

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

*Principles and Guidelines for those working with
and ministering to people contemplating assisted dying*

The Church's conviction about the sacredness and inviolable dignity of each person 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 assisted dying in New Zealand, we find our beliefs about human life at odds in a new way with the law of our country.

The 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 hand, equally aware 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 tension or struggle.

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 our sacred scriptures, one that stands out is a story Jesus himself told: that 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, rather than being just the provision of a service, our commitment to the dying flows from our faith, 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).

In recent years, Pope Francis has spoken often of the importance of accompaniment. Accompaniment endures. It is a commitment that demands we listen attentively and selflessly, respecting the other whatever their ideas or choices may seem to be (*Christus Vivit*, 292). 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.

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 is rarely easy, often demands courage, and draws on a readiness to give of ourselves. It 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, On the care of persons in the critical and terminal phases of life, Part I*).
- ii. Accompaniment requires formation and the development of appropriate skills in order to walk alongside the person who is dying, their whānau and others. It must occur within a professional framework, including access to appropriate supervision.
- iii. Accompanying someone who is expressing a desire for assisted dying 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. Rather, accompaniment ensures that no one is abandoned to desolation (cf. *Spe Salvi*, 38). It calls pastoral carers to enter into a liminal space where the Church's beliefs about euthanasia sit alongside its teaching about accompaniment and consolation.

- 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 and with and for those who have entrusted their care to us.
- ii. Accompaniment is a commitment to walk with a person and their family on a journey, rather than a commitment to any particular outcome of that hīkoi.
- iii. Pastoral care is never a private action. Pastoral carers minister in the name of a parish, Katorika marae or 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 from 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 person’s faith and their conscience. This entails a commitment to listen profoundly to them as their sacred journey towards death unfolds.
- iii. *Samaritanus Bonus* affirms some important pastoral truths that should always be borne in mind by priests, chaplains and pastoral workers who accept the request for accompaniment from those contemplating assisted dying:

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. Our ethical tradition makes clear distinctions between ‘moral distance’, ‘assent’ and ‘physical proximity’. Accompaniment does not necessarily mean endorsement.
- 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 will have diminished personal responsibility (cf. *Samaritanus Bonus*, V 11).
- 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 ends 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 provided to the person who requests them. In accordance with pastoral practice in other areas, the sacraments should only ever be declined in those very rare cases when someone seeks them in bad faith. All ministers are entitled to presume that a person asking for the sacraments does so in good faith.

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 by presiding at the funeral or tangi of those whose motivation for choosing assisted dying may well have come through an act which might be seen as one of anguish.

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. No priest, chaplain, pastoral worker, healthcare professional or caregiver should ever feel obliged to do or say something that goes against their own conscience. Any cooperation in the act of facilitating or administering an assisted death must be excluded in all cases.
- ii. If an individual priest, chaplain, pastoral worker, healthcare professional or caregiver decides that there is a limit to their ability to accompany a person seeking assisted dying, such a decision should be fully respected. At the same time, they should ensure that provision is made for the person to be accompanied by another.
- iii. Regarding the eventual funeral, priests and others should ensure that it occurs with deep respect and the involvement of all concerned.
- iv. Medical practitioners who take a conscientious stand against cooperating in or facilitating assisted death deserve the respect and understanding of their colleagues, and prayerful support of their families and faith communities.



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.