Abortion is a moral evil by its intent. It intends to end a life even if one does not understand that the child in the womb is alive.

Likewise, the loss of a child (miscarriage) in the womb without any artificial deliberate act to cause it is not a moral choice. There was no intent to end the pregnancy. Thus, it is not an abortion.

This does not mean that a miscarriage is without emotional significance. When the family knows that the woman is pregnant before the miscarriage, there can be a great emotional loss at a miscarriage. The family knows they have a child but will never get to know their child in this world. They will have to wait for Heaven for that. Until that day, God holds that child in his loving arms.

I think this is an opportune time to say that some decisions to have an abortion are made with great emotional distress. The family may very much want to have the child but feel unable to because of some of the reasons presented in the statistics above from Florida. They may feel they cannot afford to care for the child. In the case of a child with medical issues, they may love and want the child but feel incapable of providing for the child. These people do not want to reject the child. They fear not being able to care for the child. These are the people who deserve (and need) our help. I ask you to say a prayer for these families right now. Please follow that prayer with a prayer asking God to reveal to you what you can do to help.

Even when a woman/family chooses to have an abortion for bad reasons without feeling emotional pain, this does not mean that they never will. For anyone grieving an abortion, no matter the reason for the abortion, there is help for your grief. I recommend Project Rachel. You can learn about Project Rachel and where to find local help at <https://hopeafterabortion.com/>. I am beginning to feel the tears in my eyes right now for these families. A tear can be a powerful thing.

As I write this, I am inspired with the thought that we also need to pray for women who choose to have an abortion following a rape. I cannot imagine the pain she feels as the victim of a rape. Her pain may blind her at that moment to the moral and emotional consequences of the abortion. In her pain, she may see the child as a reminder of the pain of the rape. Pray! Pray! Pray!

Cell Differentiation

After becoming a multicell organism, the child will continue to grow by increasing the number of cells it has. Initially the cells are identical but the cells quickly begin to differentiate. By ***differentiate***, we mean the cells begin to develop into the different parts of the body. Some cells will become the skin, others the brain, the heart, bones, etc. Yet, the genetic makeup of the child remains unchanged. The child's development is profound and amazing yet he or she is the exact same child they became at conception.

The Human Identity of the Child Becomes Recognizable Physically

I almost wrote in this subheading that the child *begins to look human*. I fear someone **would** have interpreted **this** to say the child is not yet human, that it only looks human. This interpretation would be wrong. The child does not begin to look or become human. It is already human from the moment of its conception.

Thus, it is better to say that a child at this stage starts to become recognizable as human. A child's humanity is based on much more than external experience. Its humanity is based on what God gives the child in his or her genetic makeup and with their soul.

Physical appearance helps us recognize a person as human. However, if a person is born with **a** body part such as an arm missing, they are no less human than the child born with two arms. If a person loses an arm in an accident or due to an illness, they do not cease to be human. If a person suffers burns over their entire body and is forever disfigured, they do not cease to be human. Humanity is more than skin deep.

As I discuss God's involvement in the development of the child, the thought comes to mind that there are no explicit verses in the Bible that refer to the different stages of development of the child in the womb. This is not because God is not involved. It is because people in the days when the Bible was written did not have the medical knowledge to comprehend what goes on in a pregnancy.

*The **First Heartbeat***

Conception is a very profound moment. Implantation is a profound step towards **viability**. The emergence of the child's heartbeat around six weeks presents a profound **awareness** that the child is indeed alive.

The heartbeat is an essential element of life. For millennia, the heartbeat was a primary way of knowing when a person had died (more on that latter). So, it only makes sense that one would consider the first heartbeat as a *sign* of life.

Yet however profound the first heartbeat is, the child is not fundamentally changed when his or her heart begins to beat. In fact, many new things happen like the baby's first kick as the different parts of the body develop. One could ask when do the lungs become functional? When does the digestive system begin to work? The eyes? These organs develop later because they are not needed in the womb because the mother performs their function. The heart holds a special status as its fundamental necessity for life.

