

## Statement by the Canadian Conference of Catholic Bishops on the Non-Permissibility of Euthanasia and Assisted Suicide within Canadian Health Organizations with a Catholic Identity

For generations, Catholic dioceses and religious orders in Canada have been major contributors to the development and delivery of healthcare services across the country. The first hospital in Canada, the *Hôtel-Dieu* in Quebec City, was established in 1639 by three Religious Sisters of the *Augustines de la Miséricorde de Jésus* to provide medical care to the French settlers and Indigenous populations of the time. That hospital was the first in North America and is still in operation.

There are today 129 Catholic healthcare providers across Canada, accounting for nearly 20,000 healthcare beds.<sup>1</sup> These facilities are supported by 19 dioceses and 14 Catholic sponsors. They span 6 provinces and 27 health regions/authorities. These Catholic healthcare facilities are strong partners in an integrated healthcare system and are deeply committed to honouring the dignity of the human person by providing high quality, compassionate, and integrated healthcare to the patients they serve.

Despite the pressure being applied to Catholic healthcare institutions by some Canadians and Canadian organizations to perform, or to provide through a third-party, 'Medical Assistance in Dying/MAiD,' in other words euthanasia or assisted suicide,<sup>2</sup> the Catholic Church, which regards life as sacred and inviolable, remains firm in its opposition to MAiD.<sup>3</sup> Euthanasia and assisted suicide (MAiD) have always been, and will always be, morally unacceptable<sup>4</sup> because they are affronts to human dignity and violations of natural and divine law.<sup>5</sup> Catholic healthcare affirms that every person, made in the image of God (cf. Gen 1:26), has intrinsic value, regardless of ability or health.

https://press.vatican.va/content/salastampa/en/bollettino/pubblico/2020/09/22/200922a.html

<sup>&</sup>lt;sup>1</sup> "Catholic Health Care: Facts at a Glance," Catholic Health Alliance of Canada (CHAC), 2021, <u>https://www.chac.ca/documents/665/Catholic\_facts\_at\_a\_glance\_2021\_english.pdf</u>.

<sup>&</sup>lt;sup>2</sup> Cf. The two definitions of MAiD in the Criminal Code (Canada), section 241.1 meet the definition of euthanasia and assisted suicide as understood in Catholic moral theology: "*medical assistance in dying* means (a) the administering by a medical practitioner or nurse practitioner of a substance to a person, at their request, that causes their death; or (b) the prescribing or providing by a medical practitioner or nurse practitioner or nurse practitioner of a substance to a person, at their request, so that they may self-administer the substance and in doing so cause their own death." Aiding a person to die by suicide is an indictable offence, but an exemption protects the medical practitioner or nurse practitioner or nurse practitioner or nurse practitioner and requirements: section 241. <u>https://laws-lois.justice.gc.ca/eng/acts/c-46/page-35.html#docCont</u>

<sup>&</sup>lt;sup>3</sup> Cf. CCCB Permanent Council, *Statement on the Expansion of Euthanasia and Assisted Suicide in Canada*, April 8, 2021, <u>https://www.cccb.ca/wp-content/uploads/2021/04/Euthanasia-and-assisted-suicide-Message-to-faithful-8-April-2021-EN.pdf.</u>

<sup>&</sup>lt;sup>4</sup> Cf. *Catechism of the Catholic Church*, 2<sup>nd</sup> ed. (Ottawa: Canadian Conference of Catholic Bishops, 1997), n. 2277: "Whatever its motives and means, direct euthanasia consists in putting an end to the lives of handicapped, sick, or dying persons. It is morally unacceptable."

<sup>&</sup>lt;sup>5</sup> Cf. *Samaritanus bonus*, Letter of the Congregation of the Doctrine of the Faith on care of persons in the critical phases of life, Vatican City, July 14, 2020, part V.

For these reasons, we, the members of the Canadian Conference of Catholic Bishops, unanimously and unequivocally oppose the performance of either euthanasia or assisted suicide (MAiD) within health organizations with a Catholic identity. We oppose any efforts by governments or others to compel such facilities to perform MAiD in violation of Catholic teachings.<sup>6</sup> Anything to the contrary would deeply betray the identity of these institutions as Catholic and would not be in keeping with the Church's moral teachings on the sanctity of life and the dignity of the human person.

We continue to commend and support the moral position taken by Catholic healthcare institutions across Canada which, in keeping with the Guidelines of the *Health Ethics Guide* of the Catholic Health Alliance of Canada<sup>7</sup> as well as the freedom of conscience and religion, do not permit either euthanasia or assisted suicide within their facilities. When patients choose an option that cannot be offered within a Catholic healthcare institution, they are assured of a safe and timely discharge and transfer of care.

The Catholic position on this matter emphasizes the provision of compassionate and high-quality care for all. This means that those whose illness is irremediable should have easy and immediate access to comprehensive palliative care.<sup>8</sup> When palliative care is provided more often and in the earlier stages of a serious disease, it not only relieves pain, but also responds to patients' existential, psychological, and spiritual needs and those of their families and caregivers. In order to help introduce the benefits of palliative care, the CCCB has developed an online toolkit entitled *Horizons of Hope*. This toolkit, consisting of four modules, can be used by individuals, as well as groups, parishes, healthcare facilities, and other institutions as a source of learning on the issue.

With the threat of MAiD becoming available to Canadians whose sole medical condition is mental illness, we cannot emphasize enough how important it is for public healthcare to invest more in mental health resources. This investment is urgently needed not only because of the present mental health crisis in which needs far exceed resources, but because discouragement and despair can also result from this very scarcity of reachable, reliable, and robust support.

To conclude, our commitment, as Christians, to accompany the sick with care and love until natural death is a direct response to the command of God and the example of our Lord: "Do not cast me off in the time of old age; do not forsake me when my strength is spent" (Ps 71:9); "I was sick and you took care of me" (Mt 25:36). We continue to pray for the sick, for all caregivers, and for lawmakers whose role it is to help shape a society that does not harm or endanger the lives of its citizens.

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https://www.chac.ca/documents/422/Health\_Ethics\_Guide\_2013.pdf.

<sup>&</sup>lt;sup>6</sup> Parliament has acknowledged that no individual should be compelled to perform or to assist in MAiD: "For greater certainty, nothing in this section compels an individual to provide or assist in providing medical assistance in dying": *Criminal Code*, subsection 241.2(9).

<sup>&</sup>lt;sup>7</sup> See: *Health Ethics Guide* 3<sup>rd</sup> edition (Ottawa: Catholic Health Alliance of Canada, 2013).

<sup>&</sup>lt;sup>8</sup> Cf. Canadian Conference of Catholic Bishops, "Interfaith Statement on Palliative Care," June 14, 2016, <u>https://www.cccb.ca/letter/interfaith-statement-on-palliative-care/.</u>