Prophetic Response to Medically Assisted Death

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Throughout salvation history prophets have been called forth to confront particular situations contrary to the reign of a loving and merciful God.[1] Today, the legalization of medically assisted death cries out for prophetic response. Religious, who are called to a 'prophetic lifeform', are often deeply embedded in the healing ministry of Jesus in care for the sick, suffering and dying.[2] By the nature of this work, they are called to respond to the challenge of a *good death*.

Christians envisioned the good death of Saint Joseph, a "righteous man" who lived in fidelity to God's call. Christians also envision him cared for by his beloved Mary and Jesus in a scene of both sadness and deep trust in the faithfulness of God.

In medieval times, when death came suddenly to most, Christians prepared for *a good death* through the *ars moriendi*.[3] This "art of dying" depended upon two cultural features: shared faith in the life, salvific suffering, death, and resurrection of Jesus as the ultimate sign of God's love for us, and the centrality of families and community in care for the sick and dying.

Development of Palliative Care

These simpler past-times seemed far from our experience of seemingly death-defying, medical advances.[4] Palliative care, provided in hospices, hospitals, homes and communities, were developed to support the dying where death was considered a failure and technology dominated care. [5]

The aspects that both patients and families describe of *a good death* today, include pain and symptom management, respectful communication, opportunities to achieve their personal and spiritual 'bucket list' of farewells, reconciliation, and giving and receiving expressions of love, gratitude and forgiveness.[6]

New Context

Our pluralist and secular culture is very different from the past: one religious world-view is no longer shared; health care is professionalized; individual rights, choice and control are primary values; and there is widespread belief in technology to cure all our ills.

In this context, on a *Charter of Rights and Freedoms* challenge in February 6, 2015, the Supreme Court of Canada struck down Criminal Code prohibitions against medically assisted death for competent adults who have a grievous and irremediable medical

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[1] Bruggemann, Walter, (2001). *The Prophetic Imagination.* Second edition, Fortress Press, Minneapolis.
[2] Schneiders, Sandra M. (2011). *Prophets in Their Own Country: Women Religious Bearing Witness to the Gospel in a Troubled Church*. Orbis Books, Maryknoll, NY.
[3] O'Connor, M.C. (1966). *The Art of Dying Well: The Development of the Ars Moriendi*. New York: AMS Press.
[4] Dugdale, Lydia S. (2015). *Dying in the Twenty-First Century: Toward a New Ethical Framework for the Art of Dying Wel*l. Cambridge, MA & London, UK: MIT Press.
[5] Byock, I. (2013). *The Best Care Possible*. New York, NY: Avery.
[6] Steinhauser, K.E.et.al. (2000). *Factors considered important at the end of life by patients, family, physicians, and other care providers.* JAMA, 284(19), 2476-2482.

condition (including an illness, disease or disability) that causes enduring suffering which is intolerable to them.[7]

The decision was not confined to terminal illness or dying and assured protection of the vulnerable and of conscience. By June 2016, Bill C-14 regulating Medical Aid in Dying (MAID) came into effect in Canada. It has been rapidly normalized as *the* good death and cries out for rediscovering the art of dying in our time.[8]

Prophetic Resistance

The media has filled us with vivid images of persons dying in intractable pain requesting medically assisted death. Yet modern medicine can do much to relieve pain and other serious symptoms.

In fact, persons rarely request medically assisted death for pain but for psychological distress, uncertainty about future care needs, the desire to control death, fear of dependence, feelings of loss of dignity, fear of abandonment, guilt at being a burden to others and loss of meaning.[9] These are issues of deep human suffering. Because there is no prescription to eliminate suffering, a controlled, technically produced death becomes the 'treatment'.[10]

We are called to prophetic resistance to this medicalization of human suffering and to find in Jesus' experience a source of meaning and strength for decisions in illness and dying. There is an urgent need to recognize that medically assisted death is the rejection of the Paschal Mystery, the suffering, death and resurrection of Jesus Christ.[11]

Jesus' suffering is real, life giving and redemptive. We do not seek suffering and have a duty to relieve it where possible but we believe that through our pain and suffering, we can share in the redemptive work of Christ.

Conscience Protection

We must also resist the failure of conscience protection for practitioners who object to medically assisted death. Conscience is not about competing rights but developing moral insight and courage without which protection of those most vulnerable to medically assisted death is compromised.

Competence, rights and choice are valorized today but there is failure to recognize how they are affected adversely by inherent vulnerability, environments of care and perpetuation of vulnerability in public policies and professional practices.[12]

Prophetic Witnessing

Prophetic resistance demands prophetic witness. We must advocate for palliative care. We must accept that an evangelizing community "… embraces human life, touching the

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[7] Carter v. Canada (Attorney General), 2015 Supreme Court of Canada.

[8] Kenny, N., (2017). *Rediscovering the Art of Dying: How Jesus' Experience and Our Stories Reveal a New Vision of Compassionate Care*. Toronto, ON: Novalis.

[9] Emanuel E., et al., (2000). *Attitudes and Desires Related to Euthanasia and Physician Assisted Suicide Among Terminally Ill Patients and Their Caregivers*, JAMA 284: 2460-2468; Ganzini, et al., (2008). *Why Oregon Patients Request Assisted Death: Family Members Views*. Journal of General Internal Medicine, 23:154-157.

[10] Cassell, E., (1991). *The Nature of Suffering and the Goals of Medicine*. NY: Oxford University Press.

[11] Rolheiser, R. (2015). *The Passion and the Cross*. Toronto, ON: Novalis.

[12] Matthews, S., Tobin, B., (2016). *Human vulnerability in medical contexts.* Theoretical Medicine and Bioethics 31:1.

suffering flesh of Christ in others." (Pope Francis, Evangelii Gaudium, 2013, no.24). We must also renew our baptismal call of care and accompaniment in response the suffering in our midst: the acutely and chronically ill, the disabled, elderly, the isolated and lonely, the dying and the bereaved along with their families and caregivers.

Resurrection hope brings us the courage to be prophets of care and justice for our Redeemer lives!