Male or Female

Modern gender ideology has brought much confusion to what it means to be male or female. However, while gender confusion today is real, the gender of a child in the womb becomes visible in an ultrasound around 18-22 weeks. One can look at the child and know if it is a male or a female by looking at its genitals. Gender is much deeper than physical genitalia as gender affects us in

many ways. Yet, the objective nature of one's genitals still remains the indicative of gender that is found in cell behavior.¹¹

Pain Sensitivity

Like any other part of the human body, the pain receptors in a child develop over time. If one monitors a child to test their reaction to actions intended to cause pain, one will find a date somewhere about 24 weeks in the pregnancy when a particular child being tested shows reactions indicating pain sensitivity. However, I doubt that every child will show their first reaction to pain on the same date of the pregnancy. (It also troubles me to think of subjecting a child to repeated pain just to see if they react.)

It seems to me that in attempting to use pain sensitivity as a determination for when life begins, what we are looking for is *sentience*. We are looking for self-awareness. How can we really measure self-awareness of a child in the womb? We can certainly test for pain (I will leave the moral discussion of such tests to another time) but there is at least one fundamental flaw in this.

While very rare, there are some humans, only a few hundred in the world, who never show any reaction to pain. This is not a good thing. In fact, it is dangerous. One might fail to know they have been seriously wounded. The condition is called Channelpathy or Congenital Insensitivity to Pain and Anhydrosis (CIPA). If we use pain sensitivity as a criteria for when life begins, would these people be considered to never be alive? Such a determination seems unfounded. So, while it is important for a child to develop the ability to feel and react to pain, it does not seem to me to be an appropriate criteria for life.

Viability

Viability is another criteria that is difficult to determine an exact moment for objectively. A typical definition of **viability** would point to a time in the child's development when he or she can survive outside their mother's womb. At the current stage of medical science, this is generally accepted as around 24 weeks, but this has been decreasing. The decrease is due to positive development in medical science and equipment. A child born a hundred years ago at 24 weeks would have had no chance of survival. Now that same child can survive but it would immediately be placed on life-sustaining equipment. That equipment is wonderful but how does it shape the determination of viability?

If one is evaluating how soon a child can be "removed" from its mother's womb by inducing labor or a Caesarean section to save the mother's life, there is no guarantee the child will survive at 24 weeks but they have a chance. Every week the birth can be held off improves the child's chances of survival. Each case must be weighed individually based on the health of the mother and the child. As it is with the development of each individual part of the child's body, viability is an ever-changing thing.

Of course, the ideal outcome of every pregnancy should be natural birth at full-term. At birth, a child emerges from its mother's womb. When the umbilical cord is cut, the child can safely

¹¹ Please see my paper, [*Towards Dignity and Truth: Compassionate Dialogue and Pastoral Response on Transgenderism*](#), for more on gender as more a part of one's whole body

breathe, pump its blood, and digest milk for its nutritional needs. The child is no longer dependent on its mother for its existence. Almost all people agree the child is alive at this point.

However, the child is not fully independent yet. A child at birth cannot walk or communicate. The child cannot feed itself or move itself. A child at birth is clearly alive but yet totally dependent on others to provide for what he or she needs.

Unfortunately, there are a small number of people who argue that a parent should be able to *terminate* the life of a young child even after birth if a medical problem is later diagnosed. How far will they push this? One year old, two-year-old...It seems absurd to me to even be considering this.

When a child is conceived, it is a single cell weighing practically nothing and of almost no measurable size. When born, the average child at full-term is typically 18-20 inches and weighs around 7 lbs. It has grown exponentially but it still has the exact same genetic makeup it had at birth.

It can now pump its own blood, breathe on its own, digest food (limited to milk at birth) on its own, and see and hear for itself. The development that has occurred is nothing short of amazing. Yet, he or she is the same child as they were at conception. Everything looks different yet nothing has changed.

The growth and development is profound, yet the child is the same child it was when it was conceived.

