



**Assemblée des
évêques catholiques
du Québec**



Approaching Death in the Company of Christ

A pastoral letter to the Catholics of Québec

*proposing a journey of reflection
on end-of-life care
in the light of God's Word*

December 2015

Assembly of Québec Catholic Bishops

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Approcher de la mort avec le Christ

*Lettre pastorale aux catholiques du Québec
proposant un parcours de réflexion sur les soins de fin de vie
à la lumière de la Parole de Dieu*

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St. François de Laval (1623-1708), first bishop of Québec City, at the bedside of a sick person

*Stained glass by Jan Tillemans, OMI (1915-1980)
From the windows of Notre-Dame-du-Cap Basilica, Trois-Rivières
Photo by Bertrand Ouellet.*

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“The Assembly of Québec Catholic Bishops contributed on numerous occasions to the debate surrounding Bill 52, on medical aid in dying, to restate its deep conviction which is that of the Church: human life must be protected and respected right up to its natural end. As our late president Archbishop Pierre-André Fournier wrote last June 6, the day after Bill 52 was passed: ‘Euthanasia, even if legal, is utterly contrary to the dignity of life and of the person’ ”

*– Excerpt from the declaration made on February 6, 2015¹,
by the Assembly of Québec Catholic Bishops (AQCB)*

For many of Québec’s Catholics, as for many other Quebecers of every creed and conviction, the debates of recent years on the care to be given to the terminally ill and on the conditions needed to “die with dignity” were an occasion for profound reflection and painful questioning.

On the one hand, many share the Church’s conviction that human life must be protected and respected until its natural end, without any intervention, medical or otherwise, to bring about death directly; the conviction that euthanasia, even under the name of “medical aid in dying,” must not be considered an option. On the other hand, we are always shaken by the physical and mental sufferings of those who are enduring a long and difficult terminal phase and who, if they are deprived of real palliative care, sometimes ask that their lives be brought to an end.

1. Bearing witness to our hope

The fundamental questions elicited by these debates are among the most difficult and the most sensitive to address. What does “compassion” mean? What is dignity, really? What does it truly mean to live and die with dignity? How can we bring support and comfort in the most human way possible to those who are gravely ill? How do we accompany empathetically those who are dying? How does one prepare oneself for the final stages of this life and for death?

A great many of the opinions, ideas, and proposals that are circulating in our society about these issues nowadays make no reference to God, to the Gospel of Jesus Christ, or to the Church. For us Catholics here in Québec, opportunities to affirm our faith and promote our convictions will become more and more frequent in this society whose predominant values are sometimes different from those that we cherish.

In this context, the words of the St. Peter the Apostle in his First Epistle are very timely:

*“Always be ready to make your defence to anyone who demands from you an account of the hope that is in you; yet do it with gentleness and reverence”.*²

It is from this perspective that the bishops of Québec are intervening once again today: on the one hand, to take stock of the situation following the adoption of the *Act respecting end-of-life care* (Bill 52) and, on the other hand, to propose a journey of reflection on the subject of this care, in the light of the Word of God.

There are, to be sure, many people – even some Catholics included – who welcomed the new law and applauded its passage by the National Assembly. It is our hope that we can journey together peacefully, despite any differences of opinion, attending to the Word of God and to the convictions held and expressed by the universal Church.³

2. The new legal situation in Québec

At the end of a long process of public consultations and after a debate that continued under successive governments formed by two different parties, the *Act respecting end-of-life care* was passed by the National Assembly on June 5, 2014,⁴ by a vote of 94 to 22. It was a very clear majority, but not the consensus declared by advocates of the bill. Indeed, even the cabinet was deeply divided on the question, as 11 out of the 27 ministers voted against it.⁵

The new law includes in the category “end-of-life care” both palliative care and “medical aid in dying” which it defines as follows:⁶

- palliative care, under the terms of this law, is:

“the total and active care delivered by an interdisciplinary team to patients suffering from a disease with reserved prognosis, in order to relieve their suffering, without delaying or hastening death, maintain the best quality of life possible and provide them and their close relations the support they need”;

- “medical aid in dying”, likewise under the terms of this law, consists of

“care consisting in the administration by a physician of medications or substances to an end-of-life patient, at the patient's request, in order to relieve their suffering by hastening death”.

