

Ministers of Consolation and Hope Ngā Kaiārahi o te Aroha me te Tūmanako

Principles and Guidelines for those ministering on behalf of the Church to people contemplating medically-assisted dyingⁱ

The Church's conviction about the sacredness and inviolable dignity of each person from conception to natural death shapes every relationship within our families, our communities and the world. That is why the Catholic community across the globe, in so many ways and settings, seeks to defend and protect the marginalised, the vulnerable, the oppressed and the fragile.

With the advent of medically-assisted dying in New Zealand, we find our beliefs about human life at odds in a new way with the law of our country. As the Congregation for the Doctrine of the Faith's *Declaration on Euthanasia* (1980) notes: "No authority can legitimately recommend or permit such an action. For it is a question of the violation of the divine law, an offense against the dignity of the human person, a crime against life, and an attack on humanity."

The November 2021 law change provides us with an opportunity to renew our commitment to the dignity of every person in practical ways: advocating for equitably available effective palliative care; forming outward looking parishes that reach out to the lonely, sick, elderly and disabled and their whānau; supporting in prayer and other ways those who are engaged in caring for people at the end of life, including those contemplating assisted dying.

At the same time, those ministering to the dying and their whānau will find themselves facing new challenges brought on by the introduction of euthanasia to our land. Aware on the one hand of the Church's clear teaching about euthanasia and, on the other of the Church's clear teaching on accompaniment and the Christian duty to bear witness to the compassion and mercy of our loving God who never abandons his people, some priests, chaplains, spiritual companions and other lay ministers may find themselves in a place they would rather not be – a place of personal challenge. This new context requires Catholic ministers to faithfully uphold both teachings.

The following guidelines draw on sacred scripture, the Church's long tradition of caring for the sick and dying, and the Magisterium's insights concerning 'accompaniment', which all remind us that the role of every Christian minister is to be a bearer of the enduring hope and consolation that flows from our central belief in the power of the Lord's resurrection.

Introduction

Since its earliest days, the Church, following the example of Jesus Christ the healer, has engaged in corporal works of mercy, including caring for the sick and the dying.

Among the many accounts of mercy and compassion in Sacred Scripture, one that stands out is a story Jesus himself told of the Good Samaritan. The way Jesus relates the story makes clear what affected him deeply: that the one providing care was the Samaritan who, moved by compassion, reached out to the wounded one, cared for him with his own hands, accompanied him to an inn, provided the resources for his care, assured him of his ongoing concern and promised to return to him.

Like the Good Samaritan, we too are called to offer enduring care to everyone. For Christians, our commitment to the dying flows from our faith. Rather than being just the provision of a service, it is focused on the needs of the other, and is filled with empathy, reflecting the hope that comes from knowing God's grace is at work, day by day, in every person, every place and every circumstance (cf. NZCBC Statement, *Bearers of Consolation and Hope*, 3). Speaking in a different context, Pope Francis emphasises the importance of engaging in pastoral dialogue in order to distinguish elements in people's lives that can lead to a greater openness to the Gospel in its fullness (cf. *Amoris Laetitia*, 293). It is this desire that underpins the Church's commitment to always accompany people in the final stages of their earthly journey.

In recent years, Pope Francis has spoken often of the importance of accompaniment and how it leads others ever closer to God (*Evangelii Gaudium*, 170). Accompaniment involves a commitment that demands we listen attentively and selflessly, respecting the other, whatever their ideas or choices may seem to be (*Christus Vivit*, 292). It provides a nearness that is an invitation to conversion (*Samaritanus Bonus*, V. 11). Accompaniment requires patience and a faith that knows that the great mystery of the Incarnation – God becoming one of us – transforms all time into something sacred; the place of respectful encounters with others and with God where we “realize deep down that the brother or sister we wish to reach and redeem, with the power and the closeness of love, counts more than their positions, distant as they may be from what we hold as true and certain” (Pope Francis addressing the US Bishops, 2015).