At different stages from conception until birth, children are considered to be in different stages of development. There are different names for the different stages, zygote, embryo, fetus...etc. I cannot remember the names and what stages they represent. What I do know is that it is always a child. Even the Alabama State Supreme Court realizes that “embryos are children.”¹²

Returning to the question of what viability is, it leads me to think about how we determine when life ends. Traditionally, it has been when a person’s heart stops beating and there is no life. Now, not only are people willing to terminate the life of a child in the womb because they see problems and they do not consider the child to be alive, they are also willing to end the life of a person when life is no longer seen as *worth living*. They call it aid-in-dying to mask what they do as compassion to free the person from pain.

However, it is not necessary to end the person’s life to ease their pain. Palliative care has developed as a specialty in medicine to manage one’s pain well.

It is my hope and my prayer that what I have written has led you to understand and accept that a child’s life begins at conception. From that moment on, they have the same rights as the mother. A truly humane response to issues during pregnancy or future medical issues diagnosed in the

¹² See my blog article, “There is Hope in Alabama.” February 27, 2024. <https://renewaloffaith.org/there-is-hope-in-alabama/>.

womb carefully weighs the considerations and seeks a solution that is best for both the mother and the child. A truly humane response never involves the intentional death of the mother or the child.

Jesus said, “*I came so that they might have life and have it more abundantly*” ([John 10:10b](#)). The theme, “I came so that they might have life” for Respect Life month in October 2024 came from these words of Jesus. When one thinks of “abundant life,” one may think of what it means to have *quality of life*.

For example, when a child is diagnosed in the womb with Down’s Syndrome, there is an unfortunate rush by many to say the child should be aborted because the child will not have a good life. They decide that the life of a child with Down Syndrome is not worth living.

What criteria do they base this on? They may say that the child will never be able to hold a job or to live on their own. This may be true, but it does not mean that their life is not worth living. I suggest we should consider one’s ability to love others and to be loved as fundamental to a good life. I have only known a handful of people with Down’s Syndrome but from the ones I have known what is certain to me is that they are capable of love. In fact, it may be the thing they are best at. Remember, “*God is love.*”¹³ *Let them live.*

God loves people with Down’s Syndrome. (Did you know that there is an order of religious sisters for women with Down’s Syndrome?¹⁴)

Of course, Down’s Syndrome is just one example of an illness that can be diagnosed during pregnancy. There are others. No matter what the diagnosis is, God loves each and every child. Do you?

The question for us in these pregnancies is not should the child’s life be ended. The proper question is how do we help them have the best quality of life for however long God has lent them to us.

When Does Life End?

Before the development of modern medicine, the common means of knowing when death came centered on the heartbeat and respirations. If a heartbeat was not detectable, the person was considered deceased. Now brain death is a common criteria but even that raises debates. It seems to me that modern medical science has only *increased* the debate over when a person has died.

I think it is important to note here that just as a person’s life begins, and hence their rights, before a heartbeat is detected, the person’s right to be treated with respect does not end in death. We must treat their body after death with the same dignity we do when they are alive (for more on this, please see my articles, [“Respecting the Dead”](#) and [“More on Respecting the Dead”](#)).

¹³ [1 John 4:8](#)

¹⁴ Edie Heipel, “Only religious community in the world for sisters with Down Syndrome seeks American sisters.” Catholic News Agency. November 12, 2022. <https://www.catholicnewsagency.com/news/252798/only-religious-community-in-the-world-for-sisters-with-down-syndrome-seeks-american-sisters>.

While medical science debates how to know when a person dies, there is a greater moral debate concerning whether it is appropriate to hasten death. It starts with whether or not it is appropriate to allow a patient to end their life before natural death when there is no hope for a cure. Those who favor allowing this say it is compassion. For those who value the dignity of every life, it is seen as a rejection of the person's life.