The difference between the two practices is immediately obvious. Palliative care, as the name implies, is truly care; it is dispensed “in order to relieve... suffering, without delaying or hastening death”. “Medical aid in dying” is the opposite: it consists of abandoning palliative care, of ceasing all care for the sick person and directly and deliberately bringing about his or her death.

This “medical aid in dying” which the physician can implement at the request of a person at the end of life corresponds, in fact, to the common definition of euthanasia:

*“Euthanasia: the act or practice of killing someone who is very sick or injured in order to prevent any more suffering”.*⁷

To put it straightforwardly, then: the *Act respecting end-of-life care* allows a person in a terminal phase to be euthanized by a physician at their request.

The Assembly of Bishops wishes to re-affirm today what it has stated throughout the debates and consultations of recent years: that what the new law designates as “medical aid in dying” is, in reality, euthanasia on demand. It is not a form of care and ought never to be associated, in any way, with palliative care, which is true end-of-life care

3. The intervention of the Supreme Court

Québec’s law on end-of-life care specifies clearly that “medical aid in dying” will only be available to those who are already at the “end of life”.

However, the Supreme Court of Canada did not lay down this condition in its judgment of February 6, 2015.

In fact, asked to rule on the sections of the Criminal Code that prohibit euthanasia, the highest court in the land struck them down “*to the extent that they prohibit physician assisted death for a competent adult person who*

- (1) clearly consents to the termination of life and*
- (2) has a grievous and irremediable medical condition (including an illness, disease or disability) that causes enduring suffering that is intolerable to the individual in the circumstances of his or her condition”.*⁸

It is important to note here that we are not only talking about persons in a terminal phase but about anyone who may have a “*grievous and irremediable medical condition (including an illness, disease or disability)*”.

An example comes to mind: the abuses that have been observed in Belgium, where euthanasia at the end of life was legalized almost fourteen years ago. The Belgian bishops, in a declaration published recently in their country’s newspapers, offer testimony that provides a glimpse of some very worrying points of view:

“Since the 2002 law on euthanasia, one thing has become clear: the abuses predicted at that time have become reality. The limits of the law are systematically skirted, indeed violated. The range of categories of patients who are eligible for euthanasia keeps on growing. Existential suffering, such as a weariness of living, is thus included within the parameters of the euthanasia law by persons with authority in our society – without any indication of any underlying psychological or psychiatric disorder, something that is beyond the competence of medicine.

*“There are also demands that the law be broadened in order to permit euthanasia of persons suffering from dementia, at some moment decided by them in advance, on the basis of a living will.”*⁹

4. The assistance that dying persons truly need

“The ruling made today by the Supreme Court of Canada...motivates us to redouble our efforts to promote palliative care and to insist that it be available to all, in every region”.

– Excerpt from the declaration made on February 6, 2015,
by the Assembly of Québec Catholic Bishops

To assist the dying means, first of all, to care for them.

It means accompanying them, comforting them, consoling them, supporting them emotionally and spiritually, by offering them all the medical care that is humanly possible – including palliative care when the time comes, which must absolutely be available to all.

It also means being able to refrain from “over-zealous” treatments; in other words, stopping treatments that are not useful or that are disproportionate, dangerous, or too burdensome, and that are in their own way a denial of death which must come in time. Such cessation of treatment is an entirely legitimate decision which must in no way be confused with “medical aid in dying”. Stopping a treatment that serves no purpose, or “unplugging” someone who will never recover their health and who is kept alive artificially, is not euthanasia; it is, rather, simply allowing someone to die whose time has come. As the *Catechism of the Catholic Church* states, “*here one does not will to cause death; one’s inability to impede it is merely accepted.*”¹⁰

To assist the dying also means assisting them to prepare for death and for passage to eternal life, particularly with prayer on their behalf and, if they so desire, with the sacraments and prayer with them.

To assist the dying is to help them to die well, by taking good care of them, and not by bringing about their death.

