



**Atlantic
Episcopal
Assembly**

November 27, 2016
1st Sunday of Advent

A Pastoral Reflection on Medical Aid in Dying

Dear Sisters and Brothers in Christ,

In our Catholic tradition we often refer to the Church as our Mother. We perceive her as a mother who lovingly accompanies us throughout life, and who especially wishes to support and guide us when we are faced with difficult situations and decisions. It is from this perspective that we, the Bishops of the Atlantic Episcopal Assembly, wish to share with you this pastoral reflection on medical aid in dying.

Federal legislation passed in June of this year has legalized medical assistance in dying in our country. This new legislation allows physicians and nurse practitioners to provide two types of medical assistance in dying: directly administering a substance that causes death (voluntary euthanasia), or giving or prescribing a drug that is self-administered to cause death (medically-assisted suicide). This new legislation raises many questions and concerns for the sick and suffering and for their family and friends. Likewise it raises questions and concerns for medical professionals, health care providers and the pastors of souls. It challenges us as a Church and as individual Catholics to grow in our understanding of the Church's moral teaching on this issue, and it calls us to discern how best to accompany those who find themselves struggling with illness, pain and difficult medical circumstances.

Medical assistance in dying is a highly complex and intensely emotional issue which profoundly affects all of us. It makes us aware that some people have become convinced that, at a certain point, there is no longer any "value" in their lives, because their suffering has become unbearable or they cannot function as they once did or they feel a burden to their family and society. People with such a conviction or in such circumstances deserve our compassionate response and respect, for it is our belief that a person's value arises from the inherent dignity we have as human beings and not from how well we function.

In our efforts as Christians to understand and respond pastorally to this issue, the example of Jesus' own ministry is an important starting point. He ministered to those who were disillusioned as he walked with the disciples on the road to Emmaus (Luke 24:13-35). He listened attentively to the stories of these disciples, and his profound attention allowed them to share the things that troubled them deeply. He eventually led them, through a reflection on the scriptures, to a new awareness and encounter of his presence as they recognized him in the breaking of the bread. The example of Jesus shows us that pastoral care takes place in the midst of difficult situations, and that it involves listening closely to those who are suffering and accompanying them on the journey of their life situation.

Pope Francis also calls us to practice this “art of accompaniment”, removing our “sandals” before the sacred ground of the other (cf. Ex 3:5). The Holy Father writes that this accompaniment must be steady and reassuring, reflecting our closeness and our compassionate gaze which heals, liberates and encourages growth in the Christian life (*Evangelii Gaudium* – The Joy of the Gospel, no. 169). He says that to accompany requires prudence, understanding, patience and docility to the Spirit. He focuses on the need to practice the art of listening which requires the opening of one’s heart to a closeness which can lead to genuine spiritual encounter (*Evangelii Gaudium* – The Joy of the Gospel, no. 171). Pope Francis reminds us that the one who accompanies others must realize that each person’s situation before God and his/her life of grace are mysteries which no one can fully know from without. Consequently, we must not make judgements about people’s responsibility and culpability (*Evangelii Gaudium* – The Joy of the Gospel, no. 172).

Especially within the context of the Church’s teaching on suicide, this pastoral approach of accompaniment is extremely important in our contact with, and ministry to, those who are suffering intensely and who are considering asking for medical assistance in dying. The Catechism of the Catholic Church (CCC) teaches us that God is the sovereign Master of life. We are stewards, not owners, of the life God has entrusted to us. It is not ours to dispose of (CCC, no. 2280). The Catechism teaches that suicide contradicts the natural inclination of the human being to preserve and perpetuate one’s life (CCC, no. 2281). However, the Catechism also notes that “grave psychological disturbances, anguish, or grave fear of hardship, suffering, or torture can diminish the responsibility of the one committing suicide” (CCC, no. 2282). Such circumstances can sometimes lead persons to so grave a feeling of desperation and hopelessness that they can no longer see the value in continuing to live, this desperation and hopelessness diminishing their responsibility for their actions. Only attentive pastoral accompaniment can bring us to an understanding of the circumstances that could lead a person to consider medical assistance in dying.