As Pope Francis writes

Ultimately, "persons are no longer seen as a paramount value to be cared for and respected, especially when they are poor and disabled, 'not yet useful' - like the unborn, or 'no longer needed' - like the elderly."¹⁵

Every life is a gift. Life is precious. We should always favor life. Here, it is worth noting that for assisted suicide to be legal, it needs to be declared legal. Why? Because on a fundamental level, the law understands that we always presume life.

People argue to eliminate suffering by hastening death. In using the term *natural death*, I mean that the person's body as a whole ceases with *no external influence* to function. This is not the same as one or two organs besides the heart, lungs, and brain ceasing to function. Natural death may be the result of old age, illness, or catastrophic injury but not deliberately caused.

When I speak of *hastening death*, I mean the deliberate and willful use of medicine to end the life of the person before natural death. Presently, it is generally the use of medicine that stops crucial organs from functioning in a way that does not exhibit physical pain. After all, the purpose is to avoid pain and suffering.

Death is not necessary to manage the pain of a terminally ill patient. As I already said above, palliative care has become a field of its own. And when a family is not able to provide the care needed for a dying person, we are blessed with the rise of comfort care homes where a person is given the opportunity to die in peace without feeling rejected by people who wish to hasten their death.

One might wonder which pain is actually the greater pain, the physical pain that comes with their illness or the emotional pain of feeling rejected by those who might wish to hasten their death. Perhaps the greatest unmet need of one at the end of life is "accompaniment." They do not want to die alone. Here I think of what Fr. Ronald Rolheiser says contrasting Jesus' physical suffering during his Passion to the pain Jesus felt when his disciples fled. Jesus was left "alone, misunderstood, lonely, isolated, without support."¹⁶ May we never abandon our loved ones like Jesus was abandoned.

It is worth mentioning here that in the Christian understanding of life, that one's existence does not end at earthly death. In [Isaiah 25:7-8a](#), we read, "On this mountain he will destroy the veil that veils all peoples, The web that is woven over all nations. He will destroy death forever." Our

¹⁵ *Fratelli Tutti*, 18

¹⁶ Fr. Ronald Rolheiser, OMI, *The Passion and the Cross*. Cincinnati: Franciscan Media. 2015. The quote is from page 4. The theme is discussed extensively over several pages.

knowledge of life in Heaven after earthly death changes the way we look at death and life. It changes the way we look at pain and suffering.

The interest in hastening death is shaped by the disposable society in which we live where we rush to throw out what is broken and replace it with something new. It grieves my heart to see how we look at human life as disposable.

This is true at the beginning of life when a child in the womb receives an unwelcome medical diagnosis and it is true at the end of life when a person can no longer do the things they did throughout their life, let alone care for themselves. Pope Francis writes

Every human being has the right to live with dignity and to develop integrally; this fundamental right cannot be denied by any country. **People have this right even if they are unproductive, or were born with or developed limitations.** This does not detract from their great dignity as human persons, **a dignity based not on circumstances but on the intrinsic worth of their being.** Unless this basic principle is upheld, there will be no future either for fraternity or for the survival of humanity.¹⁷

I said above the arguments for assisted suicide start with the terminally ill. Unfortunately, it goes from those within weeks of dying to include many more. Now, some wish to end their lives as soon as they receive a terminal diagnosis even if they have some months left that would be “good months.” They want to avoid **any** suffering.

There are now people who wish to end issues of PTSD by assisted suicide. PTSD can be debilitating but help is available. In Canada, people have even proposed making poverty grounds for assisted suicide.¹⁸ Poverty is not a terminal condition. Poverty can be ended. I said earlier that women/families consider abortions due to “social and economic reasons.” We see the same is true for assisted suicide at any stage of life. We need to do our part to alleviate the “social and economic suffering” that exists in society and at every stage of life from the moment of conception until natural death.

Returning to the distinction between natural death and hastening death, we need to be clear that ending medical treatment using ***extraordinary*** means is not the same as hastening death. The *Catechism of the Catholic Church* addresses ending extraordinary means in paragraph 2278.

