

Final Words

What happens when a candidate for Medical Assistance in Dying requests pastoral care?

BY AIMEE PATTERSON



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People matter. Life matters. Dying matters. Death matters. We believe these statements. We see them at work when corps host food banks, run moms-and-tots programs, teach English classes, offer intercessory prayer or knit prayer shawls. They are signs of compassionate love that expects nothing in return.

Not all corps officers are knitters, nor are they expected to be. But corps officers are expected to journey with dying people. This is an essential part of pastoral care. And it's becoming more complex.

With the addition of Medical Assistance in Dying (MAiD) in Canadian law and health care, we have witnessed a big shift in the way many Canadians think about death, dying and human life. MAiD is the intentional ending of human life. Physicians and nurse practitioners are legally permitted to perform MAiD to eligible patients who request it. Since its inception in 2016, MAiD has been given to thousands of people. Some have called

on Salvation Army officers for pastoral care. This is new territory. Let's take a closer look at what journeying with a person considering MAiD can look like.

Nurturing Compassion

The Salvation Army stands firmly against MAiD. This position is grounded in the belief that all people are created in God's image. Everyone has God-given intrinsic value, which we call human dignity. Human dignity means our lives are sacred. Our value cannot be removed by action or health condition. Instead, we deserve compassion and care throughout our lives. This is no less true when we are dying. However, MAiD is not an acceptable response of care. Contrary to those who advocate for MAiD, The Salvation Army holds that the direct and intentional ending of life goes against human dignity.

Instead, The Salvation Army champions palliative care. Palliative care offers comfort and pain relief when cure and

control are not possible. An interdisciplinary team attends to a person's physical, emotional, psychological, social and spiritual needs. Palliative care extends to the point of a person's natural death. It also extends to the person's family and loved ones as they cope with loss and grief. It works toward a good death without ending the life of a person, because that person is always worth caring for.

Palliative care recognizes a paradox in human suffering. Suffering cannot be left unaddressed. But it cannot be stricken from human experience. There is labour in coming into life and there is labour going out. That is part of what it is to be human.

We find this idea in Scripture, too. The Apostle Paul writes about his own sufferings. They don't go away. Yet he finds something to hope in that is greater than physical healing (see 2 Corinthians 12:7-10). Helping people find this hope, even in profound suffering, is part of the work of a pastor. When a person considering

or opting for MAiD seeks pastoral care, Salvation Army officers are not discouraged from providing it. As everyone has God-given dignity, we are not to turn our backs on people who opt for MAiD. We may stand against MAiD, but we stand for *people*. People are always worth our care.

This aligns with other situations in which officers might provide pastoral care. For instance, we do not refuse care to a person who is considering elective abortion. We care. And without compromising our ethical position on this act, we care with compassion.

We care best, I think, when we imagine ourselves in the other person's position. What is it like to be a person who is suffering to the degree that they want their life to be over? We've read about people like that in Scripture. Job and Jeremiah suffered so much each cursed the day he was born (see Job 3:1-3; Jeremiah 20:14). Jonah and Elijah each prayed that God would end his life (see Jonah 4:3; 1 Kings 19:4). What led these people to desire death? How much suffering must they have experienced?

We nurture compassion by reflecting on how we respond to the death of a loved one who has suffered much. It's common to hear, "Her death is a sad loss for us, but I'm glad her suffering is over." It's a horrible thing to witness someone languishing in pain or struggling to breathe. We wish we could take that suffering away, perhaps even take their pain on ourselves, as Jesus did for each of us. That is true compassion.

We are called to care compassionately for people who make choices we would not make or advise. We can believe that killing a person to end their suffering is deeply wrong. And at the same time, we can believe their suffering is deeply wrong, too.

End-of-Life Journey

So, what happens when a corps officer is asked to go on a pastoral care journey with someone interested in pursuing MAiD?

Of course, every situation will be different, depending on the existing relationship and other contextual factors. But we start with love. Salvationists are called to convey in word and deed that God loves everyone. Offering pastoral care to a person considering or opting for MAiD means ensuring they know God will love

them no matter what they decide.

Likewise, we are called to love others just as Jesus loves us (see John 13:34). Jesus was a healer whose miracles were not limited to the body. He was the kind of person who looked suffering people in the eyes with compassion. He showed them they mattered—and mattered to *him*. Pastoral care includes looking the person in the eye and saying, "You matter to me."

Journeying with the person typically involves presence. Not all officers will feel comfortable being present with a person considering MAiD, particularly when the time of MAiD comes close. For instance, an officer may object to MAiD by conscience, feeling that, if the person

opts for MAiD, a direct pastoral care relationship makes them complicit.

An officer's choice in this matter should be respected. In such cases, the officer needs to communicate the kind of care they can and cannot offer to the person with gentleness and compassion. This doesn't necessitate a severing of relationship; it is an honest statement of what the officer is and is not capable of giving. There may be additional ways to demonstrate ongoing compassion, such as ensuring the person remains a welcomed member of the community and knows the officer continues to pray and encourage prayer for them.

The journey of pastoral care is not about providing medical advice. Both those who offer and receive care should know this. Instead, attentive listening, conversation and prayer permeate the relationship. Each person has a story, one that is unique and worth our attention. It reveals much about who the person is. And it tracks the journey they have already walked, one that has led them to this point of decision-making. MAiD is probably something a person has pondered long before approaching a corps officer. But it's unlikely MAiD was the

first option they considered when faced with profound suffering. Gentle questions may help open up their story: What has led you to consider MAiD? Do you feel your life has value or hope? What do your relationships with family and loved ones look like? What about your relationship with God? Do you know that God loves you just as you are?

Conversation is not easy. But many palliative care practitioners say that offering patients the opportunity to share their story leads many of them to choose against MAiD.

There are other care matters officers should prepare for. More and more, we are hearing from physicians that they

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have faced trauma after performing MAiD. These are stories that don't make the news. The same trauma can be experienced by those who offer pastoral care. Recently, area commanders have been trained to support officers facing this situation. They can provide resources for the journey and offer debriefing opportunities. In addition, training materials for providing pastoral care to persons considering MAiD are currently in production. Look for them to be rolled out soon.

Finally, corps officers have power to shape the culture of a corps. If people, life, death and dying all matter, we all need to be engaging these matters before we think we need to. So, take up those hard topics of suffering, dying and death on a regular basis. Address them in sermons and Bible study. Ask the Ethics Centre to assist in arranging for a conversation series or webinar. In creating greater comfortability around these topics, we may cultivate communities of people who know that even profound suffering cannot diminish their God-given dignity. ☺

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