To cite the concluding words of the brief prepared by the Assembly of Québec Catholic Bishops for the National Assembly’s select committee on “dying with dignity”, it is a question of making the end of life

*“as human and as humanizing as possible, as much for the individuals as for our society. We believe that this will be the case if the end comes in its own time: neither before by means of euthanasia or assisted suicide, nor after by means of aggressive therapy.”*¹¹

5. The grace of the sacraments

“Thus, just as the sacraments of Baptism, Confirmation, and the Eucharist form a unity called ‘the sacraments of Christian initiation,’ so too it can be said that Penance, the Anointing of the Sick and the Eucharist as Viaticum constitute at the end of Christian life ‘the sacraments that prepare for our heavenly homeland’ or the sacraments that complete the earthly pilgrimage.”

– *Catechism of the Catholic Church*, para. 1525

Among the forms of pastoral care and spiritual support that can be offered as the end of this life approaches, a very special place belongs to the sacraments of Penance and Reconciliation, Anointing of the Sick, and Eucharist.

The celebration of Anointing of the Sick, in particular, is a privileged sign of God's tenderness and mercy. As for those people who might hesitate to receive this sacrament or request it for a loved one because it was, at one time, associated exclusively with imminent death, we should help them to discover the Church's care and concern. Since the Second Vatican Council (1962-1965), the Church has sought to reevaluate Anointing as a source of a grace *"of strengthening, peace and courage to overcome the difficulties that go with the condition of serious illness or the frailty of old age."*¹² It is for this reason, moreover, that the Council recommended that the sacrament's old name of Extreme Unction be abandoned in favour of Anointing of the Sick.¹³ Indeed, this sacrament can be received repeatedly, and at any time of life.

*"If a sick person who received this anointing recovers his health, he can in the case of another grave illness receive this sacrament again. If during the same illness the person's condition becomes more serious, the sacrament may be repeated... the same holds for the elderly whose frailty becomes more pronounced."*¹⁴

*"Therefore it makes sense for young people to ask for this sacrament also, if, for example, they are about to undergo a serious operation."*¹⁵

Everyone who accompanies and cares for elderly or gravely ill persons can attest to the psychological difficulties and to the ups and downs that they go through. As we know, *"illness can lead to anguish, self-absorption, sometimes even despair and revolt against God."*¹⁶

However, it is also true that sickness can also *"make a person more mature, helping him discern in his life what is not essential so that he can turn toward that which is. Very often illness provokes a search for God and a return to him."*¹⁷ The sacrament of Anointing of the Sick can undoubtedly contribute to such an interior turnaround. It also has the effect of bringing about *"the forgiveness of sins, if the sick person was not able to obtain it through the sacrament of Penance."*¹⁸

Anointing of the Sick can be a precious relief and a decisive step in the life of faith *"when the believer begins to be in danger of death because of illness or old age."*¹⁹ The grace obtained from this sacrament is *"a gift of the Holy Spirit, who renews trust and faith in God and strengthens against the temptations of the evil one, the temptation to discouragement and anguish in the face of death."*²⁰ It can be critical in providing the lucidity and courage to live through this crucial final stage of life and even to reject the possibility of taking or of asking help in taking one's own life.

*"Every Christian is called to live his or her everyday life in close union with Jesus Christ. This is no less true of the Christian who is sick."*²¹ Since receiving the sacrament of the Eucharist is a high point of union with Christ, it is all the more

significant and vital as one approaches the end of this life and entry into eternal life. This last Communion is called Viaticum.

“Communion in the body and blood of Christ, received at this moment of ‘passing over’ to the Father, has a particular significance and importance. It is the seed of eternal life and the power of resurrection, according to the words of the Lord: ‘He who eats my flesh and drinks my blood has eternal life, and I will raise him up at the last day.’”²²

6. Freedom of conscience and witness of faith

“Our society must now take up the great challenge of respect for freedom of conscience. To all medical personnel who will face requests for euthanasia and to all persons who will not accept suicide as medicine’s response to suffering, we wish the strength and courage to invoke their right to conscientious objection when the moment comes.”

