Position Statement on Euthanasia, Physician Assisted Suicide and Voluntary Assisted Dying

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Since the establishment of Calvary in 1885, with the arrival of the Sisters of the Little Company of Mary in Australia, Calvary has become well known for the provision of health care to the most vulnerable, including those reaching the end of their life. With more than 12,000 staff and volunteers, 15 public and private hospitals, 17 retirement and aged care facilities, and a national network of Community Care centres, we operate across six states and territories within Australia.

Preamble:

As of the date of release of this position statement, the only Australian jurisdiction with legislation legalising 'physican-assisted suicide' or 'euthanasia' is Victoria, with the *Voluntary Assisted Dying Act 2017 (Vic)* due to be implemented 19 June 2019. Debates and discussions regarding the possibility of introducing similar legislation in other states and territories continue across Australia. Calvary's position regarding euthanasia and/or physician-assisted suicide,- remains the same across all its sites and services, regardless of the jurisdiction in which they operate. We acknowledge that the terminology used to describe these interventions varies from place to place. In the *Voluntary Assisted Dying Act 2017 (Vic)* they are collectively referred to as 'voluntary assisted dying'.[1]

In addition to our own mission which brings the healing ministry of Jesus to those who are sick, dying and in need through 'being for others', and our values of Hospitality, Healing, Stewardship and Respect, Calvary's position is congruent with the *Code of Ethics for Catholic Health and Aged Care Services in Australia*.[2] Catholic health and aged care services are committed to the ethic of healing, the ethic which is found in both the longstanding Hippocratic tradition of medical practice and the longstanding Christian tradition of providing care, especially for poor and vulnerable people.[3]

The features of this ethic as it pertains to those who have a life-limiting illness and/or are nearing the end of their lives include commitments: to heal and never to harm; to relieve pain and other physical and psycho-social symptoms of illness and frailty; to withdraw life-prolonging treatments when they are futile or overly burdensome or when a person wants them withdrawn and gives informed refusal of these treatments; and to never abandon patients.[4]

Calvary Health Care does not support euthanasia or physician-assisted suicide nor do we recognise these interventions as medical treatments.

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[1] *Voluntary Assisted Dying Act 2017* (Vic), Part 1, Section 3.
[2] Catholic Health Australia, *Code of Ethical Standards for Catholic Health and Aged Care Services in Australia* (Deakin West: Catholic Health Australia, 2001), Part 2, no. 1.13; 1.14; 1.15; 1.16; 5.21.
[3] Catholic Health Australia, Excellence in end-of-life care: A Restatement of Core Principles Revision of 5-10-18
[4] *Code of Ethical Standards*, Part 2, no. 1.13; 1.14; 1.15; 1.16; 5.21.

Accordingly, Calvary is not involved in the implementation of any *Voluntary Assisted Dying* legislation and Calvary will not provide services permitted under this or any similar legislation.

Calvary Health Care:

- Does not believe that assisting a person to commit suicide is an expression of care for that person.
- Will empower the patient/resident/client to actively participate in decision-making regarding their treatment and care, will honour their self-determination through the use of advance care planning, and will recognise the role of substitute decision makers/medical treatment decision makers and any other agents acting on behalf of the patient/resident/client.
- Will provide holistic, comprehensive end of life care; will address the physical, spiritual, psychological and social needs of the patient/resident/client and their families, including existential distress, with the goal of reducing suffering.
- Will neither hasten nor prolong death.[5]
- Will not intentionally inflict death on patients (that is, provide euthanasia), nor intentionally assist patients, residents or clients to take their own lives (that is, provide physician-assisted suicide.
- Will, in alignment with the principles set out in the *Spirit of Calvary*, respond openly, respectfully, without discrimination and sensitively to anyone within our care who expresses a wish to explore or consider physician-assisted suicide.
- Will actively listen to and accompany[6] any person who is nearing end of life, and will not abandon anyone who is in need of care.
- Will not facilitate or participate in assessments undertaken for the purpose of a patient or resident having access to or making use of the interventions allowed under the *Voluntary Assisted Dying Act 2017 (Vic)*, nor will we provide (or facilitate the provision of) a substance for the same purpose.

Definitions:

End of Life Care[7] includes physical, spiritual and psychosocial assessment, and care and treatment delivered by health professionals and ancillary staff. It also includes support of families and carers, and care of the person's body after their death.

People are 'approaching the end-of-life' when they are likely to die within the next 12 months. This includes people whose death is imminent (expected within a few hours or days) and those with:

- advanced, progressive, incurable conditions;
- general frailty and co-existing conditions that mean that they are expected to die within 12 months;
- existing conditions, if they are at risk of dying from a sudden acute crisis in their condition;
- life-threatening acute conditions caused by sudden catastrophic events.

Palliative Care[5] an approach that improves the quality of life of patients and their families facing problems associated with life-threatening illness, through the prevention and relief of suffering by means of early

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[5] World Health Organization, definition of palliative care, 2004 and WHO fact sheet 2015.

[6] Apostolic Exhortation *Evangelii Gaudium* of the Holy Father Francis to the Bishops, Clergy, Consecrated Persons and the Lay Faithful Chapter 3, *N.169-173, Personal accompaniment in process of growth*[i]

[7] Australian Commission on Safety and Quality in Health Care. National Consensus Statement: Essential elements for safe high quality end of life care. 2015.

identification and impeccable assessment and treatment of pain and other problems, physical, psychosocial and spiritual. Palliative care:

- aims to enhance quality of life, and may also positively influence the course of illness; is applicable early in the course of illness, in conjunction with other therapies that are intended to prolong life, such as chemotherapy or radiation therapy, and includes those investigations needed to better understand and manage distressing clinical complications;
- provides relief from pain and other distressing symptoms;
- affirms life and regards dying as a normal process;
- neither hastens nor postpones death;
- integrates the psychological and spiritual aspects of patient care;
- offers a support system to help patients live as actively as possible until death;
- offers a support system to help the family cope during the patients' illness and in their own bereavement; and
- uses a team approach to address the needs of patients and their families, including bereavement counselling, if indicated.

Euthanasia the intentional bringing about of the death of a person in order to relieve suffering. It can be either voluntary or non-voluntary.

Physician Assisted Suicide the intentional giving of assistance, by a doctor, to someone to commit suicide.

Voluntary Assisted Dying the term used to describe physician-assisted suicide and euthanasia in the *Voluntary Assisted Dying Act 2017* (Vic).