When we find ourselves called to accompany those contemplating euthanasia or assisted dying let us then remember that:



1. *Accompaniment is a commitment*

- i. Accompaniment of the dying requires a “‘contemplative gaze’ that beholds in one’s own existence and that of others a unique and unrepeatable wonder, received and welcomed as a gift” (*Samaritanus Bonus*, Part I).
- ii. Accompaniment draws on a readiness to give of ourselves. This is rarely easy, often demands courage, and may result in moral distress for ministers. It requires formation and the development of appropriate skills to walk alongside the person who is dying, their whānau and others. It must occur within a professional framework, wherein the burdens for ministers are understood and ministers have access to spiritual, emotional and psychological support, including appropriate supervision.
- iii. Accompanying someone who is expressing a desire for an assisted death does not imply moral agreement by the accompanier. Nor does it ask us to suspend our own belief in the Church’s expressed teaching on euthanasia. Importantly, accompaniment ensures that no one is abandoned to desolation (cf. *Spe Salvi*, 38).

To apply the principle Pope Francis articulates in *Amoris Laetitia* (243): The Christian community's care of such persons is not to be considered a weakening of its teaching; rather, such care is a particular expression of its charity.

- iv. As *Samaritanus Bonus* (Part II) notes, "the end of life is a time of relationships, a time when loneliness and abandonment must be defeated (cf. *Mt* 27:46 and *Mk* 15:34)". Therefore, every individual who cares for the sick (medical practitioner, nurse, relative, volunteer, pastor, caregiver) has the moral responsibility to embrace the enduring fundamental and inalienable good that is the human person, (cf. *Samaritanus Bonus*, Part I).
- v. The act of accompaniment is an active reminder for believers of God's own commitment to us; a commitment from which no person can flee, for God's spirit is there not just when we ascend to the heavens but also when we lie down in the depths of Sheol where God's right hand holds us fast (cf. *Psalms* 139: 7-10).

2. *Accompaniment and pastoral care of the dying is a ministry of hope and support*

- i. Accompaniment is something we enter into, never alone, but with and for God, the Church, and those who have entrusted their care to us.
- ii. Accompaniment is a commitment to walk with a person and their family on a journey without knowing what the outcome of that hīkoi will be. It requires an open heart full of hope, ready to discern and characterised by humility, discretion and love for the Church and her teaching (cf. *Amoris Laetitia*, 300). It also requires a type of unconditional listening that is able to perceive what is driving the other person, respecting their conscience for we are always dealing with people who are unique and free (cf. *Christus Vivit*, 292 - 297).
- iii. Pastoral care is never a private action. Pastoral carers minister in the name of the Church – whether a parish, Katorika marae, or Catholic ethnic community – which has a responsibility to support and nurture their priests, chaplains or pastoral workers.
- iv. Similarly, individual Catholics working with and caring for those who are dying, including in places where euthanasia or assisted dying is provided, should be supported by their faith communities as they journey alongside those whose time on earth is drawing to a close.

3. *Spiritual accompaniment of those contemplating euthanasia or assisted dying is a partnership of good intent*

- i. When someone contemplating euthanasia or assisted dying requests spiritual accompaniment of a priest, chaplain or pastoral worker, their desire for a compassionate companion is already a sign of good intent.
- ii. In accepting their request in a spirit of mutual trust, we recognise and respect the dying person's faith and their conscience. This entails a commitment to listen profoundly to them as their sacred journey towards death unfolds. From the outset, as with any pastoral encounter, the priest, chaplain, or pastoral worker should be open with the person as to their role and the nature and limits of their accompaniment.
- iii. *Samaritanus Bonus* affirms some important pastoral truths that should always be borne in mind by those who accept the request for accompaniment from those contemplating an assisted death:

The request for death is in many cases itself a symptom of disease, aggravated by isolation and discomfort. These difficulties give rise to an occasion for a spiritual encounter that allows hope to take hold (Samaritanus Bonus V 1).

Experience confirms that the pleas of gravely ill people who sometimes ask for death are not necessarily to be understood as implying a true desire for euthanasia; in fact, it is almost always a case of an anguished plea for help and love (cf. Samaritanus Bonus sections I and V).

- iv. Consequently, “those who assist persons with chronic illnesses or in the terminal stages of life must be able to know how to stay, to keep vigil, with those who suffer the anguish of death, to console them, to be with them in their loneliness, to be an ‘abiding with’ that can instil hope” (Samaritanus Bonus, V 1).

