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Hardships and Fears of an Aging Population

Susan Yoshihara

When I think about old age I am reminded of long childhood drives in a light blue Mercury wagon with our family of six, going to see great grandmother in the city. At the end of our visit, my mother would say, "Go hug great grandma, kids, this might be the last time you see her." She said the same thing year after year after year. Great grandma lived a long time. And she used to say, "God has forgotten me. God has forgotten me."

My child's mind couldn't understand why she felt gypped by a long life. But looking back, who could blame her?

Her role in life was to be the matriarch. There is family lore of her rising each morning at four to start dinner, impeccably-dressed and hard at work before the rest of the house awakened. Now in her nineties, mostly everyone she knew had gone home to God. And while many loved ones surrounded her, what was her purpose?

It raises the question: Am I, are we, any *better* prepared for living a long old age?

TV commercials tell you how to stay younger, look younger, and feel younger. Have you ever seen an ad telling you how to get old, look old, and feel old?

It's all about avoiding age. It's about eliminating suffering. Lately, it's also morphing into eliminating the sufferer. In just a few years we have seen regular folks accepting laws allowing physician-assisted suicide. Soon, it will be on our doorstep here in our state. While it affects many groups, it threatens particular harm to the dignity of our elderly.

The Graying Globe

I've been thinking a lot about the effects of old age lately, having just finished editing a new book on global aging. What we found in the research was unsettling.

The UN calls this massive shift toward global aging "unprecedented," "pervasive," "profound," and "irreversible." There are already more elderly people in the developed world than children. The developing world will follow in the next few decades.

For some reason the UN statisticians decided to markedly increase the assumed fertility in this year's report, asserting that every nation on earth will achieve replacement fertility or 2.1 children per woman by 2100. This led them to declare that there would be 10 billion of us by then, which population zealots have hailed as evidence that we are having too many babies. What you won't hear in the news is that even with this dramatic assumption about higher fertility, the new report

shows that the world will age even faster than what was projected just two years ago when their report used a much lower fertility figure.

The median age in the U.S. is now 37 years old, it's around 40 in Britain and France, 44 in Germany and Russia, and in Japan, the oldest country, half the population is already 45 or older. China is only a few years behind the U.S. at 34 and a half, and its share of elderly is greater than that of the U.S.

By the time my two-year-old daughter is 40, twenty percent of Americans will be over 65, up from 12 percent a few years ago. The over-80 crowd will have doubled in the same time. Globally, one in five people will be 60 or older. And while the U.S. will remain the youngest developed country due to our relatively high fertility rate, we'll have the largest number of old people. If things remain the same, we'll also spend the most per capita on health care. By my daughter's 60th birthday, life expectancy for an American woman will be between 92 and 101 years—on average.

My great grandmother died at the age of 97 in 1978. She was considered exceptional. In the future, her prolonged old age will be the rule.

In other words, our generation and our children's will live longer as old people than any other generation in history, and there will be more of us than ever before.

While the prevailing culture is aimed at youth, it is high time to talk about how we will get old.

Hardships and Fears

When Mother Teresa came to the United States in the 1970s she decided to found an entirely new branch of her order. Her inspirational visit included a visit to one of our nursing homes. She encountered a man who just kept looking at the door. What are you looking for, she asked. I am waiting for my son, he said. The attendants said the man's son had not visited in a very long time.

The longing for love and the fear of loneliness is real, even when our physical needs are well taken care of.

There is talk in the halls at the UN these days of a new human-rights treaty for the aged; the official talks started last December. The AARP among others say there must be a way to help elders preserve their independence and autonomy in a society geared toward the young. (Ironically this is the same theme the UN used for its just-concluded Year on Youth. "Personal independence and autonomy" have become the watchwords of rights for every age it seems.)

The problem is that our modern rights-culture pits these in competition, a fact Pope Benedict XVI warned against in his 2009 address to the UN General Assembly. My aging parents' dependency is an infringement upon my right to privacy. The more we value self-sufficiency, the more we fear losing it. And the more resentment we feel at the imposition of others.

