**EUTHANASIA IN THE ACT**

***LOVE DOES NOT KILL LOVE***

***Dear Friends,***

As you are aware, the ACT Government is preparing legislation regarding the introduction of Euthanasia / Voluntary Assisted Dying (VAD) in our community.

We need to revisit why the Catholic Church is opposed to any such suggestion.

It is not as if we are remote observers in the care of the terminally ill. Indeed, we represent the largest non-government employer in the ACT. Catholics make an extensive contribution in the area of health and social services, especially towards the most fragile. This includes Calvary Health Care ACT, Southern Cross Care, Catholic Health Care, Marymead CatholicCare, and St Vincent de Paul Society.

At the foundational level, Catholics join mainstream philosophy and human rights traditions and believe that human life is to be protected from conception until natural death.

Legislation aimed at deliberately taking human life via VAD, suicide, or state sanctioned killing of any kind is always wrong,

Surely, the fundamental duty of government is to protect citizens, especially the most vulnerable, from all forms of violence. To envisage intentional killing is morally wrong and contrary to the nature of good government.

**THERE IS A BETTER WAY THAN THE BRUTAL OPTION OF VAD – PALLIATIVE CARE.**

The ACT discussion guide suggests that Voluntary Assisted Dying is a safe and effective medical process. How can intentionally ending human life be “safe”? Objective data indicates drug “failure” is present as is extended timeframes of death – this is not always what is being touted: quick, painless and easy. What about the suffering of family members and loved ones in these and other circumstances?

This brings us to an important point: euthanasia is not simply about an individual’s choice. There is a social dimension too. It involves others. If not, then why use the term “assisted”?

Another consideration is the issue of pain. In death and dying there will always be pain. However, there is a world of difference between eliminating pain and minimising pain and the way this is applied. Euthanasia is a brutal and immoral way of eliminating pain.

A better way is to minimise pain through high quality palliative care that targets pain management in a particular patient.

This moves to the heart of the issue. High quality palliative care makes the euthanasia option unnecessary. Admittedly, Catholic medical ethics has always acknowledged that pain relief in terminal conditions, in fact, may shorten life. However, the all-important intention is to relieve pain. Death must not be the intended outcome.

As an example of good palliative care in the ACT, we can see the exceptional service offered by **Clare Holland House.** They give national leadership in providing top treatment with pain relief to the terminally ill. Furthermore, it also deepens a social need pastorally to assist patients and their families and friends to approach inevitable death with grace. There is no hint in these proposals that euthanasia is an option due to social isolation, loneliness or the fear of being a burden.

Further financial resources are needed to deepen and expand palliative care’s medical and social availability, especially in remote areas. The socially marginalised need better access to such high-quality palliative services.

**ARGUMENTS AGAINST VAD DEEPENED BY RELIGIOUS PERSPECTIVES – LOVE DOES NOT KILL LOVE.**

Christians believe that the God of love has made human persons in God’s own image and likeness. Each human person is thus precious and has dignity beyond compare. This love is extended especially to the vulnerable and, in this case, the terminally ill.

Direct euthanasia to eliminate suffering (terminal or non-terminal) is morally unacceptable. Love does not kill love. This is to be distinguished from discontinuing medical procedures that are burdensome, dangerous, extraordinary or overly zealous. Here we do not intend to hasten death, but do not impede its inevitability. This acceptance of impending death, however, never excludes ordinary care owed to a sick person.

The dignity that Christians speak of is not the “dying with dignity” ideology of the VAD promotors. Christian dignity is infinitely more encompassing. This deeper dignity is not contingent on physical or mental capacity.

No one should die alone and unsupported. “My Choice” decisions seem attractive to our culture, but they are so lonely in their activation. “Our Choice” involves all the family and friends of the terminally ill being involved in the decisions and loving care of the dying. To decide on VAD for the reason of not wanting to be a “burden” on others is a very sad assessment of contemporary society. Christians build hospitals and nursing facilities to indicate the way that we want to walk together with the frail and sick.

**PRACTICAL ISSUES NEED FURTHER ETHICAL SCRUTINY.**

Australians are very practical people. ACT proposed legislation on VAD offers much in practical access to such poison. Yet these areas need careful ethical scrutiny. To date, this has not been done.

Issues include the following: eligibility to access these procedures; finding doctors prepared to participate; the minimalised level of informed consent and freedom to choose; what is to be written on death certificates; the issue of record keeping; the provision of good palliative care; the issue of conscientious objection by the medical profession regarding involvement; the insistence that VAD be considered a “health service” that all hospital facilities must provide as part of their suite of “services” to the public, and so on.

It should come, therefore, as no surprise when I state that no Catholic facility and no staff of Catholic facilities will participate in euthanasia or assisted dying.

**ARCHBISHOP CHRISTOPHER PROWSE**

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