



Catholic Organization for Life and Family



Life in the Balance

A WORKSHOP ON ASSISTED SUICIDE AND EUTHANASIA

GUIDE FOR ORGANIZERS

Companion to the booklet
*“Euthanasia and Assisted
Suicide: Urgent Questions”*





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I. INTRODUCTION

For the past several years, the issue of euthanasia and assisted suicide has regularly resurfaced in Canadian society. Each time, as in other countries, ours is confronted by a public debate on the legalization of these disturbing practices.

Called to be salt and light of the world, Catholics have the responsibility of formulating an enlightened opinion on this subject. It is our conscience that communicates to us the values written by God on our hearts. The teachings of the Church confirm these truths which God has made known to us, while our reason discerns what must be done to live together in a free, just and peaceful society.

We know that the right to life underpins all our other rights. We also know that respect for life and for the inherent and inalienable dignity and worth of each human person, from conception to natural death, is a fundamental element of our Christian faith. This respect is essential for living in society. An important challenge now awaits each of us: to propose our Gospel vision of things to our fellow citizens – in our families, among friends, at work, and in political life.

“The enigma of pain and death, which outside the Gospel crushes us, is illuminated through Christ and in Christ.”

- Pope John Paul II

Intended Audience

This guide will be useful in organizing workshops in various environments, including parishes, schools, universities, hospitals, faith-sharing groups, retreats, youth groups, lecture and study groups, local lay organizations, ministry formation programs, the conferences of national associations, or even within families and among friends. The workshop is formulated for those who are at least 15 years old.

Objectives

The workshop guide aims to contribute to the reflection on:

- Respect for human life, which is a gift from God, until its very final moments;
- The true meaning of “dying with dignity;”
- The importance of accompanying the suffering and the dying, and of establishing services appropriate to their condition, that they may die with true dignity;
- The personal responsibility of each baptized person to get involved in the public debate;





- The need for challenging our elected officials so that their legislation will respect human life, and;
- The urgency of promoting our fundamental human and Christian values.

Suggested Formats

This guide is formulated for a workshop of **3½ hours**.

However, the workshop is adjustable to your purposes. It may be shortened, divided into two or three separate sessions, expanded to half a day or even a full-day retreat. [Appendix C](#) provides suggestions for adapting this workshop to a full-day event.

Materials Needed

To most effectively run this workshop, organizers and participants should receive the following documents, which may be obtained from COLF:

- 1) The brochure entitled ***Euthanasia and Assisted Suicide: Urgent Questions***
- 2) The leaflet entitled ***Living, suffering and dying... what for?***
- 3) The leaflet entitled ***The Media: A Fascinating Challenge for the Family*** (optional)

It is also recommended that each workshop group have available:

- A Bible, and;
- A Catechism of the Catholic Church.



Idea: You may also want to consider preparing these nonessential materials on a side table: name tags, pens and paper, refreshments, and further resources on this topic (see [Further Resources](#) at end of this guide).

Required Staff

The number of staff needed for this workshop is flexible. You can vary the personnel based on your chosen format. At a minimum, each workshop will need someone to:

- ▶ Supervise and manage the whole operation, including division of tasks;
- ▶ Obtain space for the workshop;
- ▶ Prepare supplies for the workshop;
- ▶ Advertise the workshop (see a sample ad in [Appendix D](#));





- ▶ Introduce the workshop to participants, guide participants through the workshop, and direct the “whole group” discussions (**Organizer**), and;
- ▶ Facilitate *each* discussion table (**Facilitators**) and take notes of the discussion at each table (**Recorders**). Recorders may also be asked to present their group’s conclusions to the plenary group.

How to Prepare for Running the Workshop

It is recommended that in preparing for the workshop, the Organizer:

- ▶ Carefully read through this guide and become familiar with the format of the workshop;
- ▶ Read through the COLF brochure and leaflets mentioned above, and;
- ▶ Familiarize him/herself with the current political and legal situation regarding euthanasia and assisted suicide (see [Appendix E](#)).

A Word for Organizers

For your convenience, this guide presents samples of what could be said by the Organizer. You may say things exactly in the way indicated. However, please do not hesitate to improvise upon the suggested text and to talk in your own words, using the provided materials for inspiration.





II. STEP BY STEP

Optional Opening Prayer (5 minutes)

The Organizer may lead, or may ask someone else to lead an opening prayer. Depending on the audience, a song may also be sung. Suggestions are found in [Appendix A](#).