Recent polls bear this out. What we fear most about aging, the numbers say, is losing independence and losing our minds, becoming sick and becoming a burden. One British poll showed that people fear these more than death itself—by a wide margin.

Those who promote assisted suicide know this. And they exploit our fears deftly. The director of legal affairs for the pro-euthanasia group Compassion & Choices gave a talk in Idaho a few years ago in which she couched the need for assisted suicide in terms of “a right to pain relief.” But then she went on to cite data finding that 91 percent of those surveyed said the reason they wanted a lethal overdose was “a loss of autonomy.” Next was “the patients’ inability to engage in life fully.” Well down the list was a need for pain relief. In other words, while euthanasia is often promoted as a compassionate end to suffering, more often it is an extraordinary response to very ordinary feelings about the hardships of old age.

Euthanasia on the March

With funding from big donors and likeable faces out front, the assisted-suicide campaign is on the march. They now have softer sounding names. “Compassion and Choices” is the new name for the “Hemlock Society.” The term “assisted suicide” is out and “aid in dying” and “death with dignity” are in.

Oregon has allowed physician-assisted suicide since 1994, Washington since 2008; Montana’s supreme court has said it is sometimes acceptable, and Vermont is perilously close to allowing it as well. Massachusetts will probably put it on the ballot this fall and from what pro-life advocates there say, it will probably pass. In the meantime, we in Rhode Island will be inundated by the media blitz spilling over from the Massachusetts campaign. Euthanasia advocates hope this will prep the battlefield in favor of the fight here.

Proponents will assure us that the laws have safeguards to make sure that no one dies involuntarily. But just look at the existing laws and you will see that the much-touted safety valve is an illusion. As the U.S. Conference of Catholic Bishops noted in their 2011 letter on the subject, these laws have “generally taken great care to *avoid* real scrutiny of the process for doctor-prescribed death—or any inquiry into *whose* choice is served.”

Proponents will also tell us the recourse to physician-assisted suicide will be strictly limited to patients with only a few months to live. We know from what happened in Europe that this is probably not so. As Wesley Smith points out, Switzerland now boasts suicide tourism, including clinics where couples can die together: one to avoid suffering the illness, the other to avoid suffering the grief. In the U.K. family members administer lethal doses to the old or infirm. Imagine the mental and emotional pressure put upon the aging to spare their family the burden of caring for them.

In Belgium, there is already serious talk of combining euthanasia and organ harvesting for the public good. Look at the conversation in Vermont today where physician-assisted suicide is offered as a way to help pay for health-care reform.

Proponents will say that the law will help relieve suffering, but there is no hard evidence of this. The year after the Netherlands legalized euthanasia, more than 1600 people were killed. No one knows the degree of “consent” in these deaths nor the pressures the deceased were under to end their lives quickly. In Oregon, patients

who have been denied authorization for costly care have been offered a lethal dose instead. Again, no one knows the circumstances or even the total number of deaths in Oregon because officials have not kept records. We should remember that the next time someone holds that law up as a model for our state.

Refuting the Claims of the Pro-euthanasia Campaign

Looking at what has happened, it's clear that the campaign to legalize or depenalize euthanasia preys upon the most vulnerable groups in our society: the elderly and infirm, the disabled, and even children. A civilized society seeks to protect these vulnerable groups, not exploit their fears.

As the U.S. Catholic bishops put it in their letter, "By rescinding legal protection for the lives of one group of people, the government implicitly communicates the message . . . that they may be better off dead. Thus the bias [against] . . . someone with an illness or disability is embodied in official policy."

By promoting suicide, society also promotes the notion of meaningless or unbearable suffering. It is a vicious circle. Aid-in-dying advocates say that no one should undergo meaningless suffering. Of course there is no such thing for a Christian. But even a non-religious person knows that human beings will suffer to live. Look at the great triumphs of human achievement, what a child bears in just being born, or the lengths people went to in saving what is precious to them in last year's hurricane and tsunami.

