



Rediscovering the *Art of Dying* Challenges for Disciples of Christ

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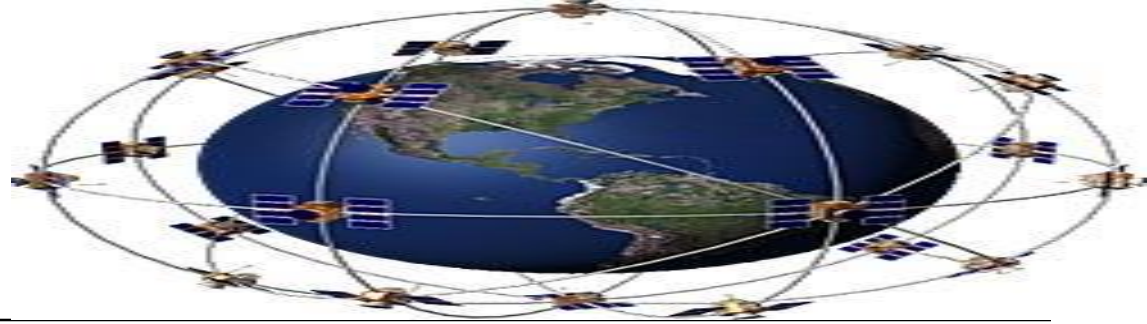
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My Goals



- Navigating the Christian response to medically assisted death
- Responding to Interest/Requests for MAiD
- Protection of the vulnerable
- Witness to care and accompaniment
- Advocacy for just and compassionate care

“True North”



- True North is the direction toward the North Pole
 - Unchanging
- It is distinct from magnetic north
 - Varies over time and from place to place
- Knowing True North is essential for:
 - knowing where we stand
 - accurate navigation to our goal







The Medieval *Ars Moriendi*

- Depended upon two fundamental features of the culture:
 - shared faith in the birth, death, and resurrection of Jesus
 - the importance of families and community in social organization
 - Care for the seriously ill and the dying were normal family and community activities.



Spiritual & Moral Meaning in Health Care

- Uncertainty & control
- Dependence & fidelity
- Fear, suffering and death
- Risk, harm and the *good*



Modern Research on Characteristics of a Good Death

Non-abandonment and continuity of care

- Avoidance of unwanted technological intervention
- Respectful communication
- Completion of life's "last things"



Fundamental Features of Our Culture

- Death-denying and death-defying
- Rejection of a religious world-view
- Corrupt language in public discourse
 - Good death, mercy killing, aid in dying
- Individual rights, choice and control are valued
- Belief in technology and the medicalization of all aspects of life

The Supreme Court of Canada

Decriminalized MAD



for competent adults with a

- “*grievous* medical condition including an illness, disease or disability)
- that is *irremediable* (cannot be relieved by means acceptable to the individual)
- causes *enduring suffering* that is intolerable to the individual in the circumstances of his or her condition.”



Assisted Death & The Medicalization of Suffering

Reasons for Requesting MAD:

- Feelings of loss of dignity
- Dependence and loss of control
- Guilt at being a burden to others
- Isolation and loneliness
- Uncertainty regarding future care needs
- Hopelessness and loss of meaning

Differentiating Pain and Suffering

Chest Pain vs Heartache






Jesus Our True North

- “For we do not have a High Priest who is unable to sympathize with our weakness, but we have one who in every respect has been tested as we are, yet without sin.” (Heb 4:15)





Jesus' Three Falls and Sources of Suffering

- Physical-Crushed down by pain
 - Joe -67 yrs multiple myeloma
- Emotional, psychological-Aging & falling into dependence & despair
 - Gladys 75yrs hip fracture
- Spiritual-falling out of love with God
 - Debbie 32ys and death of 5yr old Sean



Loss of Dignity & Identity

- Ch 3 Feelings of loss of dignity
 - Ellie 37yrs cervical cancer & fistula
- Ch 4 Loss of identity in physical and cognitive loss
 - Jocelyn 38yrs multiple sclerosis
 - Gloria 87yrs dementia and Richard 88yrs, her husband