Welcome Session (10 minutes)

1. The Organizer welcomes the participants and presents a brief overview of the workshop. The Organizer may say the following:

- ▶ *Thank you for taking the time to participate in this Workshop on Euthanasia and Assisted Suicide.*
- ▶ *As we know, lately the issue of legalizing euthanasia and assisted suicide has regularly resurfaced in Canadian society. The media have often painted favorable pictures of those who are fighting for the right to die. Catholics know that euthanasia and assisted suicide are morally wrong. But how do we respond to all the arguments of those who favor these practices? This is what we're here to discuss today.*
- ▶ *We hope that this workshop will help you to come to a full understanding of the issues involved, so that you will all be able to participate in the next public debate on the legalization of euthanasia and assisted suicide. As citizens, we all have a responsibility towards our country, and Canada needs to hear our voices on this issue. Our elected officials need to know our points of view as they prepare and vote on legislation. Our friends and acquaintances, and other citizens, also need to hear our voices.*
- ▶ *Euthanasia and assisted suicide are very emotional topics for many people. We recognize that there may be a range of opinions here, and that some of you may feel strongly about opposing euthanasia while others may be in favor. However, this workshop is intended to be an information-sharing session, not a debate. We are here to discuss and to learn the Catholic point of view on these issues, which is also a human view. We thus ask you to always maintain a sense of respect towards the various*





views expressed here, even if you do not agree with them, and to listen to what others have to say. If you have any specific concerns, I invite you to come see me after the session.

2. The Organizer familiarizes participants with the format of the workshop. The Organizer may say the following:

- ▶ *You will be divided into groups of 5 people. People in each group are invited to introduce themselves and say why they came to the workshop and what sparked their interest in the topic of euthanasia and assisted suicide. You may want to tell the members of your group about a personal experience with physical suffering, terminal illness or death.*
- ▶ *Each group should also choose a Facilitator, who will moderate their group discussions for the rest of the workshop, as well as a Recorder, who can vary for each of the three small-group sessions, and who will take detailed notes about what is discussed in the group.*
- ▶ *The Facilitator will make sure that everyone has a turn to speak, will steer the discussion to ensure that it stays on topic and that the assigned questions are addressed, and will monitor the time remaining for the group discussion.*
- ▶ *The Recorder will write down what was discussed. During the plenary sessions, about three to five Recorders will be invited to present their notes to the large group.*
- ▶ *In the Background Session, we'll discuss some basic concepts as a large group, in order to clarify the terms of the debate and ensure that we are all on the same page. This discussion should also start us thinking about the social importance of this subject and about some of the moral quandaries of euthanasia and assisted suicide.*
- ▶ *For the Working Group Sessions, each group will receive a sheet of questions. The group should only discuss the questions that have been circled for them by the Organizer.*
- ▶ *After each Working Group Session, we will talk about the questions briefly as a large group. The Organizer will present some concluding thoughts to further clarify the issues and wrap up our discussion on those questions.*





Background session (25 minutes)

1. **Working groups established; introductions; choosing Facilitator and Recorder.** Participants are divided into groups of five. Each person makes a self-introduction to the group, saying why they came to the workshop. Each group chooses a Facilitator and a Recorder (15 minutes).
2. **Background question.** The Organizer invites participants to reflect on the following question (10 minutes):

When was assisted suicide and euthanasia last debated in Canada?

Note: This question should get the participants to think about the visibility of the issue of euthanasia and assisted suicide in the Canadian context. Participants should come to understand the increasing push to legalize these practices in our country.

3. After gathering some responses from the group, the Organizer suggests the following answer:
 - ▶ *In 1993, Robert Latimer, a Saskatchewan farmer, killed his 12-year-old daughter. He admitted killing her, saying he loved her and could not bear to watch her suffer from severe cerebral palsy. Latimer was convicted of second-degree murder, and was sentenced to 10 years in prison.*
 - ▶ *From 1991 to 1994, Sue Rodriguez gained national prominence in her fight for the right to die. At 41 years old, Rodriguez learned that she had Amyotrophic Lateral Sclerosis (ALS), also known as Lou Gehrig's disease. The average life expectancy is 3-5 years. ALS progressively weakens the nervous system, so that eventually the person can't walk, talk, or even breathe. In fighting for the right to die, Rodriguez asked; "whose body is this?" Rodriguez took her case to the Supreme Court, which in a close 5-4 decision rejected the legalization of euthanasia and assisted suicide. Rodriguez committed suicide in 1994 with the assistance of an unknown doctor.*