Nor does suicide ever solve the problem of human suffering. As one doctor put it, you can't save a sinking ship by blowing it up.

In the debates ahead of us, some may say that modern technology and prolonged lives create the demand for euthanasia. But in reality, most cases involve doctors giving a lethal dose at home. Cutting a life short by suicide is often a rejection of medical advancements that relieve suffering and heal the patient.

Let us remember, too, the central role of physicians here. An aging society relies on a compassionate and professional medical community. Yet we have already seen studies demonstrating substantial adverse emotional and psychological effects on the physicians who have participated in the process.

The bishops' letter warns us that: "Health care providers' ability and willingness to provide . . . pain management can be undermined by authorizing assisted suicide." And that studies show "untreated pain among terminally ill patients may increase," and development of hospice care can decrease.

These laws threaten to undermine our system of palliative care at a time when our aging society will need it the most. The effects would be profound and far reaching.

A Good Death

So, what is the alternative?

According to Ian Dowbiggin's *Concise History of Euthanasia*, the word is Greek and it means simply "good death."

What is a good death? To find the answer I consulted the experts. Not renowned philosophers or celebrated authors, but practitioners who have accompanied hundreds of thousands of people to their deaths for more than 170 years. These experts are the Little Sisters of the Poor and some 17,000 of them have cared for the elderly in 30 countries and six continents.

In 1991 their superior general wrote to the European Commission which had just passed a principle of euthanasia for Europe. The sisters said: "The goal pursued is to help life to be lived until death, in serenity and 'human dignity,' and the serenity of old age . . . increases by having the security of being treated and taken care of until death."

The letter went on:

Old age is a stage of life. It is not an illness . . . disabilities are accepted all the more readily when those who surround the elderly do not dramatize them . . . but take care of the elderly with . . . esteem and affection.

Death is an event that should be lived by each one . . . [We make the elderly happy] by thoughtful attentions which are so important to them, to visit them, to increase contacts with their families . . . to stay with them at all times, both day and night. . . . [this] promotes a trusting atmosphere which pacifies, [and] facilitates the response to questions . . .

Real peace reigns so often in the room of the dying person where the family comes even more willingly since the Little Sister is there if need be. The other residents go there to pay a little visit, to say "good-bye" (not without emotion). But we can say that in these circumstances, Death takes on its true dignity. It is the confident placing of one's life into the hands of the one from whom it was received. It is an achievement.

Think of that. Think of facing our death in the same way we face so many of the challenges that we now call achievements. Those we anticipate in our youth, savor in our middle age, and recall throughout our lives.

More than any rank, title, or honor bestowed, more than any athletic or physical feat, facing death takes preparation of mind and spirit. And like any endeavor, it is made so much more better by the attentive love of family.

What Is My Purpose?

My great grandmother thought God had forgotten her. Like her, the question the elderly ask is, "What is my purpose?"

In her day people either died "in the harness" or shortly after getting out of it. "The company wins again," my grandfather would say when one of his colleagues from the phone company died a year or two after drawing retirement benefits.

Today we have the opposite problem. Fewer companies and government bodies can afford to keep their pension promises. This only adds to the fears of living decades in retirement. Longer work may prolong our sense of purpose in the marketplace. But then what?

We are good at giving retirees ways to have fun: casinos and bus tours, family

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gatherings and church events. But recreation gives no more meaning to our later years than it did to our youth. No matter our physical and mental capacity, we feel the need to be of service.

Last fall my family gathered at the hospital as my father went in for major heart surgery. If any of you has had it you know that there's no other kind.

During the long, anxious hours a few volunteers sought my mother out, sat down beside her, and cheerfully answered her many questions. Each volunteer had been through the surgery, some a few times. They were grateful to be alive and it showed. My dad said the volunteer who made the deepest impression on him, a man named Phil, would be surprised to know that what helped him most wasn't his considerable knowledge, but his example. Phil had found his purpose and at the age of 87 was carrying it with joyful conviction.

