



# The Catholic Women's League of Canada

## MEMO

**DATE:** May 15, 2017

**FROM:** National President Margaret Ann Jacobs, with input from National Spiritual Advisor Bishop William McGrattan and Dr. Moira McQueen

**TO:** Council presidents at all levels

### Background

On June 17, 2016, Bill C-14 *An Act to amend the Criminal Code and to make related amendments to other Acts (medical assistance in dying)* came into force federally, creating a regulatory framework for medical assistance in dying (MAiD) in Canada. Under this legislation, medical assistance in dying is legal if the eligibility criteria are met and the procedural safeguards are followed. Provincial and territorial governments have developed their responses to these changes to the *Criminal Code*. Health institutions and professional regulatory bodies are developing/have developed guidelines and standards to further regulate practice in relation to MAiD, including provincial and territorial colleges of physicians and surgeons, nurses and pharmacists. The right of conscience for healthcare workers and the institutions to not directly participate in MAiD must be respected.

The Catholic Women's League of Canada does not support MAiD, the procedures of which entail euthanasia or physician assisted-suicide, both of which are morally wrong. The providing of MAiD is not medical care nor is it palliative care. There is a distinction in that palliative care does not hasten death, but allows the person who is dying to receive medical care to alleviate the physical and emotional symptoms of pain and also to be spiritually supported along with his or her family in the dying process. The League's position on MAiD recognizes that those who face life-threatening illness, or who are dying, are particularly vulnerable. There is a need to protect patients who are vulnerable as well as the healthcare workers and volunteers who object to the provision of euthanasia and physician assisted-suicide in the institutions in which they serve. Ideally, MAiD procedures should be kept separate from regular practice in palliative care units and hospices.

### Effect of MAiD on Members and Their Families

Effective and timely access to palliative care is essential to prevent MAiD from becoming the only end of life choice offered because of the lack of alternative healthcare services and institutions that offer palliative care. If patients and families are counselled that MAiD is a form of palliative care and are not offered an explanation of their essential difference, then they cannot make a truly informed decision. If they do understand the difference, they may want to avoid palliative care units and hospice facilities in their community that provide MAiD and choose to go to facilities that do not permit it.

### Effect of MAiD on Councils' Charitable Activities

Some hospice and palliative care providers have developed criteria and guidelines that allow for a qualified external practitioner to come on site to perform MAiD or for the direct referral to another practitioner and institution that will provide it. These provisions may have been adopted in order to follow provincial/territorial legislation. Councils at all levels are strongly encouraged to determine whether healthcare institutions or hospices in their community have such policies. If it is determined that the institution offers MAiD on its premises or if it will initiate a direct referral for MAiD, then both of these actions are morally wrong from a Catholic perspective. It would be justified for a council to withdraw financial support and funding to such institutions while clearly stating the reasons for this decision in the hope that they might reconsider and revise such policies and practices.

Alternatively, a council could write to such an institution, explain its objection and ask that its donation or financial assistance be allocated to areas of the institution that are not directly supporting MAiD. While it may appear difficult to implement this, it is possible to place such conditions on charitable giving. This would allow financial assistance to support the good that is achieved by palliative and hospice care for those who choose to die a natural death surrounded by family and loved ones. Such donations could be directed to common needs such as beds, furniture for family, information and counselling on bereavement.

### **Effect of MAiD on Councils' Volunteer Activities**

In circumstances where it is determined that healthcare institutions or hospices offer MAiD on their premises or initiate the direct referral for MAiD, then volunteers are morally justified in withdrawing their services. The volunteers should state their objection and avoid any direct cooperation in these actions. This decision could provide a strong witness throughout Canada to the sanctity and dignity of human life.

However, there are many volunteers who love their work at hospices and who would see this as a difficult decision to make. These volunteers may conscientiously object to being directly involved in MAiD whilst continuing to support individuals and their families who do not want to choose euthanasia or physician assisted-suicide. It would be important for the volunteer to explain her position to those in charge and to request assurance that her right of conscience would be upheld if she continues to volunteer.

Patients who choose hospice because they wish to die a natural death with dignity will increasingly need support to do so. Withdrawing volunteer services at hospices that are under-serviced may ultimately cause greater harm, since the remaining personnel and volunteers who serve in such institutions may adopt and actively promote the distorted understanding that MAiD is equivalent to palliative care and hospice. The decision to continue one's volunteer services must be made by an informed conscience while at the same time being aware of the potential for scandal.

### **What Steps Can I Take?**

Dialogue with parish and diocesan spiritual advisors and local bishops is essential in coming to decisions regarding MAiD which affect League members and their families, the charitable activities of the councils and their volunteer activities. The Catholic Women's League of Canada recommends the following:

1. Take the initiative to ascertain the policy of your local hospice facility and voice your concerns.
2. Pray that hospice facilities do not make medical assistance in dying available.
3. Continue to pray for quality palliative care using the resources that have been developed for "12 Hours of Prayer for Palliative Care" at [cwl.ca/12-hours-of-prayer-for-palliative-care](http://cwl.ca/12-hours-of-prayer-for-palliative-care).