

A Pastoral Letter to the Catholic community in Tasmania

To live and die well

Most Rev. Julian Porteous DD, Archbishop of Hobart

My Brothers and Sisters in Christ,

The spectre of the coronavirus still hangs over us, even though Tasmania remains virus free at this time. We are all aware of the grave situation in Victoria experiencing a second wave, and outbreaks in other states. In Victoria we have witnessed a mounting loss of life especially those in aged care facilities. Many countries continue to experience an escalating spread of the virus and the international death toll rises with no clear end in sight.

While currently in Tasmania we have been able to control the spread of the virus through travel restrictions and strong quarantine requirements, this control has come with a significant cost. Many businesses, especially those dependent on hospitality and tourism, are in serious financial trouble. There are many who have lost jobs and experience anxiety about their future. They feel helpless and vulnerable.

The lethal capacity of the virus has made us aware of the vulnerability of the aged, especially those in aged care facilities. They have proved to be the ones most at risk. Outbreaks in nursing homes have been very distressing, especially for family members worried about the wellbeing of their parents and grandparents.

The pandemic has brought the issue of dying and protecting life to the forefront of the minds of whole populations.

Voluntary Assisted Suicide

On Thursday August 27, a Bill entitled the “*End-of-Life Choices (Voluntary Assisted Dying) Bill 2020*” was introduced into the State Parliament. It is the fourth time that a Bill proposing some form of euthanasia or assisted suicide will be debated in the Parliament and more broadly in the society. The last attempt to pass such legislation took place in 2017 and was defeated 16 votes to 8.

Euthanasia involves a direct action by a doctor (usually via a lethal injection) to bring about the end of a person’s life. Assisted suicide occurs when a person is provided the means to end their own life (usually via poisonous pill or liquid) by a health professional. This Bill is primarily focused on legalising the practice of assisted suicide in Tasmania.

Provisions of the Bill go further than existing legislation in Victoria and Western Australia. Yet the Bill has received no expert scrutiny through an independent inquiry process. The Bill needs a thorough parliamentary inquiry. The last Parliamentary inquiry into this issue took place in 2009, 11 years ago. Much has changed since then and it is critical that a thorough process of review is undertaken for proper examination and consultation on such a significant piece of legislation.

In a civilised society there is no more important issue than protecting the lives of the most vulnerable. We have witnessed this very strikingly in efforts undertaken by both Australian and state governments, in particular Tasmania, in response to the COVID-19 pandemic.

We have sacrificed much, both with regard to freedoms and economically, in order to protect the lives of the vulnerable.

Another significant concern about the Bill is that international experience has shown that there is no way to properly safeguard the vulnerable. There will always be a significant risk that a vulnerable person will, at a moment of weakness because of coercion, feeling they are a burden, or undetected lack of capacity or depression would choose assisted suicide.

A general principle in a civilised society is that we do not allow the state to take or sanction the taking of human life because of the possibility of making a mistake. Death is final, there is no way back. This is one reason why the Church in practice has opposed the use of capital punishment.

The legalisation of assisted suicide will have major implications for the operations of Catholic health and aged care services. The Bill does not make any attempt to shield faith-based health and aged care services. The practice of euthanasia and assisted suicide goes against the moral teaching of the Catholic Church and will never be allowed in these facilities.

In jurisdictions that have legalised the practice of euthanasia or assisted suicide such as Canada, Catholic hospitals facilitate a transfer of patient who might request these options to a facility that would provide for their needs. Activist organisations have campaigned against exemptions for faith based health and aged care facilities on the basis that this transfer process is very disruptive to a sick patient.

The answer is not assisted suicide but better palliative care and pain management

One of the arguments advanced by those pushing for legalisation of assisted suicide and euthanasia is that it is required to ensure that individuals do not die in agonising pain or die horribly.

Yet the experts tell us that modern palliative care, properly resourced, is able to manage pain and suffering. No one should be dying in intolerable pain, no one should be dying horribly. If families have experienced this with loved ones this is absolutely tragic and should not have happened. Such experiences highlight the need for more resources to be given to palliative care. If people are in pain and suffering through terminal illness the



answer is not to assist them to end their life but to help them to get the right medical care to properly address the difficulties they are experiencing.

The goal of palliative care is to improve quality of life for patients, their families and carers by providing care that addresses the physical, emotional, social, cultural and spiritual needs of patients, families and carers. Palliative care aims to help a person live as well as possible.

Most people with a terminal condition will be cared for by their general practitioner and community nurses, often with the support of specialist palliative care services. Care can be provided at home, but this will depend on the nature of the illness and how much support is available from the person's family and community. Care can also be provided in a hospital, aged care home or hospice.¹

1 Adapted from Palliative Care Australia, "What is palliative care?" www.palliativecare.org.au

“Palliative care is an expression of the properly human attitude of taking care of one another, especially of those who suffer. It bears witness that the human person is always precious, even if marked by age and sickness. The human person, in fact, in whatever circumstance, is a good in and of himself and for others, and is loved by God. For this reason, when life becomes very fragile and the end of earthly existence approaches, we feel the responsibility to assist and accompany the person in the best way.” (Pope Francis)²

The Catholic Church has a strong and ongoing tradition of caring for people who are dying and for their families, with Catholic providers delivering up to half of all palliative care services across Australia.³

Calvary Health Care Tasmania provide palliative care services at two sites in Tasmania: the Gibson Unit at the St John’s Campus in Hobart and the Melwood Palliative Care Unit at the St Luke’s Campus in Launceston.

