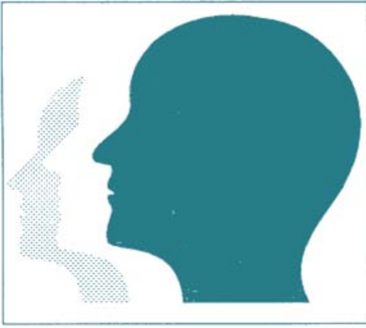

CARE-IN-DYING:

an alternative vision to assisted death

ASSOCIATION CATHOLIQUE
CANADIENNE DE LA SANTÉ

CATHOLIC HEALTH
ASSOCIATION OF CANADA

We all have concerns about dying...

and in the years ahead the needs of the dying - for support, companionship and loving care - will only increase. In light of these needs, the current debate over the legalization and practice of euthanasia and assisted suicide takes on a sense of urgency for all Canadians.

The Catholic Health Association of Canada (CHAC) urges Canadians to reject aid-in-dying as a solution to the challenges posed by suffering and by terminally ill members of society. By committing themselves to care for the dying, Canadians can assist their families, friends and neighbours in dying with dignity.

This pamphlet examines some of the statements most frequently heard when the subjects of euthanasia and assisted suicide are raised. These statements are often based on myths and a lack of accurate information. The goal of this pamphlet is to dispel some of these myths and to provide another perspective — **care-in-dying** — as an alternative vision to assisted death.

Statement #1:

"If I was sick and dying, I would want someone to help me end my life."

Too often, our own fears of suffering can deceive us into thinking that people who are sick and dying want to die. The majority of these people, however, do not want to die.

The fact that a person is dying does not mean they cease to appreciate love, beauty, and peace. When we listen attentively to their needs, we may find that they yearn to see the sunrise, to hear a favourite piece of music, or to have a friend nearby. For patients near death, there is never a point where there is nothing more to be done.

Statement #2:

"Why should I be forced to endure a long period of useless suffering?"

Death is an inevitable and natural part of life. Through the advances of palliative care, the pain and suffering that are often part of the dying process can be relieved and controlled.

The experience of health caregivers reveals that the process of dying holds special opportunities for those who do not turn away from it. Patients come to believe in and count on the love that others have for them. For many people, the process of dying can also be a time of reconciliation and of setting affairs in order. When patients face death with hope and trust and in the company of those who care for them, death takes on meaning and fear diminishes.

Statement #3:

" I want to die with dignity."

Because of advances in medical technology, people sometimes fear that they will be forced to spend their last days separated from loved ones, connected to a vast array of machinery, and having little or no say over what happens to them. Faced with such a sad prospect, euthanasia and assisted suicide begin to be viewed as means to a more dignified death.

In addressing these fears, euthanasia and assisted suicide must be distinguished from forms of end-of-life care in which patients are allowed to die. The following practices are not euthanasia:

- respecting the patient's wish to refuse or stop treatment that is of no benefit;
- administering drugs to relieve pain even when there is a risk of inadvertently hastening the patient's death.

As regards the wish of patients to die at home, the development of palliative care and the expansion of home care programs provide different forms of care for dying patients and ensure support for those wishing to die at home.

Statement #4:

"I don't want to be a burden to my family and friends."

Because persons may require a great deal of care and support in their dying does not justify our rejecting them as burdens. The very essence of healthcare is to provide compassionate care during **all** stages of a person's life.

When the hope of a cure is no longer possible, the comfort of the patient and the relief of pain become the primary focus. This is the goal of palliative care. A team of health professionals, including doctors, social workers, nurses, pastoral workers and volunteers, is there to support the patient and family. All possible efforts are taken to provide physical, emotional and spiritual care.

While our society places a great emphasis on being independent and self-sufficient, the process of dying reminds us that we exist in community and are connected to one another. Rather than offering death as a solution to suffering, we must reconnect patients to caring members in our society. Each of us can be one of those caring members.

Statement #5:

"I have the right to choose — euthanasia and assisted suicide are personal choices and don't affect others."

There is nothing private about euthanasia and assisted suicide. These actions would have a significant impact on health caregivers, the vulnerable, and the community as a whole. By their nature they are life-terminating acts which require another person for assistance - often a healthcare professional. Assisted death is contrary to the codes of ethics held by caregivers. These codes insist on the preservation of life and the mandate to do no harm.

What impact would these practices have for vulnerable members of our society? In a healthcare system facing severe cutbacks, patients in chronic and long-term care may very well come to believe they are not valued by society and would, in the eyes of society, be better off dead.

In a society marked by increased insecurity, would euthanasia and assisted suicide not add to the sense of isolation and hopelessness that is already so prevalent? In light of these challenges, we must recover a sense of community and the value of interdependence.

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The request for assisted death is usually a cry from the heart prompted by fear — fear of being unloved, of being abandoned, of suffering and dying alone.

Care-in-dying provides an alternative vision to assisted death in which everyone has a role to play in responding to these cries. Individual Canadians can look for ways to support the dying and those who care for them. Healthcare professionals and institutions can strive to ensure that all persons near death — from the very young to the very old — receive unconditional care in dying.

Within such a vision, dying persons are recognized as important members of a larger community, a community committed to attending to the fears and needs that burden the dying. If Canadians create more effective practices to promote care-in-dying, not only will Canada be caring well for the dying members of its own community, it will also have a very fine gift to give to the global community — a model of healthcare that values healing and compassion without apology.

WHAT YOU CAN DO!

Write the Prime Minister, your MP, and local media, recommending:

- That the legalization and practice of euthanasia and assisted suicide be rejected.

  That palliative care be supported as a necessary part of healthcare delivery in Canada.
- That special attention be given to care for those in chronic and long-term care homes.
- That the needs of dying patients be stressed in any future reshaping of healthcare policies.

2. Become a volunteer at a local palliative care or long-term care facility.

3. Support those in your parish or community who are caring for dying relatives and friends.

The CHAC has produced other pamphlets on palliative care and euthanasia. (Bulk orders only)

Copies available from:

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