As bishops of our local churches, we must have a primary concern for the pastoral well-being of all those entrusted to our care. This pastoral concern is symbolized by the image of the Good Shepherd and reminds all involved in pastoral care to make visible to the flock, the very ministry of Jesus Christ. This ministry is summarized in four key words: healing, guiding, nurturing and reconciling. These four words capture the heart and actions of the Lord as he encountered people in his public ministry. These words reveal the Lord’s attitude, his mission of mercy and his ministry of reconciliation. We believe that all priests, deacons and lay ministers, particularly those who care for the sick and vulnerable every day, at home, in hospices and in hospitals, need to be compassionate expressions and effective sacraments of this mercy of God in all that they do and whomever they encounter. Euthanasia and assisted suicide may be legal, but they do not reflect our Christian view of life, suffering and death. The Gospel is a message of good news and hope in the face of pain and suffering. The Gospel offers a vision of life and death focused through the central mystery of our faith, the Resurrection. When we proclaim that Christ has died, Christ is risen and Christ will come again, we profess that death is not the last word on life and that life for a Christian is not terminated by dying.

In the pastoral care of those who are contemplating medical assistance in dying, we must remember that the purpose of pastoral care is to communicate the compassion of Christ, His healing love and His mercy. Furthermore, we must take into account the suffering person’s emotional, family and faith context when responding to their specific requests for the reception of the Sacrament of Penance and the Sacrament of the Anointing of the Sick, the reception of Holy Communion and the celebration of a Christian Funeral.

The Sacrament of Penance is for the forgiveness of past sins, not the ones that have yet to be committed, and yet the Catechism reminds us that by ways known to God alone, God can provide the opportunity for salutary repentance (CCC, no. 2283). The Sacrament of the Anointing of the Sick is for strengthening and accompanying someone in a vulnerable and suffering state. It presupposes one's desire to follow Christ even in his passion, suffering and death; it is an expression of trust and dependence on God in difficult circumstances (CCC, no. 1520-3). The reception of Holy Communion as one approaches the end of this life can assist a person in growing in their union with Christ. This last Communion, called Viaticum, has a particular significance and importance as the seed of eternal life and the power of resurrection (CCC, no. 1524).

As for the Church's funeral rites, there are a number of possibilities available. However, in discerning the type of celebration most pastorally appropriate to the particular situation, there should always be dialogue with the persons concerned which is caring, sensitive and open. The decree of promulgation of the Order of Funerals states that: "By means of the funeral rites it has been the practice of the Church, as a tender mother, not simply to commend the dead to God but also to raise high the hope of its children and give witness to its own faith in the future resurrection of the baptized with Christ" (Prot. No. 720/69). As people of faith, and ministers of God's grace, we are called to entrust everyone, whatever their decisions may be, to the mercy of God. To one and all we wish to say that the pastoral care of souls cannot be reduced to norms for the reception of the sacraments or the celebration of funeral rites. Persons, and their families, who may be considering euthanasia or assisted suicide and who request the ministry of the Church need to be accompanied with dialogue and compassionate prayerful support. The fruit of such a pastoral encounter will shed light on complex pastoral situations and will indicate the most appropriate action to be taken including whether or not the celebration of sacraments is proper.

In connection with this entire issue of medical aid in dying, we must also emphasize how critically important palliative care is for dying patients, their families and loved ones. Our palliative care professionals and volunteers bring light, hope, and comfort into very difficult life situations, both in homes and in health care facilities. Instead of providing ways to hasten death, those who serve in palliative care bring support and hope to the suffering person and to their family and friends. Likewise, in our efforts as Church to minister to the vulnerable at all stages of life, pastoral ministers and caring pastoral communities must continue to seek out new ways to be evermore present to the dying and to the families of the dying. Furthermore, we must strongly encourage our governments to provide the financial resources needed to strengthen palliative care services in hospitals, long term care and community care facilities, hospices and homes. Finally, as difficult as it may be to do so, it is important that we have conversations in our families about the need for quality end of life care that is reflective of our values and beliefs because it is important that we all understand the implications of the new law on medical assistance in dying, and that we offer truly loving and merciful alternatives.

May the Holy Spirit grant us all wisdom and guidance as we face this difficult moral and pastoral situation.

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