4. Accompaniment of those contemplating euthanasia or assisted dying is a journey through God’s gift of time during which the Church’s “healing resources” (V 10) of care, prayer and the sacraments are made available

- i. It is the Church’s expectation that spiritual accompaniment will be offered to those considering assisted dying who request it from a bearer or servant of consolation and hope (cf. *Samaritanus Bonus*, V 10).
- ii. The Church’s moral teachings distinguish between ‘moral distance’, ‘assent’ and ‘physical proximity’. Faithful accompaniment by a Catholic minister does not mean endorsement of a person’s intention.
- iii. Hope is never extinguished. Even a firm intention of opting for an assisted death does not become an objective reality until the moment it is administered.
- iv. Ministers should bear in mind that, in many cases, people expressing an intention to end their life through euthanasia may be motivated by a range of personal concerns related to their quality of life and/or concerns about the impact of their serious health issues on those nearest and dearest to them. In this way they may have diminished personal responsibility.
- v. Normative pastoral practice reminds us that it is precisely the loving face of the Church as mother, who never abandons her daughters and sons, which “contributes to assuaging the terrible desperate desire to end one’s life” (*Samaritanus Bonus*, V 10).
- vi. It is therefore proper that prayers are offered for and with those facing death and their family or whānau.
- vii. Similarly, it is proper that the Church’s sacraments – encounters with God – are ordinarily provided to the person who requests them. As Pope Francis has reminded us in *Evangelii Gaudium*, we are to be prudent and bold in the administration of the sacraments and we must act not as the arbiters of grace but as its facilitators: “The Eucharist ... is not a prize for the perfect, but a powerful medicine and nourishment for the weak ... [and] the Church is not a tollhouse; it is the house of the Father, where there is a place for everyone, with all their problems” (47).
- viii. The Church’s ministers are advised not to be present at the date and time of the administration of the lethal drugs – this represents a legitimate limit to the Church’s call to faithful accompaniment.

5. Accompaniment includes the whānau

- i. Just as the priest, chaplain or pastoral worker comes from a faith family or whānau whakapono, so too the terminally ill or dying person will usually be accompanied by family members. Whānau and other loved ones may hold varying views about assisted dying. Any division or tension within the family needs to be listened to and attended to with great sensitivity.
- ii. The respect shown to whānau on the journey towards the death of their loved one continues during the period of funeral or tangi preparation and grieving. The arch of hope which embraces God’s time, far from ceasing at the moment of death, reaches its most profound heights and orients believers to the hope of the resurrection.

- iii. Parishes, therefore, should provide an integrated model of pastoral care with priests ready to affirm God's mercy when presiding at the funeral or tangi. Priests and others should ensure that the funeral occurs with deep respect and the involvement of all concerned.

6. Accompaniment continues with the family as they grieve

- i. Parish bereavement groups are a crucial part of the faith community's accompaniment and care of those who mourn the death of a loved one. They are called not just to assist with the preparation of funerals, but to actively offer ongoing care and visitation of whānau in the months that follow.
- ii. In instances where families might experience fractures following a death, bereavement groups can be crucial to the healing of relationships.
- iii. Unveiling liturgies or Hura Kōhatu provide a particular opportunity for whānau support.

7. Accompaniment is always voluntary and respectful of conscience

- i. Any cooperation in the act of facilitating or administering an assisted death must be excluded in all cases.
- ii. No priest, chaplain or pastoral worker should ever feel obliged to minister to a person contemplating euthanasia. If an individual priest, chaplain or pastoral worker decides that there is a limit to their ability to accompany a person seeking assisted dying, such a decision must be fully respected.
- iii. In these circumstances, every effort should be made to ensure that provision is made for the person to be accompanied by another.



Conclusion

The introduction of euthanasia in Aotearoa New Zealand presents a renewed opportunity for the Catholic community, working in collaboration with many others, to put into practice the loving and compassionate consequences of our belief in the inviolable dignity of all human life.

May Mary, Mater Dolorosa (Mother of Sorrows), accompany all those who humbly and generously remain alongside the dying through the last stages of their earthly life. Their enduring commitment points to God's unconditional love for every person and our great hope for eternal life.

ENDNOTES:

ⁱ The term 'assisted dying' is used in the End of Life Choice Act (2019). It is a generic term that can describe either acts of assisted suicide or acts of euthanasia carried out with the active support of one or more health professionals. Assisted suicide occurs when a person self-administers a lethal substance that has been provided by a licensed health professional. Euthanasia is the intentional causing of death by a licensed health practitioner through an act that ends another person's life.