- ▶ *In October 2006 in Sherbrooke, Quebec, André Bergeron was placed on three years of probation after pleading guilty to a reduced charge of grave endangerment of life. He had initially been accused of attempted murder for seeking to end the life of his wife, Marielle Houle, who had Friedreich Ataxia, a degenerative and incurable disease. She died in the hospital three days later. Mr. Bergeron claimed that he acted from love for his wife, and the judge took into account that Mr. Bergeron was depressed at the time of the act. The Crown failed to show that Mr. Bergeron's actions had directly caused the death of Marielle Houle.*
- ▶ *In January 2006 in Quebec, there was a court case against Marielle Houle (no connection to the case above), who assisted in the suicide of her son, Charles Fariala. Fariala, who was 36 years old, had been diagnosed with multiple sclerosis, and feared his physical degeneration, he asked his mother to help him commit suicide. He took a handful of pills and, once he was unconscious, she tied a plastic bag around his head, watched him suffocate, then calling the authorities. Houle claims to have acted out of love for her son. Owing to her age and health condition, she was sentenced to probation rather than to prison.*
- ▶ *In 2005, Bloc Quebecois MP Francine Lalonde introduced a private members' bill, C-407, which would have legalized euthanasia and assisted suicide. The bill died on the order paper because of the 2006 federal elections; however, we can expect another bill to be introduced sooner or later.*

4. The group is now ready to move on to the first Working Group Session.





Working Group Session I (20 minutes)

1. The Facilitator in each group is handed a copy of [Appendix B](#). The Organizer has circled one to three questions for each group per session (all the questions in each session should be covered by one group or another).
2. The Recorder in each group writes down the comments and answers provided by the participants in his group. The Recorder may be asked to present the conclusions of the working group to the plenary group.

QUESTIONS - WORKING GROUP SESSION I

1. **What is assisted suicide?**
2. **What is euthanasia?**
3. **Is there a real difference between euthanasia and the withdrawing or withholding of burdensome treatment?**
4. **What is the law in Canada concerning euthanasia and assisted suicide?**
5. **What is the Catholic Church's position on euthanasia and assisted suicide? How do you explain it?**

Plenary Session I (30 minutes)

The brochure entitled ***Euthanasia and Assisted Suicide: Urgent Questions*** is handed out to the participants. They are asked **NOT** to read the answers until they have discussed the questions in their working groups.

The Organizer should pose the questions one by one, inviting responses from some of the working groups before providing more complete answers to the entire group. The Organizer should eventually present the following responses:

1. What is assisted suicide?

- ▶ *In assisted suicide a third person provides the means for the person to kill him or herself (e.g. providing pills).*





2. What is euthanasia?

- ▶ *Euthanasia is the deliberate killing of someone by action or omission, with or without that person’s consent, for compassionate reasons. The person who commits euthanasia must, therefore, intend to kill the person and must cause the death. A lethal injection would be an example of an action. Withholding medically indicated treatment would be an example of an omission.*
- ▶ *Euthanasia does not include:*
 - *Respecting a person’s refusal of treatment or request to discontinue treatment;*
 - *Letting someone die naturally by withholding or withdrawing medical treatment when its burdens outweigh its benefits;*
 - *Giving drugs to relieve pain and suffering even if a foreseen but unintended effect is to shorten life.*

3. Is there a real difference between euthanasia and the withdrawing or withholding of burdensome treatment?

- ▶ *Yes! In the withdrawal or withholding of extraordinary or disproportionate treatment, the intention is not to cause death but to allow the person to die naturally; in euthanasia the intention is to cause death – the patient does not die naturally but before his or her time.*
- ▶ *When disproportionate treatment is withdrawn or withheld, the cause of death is the underlying disease or condition; in euthanasia the cause of death is the lethal injection, bullet or other means used. There is a great difference between allowing to die and causing death.*
- ▶ *Intention is a key element in distinguishing between euthanasia and other end-of life decisions. Distinctions based on intention form the basis of our criminal law. In the Sue Rodriguez case where the Supreme Court of Canada upheld the law against assisted suicide in 1993, Mr. Justice Sopinka said that “distinctions based upon intent are important, and in fact form the basis of our criminal law. While factually the distinction may, at times, be difficult to draw, legally it is clear.”*





4. What is the law in Canada concerning euthanasia and assisted suicide?

- ▶ *There is no separate offence of euthanasia under the Canadian Criminal Code. It is treated as murder, which can be first degree if planned or second degree if not planned. Motive (be it greed or compassion) is irrelevant. In both cases the sentence is for life but in the case of first degree murder the offender is not eligible for parole for 25 years, and in the case of second degree murder, for 10 years.*
- ▶ *Assisted suicide is a separate offence in the Criminal Code with a maximum penalty of 14 years.*

