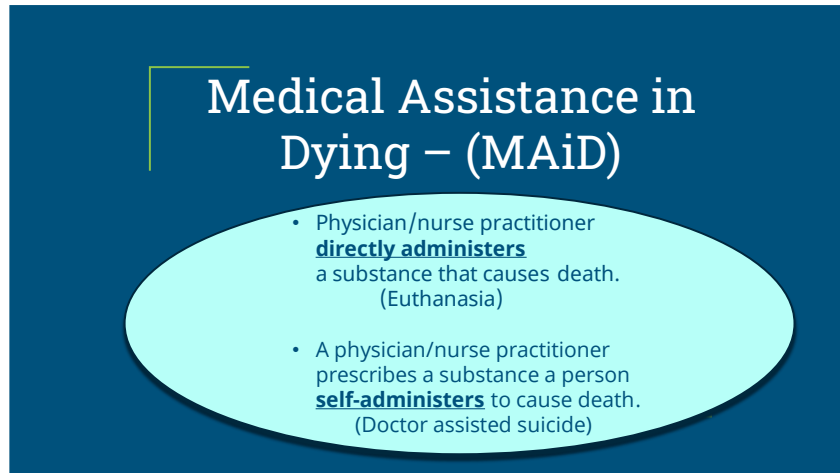


Advance Reading

The goal of our volunteer training session is to equip parish volunteers with the tools, knowledge, and spiritual formation to confidently serve those who are sick, homebound, elderly, or in long-term care.

While this material will not be covered in the volunteer training session, it is important to understand that Medical Assistance in Dying (MAiD) may be requested, even by our own parishioners. Therefore, it is imperative for volunteers to understand what MAiD is, and how they may respond.



Euthanasia and Doctor/physician assisted suicide is deliberately ending a person's life, to eliminate suffering. This is done legally in Canada with consent of the patient. Euthanasia is the much more commonly used method in Canada.

Euthanasia does **not** include:

- Respecting a person's refusal of treatment.
- Administering drugs for pain relief, even if the unintended side effect is that it shortens life.
- Withholding/withdrawing medical treatment if the burden of treatment exceeds its benefit.

Catholic View

"Almost all major world religions see human life as a gift coming from God. ...we recognize that life is both a gift freely given to us, never earned, and freely taken from us, never to be destroyed by our own hands. All Christians believe that life is a gift of God's love, and we do not have absolute dominion over this gift.

We are stewards, not owners of life, so the time and circumstances of our birth and death are not ours to choose. Death is an inevitable part of life and a transition to eternal life." - *Life Canada*

While the Church is against using MAiD to end life, it does allow for the withholding of "extraordinary means" of medical treatment if they are considered burdensome or futile.

The Church strongly supports palliative care, which focuses on relieving suffering and improving the quality of life for those facing serious illness.

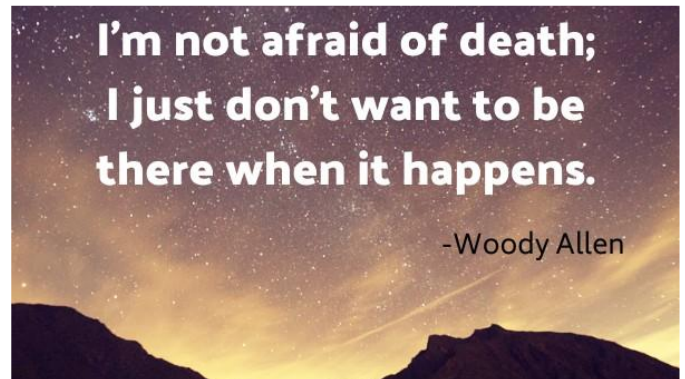
Depression and MAiD

In Canada, seniors are at a much higher risk for suicide than adolescents, especially those seniors who struggle with depression (Nationals post 2013). Depression in seniors varies, from 5% in the community up to 42% in long-term care facilities. - (Canadian institute for health info).

Recognizing the impact of depression with the elderly is important with proposed changes that may include depression as a sole reason for eligibility. “Older adults who are lonely have an increased risk of dying sooner and are more likely to experience a decline in their mobility, compared to those who are not lonely (*Perissinotto, Stijacic Cenzer, & Covinsky, 2012*).