Discontinuing medical procedures that are burdensome, **dangerous, extraordinary,** or **disproportionate** to the expected outcome can be legitimate; it is the refusal of **“over-zealous”** treatment. **Here one does not will to cause death; one's inability to impede it is merely accepted.** The decisions should be made by the patient if he is competent and able or, if not, by those legally entitled to act for the patient, whose reasonable will and legitimate interests must always be respected.

¹⁷ *Fratelli Tutti*, 107, my emphasis.

¹⁸ Kevin J. Jones, “Hungry, poor, and disabled Canadians seeking assisted suicide.” Catholic News Agency. December 13, 2022. <https://www.catholicnewsagency.com/news/253067/hungry-poor-and-disabled-canadians-seeking-assisted-suicide>.

It is not a fear of being dead that we face in assisted suicide. It is a fear of the process of dying, the pain that might come with death that one who seeks assisted suicide seeks to avoid.

I already mentioned that to allow assisted suicide, laws must be passed to allow it. In fact, there has been a basic assumption of society that if a person tries to commit suicide because of things like the loss of a job, we must act to stop them. Now, we have those who argue to allow assisted suicide for poverty-stricken people. Where did we go wrong? When did human life become disposable? I cannot help but wonder that if abortion had never become acceptable to many, would assisted suicide become an option. With assisted suicide you see a human person who clearly has been alive. With an abortion, people do not “see” the child. So, they can more readily dismiss it as alive, numbing people to what it really means to have life.

We are called to cherish life with God as its sovereign master.

Everyone is responsible for his life before God who has given it to him. ***It is God who remains the sovereign Master of life.*** We are obliged to accept life gratefully and preserve it for his honor and the salvation of our souls. ***We are stewards, not owners,*** of the life God has entrusted to us. It is not ours to dispose of.¹⁹

and continues

Suicide contradicts the natural inclination of the human being to preserve and perpetuate his life. It is gravely ***contrary to the just love of self.*** It ***likewise offends love of neighbor*** because it unjustly breaks the ties of solidarity with family, nation, and other human societies to which we continue to have obligations. Suicide is contrary to love for the living God.²⁰

When we lose a loved one to suicide, we must remember that God is always merciful. God knows their emotional and psychological struggles as well as their physical struggles.

Lastly, there is a fundamental challenge present of knowing what a person would choose when they are unable to make their medical decisions for themselves. One only needs to read the story of a doctor who ended a patient’s life when it was documented that it was not the patient’s wish to understand this is a problem.²¹

If you would like to read more about how our Catholic faith understands assisted suicide, please check out:

- Part III of my video series, *Treating Life with Dignity and Respect*. 2021. <https://renewaloffaith.org/treating-life-with-dignity-and-love-part-iii/>.

¹⁹ *Catechism of the Catholic Church*, 2280, my emphasis.

²⁰ *Catechism of the Catholic Church*, 2281, my emphasis.

²¹ “Dutch doctor who euthanized woman without final consent defends decision.” Catholic News Agency. June 16, 2020. <https://www.catholicnewsagency.com/news/dutch-doctor-who-euthanized-woman-without-final-consent-defends-decision-30057>

- For information on legislation that has been proposed in the past in New York State to legalize assisted suicide, check out these two homilies by me
 - Fr. Jeffrey S. Tunnichliff, “Homily for 5th Sunday in Ordinary Time, Year A” covering Public Policy weekend on issue of Assisted Suicide. February 8, 2020. <https://renewaloffaith.org/5th-sunday-in-ordinary-time-year-a-homily/>
 - Fr. Jeffrey S. Tunnichliff, “Assisted Suicide & the 5th Sunday in Ordinary Time, Year A – Homily.” February 4, 2017. <https://renewaloffaith.org/assisted-suicide-the-5th-sunday-in-ordinary-time-year-a-homily/>.