5. What is the Catholic Church's position on euthanasia and assisted suicide? How do you explain it?

- ▶ *According to Catholic teaching, euthanasia is unacceptable both at the level of principle and because of the consequences of any relaxation in the law.*
- ▶ *The principles are the intrinsic value and sanctity of human life and the relational or interdependent quality of human life which imposes a sense of mutual responsibility. Although a legal distinction is made between euthanasia and assisted suicide, there is no ethical difference. The moral responsibility is the same whether the third party provides the pills or gives an injection.*
- ▶ *Catholics believe that life is a gift of God's love and goodness. We do not have absolute dominion over the gift of life; we are stewards, not owners of life. Consequently, the time and circumstances of our birth and death are not ours to choose. Death is an inevitable part of life and a transition to eternal life.*
- ▶ *Life is also relational, a gift from others in that we remain recipients and givers of life. Human life is the ultimate basis for all of our relationships.*





Working Group Session II (20 minutes)

1. The Organizer should ensure that each working group answers the last question in this Session. Interrupt the discussion after 10 minutes, so that each group discusses the last question for the final 10 minutes.
2. As in the previous Session, the Recorder in each group writes down the comments and answers provided by the participants in his group.

QUESTIONS - WORKING GROUP SESSION II

1. **What would be some of the consequences of allowing euthanasia or assisted suicide?**
2. **Aren't assisted suicide and euthanasia victimless crimes? What is the harm to society?**
3. **If we don't allow assisted suicide and euthanasia, what is the alternative that we can offer to those who are suffering?**
4. **What about the people whose pain cannot be controlled, and what about those whose pain can be alleviated but they just can't bear the loss of control and fear losing their dignity?**
5. **How do we answer those who say: "It's my life and my death. I'm free to choose to live or die, and who are you to force me to live and continue suffering against my will"?**

Plenary Session II (30 minutes)

The Organizer should pose the questions one by one, inviting responses from some of the working groups before providing more complete answers to the entire group. The Organizer should eventually present the following responses:

1. What would be some of the consequences of allowing euthanasia or assisted suicide?

- ▶ *The frail, poor, elderly and others who are vulnerable would be at the mercy of third parties who could pressure them to see an earlier death as an option. They could even feel compelled to ask for a premature death if it is available. This danger would only increase as health resources decrease.*





- ▶ *The role of the physician and the patient's trust in the physician would be undermined. Palliative care would be marginalized.*
- ▶ *If assisted suicide or euthanasia were permitted for the terminally ill on the basis of their suffering, their autonomy and their individual self-determination over life itself, how could it be denied to those who are depressed, infirm, frail or suffering for other reasons?*
- ▶ *Legitimizing euthanasia or assisted suicide, which allows one person to kill another, would diminish respect for human life. It would also erode the basic trust that human life will be protected — a trust that is essential to the functioning of any society.*

2. Aren't assisted suicide and euthanasia victimless crimes? What is the harm to society?

- ▶ *Legalizing euthanasia and assisted suicide is not a private matter because changing the law is a very public process. The act of euthanasia or assisted suicide also involves third parties such as physicians, pharmacists, family and friends. In other words, it requires the law to sanction it and third parties to carry it out.*
- ▶ *Such a law would obviously jeopardize the role of the medical profession, which is to safeguard life, and would seriously undermine the trust that must exist between patient and doctor.*
- ▶ *The legal prohibition of killing is foundational; it protects everyone equally and is essential to the basic trust of living together in community. Public acceptance of this act could dull our consciences to the gravity of taking human life. Euthanasia and assisted suicide, therefore, have a public dimension.*

3. If we don't allow assisted suicide and euthanasia, what is the alternative that we can offer to those who are suffering?

- ▶ *The alternative is to provide people of all ages, particularly those who are seriously ill or disabled, including those in a terminal phase, with the utmost personal attention. This may include the best home care or palliative care, along with the best pain control and alleviation of suffering. Such an approach involves the greatest respect for all the needs of the person who is suffering or dying — emotional, physical, social and spiritual — until his or her natural death.*





- ▶ *This type of care keeps a sick person, who may be afraid of dying alone, from feeling abandoned and asking for euthanasia. That person often needs to hear us say outright that we love them and that we need them, and other affirmations of their continued worth and importance for their friends, family and society. Where a person requests euthanasia out of deep loneliness, we would talk about a case of “social” euthanasia.*
- ▶ *Although palliative care cannot eliminate all suffering in all cases, it is an excellent way of affirming the life of the person who is dying. This is what is meant by death with dignity. We need to encourage governments to devote more resources towards palliative care in hospitals, homes and hospices and for the education of health professionals and the public about palliative care.*
- ▶ *Some people today argue that euthanasia and assisted suicide constitute the last stage of palliative care. On the contrary, they could not be more opposed to the spirit of palliative care and to its approach to the ailing human person. Palliative care always aims to help a person live until the last minute of his or her natural life, while euthanasia and assisted suicide seek to cut short the natural span of a person’s life.*

4. What about the people whose pain cannot be controlled, and what about those whose pain can be alleviated but they just can’t bear the loss of control and fear losing their dignity?