Southern Cross Care Tasmania also provides palliative care services to residents and clients.

“You matter because you are you. You matter to the last moment of your life, and we will do all we can, not only to help you die peacefully, but also to live until you die.” (Dame Cicely Saunders, the founder of palliative care)⁴

There is some confusion over the use of strong pain relief medication and withdrawal of treatment in palliative care. This is very different from the choice not to undergo or continue with a treatment because life is no longer valued. The latter is not the equivalent of euthanasia or suicide, but may express acceptance of the human condition in the face of death.

Dying from a Christian perspective

The dying process is not just the cessation of life. It is a deeply human journey which touches all dimensions of the person. Dying is not only a physical process, but it is also a psychological, emotional and spiritual process. Dying is the culmination of our life. It can be a bringing together of the various strands of our life history, in particular, of our closest relationships.

In the dying process we touch on the mystery of the human person, especially our spiritual dimension. As we say in the preface of the funeral Mass, “Life is changed not ended.” Dying is a transition, not an ending. It is a passing of the soul into the hands of God. This is what Jesus proclaimed from the cross, “Into your hands I commend my spirit.” This is the approach of the person of faith. Dying is a surrender, a handing over, an act of trust. We let go and trust in God.

This is why the Church has always offered a range of spiritual supports for the dying – from Holy Viaticum, to Anointing of the Sick, to Prayers for the Dying. It is why our tradition has encouraged us to pray for a happy death. St Joseph is a patron for the dying. Every time we say the Hail Mary we ask Our Lady to especially pray for us at the hour of our death.

The dying process is lived at the spiritual level. Allowing the natural process of dying to occur ensures that this mystery unfolds in its proper way. To choose to end one’s life prematurely by taking the path of assisted suicide truncates what may be a time of grace and completion.

When we consider the process of dying we stand before a mystery which is profoundly human. To intervene can do great damage to a process which has its own laws and purposes intended by the Creator.

The Gospel account of the disciples caught up in a fierce storm on the lake (see Mt 14:22-33) describes them as becoming anxious and fearful. This can be a representation of the dying process.

St Matthew then recounts that from amidst the dark and wind and raging water a figure appears. It is the Lord coming towards them. This is our Christian belief, that as we die the Lord will come to meet us.

2 Pope Francis (2015). Address to the General Assembly of the Pontifical Academy for Life.

3 Catholic Health Australia, (2010). Pursuing Excellence in Palliative Care, Palliative Care Blueprint Policy.

4 Dame Cicely Saunders; a leading figure in the development of modern palliative care.

As Peter begins to sink he cries out, “Lord, save me.” The Lord reaches out his hand and draws him forth from sinking into oblivion. So does the Lord do for us. As we are dying we, like St Peter, can call out, “Lord, save me.” And a hand reaches out to us, drawing us forth from the waters of death.

The dying process for the Christian is one of abandonment of oneself into the hands of God. And God is there with hand outstretched. Thus as we are dying we can say with a deep and trusting faith: “Into your hands I commend my spirit.”

What can we do?

The proposed Bill if passed would see the Tasmanian government formally endorse assisted suicide. This goes against our Christian belief and will put vulnerable people at risk. We need to contact our members of parliament and express our view that this Bill should be rejected.

If you wish to find out more information about the issue visit the Live and Die Well website www.livendiewell.org. This group has recently been established in Tasmania to contest the proposed Bill.

Parishes are being supplied with an information kit to assist with writing letters to your local members of parliament. This is most important as Catholic lay people have a particular responsibility to participate in the political process and make their view known to their members of parliament.

To further assist your understanding on this issue I would also strongly recommend viewing the short film ‘Fatal Flaws’. It is an excellent documentary exploring some of the consequences of legalising euthanasia and assisted suicide. It is available through the Live and Die Well website or from the Archdiocesan Office for Life, Marriage and Family. You might like to organise a viewing in your parish.

Finally, and perhaps most importantly, we need to pray for our politicians that they will be guided by the grace of God and good reason during the debate on this Bill.

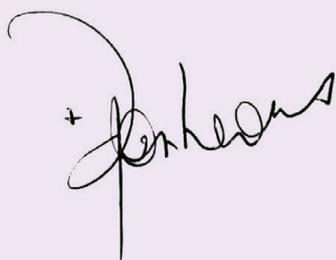
Focus on the good of the person

Christian faith itself is all about living and dying well. Euthanasia and assisted suicide do not address the problem of human suffering in all its dimensions they simply aim to end life. This can never be the answer of a compassionate society.

Pope Francis when addressing this issue with medical personnel said, “your action is constantly aimed at the dignity and life of the person, without any yielding to euthanasia, assisted suicide or suppression of life, even when the state of the disease is irreversible”.

Let us join with Pope Francis in opposing the legalisation of assisted suicide in our society. What we require is better resources for palliative care, not the killing of the vulnerable.

Yours in Christ,

A handwritten signature in black ink, appearing to read 'Julian Porteous', with a small cross symbol to the left of the first letter.

Julian Porteous
Archbishop of Hobart