Rejecting Euthanasia and Assisted Suicide

○ "Euthanasia is a false solution to the drama of suffering, a solution unworthy of man. Indeed, the true response cannot be to put someone to death, however 'kindly' but rather to witness to the love that helps people to face their pain and agony in a human way"

○ (Pope Benedict XVI, February, 2009)



Responding to Interest in MAID

- “Sit down; lean in”; review care and assess spiritual issues
- Recognize a continuum of issues
- Balance the duty of care and non-abandonment with non-complicity with evil
 - Judge when they are in conflict

Pope Francis on Non-abandonment (Nov , 2017)

- "...the categorical imperative is to never abandon the sick. The anguish associated with conditions that bring us to the threshold of human mortality, and the difficulty of the decision we have to make, may tempt us to move back from the patient. Yet this is where, more than anything else, we are called to show love and closeness, recognizing the limit we all share and showing our solidarity."



The Continuum of Issues

- Approach will differ across pastoral-orthodoxy perspectives
- Recognize a continuum of issues
 - expression of interest
 - request for eligibility assessment
 - firm commitment
 - completion of the act



Protection of Conscience

With the Ethics Network of the Catholic Health Alliance of Canada:

- We assumed there would be conscience protection for individuals and institutions.
- We worked on clarifying issues using the moral principle of cooperation
 - Referral, transfer of care, assessments for MAID in Catholic facilities

Balancing Non-Abandonment and Non-Complicity in Wrong-doing

- “No one may be required to participate in an activity that in conscience the person considers to be immoral...However, **the exercise of conscientious objection must not put the person receiving care at risk of harm of abandonment.** This may require informing the person receiving care of other options for care.”
 - Health Ethics Guide, 165



We Discovered

Competing Conceptions of Conscience

- Conscience is essential to the moral life and is formed in communities
- Conscience is a private and religious claim that has no place in the doctor-patient relationship.
- Conscience is a conflict between the physician's right to conscience and the patient's right to PAD.
 - Refusal based on conscience is seen as selfish or abuse of power.



Understanding Moral/Ethical Distress

- Ethical/ moral dilemma
 - We are unsure what is right/good
- Ethical/moral conflict
 - We have irreconcilable differences
- Ethical/moral distress
 - We know, in conscience, the right thing to do but 'the system' requires participation
 - Acting against conscience produces a "moral residue" negatively affecting moral sensitivity



Some Causes of Moral/Spiritual Distress in MAD

- Rejection of the Hippocratic prohibition against killing; medicine as healing art
- Compromise of palliative care's goal "to neither prolong nor hasten death."
- Challenge of the Christian/Catholic Church's spiritual and moral teaching on care for sick and dying, suffering.



The Medical Profession's Acceptance of Agency of Death

- The rejection of medical morality
- Bioethics dominated by patient autonomy
- Commercialization and commodification of medicine and health care
- The belief in a technical fix for all human issues, including suffering.

Pope Francis

“We need Christians who make God’s mercy and tenderness for every creature visible today...the crisis of modern man is profound. That is why the New Evangelization while it calls us to have the courage **to swim against the tide**...cannot but use a language of mercy, which is expressed in gestures and attitudes even before words.”

- (Oct 14, 2013)

WALK *the* TALK







Palliative Care & A *Good Death*

- Neither hastens nor prolongs death
- Balances pain and symptom control with fullest participation in the 'last things'
- Focuses on the dying person and their intimate others
- Contradictory to and not compatible with MAD!



The Poor and Vulnerability

- Social inequality
- Poverty
 - Nutrition & Housing
- Nurturance in early life
- Meaningful work
- Education
- Gender
- Access to health care



Vulnerability & Competent Choice

- Decisions not voluntary or informed IF:
 - Disordered insight & self-stigma-related to depression, hopelessness or mental health issues
 - Inducements, influence, coercion
 - Caregiver attitudes and biases

Who Needs Mercy Today?

Acutely ill and hospitalized

- Chronically ill and handicapped

- Mentally ill

- Frail and dependent elderly

- Dying

- The bereaved

- Poor and those “on the peripheries”





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Challenges for a Resurrection People

- Prophetic resistance to the inappropriate use of technology and the medicalization of suffering
- Protection of the vulnerable
- Protection of conscience
- Witness to mercy and compassion