– Excerpt from the declaration made on February 6, 2015, by the Assembly of Québec Catholic Bishops

Our thoughts turn in a particular way to Catholics working in health care: general practitioners, nurses and patient attendants, oncologists and other specialists, but also pastoral care workers, spiritual health practitioner (“*intervenants en soins spirituels*”), volunteers, and other personnel who will be faced by requests for “medical aid in dying.” They will need the encouragement, prayers, and support of their brothers and sisters in faith in order to be able to go as far as conscientious objection, if need be.

As the president of the Canadian Conference of Catholic Bishops reminds us in his statement of February 6, 2015, we must continue to insist to political authorities and to professional associations that they

“implement policies and guidelines which ensure respect for the freedom of conscience of all health-care workers as well as administrators who will not and cannot accept suicide as a medical solution to pain and suffering.”²³

Let us remember in our personal and common prayer the most fragile and vulnerable persons who will be affected one way or another by the law permitting “medical aid in dying”, above all the very sick, the disabled, and the elderly – who may be disturbed and anxious and even feel unsafe – and in particular let us pray for those who may be tempted to consider ending their lives. We must also get ready to welcome and assist all those who will be involved in the implementation of euthanasia – family members, medical staff, administrators, and legislators – and who may subsequently be in need of accompaniment.

Finally, we constantly pray and intercede, in the solidarity of the communion of saints, for those who take their own lives, with or without medical aid, and we entrust them to the love and mercy of the Lord.

• • •

“You are the salt of the earth,” Jesus said in his famous Sermon on the Mount. *“But if salt has lost its taste, how can its saltiness be restored? It is no longer good for anything, but is thrown out and trampled under foot... Let your light shine before others, so that they may see your good works and give glory to your Father in heaven.”*²⁴ These words are more relevant than ever.

*“I like to recall what Saint Francis of Assisi used to say to his friars: ‘Preach the Gospel at all times; if necessary, use words’. Words come... but witness comes first: people should see the Gospel, read the Gospel, in our lives.”*²⁵

– Pope Francis

It is to help people to become true witnesses to Christ and to the Gospel – witnesses which Québec will surely need once it is confronted with the reality of euthanasia’s spread – that the bishops today propose, to any who wish to participate in it, a journey of reflection on end-of-life care in the light of the Gospel.

This is an invitation to take the time to let oneself be imbued and moved interiorly by the Word of God and, if desired, to discuss it with others – in one’s family, among friends, or among members of a Christian community.

May the Holy Spirit guide each one of us and all of us together as, heeding and imitating Jesus Christ, we discover and deepen a true humanism, the only way to live and die in complete dignity in the love and mercy of God, Father, Son, and Holy Spirit.



+Paul Lortie

Bishop of Mont-Laurier

and president of the Assembly of Québec Catholic Bishops

December 8, 2015

Solemnity of the Immaculate Conception of the Blessed Virgin Mary
and first day of the Jubilee Year of Mercy

