

Ethics Made Real

Debunking the myths about Catholic Hospitals in response to Medical Assistance in Dying (MAID)

Let's be real. Alleging that Catholic hospitals disrespect the values of patients and residents in our care is simply not true.

Yet recent sensational media coverage regarding the transfer of a patient from St. Paul's Hospital in Vancouver for Medical Assistance in Dying (MAID) purports that not only do Catholic hospitals deny patient values and choices over certain moral issues, but they also impose their values on people.

I am not privy to the facts of the case reported in media and it is therefore inappropriate to speculate what transpired around the transfer. Privacy legislation, which Catholic and public hospitals all abide, limit what can be disclosed in a public forum. This is important when weighing media coverage of any incident, knowing that there may be other sides to the story.

Nowhere is this truer than the range of opinion reflected in the controversial issues of euthanasia and assisted suicide. Covenant Health and Covenant Care have been transparent regarding their conscientious objection to this new legal reality, but also their reciprocal commitment to non-abandonment in supporting patients and residents in our facilities who verbalize a desire for same. As our Value Statement affirms, we serve *people of all faith, traditions and circumstances*. This includes individuals exploring the legal right to medical assistance in dying as a potential option for them.

The reality is this is nothing new. I'm sure there are many clinicians who quickly will be able to bring to mind that individual who once asked them to intentionally hasten their deaths. Recalling in vivid detail the heart-felt conversation at the person's bedside, and the utmost reverence and humility this encounter evoked. The response to such lamentation always requires respect and compassion; not judgment and abandonment. We

have never walked away from a person crying out in need, and the fact is that the Catholic tradition on conscientious objection specifically stipulates that its due exercise, whether by a provider or organization, must not put the person in care at risk of harm or abandonment (see *Health Ethics Guide* Articles 26 and 165).

That is why we have stated in our Covenant policy, as we have always done in practice, that we would fully participate in all exploratory discussions with patients and residents, in order to seek to understand their needs and potential desire for MAID. It is also why we have facilitated timely access to the Navigators within Alberta Health Services' Care Coordination System. The Navigators have been visibly present in our buildings while also showing upmost respect of Covenant Health's position, demonstrating that balancing reciprocal rights of both patients and organizations is indeed, very possible. Together, we have all put the person in care first.

These early contemplative and exploratory discussions are necessary to ensure informed consent. The law requires that a person clearly consent to MAID, which implies knowing the full range of options, including palliative and hospice care. A person also must have decision-making capacity, and therefore we have facilitated capacity assessments in our buildings. To suggest that Catholic health care does not follow the law or is obstructive is pure myth.

Of course, there have been a number of people at both AHS and Covenant sites who have indicated their free and informed choice to proceed with MAID once they have met all the legal eligibility and consent requirements. The Care Coordination System will assume responsibility of the person and arrange safe and timely transfer to where MAID will be provided. The expectation is that a person

leaving a Covenant facility, whether transferred for formal assessment or actual provision of MAID, would be provided all the necessary analgesic and emotional support and respect as we would expect with any other safe and timely transfer. Our experience to date has assured us this is the case.

Some early lessons learned with MAID are noteworthy. As a health care system, there is still so much work to do around Goals of Care designations and care pathways so we can better anticipate and address a person's pain and symptom management and other psychosocial and spiritual needs long in advance. Palliative and hospice care are not equitably accessible in every community in Alberta, and throughout Canada. People verbalizing a desire for MAID when they are days or hours from death, possibly not realizing that palliative care could have made a difference, underscores this gap.

To this end, Covenant Health is taking a proactive role in co-sponsoring the *Palliative Care Matters* consensus conference in Ottawa this November, bringing together leading experts to identify and advocate for the robust system change needed to ensure timely access. This is in keeping with our Vision to lead and partner with others to transform the health care system. We all agree that more can be done regarding end-of-life care, and our Catholic tradition equally compels us to step up, much as the Grey Nuns, one of our founding congregation of Sisters, stepped up to establish palliative care in this province in the 1990s. Inspired by the Sisters' legacy of service, palliative care is what we are called to do in collaboration with others.

The new legal reality of MAID requires measured, thoughtful debate. Given the well documented range of public opinion regarding assisted suicide and voluntary euthanasia, it is reasonable to assume that there are many tax-paying Albertans who choose to work for Covenant, or prefer to make their home in or receive care from our facilities precisely because we are Catholic. A diverse society recognizes the place of all, including the corresponding need for dialogue in balancing competing values when conscientiously held differences inevitably appear. Our consistent commitment to ensuring a respectful and just workplace that upholds conscience rights of staff, as

well as a respectful and compassionate care environment in recognizing the values and rights of people we serve, is truly the hallmark of Catholic health care. For example, I have been involved in many early induction of labour ethics consults where mutual concerns were honoured, without abandoning the vulnerable person in our care, nor abandoning our organizational integrity.

Despite this longstanding track record, there are still some who mistakenly claim that Catholic health care disrespects the rights of patients and residents, especially those who may hold a different religious, cultural, or personal view on such things as MAID. Our early experience with MAID demonstrates this is unequivocally not true. I have been involved every time the AHS Care Coordination System has been deployed to our sites and we have found a way to navigate requests that strikes this ethical balance.

I end with an image that suggests what is possible. Consider for a moment the iconic pictures of Mother Teresa of Calcutta, recently canonized a saint. Her response to the people in the slums in which she served was not contingent upon religious beliefs. The child in her hands or the dying person she knelt besides on the street were assuredly not all Catholic. In fact, very few were. They were human beings in need. And yet, we all knew Mother Teresa and her community of Sisters as unapologetically Catholic, with an unwavering commitment to the poorest of the poor.

I can only imagine what may go through a person's heart and mind and soul when they are wishing to end their lives. Such anguish can never be fully known. Regardless of conscientiously held views, we cannot fail to respond to this person in great need. Saint Mother Teresa provides an example of what quality this response should take in reaching out to listen, to be present, and to love, perhaps helping a person find a reason to go on. I believe Covenant has a place in these heart-wrenching conversations about MAID, in exercising an equally conscientious commitment to serve.

Yes, there is a place for such prophetic figures and organizations in our pluralistic world; perhaps even

more so as we navigate new, unprecedented waters in the wake of MAID.

Gordon Self
Vice President, Mission, Ethics and Spirituality
Covenant Health



Gordon Self
VP, Mission, Ethics and Spirituality

Dr. Self provides executive leadership for clinical and organizational ethics, mission integration, diversity and spiritual care for Covenant Health.

Ethics Made Real has been featured in the Western Catholic Reporter, and now finds its permanent home on the Covenant Health Ethics Centre.

Resources

Health Ethics Guide
Third Edition (2012)
Catholic Health Alliance of Canada
www.chac.ca