A Pastoral Guideline on Voluntary Assisted Dying in light of the implementation of the NSW Voluntary Assisted Dying Act (2022)

Approved and Promulgated by
Most Reverend Anthony Randazzo DD JCL
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CATHOLIC DIOCESE OF BROKEN BAY

TABLE OF CONTENT

Life is a precious gift

Life is a precious gift. From our Catholic perspective, it is something we receive from our Creator; we are entrusted with our life to care for it, to nurture and to nourish it, to share it, and when the time comes to surrender it back to its Source. This perspective undergirds our sense of the sacredness of life, from conception until death. However, it also fosters our recognition of the inviolable dignity of ourselves and others; it demonstrates itself through the affirmation that life is blest; it renders us with a disposition of graciousness. It also impels us to care for one another and to work towards a 'civilization of love'. Indeed, how we live in a radical openness to others will inform the way in which we wish to die.

For us baptised into the story of the life of the Resurrection, the termination of life for any reason is abhorrent. It is the fundamental usurpation of an authority not our own, and, therefore of the rightful order between creature and Creator. How we receive life, nurture life, and protect life demonstrates to us the acknowledgement, or otherwise of this radical relationship that is the ground of all others.

The truth of our radical need of others - most apparent at the first and final stages of life - is silenced by the project of Voluntary Assisted Dying.

Today, the orientation to the Transcendent no longer exists and the sense of accountability to something other than myself is no longer apparent. In this context, proponents of Voluntary Assisted Dying would suggest that life is not a Mystery to be served but rather a right to be exercised. Surely as mature, responsible individuals we should have the right to avoid the prospect of suffering. Why prolong suffering? Why should anyone suffer, in fact, when the outcome of death is obvious – particularly when the means are there to remove the suffering in a controlled, humane manner? A person is to die in any event. Why not control the time of death to limit the possibility of suffering of the one who is terminally ill, and the suffering of others who will be drawn into the experience as they watch and wait?

How can we stand by and let someone we love, suffer?

The question of suffering is at the heart of our human experience. How are we to approach the unavoidable reality of suffering in our life?Surely, we are to limit and overcome suffering, not seek it, or intensify it? How can we stand by and let someone we love, suffer? Who will be there in my own suffering? Who will be there to care for me? Of course, no one wants to see someone suffer, especially someone they love. For those who argue most for the right to die at the time of their own choosing, there is, often, an incredibly sad story of watching someone they love die. It is understandable when we hear them say

that they would not want anyone to go through what they experienced – even if the appeal to their personal experience renders it with a legitimacy that is, in fact, entirely subjective though delivered with uncontestable authority. When we base our decisions, however, exclusively on our subjective experiences, to what social cohesion are we accountable?

Beneath the argument for Voluntary Assisted Dying, however, we hear the premise of the individualism that marks our time in which the self, and nothing other, has become the arbiter of what is right and what is true. However, are we as individual as we think we might be? Are we as wrapped up in individual autonomy as we have been led to think we are? From our Catholic perspective we are our relationships, and it is only through our relationships that we have our very life. We discover who we are only in and through our relationships. And where does this radical definition of ourselves as human find its greatest transparency but in the care we exercise with and for one another. When we are prepared to forget ourselves and suffer with another, then we show with the greatest clarity who we truly are. A love that is prepared to enter the suffering of another, a love that is prepared to forget oneself in care of another, and a love that is prepared to receive that care, gives us back the truth of ourselves. It is precisely in that mutuality that a beauty of humanity rises in the midst of the darkness and shines forth to so transform it.

...we are our relationships

Voluntary Assisted Dying is a failure of humanity, and it is a failure of society itself. It expresses that we have become an aggregate of isolated individuals responsible only for ourselves, that our society is not, in fact, a community of care. It promises a certain redemption in the form of deliverance, but it robs us of that which makes us most deeply and fully human which can only be received in the experience of a depth of care for another to the very limits. Neat, clean, controlled, euthanasia short circuits the deepest possibility that lies in what it means to be human – and not only human, but also divine: the mystery of life is disclosed in a self-emptying become a self-giving. For a society to go down the track of assisted euthanasia is for it ultimately to wash its hands clean of the radical responsibility of care by which alone we are humanized and given our dignity as persons.

