

**Catholic Health
Alliance of Canada**



**Alliance catholique
canadienne de la santé**

The CHAC Ethics Network has developed this compendium document as a further articulation and support of the positions laid out in the Health Ethics Guide.

The Health Ethics Guide is, by definition, a guide for health organizations with Catholic identity. Organizations have asked for additional support to interpret and apply the Health Ethics Guide in today's world.

While it reflects a consensus of opinion of relevant principles and moral approaches to issues addressed in the Guide, this document is meant to be adapted to each sponsored organization's unique context and circumstances. For more information, please contact Dr. Hazel Markwell, Theology, Policy, and Ethics Advisor at: hazel.markwell@chac.ca

Preamble:

This discernment document is an invitation to engage in dialogue on issues related to the Health Ethics Guide. This is in keeping with our commitment to hospitality and to ensuring that everyone who comes in contact with a health organization with Catholic identity feels welcomed and safe. It is crucial to ensure that we create and sustain a culture in keeping with our tradition of hospitality. This commitment to hospitality which is deeply embedded in the healing Ministry of Jesus has roots in both Hebrew and Christian scripture. Lessons from Scripture speak not only of the importance of hospitality but also the ensuing obligations to welcome the stranger whoever they are.

Title of document: Responding to the Reality of MAiD: Three Points of Focus for Catholic Health (*version date: September 2023*)

1. Purpose:

The aim of this document is to engage in and invite reflection on ways in which Catholic-sponsored health organizations' moral opposition to medical assistance in dying (MAiD) can be channeled into constructive action. The Catholic moral objections to MAiD and the non-participation of Catholic health facilities in MAiD-related practices are reasonably well known. However, Catholic health organizations should be attentive to the need to clearly define the positive roles they can play in relation to moral problems generated by the reality of MAiD in Canada. This document aims to act as a prompt and platform for reflection in this domain. It briefly explores three areas of opportunity for Catholic health organizations to pursue constructive action, rooted in their opposition to MAiD, and aimed at specific moral issues associated with MAiD in Canada.

2. Three Points of Focus for Catholic Health

2.1. Addressing Adverse Social Conditions

One important area of focus for Catholic healthcare in relation to MAiD has to do with the social circumstances under which some individuals choose to pursue MAiD. Many factors may influence a person's decision to end their life, both consciously and unconsciously. Some people, perhaps most, choose MAiD for reasons that are directly linked to their experience of the medical condition that makes them eligible. However, for some people, MAiD will come to be seen as a desirable option not primarily due to illness-related suffering, but as a result of adverse social circumstances which compound the suffering. Poverty, marginalization, stigmatization, exclusion – the misery and suffering associated with these and other forms of social injustice have the potential to move some people to seek relief through MAiD. Many have been reported in the media.

The federal legal framework governing MAiD requires that the service only be provided on the basis of voluntary requests that are free from external pressure. However, the law makes no substantive provisions to address situations in which the voluntariness of a person's request is undermined by the pressure of adverse social circumstances of the kind described above. In other words, when the suffering that induces a person to seek MAiD derives primarily from the character of their social circumstances, rather than from the medical condition that renders them eligible for MAiD, there is no built-in brake on the process for access to MAiD. The law includes no guarantee – indeed, it contains no measures at all – to ensure that adverse social circumstances affecting a person's ability to live well are addressed before the person accesses MAiD. In a society like ours, one in which many people continue to be burdened by deep and enduring social and economic injustices, this should be a point of grave moral concern about the current MAiD regime, for Catholics and non-Catholics alike.

Catholic health organizations have an important and constructive role to play in addressing this concern. In particular, consistent with Catholic social teaching, Catholic healthcare needs to be a strong voice in advocacy for the rectification of social injustices that may ultimately drive some people to seek MAiD. Further, at the local level, Catholic organizations must be actively involved in developing new and creative interventions to support persons who are ill and whose social conditions have the potential to compound their suffering. Catholic healthcare can and should play an integral role in ensuring that no one in Canada ever comes to see MAiD as their only option for escaping intolerable social conditions.