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- 1 This declaration was published on the occasion of the decision by the Supreme Court of Canada striking down the sections of the Criminal Code that prohibit assisted suicide and euthanasia. It was signed by Bishop André Rivest of Chicoutimi, vice-president of the AQCB, following the sudden death on January 10 of the president, Archbishop Pierre-André Fournier. The AQCB elected a new president, Bishop Paul Lortie of Mont-Laurier, in March.
 - 2 I *Peter* 3:15-16.
 - 3 See especially the section entitled “The tragedy of euthanasia” in Pope John Paul II’s encyclical letter *Evangelium vitae* (*The Gospel of Life*), paragraphs 64 to 67. See also the summary on euthanasia and suicide in the *Catechism of the Catholic Church*, nos. 2276 to 2283 and 2324 to 2325.
 - 4 There was an 18-month grace period planned before the law came into force in December 2015.
 - 5 A detailed summary of the vote, including the names of all the MNAs who voted for and against the bill, may be found in the National Assembly’s *Journal des débats (Hansard)* of June 5, 2014, accessible online at the National Assembly’s website, www.assnat.qc.ca, in the section *Parliamentary Proceedings*.
 - 6 These definitions are given in section 3 of the *Act respecting end-of-life care*. Emphasis added.
 - 7 “Euthanasia” Merriam-Webster.com. Accessed December 29, 2015 – <http://www.merriam-webster.com/dictionary/euthanasia>.
 - 8 *Carter v. Canada (Attorney General)* [2015] 1 SCR page 334. See the section “Judgments” of the Supreme Court’s website www.scc-csc.ca. This decision will come into effect on February 6, 2016, twelve months after its publication.
 - 9 Excerpt from the February 26, 2015 declaration of the Catholic bishops of Belgium entitled “La dignité de la personne humaine, même démente” [“The dignity of the human person, even with dementia”], published in newspapers on Monday, March 2, 2015.
This translation is made from the original French text at <http://www.cathobel.be/2015/03/02/la-dignite-de-la-personne-humaine-meme-demente/>
 - 10 *Catechism of the Catholic Church*, (2nd ed., 1998), para. 2278. Paragraphs 2276 to 2279, as well as 2324, concern euthanasia.
 - 11 From the *AQCB brief submitted to the Select Committee on Dying with Dignity* on June 30, 2010 and presented on September 30, 2010.
 - 12 *Catechism of the Catholic Church*, para. 1520.
 - 13 See the Second Vatican Council’s Constitution on the Sacred Liturgy (December 4, 1963), para. 73. “‘Extreme unction,’ which may also and more fittingly be called ‘anointing of the sick,’ is not a sacrament for those only who are at the point of death. Hence, as soon as any one of the faithful begins to be in danger of death from sickness or old age, the fitting time for him to receive this sacrament has certainly already arrived.” *Catechism of the Catholic Church*, para 1515.
 - 14 *Catechism of the Catholic Church*, para. 1515.
 - 15 *YOUCAT – Youth Catechism of the Catholic Church*, para. 243.
 - 16 *Catechism of the Catholic Church*, para. 1501.
 - 17 *Catechism of the Catholic Church*, para. 1501.
 - 18 *Catechism of the Catholic Church*, para. 1532.
 - 19 *Catechism of the Catholic Church*, para. 1528. Paragraphs 1499 to 1532 of the *Catechism* are devoted to the sacrament of Anointing of the Sick
 - 20 *Catechism of the Catholic Church*, para. 1520.
 - 21 Translated excerpt from para. 6 of the *Notes doctrinales et pastorales* (“Doctrinal and pastoral notes”) of the ritual for Anointing of the Sick as included in *Sacrements pour les malades – Pastorale et Célébration* (Paris: Éditions Chalet-Tardy, 1980, © A.E.L.F. 1977), p. 13.
 - 22 *Catechism of the Catholic Church*, para. 1524. The biblical quotation is from John 6:54.
 - 23 Statement of February 6, 2015 by the president of the Canadian Conference of Catholic Bishops, Archbishop Paul-André Durocher (Archbishop of Gatineau, QC) in response to the Supreme Court’s ruling.
 - 24 *Matthew* 5:13-16.
 - 25 Pope Francis, *Address to catechists on pilgrimage to Rome*, September 27, 2013. Source: www.vatican.va

The resource “*End-of-life care in the light of God’s Word*” can be downloaded from the website of the Assembly of Québec Catholic Bishops: www.eveques.qc.ca

The five steps in this journey of reflection are:

1. Learning Compassion in the Company of Christ



- a. “Out of the depths I cry to you, O Lord.”
- b. “Jesus had compassion on them.”
- c. “I was sick and you took care of me.”

2. Accompanying and Leading to Christ



- a. “A Samaritan while traveling came near him.”
- b. “Who can forgive sins?”
- c. “They compelled a passer-by to carry his cross.”

3. Staying Awake with Christ



- a. “Remain here, and stay awake with me.”
- b. “Keep awake therefore, for you know neither the day nor the hour.”
- c. “Pray without ceasing.”

4. Approaching Death in the Company of Christ



- a. “Today you will be with me in Paradise.”
- b. “Father, forgive them; for they do not know what they are doing.”
- c. “Here is your son... here is your mother.”

5. Dying and Rising with Christ



- a. “Who will separate us from the love of Christ?”
- b. “It is Christ who lives in me.”
- c. “Father, into your hands I commend my spirit.”
- d. “United with him in a resurrection like his.”