In addition to what I presented above concerning when life begins and the hastening of the end of life, we must remember

Human life is sacred because from its beginning it involves the creative action of God and it remains for ever in a special relationship with the Creator, who is its sole end. **God alone is the Lord of life from its beginning until its end**: no one can under any circumstance claim for himself the right directly to destroy an innocent human being.²²

For as we read in Psalm 139:13-14, “*You formed my inmost being; you knit me **in my mother’s womb**. I praise you, because I am wonderfully made; wonderful are your works! My very self you know.*”

²² *Catechism of the Catholic Church*, 2258, my emphasis.

Bibliography

Abbamonte, Jonathan “Bad Math, Bad Research: The Truth About Abortion and Rape-related Pregnancy.” The Heritage Foundation, February 26, 2024.

<https://www.heritage.org/life/commentary/bad-math-bad-research-the-truth-about-abortion-and-rape-related-pregnancy>.

Abort73.com, “U.S. Abortion Statistics: Facts and figures relating to the frequency of abortion in the United States.” https://abort73.com/abortion_facts/us_abortion_statistics/.

Catechism of the Catholic Church. Second Edition. Libreria Editrice Vaticana, 1997.

Dastagir, Alia E. “Rape and incest account for hardly any abortions. So, why are they a focus now?”. USA Today. May 24, 2019.

<https://www.usatoday.com/story/news/nation/2019/05/24/rape-and-incest-account-few-abortions-so-why-all-attention/1211175001/>.

“Dutch doctor who euthanized woman without final consent defends decision.” Catholic News Agency. June 16, 2020. <https://www.catholicnewsagency.com/news/dutch-doctor-who-euthanized-woman-without-final-consent-defends-decision-30057>

Heipel, Edie “Only religious community in the world for sisters with Down Syndrome seeks American sisters.” Catholic News Agency. November 12, 2022.

<https://www.catholicnewsagency.com/news/252798/only-religious-community-in-the-world-for-sisters-with-down-syndrome-seeks-american-sisters>.

Human Life International Staff, “What Percentage of Abortions Are Medically Necessary?”.

Cincinnati Right to Life. February 15, 2024. <https://cincinnati.rightrighttolife.org/what-percentage-of-abortions-are-medically-necessary/#:~:text=Data%20from%20six%20reporting%20states,mother's%20life%20or%20physical%20health>.

Jones, Kevin J. “Hungry, poor, and disabled Canadians seeking assisted suicide.” Catholic News Agency. December 13, 2022. <https://www.catholicnewsagency.com/news/253067/hungry-poor-and-disabled-canadians-seeking-assisted-suicide>.

Katherine Kortsmit, Antoinette T. Nguyen, Michele G Mandle, Lisa M Hollier, Stephanie Ramer, Jessica Rodenhizer, and Maura K. Whiteman, National Institute of Health/National Library of Medicine, *Abortion Surveillance – United States, 2021*. November 24, 2023.

<https://pubmed.ncbi.nlm.nih.gov/37992038/>.

Pope Francis, *Fratelli Tutti*. October 3, 2020.

https://www.vatican.va/content/francesco/en/encyclicals/documents/papa-francesco_20201003_enciclica-fratelli-tutti.html

Rolheiser, Fr. Ronald, OMI, *The Passion and the Cross*. Cincinnati: Franciscan Media. 2015.

St. Joseph Edition of The New American Bible Revised Edition. New Jersey, Catholic Book Publishing Corp. 2010.

Tunnicliff, Fr. Jeffrey S., “Biology Makes Me Pro-Life.” January 31, 2020. <https://renewaloffaith.org/biology-makes-me-pro-life/>.

Tunnicliff, Fr. Jeffrey S., “There is Hope in Alabama.” February 27, 2024. <https://renewaloffaith.org/there-is-hope-in-alabama/>.

Tunnicliff, Fr. Jeffrey S., “*Towards Dignity and Truth: Compassionate Dialogue and Pastoral Response on Transgenderism*,” September 22, 2023. <https://renewaloffaith.org/wp-content/uploads/2024/06/Transgenderium-Compassionate-Response-Final.pdf>.