What demonstrates our humanity is our readiness to enter the suffering of one another. In suffering there is, in fact, a light to be discovered that the darkness cannot extinguish - that, in fact, overwhelms the darkness, transforming it by the exercise of an altogether different logic. This is genuine compassion. Compassion means suffering with. It is a love that holds the suffering of another, that journeys into the suffering of another, a love that is prepared to enter the suffering of another so that their suffering becomes mine. As the Canadian philosopher, Charles Taylor, observes, we have reduced compassion to the therapeutic, to the 'feel-good.' Then, compassion becomes merely a shadow of itself, a justification to limit the intrusion of the negative, of the painful, in our experience. It is about the restoration to feeling good, rather than about living with questions that are raw and relentless, questions that undo us and recreate us.

It is an immoral action of a Christian, and a grave sin, to participate at any stage of this industry

From 28 November 2023, the State of New South Wales has made Voluntary Assisted Dying a legal option for its citizens, through the NSW Voluntary Assisting Dying Act 2022, passed on 19 May 2022. Thereby, the Government has created an industry of death in the manufacture, dispensing, and implementation of what brings about death. It is an immoral action of a Christian, and a grave sin, to participate at any stage of this industry.

This new development in New South Wales is an opportunity for us to re-affirm our Catholic approach to life and to death. It is also an important time to offer pastoral guidance to the Christ's Faithful in the midst of this significant social change.

The following outlines the main components of the legislation on Voluntary Assisted Dying, to be implemented on 28 November 2023 followed by a series of pastoral guidelines to those engaged in the ministry of Catholic healthcare and pastoral ministry. Developed in the context of the State of New South Wales, they are to be used in conjunction with To Witness and to Accompany with Christian Hope approved by the Australian Catholics Bishop Conference (November 2023) and approved by the Holy See, which provides a more comprehensive theological and pastoral treatment of the issue.[1]

[1] See Australian Catholic Bishops Conference resources on Euthanasia, https://www.catholic.au/s/article/What-is-the-Catholic-Church-s-position-on-euthanasia

The Voluntary Assisted Dying Act 2022

The full explanation and recourse for Voluntary Assisted Dying in NSW is set out in the NSW Voluntary Assisted Dying Clinical Practice Handbook. [2]

Voluntary Assisted Dying means that an eligible person can ask for medical assistance to end their life. The eligible person can take, or be given, a substance to bring about their death at the time of their choosing. A patient may administer the substance themselves or choose practitioner administration.

A person assessed as eligible and intending to access Voluntary Assisted Dying services must appoint a Witness to witness the signing of a written declaration. Staff of a facility cannot act as a Witness.

The person declared eligible for Voluntary Assisted Dying services can nominate a Contact Person who is responsible for the collection and disposal of the substance. This person cannot be a family member or a member of staff of the hospital or the aged care facility.However, the Contact Person can be the Coordinating Practitioner, the Consulting Practitioner or another registered health practitioner (as outlined below).

The practitioner death certificate of the person who has accessed Voluntary Assisted Dying services will list Voluntary Assisted Dying along with the person's underlying illness. However, the final Death Certificate issued by the Registry of Births, Deaths and Marriages will only list the underlying illness.

The pharmacy of Royal North Shore Hospital is the designated NSW Voluntary Assisted Dying Pharmacy Service, responsible for coordinating the safe procurement, supply, and disposal of the substance.

