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OPINION: A CALL FOR COMPASSION AND PALLIATIVE CARE

The North Bay Nugget (Jan 22, 2020) featured an Opinion column (p. A4) “Revised Dying Law Is A Tricky Task.” The author reminded readers that the Canadian government is considering expanding the list of individuals who could request physician assisted suicide to include mature minors (younger than 18 but who are deemed to have the capacity to make a choice of this magnitude which carries such irreversible effects – i.e. death); those who suffer from mental illness, and those who would choose to complete advanced directives for physician assisted suicide if cognitive capacity is lost (e.g., stroke, ALS, Alzheimer’s Disease, etc.). Much of the discussion to date has focused on an individual’s right to end their life, and the suggestion that physician assisted suicide is a compassionate response to an individual’s experience of personal suffering while preserving human dignity. However, compassion is more than alleviating pain and suffering, and dignity is more than the right to determine how one will die.

As a Catholic, a member of The Sisters of St. Joseph of Sault Ste. Marie, a nurse, and former hospital CEO, I share with my Jewish and Muslim brothers and sisters a belief that life is a gift from the creator which should not be intentionally shortened by any human, even if there is an explicit request by any individual to do so. It came as a surprise to me when some in our community suggested with pride that North Bay is the physician assisted suicide capital of Ontario (if not all of Canada). The suggestion that “we put animals down when they are suffering,” could lead us to think that any and all suffering is to be eliminated in our lives, even if this means physician assisted death. The reality is that sickness, suffering, and dying are an inevitable part of human experience and are a reminder of the limits of human existence. In the Catholic tradition, there is no moral obligation for persons receiving care to seek treatment when the goal of treatment cannot be attained or the treatment is burdensome (excessive pain, expense or other serious

inconvenience). While life-sustaining treatments may be abandoned when there is no reasonable hope that the treatment will benefit the person receiving care or the burdens outweigh the benefits, such decisions must not mean abandonment of the person receiving care. Palliative care should always be provided and the dignity of the person always respected. As any life draws to a close, our society must offer first-class palliative care that considers the psychological, spiritual, social and medical needs of the individual.

While it may seem to be relatively simple to administer the correct drugs to stop the heart, it seems to be more difficult to assure the best possible care for those with progressive or chronic illnesses. The World Health Organization (WHO) noted palliative care improves the quality of life, and is not intended to hasten or postpone death. The United Nations (UN) has identified palliative care as a universal human right, not limited to the old or those at the end of life. The Canadian Society of Palliative Care Physicians have agreed that physician assisted suicide should not be part of the practice of hospice palliative care services. This statement by the palliative care community has special importance at a time when some advocates of physician assisted suicide are seeking to force health care providers, including palliative care hospices, to introduce physician assisted death into the list of “care options.” I am convinced that care for the sick, the suffering, and the elderly is best accomplished when we are committed to doing them no harm.

With due respect to the integrity of the gentleman whose decision to end his life was shared in the Jan 17, 2020 North Bay Nugget, I felt tremendous sadness for this man and his family. Concerns about anticipated quality of life (shortness of breath, not being active, inability to do things he loved to do, confined to a bed for the rest of his life, not wanting to watch someone we love suffer, and the reality that “death is going to happen regardless”) caused significant emotional distress for both him and his family. It seemed that peace could only be found through physician assisted suicide. In this situation, our health care system failed this gentleman and his family. We did not provide them with the care they needed to find support and peace with his growing limitations and losses. For that, I am truly sorry.

Just as some have noted the proliferation of “fake news,” we too must be cautious about opinion polls which suggest the majority of Canadians agree with physician assisted suicide. Our

opinions and political positions are often influenced by the media who may focus on the exceptional. Laws often become far more than regulatory instruments. They offer a powerful social message, and can at some level, subtly suggest to the terminally ill that physician assisted suicide is a preferred option when dealing with a chronic or terminal illness. As an example of this, in 2017, fifty percent of physician assisted deaths in Oregon noted their reason for this choice was that they felt they were a burden to their families and to society. Did anyone tell them this? I doubt it, but it was the message that seemed to motivate their choice to end their lives.

As the journalist and CBC commentator Andrew Coyne pointed out in a recent article in the Globe and Mail, *“We may not have realized it at the time, but what we were entertaining when we took our first steps down this road [of physician assisted suicide] was not the legislation of a previously prohibited practice, but the normalization of it. This is how assisted suicide passed, almost instantaneously, from criminal, to legal, to mandatory, with doctors and hospitals ordered to provide the “service” or refer patients to others who will, and at public expense.”*

Before we quickly subscribe to physician assisted suicide and support expanded access, we may want to reflect on the societal values that have rated Canada as one of the top-ranked places in the world to live. As a democracy, we have recognized that personal autonomy is not absolute. As Canadians, we believe that we are “our brothers and sisters’ keepers.” May we continue to be heralds of those values that led to the development of universal health care and social safety nets which ensured that all Canadians would be cared for regardless of their social or economic situation, and regardless of limitations of health.

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