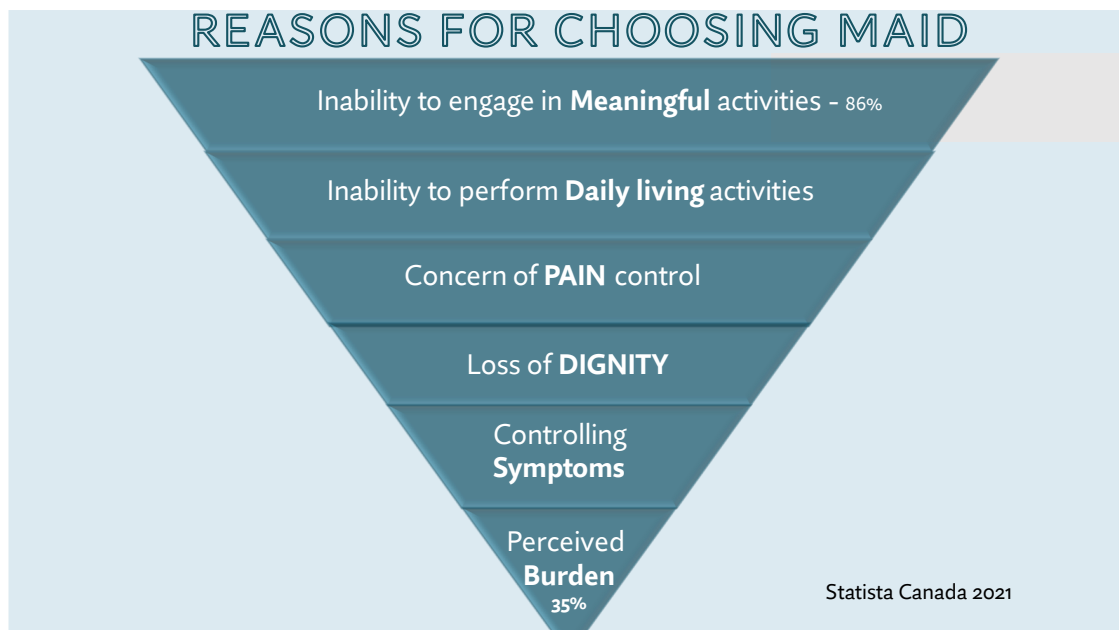
Loneliness is strongly connected to depression (Marano, 2003). It is more common for those under age 25 years and over age 65 years.

Conversation is the first step to combat loneliness. The needs and wishes of the person must be understood. This can relate to anyone, not just to those in institutions, the elderly, or those with a disability.” - *Compassionate Community Care*

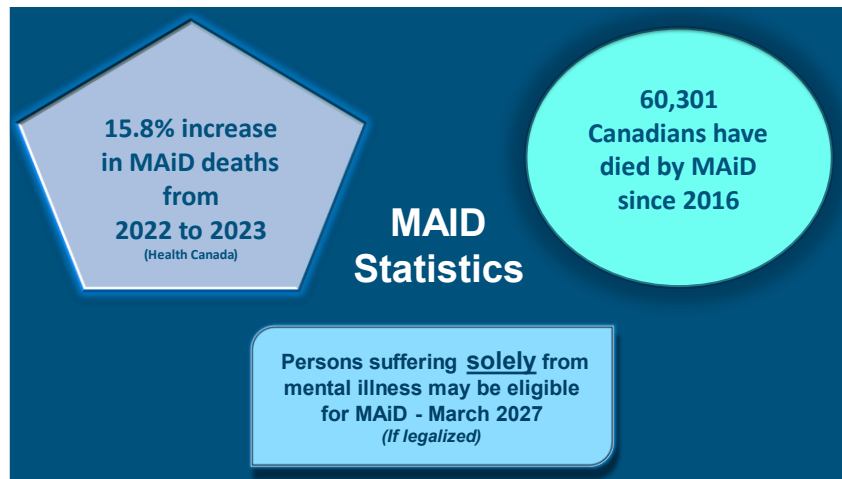


Reasons for choosing MAiD

According to Health Canada, requests for MAiD most commonly includes an inability to participate in meaningful activities (86.3%), loss of dignity (53.1%), feeling like a burden (35.3%) and isolation/loneliness (17.1%).



