

## Ethics Made Real

### Caring for our common home also means caring for people pleading to leave it, too

What unimaginable anguish and sense of desperation could possibly drive a person to end their life? How ought we to respond to patients and residents in Catholic health care facilities who state, “I’ve had enough. Please kill me.” What can we say or do in the face of such lamentation without abandoning the person in our care, nor at the same time, abandoning professional and institutional integrity?

These are profoundly challenging moral questions that we must be prepared to answer in anticipation of pending legal access to assisted suicide in our country. These are not mere philosophical debates that we can toss around without consideration of the actual clinical realities in which they will likely arise. No ethics book or set of principles will ever adequately prepare clinicians for the first time the person in their care asks for assistance to end their life. Some response is required.

We are thus beginning to prepare clinicians to think through how they will address these questions. This involves imagining what we *will* do, versus simply what we won’t. For example, during a recent Spiritual Care retreat, our chaplains engaged in a series of role plays where they contemplated such scenarios, and what pastoral and ethical response it demanded of them. There were no stock answers or scripts forthcoming. All of the participants found themselves reflecting on the issue of assisted death which left them feeling grossly inadequate, humbled, at loss for words.

These are not entirely unfamiliar pleas. From time to time, people in our facilities have been known to verbalize similar requests to end their lives. In my own clinical experience I have also been humbled, sitting with a person in a moment of great vulnerability, who talked about their desire to end it all. In the face of a life ending or life altering prognosis, it is understandable that patients will voice questions of ultimate meaning, wondering if there is any purpose in continuing on. For some, the loss of control is the greatest affront. It may not be so much death that a person fears, but the dying process itself.

The Supreme Court ruling this past winter that declared invalid the Criminal Code prohibition on assisted suicide has paved the way for legal access to these services, once the legislative and regulatory frameworks are in place. While there will always be a need for presence, to give our attention to truly hear a person’s cry of desperation, the eventual availability of assisted death will now certainly add a new dimension to these conversations. This new reality requires us to ask ourselves, what are we prepared to do differently?

As a Catholic organization, bound by the faith, morals, and ethical framework it ascribes, assisting in someone’s death will certainly be prohibited. We will “carve out” assisted suicide, as we have historically done with abortion. But like abortion, this does not leave our staff and providers off the hook for being present and offering some reasonable response when a person requests a legally available service. People will continue to verbalize requests for assistance to end their life. Nothing will change in terms of this occurring, no matter how defined we are about our ethical boundaries. But I also argue, that nothing should change in terms of us being present to people in need, and being prepared to hear the cry of the poor, as the psalmist writes. We cannot simply respond by saying “we won’t do that,” and then walk away. That is abandonment (see the *Health Ethics Guide*, article 26). Nor can we tell our staff and physicians to compromise their conscientiously held views and yield to the request. That is also abandonment. Clearly some other reasonable and balanced response is required.

Pope Francis’ long anticipated encyclical, *Laudato Si* (Be Praised) offers a reflection on the environment, and how we are called to take care of our common home, the earth. Of course, this means paying attention to our environmental footprint, and ensuring the abundance of the earth’s resources are shared equitably so all may flourish and prosper for generations to come. But we are also morally obliged to attend to our neighbor with whom we share this common good. Especially those who are most vulnerable and on the margins of society.

And who are the vulnerable and marginalized today? Is not the person who feels there is no place to turn in the face of grievous and irremediable suffering, believing there is no hope, and then tempted to take their life? Is not the person who requests someone to end their life also standing on the margins, the very periphery whom Pope Francis says we must go out and embrace?

The physicians and clinical staff I work with model this compassionate stance every day, reaching out to others in suffering, often sacrificing their own needs to attend to the needs of the most vulnerable. They remind us that we have a fiduciary and moral responsibility to care for those who share our common home. Why? Because, by virtue of being a fellow human being, we share a common dignity that must be respected. Thus, I am confident that when assisted death is legally available, our physicians and staff will continue to do what they do everyday – they will respond. They won't simply make declarative statements about their conscience rights or draw lines in the sand about what they won't do. Rather, they will continue to witness the unconditional regard of presence. They will listen to the patient who cries out in lament, desperately seeking someone to end their life. They will explore with the patient and try to understand the reasons motivating their request. They will provide factually relevant information so patients can truly make an informed choice. They will clarify potential misunderstanding and assess to see if the patient or resident is being coerced or feeling a burden to others. They will address the person's pain and symptom management, as well as psychosocial and spiritual needs, and make appropriate referrals. They will explore with the person and their family the goals of care. They won't shy away from such difficult conversations. They will rush towards the patient and resident; not rush away.

If, then, all reasonable attempts are made to explore the request to help the person in our care make a free and informed choice, we still won't turn our backs on them. We will exercise our moral imaginations and find some creative way to ensure they are safe and can continue to discern their needs elsewhere since we cannot provide such service at Covenant Health. Our physicians and staff will search their consciences to ensure we are doing all that we can for the vulnerable people in our care, without ever abandoning them, nor clinician's rights and religious freedoms in the process.

In my own clinical experience, it is this commitment in being present to others no matter how messy, as Pope Francis describes, that is the hallmark of Catholic health care and our rich ethical tradition. Despite all the uncertainties and risks of succumbing to fear in the face of assisted death in Canada, I have only to look to what Catholic health care has always done, and will always do, in witnessing Christ's presence to those in need.

We only have to look to those whom we have provided care in the past, who faced such profound moments of despair, with equally complex needs and challenging ethical dilemmas. There have been countless examples where we did not abandon conscience rights or religious freedoms, nor the person in need. This gives me great confidence that we will be the very "field hospital" Pope Francis likens to the church, reaching out to those on the periphery with whom we share a common home.

Indeed, we have to keep remembering what we **do**, and what we can and must continue to do, and do very well.

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](http://www.chac.ca)