- ▶ *It is obviously important to direct more resources into research for better methods of pain control. However, experts in palliative care state that only a very small proportion of people suffer from intractable pain and even then there are means to keep them as comfortable as possible.*
- ▶ *It is not hard to empathize with those who feel they have lost their dignity. Yet human dignity lies not in the exercise of control or even in the quality of life, but rather in the simple fact that they are human beings made in the image of God, made for life with one another.*
- ▶ *We also give life dignity by the way we respond to it – by reaching out to the dying person with compassion and attending to their most basic needs – we need each other in death in the same way that we need each other in life. This form of accompaniment can be*





painful and intense, but it is also full of possibilities for expressing love and gratitude, for spiritual growth and for reconciliation with God and one other.

5. How do we answer the person who says: “It’s my life and my death. I’m free to choose to live or die, and who are you to force me to live and continue suffering against my will”?

- ▶ *According to Christian tradition, human beings have a certain degree of autonomy given them by God: we are self-directive through our intelligence and free will.*
- ▶ *Yet in our culture personal autonomy is made all but an absolute. Anything goes as long as our choices do not harm others.*
- ▶ *When applied to the body, the cultural claim is that what we do with our bodies is our own private affair, without reference to society or even to God.*
- ▶ *But this individualistic attitude cannot be applied to euthanasia and assisted suicide without endangering the common good of society. Euthanasia and assisted suicide have consequences for all of society, not simply for the person choosing death. They go well beyond the devastation of family members and friends. They affect the bedrock of society itself.*
- ▶ *As Dr. Margaret Somerville has said: "To legalize euthanasia would damage important societal values and symbols that uphold respect for human life." (Margaret Somerville, "The euthanasia debate - No: It would damage societal values and symbols that uphold respect for human life", Vancouver Sun, June 5, 2006.)*
- ▶ *Our whole understanding of the value and dignity of each human life would change. Like a commercial product, human life would lose value as it reached its "expiry date."*
- ▶ *The basic trust that is fundamental for society, that doctors, nurses and lawyers oppose killing people, would have vanished.*
- ▶ *It would also be very difficult to prevent abuses. In our aging society with high health care costs, we could easily progress from a "right to die" to a "duty to die."*
- ▶ *God who loves us has enlightened us through the nature of our being, known through human reason and experience, and through*





Revelation, about what actions and attitudes result in human flourishing. When we turn to God in faith, we accept that God is the author of life, creating each person in His own image. We are stewards, not the owners, of the gift of life.

- ▶ *Real freedom involves not just choosing, but choosing the true good as revealed by God who wants our eternal happiness. Authentic freedom is based on the truth about God's plan for the human person, the family, our obligations in solidarity to one another and the common good.¹*
- ▶ *Any exercise of freedom or any act of self direction that contradicts God's plan for us as individuals and as social beings is not authentic freedom at all. We have, indeed, the capability to choose against the good, but that power used to choose evil is self contradictory.*
- ▶ *Some actions are so contradictory to our true selves that they are always morally wrong. There may be some upright motivation connected to some of these actions; for example, "I only wanted to free her from suffering." But what has taken place is an act of deliberate killing of an innocent human being, which no motive can excuse. When the sick exercise their freedom in asking to die, their choice is opposed to their true good.*
- ▶ *The fullness of authentic freedom is found in the first Beatitude - "Blessed are the poor in spirit." The poor in spirit claim nothing for their own. Unlike Adam and Eve who wanted to create their own good and evil, the poor in spirit are only attracted by the will of God. No secondary good, important or not, stands between the poor in spirit and the will of God for the individual and for society. So they are completely free with respect to goods other than God.*

¹ Deacon Keith Fournier, "The Guardian of Freedom", Catholic Online, May 17, 2005, available at: <http://www.catholic.org/featured/headline.php?ID=2163>





Working Group Session III (20 minutes)

Follow the format of the previous sessions. Discussions about the following questions:

QUESTIONS - WORKING GROUP SESSION III

1. **What are our obligations to the dying person?**
2. **What obligation do we have to seek or provide treatment?**
3. **Does the Church think it is good for people to suffer? Can suffering have meaning?**
4. **What about advance directives: a living will or a durable power of attorney? What advantages and what disadvantages do these directives present?**

Plenary Session III (30 minutes)