[2] NSW Government, NSW Voluntary Assisted Dying Clinical Practice Handbook (9 October 2023), https://www.health.nsw.gov.au/voluntary-assisted-dying/Publications/practitioner-handbook.pdf

1. The person eligible for Voluntary Assisted Dying must be in the late stages of an advanced disease, illness, or medical condition, i.e., on the balance of possibilities 6 months from death by the condition or 12 months from a neurodegenerative disease. They must be experiencing suffering they find unbearable. They must also have decision-making capacity, be acting voluntarily without pressure or duress, and have an enduring request for access to voluntary assisted dying. This implies that the person has understanding, retention of information, and is able to communicate.

They must also be:

- An adult who is an Australian citizen or a permanent resident of Australia or resident in Australia for three continuous years;
- A resident in NSW for at least 12 months, though exemptions are available through the Voluntary Assisted Dying Board.

A person is not eligible to access Voluntary Assisted Dying Services because the person has a disability, dementia, or mental health impairment. The legislation does not accept Voluntary Assisted Dying in Advanced Care Directives or requests on behalf of a person.

2. A medical practitioner may initiate discussion with a patient about Voluntary Assisted Dying but must also talk about palliative care options. However, only authorized practitioners can guide the process. Three roles have been established:

- *Coordinating practitioner* – conducts a first eligibility assessment and coordinates all steps of the process. The practitioner must have specialist registration and been in the medical profession for 10 years;
- *Consulting practitione*r – conducts a second eligibility assessment, called a consulting assessment;
- *Administering practitioner*; administers the substance to the patient if requested.

Eligible practitioners must also:

- Complete approved mandatory training;
- Not be a family member of the patient;
- Not know or believe they will benefit financially or materially from the death of the patient.

If the medical practitioner accepts the request for Voluntary Assisted Dying, they become the Co-ordinating Doctor.Following the second eligibility assessment, a declaration is issued with the request for Voluntary Assisted Dying in writing.

3. A Voluntary Assisted Dying Care Navigator Service has been established. This:

- Provides information and support to patients and community members with questions about or wishing to access voluntary assisted dying;
- Supports queries from practitioners and coordinate ongoing training;
- Advises patients how to raise voluntary assisted dying with their care team and, if necessary, connect them with coordinating, consulting and administering practitioners.

4. A Voluntary Assisted Dying Board has been established.
The Board will monitor and report on the operation of the Act, decide whether to approve or refuse applications for access to voluntary assisted dying, keep a list of registered health practitioners who are willing to provide voluntary assisted dying services.

5. Conscientious objection.
Health care workers who have a Conscientious objection to voluntary assisted dying have the right to refuse to:

- Participate in the request and assessment process;
- Prescribe, supply or administer a voluntary assisted dying substance;
- Be present at the time of the administration of the substance.

If a doctor with a Conscientious objection receives a request to provide voluntary assisted dying services, they must refuse the request immediately. However, they must complete a First Request Form and notify the Voluntary Assisting Dying Board within five days. They must also provide information on the Voluntary Assisted Dying Care Navigator Service.

Our Catholic Response

1. It is important that we distinguish Voluntary Assisted Dying from:
a. Withholding of treatment;
b. Withdrawal of treatment;
c. Symptom management proportionate to severity.
It is a clear Catholic moral principle that a person is not obliged to prolong life using extraordinary means. There comes a point where we no longer need to resist the forces of diminishment, and when we can let go. We recognize that the treatment of pain, especially through opioids such as morphine, can, on occasions, seem to hasten the event of death. However, neither the decision to cease extraordinary medical intervention either for ourselves, or for those we love who are incapable of making their own decision, nor the administration of pain relief, even with the inevitable outcome of death, is voluntary assisted dying or euthanasia. Euthanasia, forced or voluntary, is the deliberate primary intention of someone to terminate life.

2. Catholic health and aged care facilities must comply with the law and all components of the Act. They cannot impede patients from accessing Voluntary Assisted Dying Services. In accord with Section 89 of the Act, they do not, however, promote, provide, or facilitate Voluntary Assisted Dying which includes the supply and storage of the Voluntary Assisted Dying substance. This must be made known to all incoming residents and the facility's non-participation made public.

