



The **Catholic Bishops**
of **Alberta**

Les évêques catholiques
de l'Alberta

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March 24, 2016

Physician Assisted Death Consultation – Alberta

Honourable Brandy Payne
Associate Minister of Health
10800 97 Avenue
Edmonton, Alberta T5K 2B6

The Honourable Brandy Payne, Associate Minister of Health, MLA

We are writing to you in response to your request to make a submission to the subject panel. Thank you for the invitation.

Our Commitment as a Faith Community

The Catholic Church is committed to protecting and caring for the most vulnerable in our society; this includes, of course, those who suffer and the dying. Catholic healthcare and social services in our province, and throughout Canada, have given witness to this from our earliest history. As a ministry of the Catholic Church, Covenant Health embodies the most profound principles of our faith and tradition. Catholic health care neither prolongs dying nor hastens death out of a deep respect for the sanctity of all human life. Whether or not they work as part of a Catholic institution, Catholic physicians, nurses, pharmacists, social workers and other healthcare professionals -- like their counterparts from many other traditions and beliefs -- are deeply committed to providing compassionate care, and will not abandon their patients and clients.

Palliative Care

We are encouraged by your government's generous efforts not only to provide sustainable funding for healthcare and social services, but also to improve access to essential services, including palliative care. Informed by our faith and tradition of caring for the poor, the sick, and the dying, we are convinced that excellent palliative care is the ethical way to ensure that all Albertans can die in a manner that respects their true human dignity. Death is not a choice. Our prayer is that within this conversation we listen and respond to the real need for a truly universal and effective system of palliative, hospice and home care reinforced by excellent social services

for the mentally and physically ill, elderly, disabled and those marginalized by other circumstances.

We are gravely concerned that many Albertans and other Canadians regularly and uncritically associate palliative care with euthanasia or assisted suicide. This must not be the case in Alberta policy or regulation. They are not simply different by degree; they are fundamentally opposed to one another. That Catholic health care constitutes a majority of palliative care beds in our province is no accident. This comes as a natural consequence of our deep reverence for all human life. Effective palliative care involves the whole of the human being until natural death. It neither prolongs life through inappropriate or burdensome medical interventions, nor intentionally hastens death through assisted suicide, euthanasia, or neglect and abandonment.

Safeguards

From a Catholic perspective, the intentional, willful act of killing oneself or another human being is always morally wrong. We cannot, as Catholics, advocate for, or participate in, by act or omission, the intentional killing of another human being. As bishops, we cannot propose “practical safeguards” with the knowledge that advocates for these practices will use these same “practical safeguards” to advance their own cause. When weighed against the evidence in other jurisdictions that have legalized assisted suicide and euthanasia, and in light of the recommendations of the Special Joint Parliamentary Committee, the only safeguard we can “practically” propose is to use whatever constitutional and regulatory means you have at your disposal to prevent these practices from happening in our province. It is not enough to set in place a system to monitor mistakes and abuses against vulnerable persons. The risks surrounding physician assisted death are absolute; mistakes and abuses cannot be undone.

Protection of the Vulnerable

We are gravely concerned that the legalization of assisted suicide and euthanasia will place certain members of our common home at serious risk. In jurisdictions that have already adopted laws permitting physician assisted death, what are purported to be “safeguards” against abuse of the law have proven in practice to be no safeguards at all.

Like the rest of Canada, Alberta has an aging population. Together with other Albertans, we are concerned about the rise of elder abuse in our families and communities. This abuse takes many forms, including the emotional abandonment of many seniors. A just Alberta will be as committed to excellent home care and social services for seniors as it is to hospice and palliative care. These are our mothers and our fathers; they built our homes and our province. They are not a burden, and they must not be led to feel that way through our individual and collective indifference.

In the 1990s, reductions in healthcare funding began with deep cuts to the care and treatment provided for the mentally ill. Today, many people who suffer from mental illness often experience unjust discrimination and the sting of stigma from their family, friends, colleagues and society. In other jurisdictions, this group has been disproportionately represented in cases of

assisted suicide and euthanasia. The presence of depression or other mental illness can seriously affect a person's ability to give free and informed consent. What is needed in Alberta for all vulnerable people, including those with mental illness, is not legalized euthanasia or assisted suicide, but rather, a serious commitment to treat them.