As earlier, the Organizer should pose the questions one by one, inviting responses from some of the working groups before providing more complete answers to the entire group. The Organizer should eventually present the following responses:

1. What are our obligations to the dying person?

- ▶ *Persons who are dying should be provided with care, compassion and comfort, including:*
 - *Appropriate medical care;*
 - *Pain and symptom management;*
 - *Social, emotional, spiritual and religious support;*
 - *Full information about their condition;*
 - *The opportunity for discussion with health care personnel;*





- *Full disclosure to any family member or any person authorized by the dying person to receive information; and*
- *A degree of privacy that ensures death with dignity and peace.*

2. What obligation do we have to seek or provide treatment?

- ▶ *Competent persons receiving care, and proxies of persons who are not competent, are to seek those measures that offer a reasonable hope of benefit and that can be obtained and used without excessive pain, expense or other serious inconvenience.*
- ▶ *Persons receiving care are not obliged to seek treatment when it is of no benefit, or when the burdens resulting from treatment are clearly disproportionate to the benefits hoped for or obtained.*
- ▶ *There is no obligation to provide treatment when it is of no benefit or when the burdens resulting from treatment are disproportionate to the benefits hoped for or obtained.*

3. Does the Church think it is good for people to suffer? Can suffering have meaning?

- ▶ *The Church does not see suffering as a good in and of itself and we all have a duty to do everything in our power to eradicate or at least alleviate it. We need to discover how to be compassionate, how to enter into and share the suffering of others.*
- ▶ *There is no doubt that suffering challenges the very core of human life. Sometimes, in the face of overwhelming suffering, we must humbly acknowledge the limits of our capacity and the human condition – this is not easy to do in our technologically driven society where we are accustomed to getting what we want when we want it.*
- ▶ *The Church recognizes that suffering can have great meaning and redemptive power in the lives of those who are suffering and those around them. When suffering has meaning it can help to make it bearable. Christians believe that Christ brought human beings back to God through his Passion, Death and Resurrection; each person is invited to freely accept this reconciliation. Christians also believe that those who unite their sufferings to Christ's with love participate*





in this work. Their feelings of anger and discouragement are replaced by quiet hope, and even joy. Suffering is no longer pointless. They find in God, especially by receiving the Body of Christ, the courage and strength to live fully all the days of their lives in anticipation of the eternal life for which God created us all in His love.

4. What about advance directives: a living will or a durable power of attorney? What advantages and what disadvantages do these directives present?

- ▶ *Some people choose, for the benefit of family members and medical personnel, to indicate in advance what should be done in case they become incompetent due to an accident or sickness. This can be done through an instructional directive (often called a "living will") or a proxy directive (often called "durable power of attorney" or "mandate").*
- ▶ *Instructional directives indicate in advance the level of medical treatment a person wishes to receive in situations where they are unable to communicate. According to some specialists, instructional directives are risky because it is so difficult to anticipate all possible scenarios, so the language almost never fully communicates the wishes of a person. Also, the doctor making the decisions may be unaware of the values of the person concerned and could misinterpret the document to go against the individual's wishes. Furthermore, this type of document is often distributed by organizations favouring euthanasia, who use vague language that can easily be interpreted in favour of euthanasia.*
- ▶ *A proxy directive is a more reliable way to ensure that our end of life decisions are respected. This is a legal document, either notarized or signed by a person in the presence of witnesses, whereby a family member or friend who knows our values and respect for human life is chosen as a health care proxy. When the time comes, that proxy will be responsible for making decisions about the type of care to be given or not, or whether this care should be interrupted. Each province has slightly different rules on the requirements for proxy directives.*
- ▶ *It is best to avoid making a blanket statement rejecting certain types of care in all circumstances - unless death is imminent or treatment futile - and to leave enough latitude for our agent or doctor to offer appropriate care for our condition. It is important to*





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be very clear about the meaning of the words we use, to review our directives periodically, and to make sure our agent, our doctor and whoever else needs to know, is aware of these instructions.





Final Session: Let's Get Involved! (10 minutes)

Without breaking up the participants into smaller groups again, the Organizer carries on a discussion with the entire large group. He or she may invite one of the Recorders to write down the group's responses to the following question:

What concrete actions can we take individually and collectively to increase the recognition of the sacredness of human life, and to make our voices heard in the public debate on euthanasia and assisted suicide?