We also need vibrant examples of caring for the sick and aged. Nowadays when a single person leaves a career to care for an aging parent people say, "What are you doing? That's why we have nursing homes. You are only young once." (The Catholic tradition takes a different view, defining this kind of single life a vocation on par with marriage and the religious life.)

Studies show that societies where adult children take in their parents can be stronger economically. A book on Social Security reform from the CATO Institute found that an increase in worker productivity, the *sine qua non* of economic recovery, is found where future workers grow up in multi-generational households and learn such qualities as loyalty and perseverance.

Just as the young draw long-term benefit from living with their elders, the old crave the companionship of the young. Our movement needs young people, who, after all, have the most to lose if aid-in-dying legislation passes.

And the young have responded generously to the call to fight abortion, much to the chagrin of abortion advocates. We would do well to enkindle in young people the same degree of passion for defending the dignity of the old as they have shown fighting for the rights of the unborn.

We can start by appreciating what many parents of teenagers know: Young people are keen observers of hypocrisy. In the upcoming debates many of them will see that we can't plausibly champion the rights of vulnerable groups while at the same time passing laws to eliminate them.

If we are to defend our society from the ravages of a suicide culture, we must start in our own families, in our own lives.

Preparing for this talk has caused me to ask myself these questions. Am I too proud to be an imposition on others? Do I have enough gratitude for what my parents have done for me? Am I prepared to take them in when it is my turn to give without counting the cost?

Many of us are not sure how we could possibly rise to such a challenge. Several years ago, I found myself unprepared when I reported to the home for the dying destitute in Calcutta. Nothing equipped me for the radical intimacy of accompanying someone to her death. And yet, after a few days of watching far better men and women

do it, I found it was as simple as bending my knees and sitting down next to them. Before I knew it, a dying woman reached out to comfort me. Some of you have trod this path with loved ones and know it can be a beautiful if difficult journey. When the time comes we will have the grace to do what is asked of us. We need not be afraid.

Spiritual Challenge

Left out of secular discussion about aging is the profound reality that you and I live another life besides the physical one. It is the interior life. It has its own ages and stages that are not hinged to chronological age. We can live this hidden life robustly in spite of, indeed because of, the hardships and challenges that come with sickness and old age. We are all invited to this inner adventure and we are all free to squander it through neglect. God never coerces us.

The payoff of this interior life is not necessarily the relief of physical or mental adversity. But the saints tell us it is something better, including an abiding peace and joy.

This way of life presents an extraordinary opportunity for a generation that seems destined to spend many years living beyond its youthful vigor. And this presents a major challenge to the Church. For who will show this generation the way?

Conclusion

It is indeed a great time to be pro-life. Living and working to defeat threats to life at its most vulnerable stages can make us “human beings fully alive”—the very glory of God according to St. Irenaeus.

As we debate, lobby, go to the polls, or work in public office we know that just achieving victory in law and policy will not be enough. The profound, pervasive, and irreversible effects of an aging society require not just doing something for the world but being something for the world.

It will be our example, our own transformation, that will help others choose healing love over selfish resignation.

I wonder, though, when historians and theologians look back on this era of aging, what will they say about our generation? Were we allowed this unprecedented period of old age in order to be the next “greatest generation”? Not to fight on the ground but to engage the epic spiritual battles of our time? And when they look back will they say that we missed the opportunity or rose to the challenge?

My great grandmother spent her last year of life in the home of her granddaughter. Even though my aunt and uncle had five children in or around their teens, they didn't complain about giving up their family room for her. I think they still take special pride in their sacrifice.

At her funeral Mass, the priest looked down from the pulpit and reminded the 52 of her family members present that we were all here on earth because of her.

If I could talk to my great grandmother today, I think she would tell me that she knew in the end that God had not forgotten her.

Nor will he forget any one of us.