According to the evidence from other jurisdictions, persons with disabilities are also at risk. Like the mentally ill, they also suffer stigmatization. In a truly just Alberta, those with disabilities would be embraced as sharing in the beauty that is our common humanity and celebrated for their unique gifts. There is an intrinsic value in each human being in every stage and circumstance of life.

We would be remiss in our duties as pastors if we did not speak to the shocking recommendations of the Special Joint Parliamentary Committee and other panels concerning the extension of these practices to children and youth. We know from our work as pastors that this recommendation alone has awakened the concerns of many Albertans. In countries where these practices have become accepted, the pressures to extend them from the terminally ill to those with chronic conditions, mental illnesses and disabilities have been well documented. Likewise, the arguments to extend assisted suicide, and euthanasia in particular, to disabled children flow from the same misguided logic. All too often the parents of chronically ill and disabled children overhear the stinging judgment of friends and strangers in comments such as, "If that were my child... or, if that were me, I would rather be dead." Deeply seated within these statements are value judgments, insidious intolerance, and often economic arguments framed through the lens of so-called "quality of life." What they are really saying is, "That child should be dead." Our laws, our nation and our Church have always harboured a special place in our hearts for the vulnerable. This is especially necessary for our children.

Upholding Conscience Rights

Other jurisdictions in Canada, and more recently, the Special Joint Parliamentary Committee, have proposed regulations that seriously undermine the conscience rights of physicians and other healthcare workers. This must not be allowed to happen here. Physicians, other medical professionals, and our institutions have to be allowed the freedom to exercise their conscience, not only to accord with our Charter of Rights and Freedoms, but also as a matter of good medical practice. Morally wrong in itself, the forcing of a physician to assist in a suicide or to kill another by euthanasia would also fundamentally redefine what it means to be a doctor. Likewise, from an ethical perspective, and certainly from that of Catholic moral teaching, a physician who conscientiously objects to the practice must not be coerced into simply referring or transferring a patient to another professional for assisted suicide or to be euthanized. This would, in fact, force complicity and thus be a violation of the person's right to liberty of conscience.

Institutions are not made of bricks and mortar. They are comprised of the collective values and service of the generations, past and present, of people who work within them each and every day. While advocates for physician assisted death have suggested that "publicly funded" facilities must provide death as a "service," we remind them that those who oppose these practices are also members of the public. While there will be, as there have been in the past, patients who will seek out a physician to help them either to kill themselves or to euthanize them, there will be

many more who will not want this for themselves and their loved ones even as they face certain death. The very essence of a hospice facility, for example, the trust its clients place upon it, and what they expect from it, will change radically if that particular institution offers assisted suicide and euthanasia as “services.”

Conclusion

We are well aware of the fact that proponents of assisted suicide and euthanasia may see its opponents, including the Catholic Church, as callous, inhumane, perhaps moralistic or cruel. We are not advocating for suffering. There could be nothing further from the truth. Yet centuries of pastoral practice have taught us that suicide and killing, even natural death itself, do not end suffering. In fact, all attempts to deny suffering, or to hide or sanitize it, simply do not work. All that euthanasia and assisted suicide can do is pass suffering on to others.

We are also gravely concerned about what euthanasia and assisted suicide will do to the practice of medicine. The legalization of euthanasia and assisted suicide will cast doubt upon the physicians’ once noble motivation to heal and to journey with conviction, courage and compassion. Many, perhaps a silent majority of the most vulnerable among us, will lose faith in this relationship of trust. We are also concerned for the moral injury that will be suffered by those who are either forced or choose to take part in these practices. At the same time, we are reassured by the fact that most physicians in Alberta and Canada, whether motivated by religious or moral convictions, want no part in these practices.

In closing, we reiterate that the Catholic Church and her institutions will always serve the vulnerable and suffering in our society. At the same time, however, we cannot as individuals and as institutions participate in, condone or advocate for physician assisted suicide or euthanasia.

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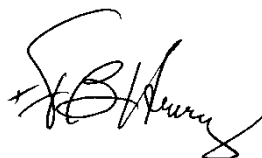
Most Reverend Richard W. Smith
Archbishop of Edmonton



Most Reverend Gregory J. Bittman
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Most Reverend David Motiuk
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Most Reverend Frederick Henry
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