MAiD statistics in Canada



Pastoral response to MAiD

“We affirm that reverence for human life is the basis and reason for our compassion, responsibility and commitment in caring for all humans, our brothers and sisters, when they are suffering and in pain.”

– From Declaration against Euthanasia & Assisted Suicide, endorsed by ~50 Christian, Jewish, and Muslim leaders

“When done through Jesus (suffering) can actually be transformed into an act of *worship*, and thus an act of love for God, which in turn will be rewarded with eternal life in heaven. So we can love God *through* our suffering.

Moreover, when animated by love for God, suffering has the potential to conform us to Christ and make us more like him. As St. Peter says, “For to this you have been called, because Christ also suffered for you, leaving you an example, that you should follow in his steps” (1 Pet. 2:21).

By uniting our suffering to Christ and offering it to God in self-sacrificial love we become like Christ, who offered his suffering in self-sacrificial love so that we might receive the reward of eternal life.

In this ultimate gift, we see that suffering not only can play a role in our own salvation but also in helping others obtain salvation.

Consider, for example, what St. Paul says in Colossians 1:24: **“Now I rejoice in my sufferings for your sake, and in my flesh I complete what is lacking in Christ’s afflictions for the sake of his body, that is, the church.”** We can trust that in the end the symphony will be a beauty to behold. And we’ll be able to say with Paul, **“O death, where is thy victory? O death, where is thy sting?”** (1 Cor. 15:55).

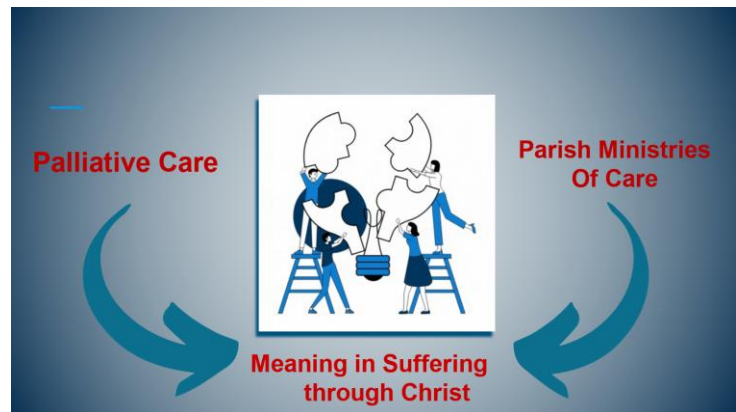
-Catholic.com

Palliative Care

Palliative care refers to end of life care which may begin weeks, months or even years before the final days of life – long before a patient is “incapacitated and is aimed at maximizing the quality of life so that the person is active and involved in their everyday life.” (*Life Canada*) Palliative care can work alongside treatment plans, providing support for the person to enhance their quality of life and reduce pain or other difficulties of living with an illness.

Sadly, many people may request MAiD due to lacking access to palliative care resources, and often **not** due to the illness itself.

Palliative care aims to improve the quality of life of a person with a serious health condition, by reducing suffering via various medical, emotional, spiritual and social supports including a team of professionals, family, and volunteers. Palliative care can also provide support to caregivers as well as the patient.



Palliative care working alongside Parish Ministries of Care can be vital keys to preventing MAiD.

Facts about Palliative Care

- Quality of life & pain management focused
- Supports both patient & caregiver
- Care at all stages of a serious illness not just at the end of life
- Does not hasten death
- Can be used alongside medical treatment
- Can be provided in hospital, hospice, care facilities or at home
- Available for both children & adults



Practical Tips:

As spiritual carers, we are often entrusted with deep concerns, including fears that may influence a decision to pursue MAiD (Medical Assistance in Dying). Those we accompany may not be fully aware of the advances and effectiveness of pain management. In these moments, we can gently offer information about palliative care options and encourage open, informed conversations with their healthcare providers and priest. Our role is to listen with compassion, provide hope, and support.