2.2. The Relationship Between MAiD and Healthcare

A second important contribution Catholic health can make, rooted in its opposition to MAiD and its commitment to accompany patients in their end of life journey, has to do with the relationship between MAiD and the broader enterprise of healthcare. One of the great mistakes in the design of the MAiD legislation in Canada is that responsibility for making MAiD accessible to Canadians was imposed writ-large upon the established healthcare system. Physicians and

nurse practitioners are the only healthcare professionals legally permitted to provide MAiD, and public hospitals and other types of healthcare facilities are widely expected to play an active role in facilitating and coordinating their clients' access to MAiD-related services.

Because of this practical entanglement of the established health system with the rules and expectations associated with MAiD, there is a great risk that MAiD will come to be seen – both in the broader society and within the healthcare-related professions – as an ordinary part of healthcare, just another treatment option to be offered alongside and evaluated in the same terms as any other. This conception of MAiD is reflected, for example, in the growing tendency among healthcare providers to assume that there is an obligation to proactively introduce MAiD as an option for any patient who might in principle be eligible. It is also reflected in the continued conflation of MAiD with palliative care.

This uncritical integration of MAiD into the collective understanding of the healthcare enterprise overlooks an important fact: the practice of MAiD represents an extraordinary departure from the traditional practice of the caring professions to use clinical judgment when addressing suffering. With it comes the risk that MAiD will be seen as a front-line response to all manner of suffering and health-related challenges and the associated risk that more and more people will choose their own deaths, even when the health system may have available effective treatments and supports.

Catholic healthcare has a positive role to play in clearly defining and guarding the conceptual boundaries between healthcare, conceived as a network of interrelated practices and interventions aimed at providing care and relief for the person, and MAiD, conceived as an extraordinary and historically unique intervention that addresses suffering only by ending the life of its subject. The character and significance of this distinction need to be clearly articulated and demonstrated within public discourses concerning MAiD and the health system, and Catholic-sponsored health organizations ought to play an active role in those efforts.

2.3. Unconditional Care

Beyond the specific opportunities noted above, it is crucial that Catholic-sponsored health organizations remain committed – and take active steps to make known their commitment – to ensure that their care and services are accessible to all those in need, and will never be made conditional upon a person not seeking MAiD. MAiD is not available within Catholic health facilities. But whether a person has questions about MAiD, is strongly considering MAiD or, indeed, actively pursuing MAiD, Catholic health facilities will provide appropriate care, recommend relevant supports, and take referrals within the scope of their clinical programs. The patient is not to be abandoned. As the foregoing discussion brings out, one of the greatest risks of MAiD in Canada is that it will induce people to choose their own deaths when they feel as though they have nowhere to turn for the relief of suffering and illness. Against this backdrop, the central way in which Catholic health can give life to its principled opposition to MAiD is to take active steps to make it known that Catholic works are there to support all those in need.

3. Conclusion

The foregoing considerations are not intended to constitute an exhaustive nor systematic account of the ways in which individual Catholic-sponsored health organizations – let alone Catholic health as a nation-wide enterprise – should respond to MAiD in Canada. The overarching thought here is that Catholic health organizations in Canada now exist in a context in which it is unrealistic to expect that MAiD will ever again be prohibited or excluded as a legal option. With this in mind, if Catholic health is to maintain moral integrity on this issue, it is insufficient merely to express condemnation of MAiD and refuse to participate in its provision. Beyond condemnation and non-participation, Catholic health organizations must identify and pursue opportunities for constructive action in relation to moral problems that emerge from the operationalization of MAiD in Canada. Catholic health organizations are not in a position to turn back the clock on MAiD. However, they can and should continue to work diligently and creatively for the realization of social, economic, and health-system conditions under which people are supported and cared for in such a way that MAiD rarely – if ever – appears to anyone as a desirable option.