By law, however, Catholic facilities must:
a. not hinder a person from accessing information about Voluntary Assisted Dying This does not, however, require the active provision of information;
b. allow access to the Voluntary Assisted Dying Care Navigator Service;
c. allow someone from the Service on site;
d. for permanent residents, allow the administration of the Voluntary Assisted Dying Substance either by self-administration or by an Administering Practitioner;
e. for non-permanent (respite) residents, facilitate transfer out of the facility for Voluntary Assisted Dying if requested and make reasonable arrangements for transport.

3. Our pastoral response to someone who speaks of the possibility of Voluntary Assisted Dying must always be one of sensitive personal accompaniment and not one that forecloses continuing conversation. We are to meet the discussion with empathy, careful listening, and with inquiry as to what troubles the person, and why they would consider ending their own life.

4. Whilst we may put forward the Church's teaching on life, the law stipulates that it is not permitted to tell someone not to use Voluntary Assisted Dying. If someone raises the possibility, as conscientious objectors we are to inform the person of the Voluntary Assisted Dying Care Navigator Service.

5. In the event that a person does reveal their intention to seek Voluntary Assisted Dying services, Catholic family and community members are to convey that, though their love for the person does not change, they cannot affirm the course of action, and that they cannot participate in it. They cannot act as a Witness to the signed declaration accessing Voluntary Assisted Dying services.

6. The Sacraments, especially the Sacrament of Anointing, may continue to be offered to a person in their advanced illness, provided they have not made a deliberate and final choice for Voluntary Assisted Dying. Indeed, the very grace of the Sacrament, may be the occasion to assist the person, in the end, to make those decisions that are aligned with their Christian commitment.

7. The intention to opt for Voluntary Assisted Dying does not become a reality until the time the substance is administered. However, the Sacrament of Anointing – or any of the other Sacraments - must not be celebrated immediately prior to the act in a way that legitimizes the person's decision given that the spiritual motivation of the one receiving the Sacraments is in doubt.

8. The Church's ministers are not to be present at the time of self-administered death for such would indicate approval of the Voluntary Assisted Dying, even tacitly. The refusal to be present can be a cause of great pain for all involved, particularly if someone has accompanied the patient through their illness. However, it also demonstrates that Christian compassion cannot cooperate with an immoral action.

9. Following a Voluntary Assisted Death, it is possible for a minister of the Church, upon the request of the family, to attend to the body of the deceased person with prayer. This may bring comfort and consolation to the members of the deceased person's family.

10. Should the family of someone who has terminated their life through voluntary assisted dying, request a Catholic funeral for the deceased, there is no reason for a denial of the Church's liturgy. Care must be taken to ensure that any eulogy or words of remembrance do not endorse Voluntary Assisted Dying as such would be to encourage an immoral action.

Conclusion

The introduction of legal Voluntary Assisted Dying services into our provision of end-of-life care raises serious challenges for those of us who seek to approach life from the perspective of Christian faith. It will mean that on occasions our own approach to life will be in stark contrast to others, including those close to us in family and friendship. How we both continue to reach out with compassion to those entrusted to our care and at the same time remain true to our Christian conscience will at times be moments of considerable angst. It will be important that we live in this tension and not short circuit it with a reliance on one side or the other. Each situation will be personal and unique.

Our deepest challenge now is to provide a quality of care for those suffering that demonstrates the truth of our humanity, and that by its light teaches others that they need not fear their suffering and their death.

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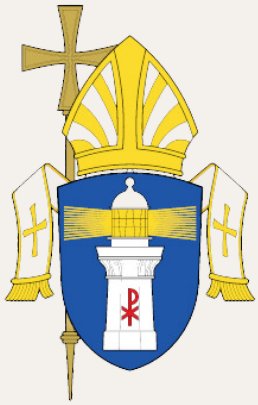

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