The suggestions put forward and noted by the Recorder may then be published in parish bulletins, diocesan papers, and the newsletters of various associations, *in order to reach as many people as possible.*



Tip: Towards the end of this session, the Organizer may want to hand out COLF's brochure on this subject, entitled ***The Media: A Fascinating Challenge for the Family.***

Conclusion (5 minutes)

The Organizer thanks the participants for taking part in this discussion of such current and sensitive questions, and encourages them to use the media in order to publicize their points of view. The Organizer may also say the following:

- ▶ *We know that the right to life underpins all our other rights. We also know that respect for life and for the inherent and inalienable dignity and worth of each human person, from conception to natural death, is a fundamental element of our Christian faith. This respect is also essential for living in society.*
- ▶ *An important challenge now awaits each of us: to propose our Gospel vision of things to our fellow citizens – in our families, among friends, at work, and in political life.*





The Organizer hands out the leaflet entitled ***Living, suffering and dying... what for?*** and the leaflet entitled ***The Media: A Fascinating Challenge for the Family.***

Optional Closing Prayer (5 minutes)

The Organizer may lead, or may ask someone else to lead a closing prayer. Depending on the audience, a song may also be sung. Suggestions are found in [Appendix A](#).

Evaluation Form

The Organizer may ask all the participants to fill out an evaluation form, included in this guide as [Appendix F](#). The feedback from your participants will help you to better prepare for running the workshop a second time. You may also wish to make copies of these forms and send them to COLF, in order to enable us to better adjust the this Workshop Guide to suit the needs of those who are using it. Please send the forms to the following address:

**Catholic Organization for Life and Family
2500 Don Reid Drive
Ottawa, Ontario
K1H 2J2**





III. FURTHER RESOURCES

The documents listed below are helpful further reading material for organizers and participants. Most of these materials can be found on the Internet and are available for reproduction and distribution free of charge.

1. Documents from the Catholic Organization for Life and Family

These materials are available on the COLF website at www.colf.ca:

- ▶ ***The Church Speaks Out: Excerpts on Euthanasia, Suicide, and the Christian Meaning of Suffering.*** A collection of Church quotations from various Church documents and papal speeches regarding the topics of euthanasia, suicide, and the Christian meaning of suffering.
- ▶ ***Letter to the Honorable Members of the Senate and the Members of the House of Commons,*** stating COLF'S strong opposition to Bill C-407, which would have legalized euthanasia and assisted suicide.
- ▶ ***Comment on the decision in the case of Marielle Houle,*** who pleaded guilty to assisting in the suicide of her son, Charles Fariala;
- ▶ ***Comment on sentencing in the Robert Latimer Case.***

2. Documents from the Canadian Conference of Catholic Bishops

These and other pertinent documents may be found on the CCCB website at www.cccb.ca.

- ▶ ***CCCB statement on Bill C-407, An Act to amend the Criminal Code (right to die with dignity),*** available at:
<http://www.cccb.ca/PublicStatements.htm?CD=452&ID=1623>
- ▶ ***Final Statement at the 2005 Annual Meeting of Bishops of Canada,*** where the bishops reaffirm their faith in the culture of Life, available at:
<http://www.cccb.ca/PublicStatements.htm?CD=446&ID=1602>





3. Documents from the Vatican

The following is a selection of some pertinent documents. These and other relevant documents may be found on the Vatican website at www.vatican.va.

- ▶ ***Declaration on Euthanasia***, Sacred Congregation for the Doctrine of the Faith, 1980, available at:
http://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_19800505_euthanasia_en.html
- ▶ ***Pope John Paul II's address on Life-Sustaining Treatments and the Vegetative State***, 2004, available at:
http://www.vatican.va/holy_father/john_paul_ii/speeches/2004/march/documents/hf_jp-ii_spe_20040320_congress-fiamc_en.html
- ▶ ***Respect for the Dignity of the Dying***, Pontifical Academy for Life, 2000, available at:
http://www.vatican.va/roman_curia/pontifical_academies/acdlife/document_s/rc_pa_acdlife_doc_20001209_eutanasia_en.html
- ▶ ***Report by H.E. Mons. Elio Sgreccia***, Pontifical Academy for Life, examining quality of life and the ethics of health, 2005, available at:
http://www.vatican.va/roman_curia/pontifical_academies/acdlife/document_s/rc_pont-acd_life_doc_20050223_report-health_en.html
- ▶ ***Letter of Pope John Paul II to the Elderly***, 1999, available at:
http://www.vatican.va/holy_father/john_paul_ii/letters/documents/hf_jp-ii_let_01101999_elderly_en.html
- ▶ ***Message of Pope John Paul II for the World Day of the Sick***, 2003, available at:
http://www.vatican.va/holy_father/john_paul_ii/messages/sick/documents/hf_jp-ii_mes_20030207_world-day-of-the-sick-2003_en.html
- ▶ ***Message of Pope John Paul II for the World Day of the Sick***, 2000, available at:
http://www.vatican.va/holy_father/john_paul_ii/messages/sick/documents/hf_jp-ii_mes_19990806_world-day-of-the-sick-2000_en.html
- ▶ ***Final Declaration of the Pontifical Academy for Life***, Fifth General Assembly, 1999, available at:
http://www.vatican.va/roman_curia/pontifical_academies/acdlife/document_s/rc_pont-acd_life_doc_24021999_final-doc_en.html





