



NEWS ARCHIVE:

Roman Catholic Diocese of Saskatoon

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Euthanasia: No way to end: A critical conversation - CHAS

By Blake Sittler

The Catholic Health Association of Saskatchewan (CHAS) recently hosted several presentations about the issue of euthanasia in various locations in the province including Prince Albert, Saskatoon, Moose Jaw and Regina. Sessions in Saskatoon included presentations May 6, 2010 at St. Paul's Hospital and at St. Philip Neri parish.

Entitled "Euthanasia – No Way To End: A Critical Conversation About Approaching Death," the sessions were all delivered by Jeff Christiansen, the executive director of Regina Palliative Care Inc.

Organized to mark Palliative Care Week, May 2-8, the presentations were held shortly after the defeat of Bill C-384B, the private members bill to legalize euthanasia and assisted suicide in Canada.

Christiansen began by noting that there is a diverse range of opinions around the topic of euthanasia and that there is not even one, unifying Christian stance on the subject. He invited the audience to get beyond the normal rhetoric of debating this issue and try to recognize areas of agreement.

He said that Bill C-384B was defeated because politicians were nervous about the "slippery slope" of allowing euthanasia for palliative, terminal patients and then lowering the bar to include patients with reversible diseases or injuries.

"Even the strongest of most thoughtful advocates of euthanasia recognize the importance of attending to this argument... they recognize the danger and harm that legalization potentially puts vulnerable people in," Christiansen pointed out.

The debate over whether to legalize euthanasia in Canada cannot be decided until a majority of Canadians have access to palliative care as a reasonable alternative, maintained Christiansen.



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“The more important thing to explore at this time is how do we stand faithfully and be present to people who are dying...stand faithfully as agents of God’s suffering love and mercy in a broken and hurting world,” he said.

The question of euthanasia is especially potent in this modern age, he said. Our relatively recent cultural history values highly rational and personal happiness, with suffering and death generally viewed as meaningless experiences to be avoided at all cost, he noted.

“That kind of culture...lends itself...to a recoiling from death and an effort to control the experience,” Christiansen said.

The persistence of the debate over euthanasia is due partially to the swing of the pendulum from the 1960s, when a patient might die from a disease with the prognosis being withheld from them, to the present, characterized by a rise of patient rights. The patient’s growing role in their own care could logically lead to the argument that patient control should even include choosing how and when they die.

Christiansen drew much of his content from the actual experience of dying people. He shared the common perspectives that they do not want to be a burden, they want control over their life, they are depressed and they want to avoid pain. “Palliative care can alleviate a majority of these concerns...euthanasia is not the answer,” he argued.

Christiansen revisited the importance of always returning to the personal, lived experience, to be honest about the difficulty of the challenge of euthanasia. Beyond morality and ethics, people need to see the greater value of offering palliative care rather than euthanasia.

Christiansen asked how can we live faithfully in a broken and tragic world and how can we find the capacity to contribute to the reduction of suffering and harm. The answer was clear but difficult.

“That capacity in us will always be limited...we will not be able to redeem every situation,” answered Christiansen. “We will experience suffering”.

Most health care seeks only to alleviate the disease itself, but Christiansen believes that palliative care recognizes that illness affects the whole person, including their very worldview or the filter through which they see their life.

“Disease affects our relationships, finance...work...terminal illness strips from people their normal form of making sense of their lives,” said Christiansen.

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Christiansen explained that the values of those who support and promote euthanasia as being very similar to those people who prefer the palliative care model. Both parties value life, both want to alleviate suffering, and both recognize the incredible difficulty of being with a loved one as they die. However, Christiansen argued that the main difference is that euthanasia is focused on death whereas palliative care is focused on life.

“Palliative care is person-centered and not disease-centered,” proclaimed Christiansen. “It is about life in its fullness, including suffering, and not death”.

This critical distinction was explained through the analogy of a mountain horizon versus a prairie horizon. The mountain horizon, for those who believe in euthanasia, has a narrow horizon focused only on the death event. Christiansen reflected on how the palliative care prairie horizon differed.

“The horizon that palliative care helps establish is much broader...our dying is only one part of that horizon, but there is also family, the past...you can even perhaps see a bit beyond.”

Christiansen concluded by challenging his listeners to enter into respectful dialogue with those who believe differently than they do, and to learn more about and promote better hospice and palliative care.

