

**“Never abandon the sick.”**

POPE FRANCIS<sup>4</sup>

## OUR CHRISTIAN TRADITION

Regardless of what is written in law, our Christian Tradition affirms that every human life is important. Euthanasia and Voluntary Assisted Dying should never be a part of end-of-life care. This does not mean extending suffering and pain. Instead, the goal is to never abandon, to always look to bring healing where possible, and to relieve pain, and the symptoms of illness and frailty. It also includes removing life prolonging treatments when they are overly burdensome or medically futile, or when a person wants them withdrawn. We have a responsibility to remain alongside those who are dying.

## SUICIDE IS ALWAYS A TRAGEDY

If our lives become dispensable when we are no longer healthy, useful, or are seen to be a burden on others, it makes a bold statement about the worth of others living with the same or similar condition.

To relieve suffering, we must first address the cause of the suffering, not end someone's life because of the suffering. There is nothing dignified or humane about being killed or assisted to suicide, even in the name of compassion. Suicide is always a tragedy.

## USEFUL RESOURCES

### PRINT

We Care

Real Care, Love and Compassion (ACBC)

Be Not Afraid: The Gift of Palliative Care  
(Melbourne)

When Life is Ending (Dr. Ong)

Declaration on Euthanasia (Vatican)

*Letter to the Elderly*, Pope Saint John Paul II

*Our Greatest Gift*, Henri Nouwen

*Death Talk*, Margaret Somerville

### FILM

Fatal Flaws (2018)

### WEB

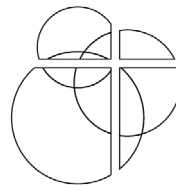
Care for Life

HOPE: No Euthanasia

Australian Care Alliance

The Art of Dying Well

Palliative Care Australia



Centre for  
Life, Marriage  
& Family

AN AGENCY OF THE CATHOLIC  
ARCHDIOCESE OF PERTH

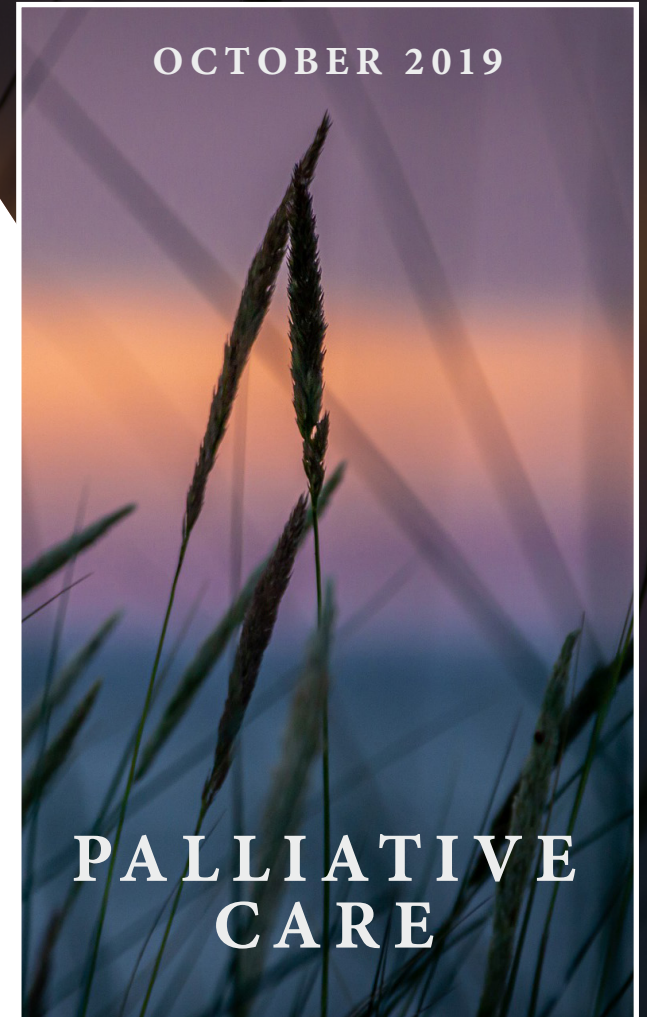
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## RESPECT LIFE SUNDAY

OCTOBER 2019



PALLIATIVE  
CARE

THE LIFE-AFFIRMING  
ALTERNATIVE TO  
ASSISTED DYING

## PALLIATIVE CARE THE LIFE-AFFIRMING ALTERNATIVE

All Western Australians seek a compassionate response to death and suffering. Quality, well-resourced Palliative Care gives people the ability to live well with their illness, and to die well, too, “free from pain, in the place of their choice, with the people they wish present, and above all with dignity.”<sup>1</sup> With modern pain management, patients can expect to remain virtually pain-free throughout the length of their illness.

Western Australian citizens need laws that protect and care for those in our society experiencing vulnerability; in the provision of end-of-life care, palliative care is an option that better supports our dignity. Investment in palliative care will go further to provide a compassionate response to suffering than the introduction of laws to make assisted dying legal.

## DIGNITY

Our dignity is, in fact, an innate part of our being; not dependent on our usefulness to others or our health, but inherent in our humanity, and we should all be treated and cared for as such, even when we are coming towards the end of our lives.

It is a common misconception to believe that we receive our dignity through how we contribute to our society and likewise lose our dignity when we can no longer do things that are perceived as valuable contributions. However, this view of the human person is incomplete; it trivialises our own humanity to such a degree that our own worth as human beings is seen as something that can be easily stripped or lost.

## HOW TO SENSITIVELY DISCUSS ASSISTED DYING

1. **START BY INFORMING YOURSELF.** It is a complex issue, and there a lot of myths and misinformation circulating. There are some good places to start listed on the back of this brochure.
2. **LISTEN.** It is important that everyone feels heard and considered.
3. **BE GENTLE.** Assisted Dying is an emotive and personal issue - everyone brings their own context and experience to the discussion. No one should be disregarded or disrespected because their views differ.
4. **LESS IS MORE.** There is a plethora of different topics to be discussed about assisted dying; each one eliciting its own issues and questions to be addressed. Stick to just one, before moving on to the next – otherwise you will overload yourself and those you are speaking with.
5. **AVOID ARGUING.** This is not an issue that has to be settled the first time it is raised. A gentle introduction to thinking about how it affects them personally is all someone may be able to cope with initially. It is okay to pause a conversation and return to it another time – in fact, it is recommended, especially if things are getting to be overwhelming.

Maintain respectful, tactful conversation and people will be more open to talking with you again.

**“... there are only 11.35 full-time equivalent public palliative care specialists in this state.”<sup>2</sup>**

Of these, most are based predominantly in metropolitan areas, only visiting regional towns in WA anywhere between once a month and once a year.

Based on Palliative Care Australia’s recommended national benchmark<sup>3</sup> of two palliative care specialists per 100 000 people,

**Western Australia should have  
52**

full-time equivalent specialist palliative care doctors. We only have little over 11. Far too many people do not have the opportunity to receive adequate care as they approach the end of their life.

### References:

- 1 Palliative Care Victoria, *About Pain Management*, November 2015. <https://dr892t1ezw8d7.cloudfront.net/wp-content/uploads/2015/11/Pain.pdf> [Accessed 19 October 2017]
- 2 Hon. Jim Chown MLC (3 April 2019). “Palliative Care”. Parliamentary Debates (Hansard). Western Australia: Legislative Council. p. 1895
- 3 Palliative Care Australia, *Palliative Care Service Development Guidelines*, January 2018
- 4 European Regional Meeting Of The World Medical Association On End Of Life Ethics