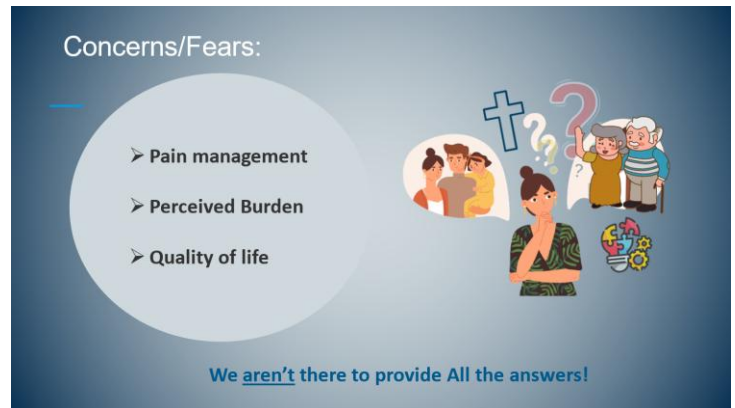
- **Reframing the Fear of Being a Burden**

One way we can lovingly support someone who feels like a burden is by asking thoughtful, reflective questions. For example: *"You once shared how meaningful it was to spend time with your sister during her final weeks — how much of a gift that time was for you, and how you still treasure those moments. Have you ever thought that your presence now, even in illness, might be a similar gift to your loved ones?"*

This kind of reframing invites the person to see their value through the eyes of those who love them, offering dignity and connection in the face of vulnerability.

- **Supporting Quality of Life**

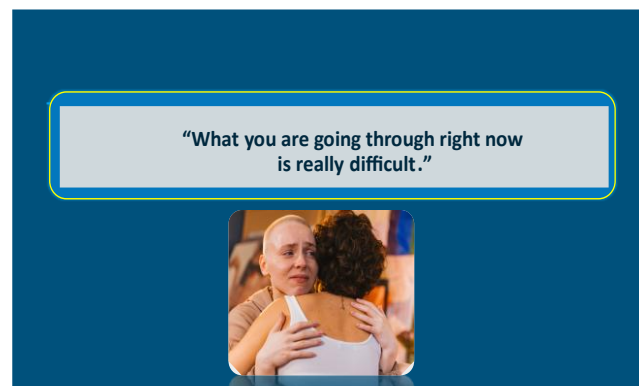
How can we help someone find meaning and fulfillment within their current abilities? Sometimes, it's about honoring the simple, yet deeply meaningful, things they still long to do. This might mean finishing a cherished project with the help of a friend, enjoying the beauty of nature from a wheelchair or a car, or spending time with loved ones looking through a photo album and sharing memories. Small acts can carry great significance - our role is to help make those moments possible & meaningful.



Remember - We are not there to provide answers, but to accompany, pray with and encourage others in their journey!

The concerns of the sick should **always be heard & never minimised**. Conversations can be difficult – for sure!! And we are **not** there to cheer them up or change the subject.

Acknowledging that a person finds themselves in a humanly difficult situation is essential. Often when suffering is taken seriously & solutions are offered, the request for euthanasia disappears. It's ok to say, ***"What you are going through right now is really difficult."***



"Although the world is full of suffering, it is also full of the overcoming of it."

- Helen Keller

Palliative Care/End of Life Resources

- **Archdiocese of St. Boniface:**
 - <https://www.archsaintboniface.ca/main.php?p=1189#gsc.tab=0>
- **Canadian Conference of Catholic Bishops:**
 - <https://www.cccb.ca/faith-moral-issues/health-care/palliative-care/>
- **Catholic Bioethics:**
 - <https://www.archsaintboniface.ca/main.php?p=1186#gsc.tab=0>
- **Euthanasia Prevention Coalition:**
 - <https://epcc.ca/>
- **Canadian Physicians for Life:**
 - <https://www.physiciansforlife.ca/>
- **Canadian Christian Medical and Dental Association:**
 - <https://cmdacanada.org/>
- **Focus on the Family:**
 - <https://www.focusonthefamily.ca/>