- ▶ **Letter of Pope Paul VI to the International Federation of Catholic Medical Associations**, 1978, available at:
http://www.vatican.va/holy_father/paul_vi/letters/1978/documents/hf_p-vi_let_19780131_medici-cattolici_en.html

4. Other Documents

In addition to the documents listed above, you may consider providing some of the documents produced by the following organizations:

- **The Canadian Catholic Bioethics Institute**
(www.utoronto.ca/stmikes/bioethics)
- **The Catholic Health Association of Canada** (www.chac.ca)
- **The Euthanasia Prevention Coalition** (www.epcc.ca) – among its resources, the EPC offers a CD of the proceedings of the First International Symposium on Euthanasia and Assisted Suicide, which took place in Toronto, Ontario on November 30 - December 1, 2007.

The EPC is also distributing one version of a DVD that was produced by the Salt and Light Catholic Media Foundation in collaboration with the EPC. This DVD is entitled ***Turning the Tide***, and explores the issue of euthanasia and assisted suicide using personal stories from the ill and disabled and commentary from prominent figures involved in the debate. The EPC is distributing a version of this DVD that uses purely secular arguments and does not contain any references to religion. The DVD is offered with an accompanying workshop brochure.

- **Salt + Light Television** (www.saltandlighttv.org) is distributing a version of the ***Turning the Tide*** DVD (and accompanying workshop guide) which also includes the Catholic perspective.





APPENDIX A

SUGGESTIONS FOR OPTIONAL OPENING PRAYER

- Pray the **Our Father**, followed by a **Hail Mary**.

- **Psalm 23:**

The Lord is my shepherd;
I shall not be in want.
He makes me lie down in green pastures,
he leads me beside quiet waters,
he restores my soul.
He guides me in paths of righteousness for his name's sake.
Even though I walk through the deepest darkness,
I will fear no evil, for you are with me;
your rod and your staff, they comfort me.

You prepare a table before me,
in the presence of my enemies.
You anoint my head with oil;
my cup overflows.
Surely goodness and love will follow me all the days of my life,
and I will dwell in the house of the Lord forever.

- **The Sermon on the Mount (Matt 5:1-16):**

When he saw the crowds, he went up the mountain, and after he had sat down, his disciples came to him.

He began to teach them, saying:

"Blessed are the poor in spirit, for theirs is the kingdom of heaven.

Blessed are they who mourn, for they will be comforted.

Blessed are the meek, for they will inherit the land.





Blessed are they who hunger and thirst for righteousness, for they will be satisfied.

Blessed are the merciful, for they will be shown mercy.

Blessed are the clean of heart, for they will see God.

Blessed are the peacemakers, for they will be called children of God.

Blessed are they who are persecuted for the sake of righteousness, for theirs is the kingdom of heaven.

Blessed are you when they insult you and persecute you and utter every kind of evil against you (falsely) because of me.

Rejoice and be glad, for your reward will be great in heaven. Thus they persecuted the prophets who were before you.

"You are the salt of the earth. But if salt loses its taste, with what can it be seasoned? It is no longer good for anything but to be thrown out and trampled underfoot.

You are the light of the world. A city set on a mountain cannot be hidden.

Nor do they light a lamp and then put it under a bushel basket; it is set on a lampstand, where it gives light to all in the house.

Just so, your light must shine before others, that they may see your good deeds and glorify your heavenly Father."

SUGGESTION FOR OPTIONAL CLOSING PRAYER

➤ **Reflection inspired by Pope John Paul II:**

Father, thank you for the inspiring example of Pope John Paul II, who invited us to imitate Jesus, the suffering Servant, and so to turn our illnesses and pain into a source of purification and salvation, not just for ourselves but also for others.

He told us that: "***Just as the Resurrection transformed Christ's wounds into a source of healing and salvation, so for every sick person the light of the risen Christ is a confirmation that the way of fidelity to God can triumph in the gift of self until the Cross and can transform illness itself into a source***





of joy and resurrection.” (Message of Pope John Paul II for the World Day of the Sick, 2000).

Give us the grace to help our brothers and sisters, especially the ill and the dying, to follow that path.

Give us the grace to help our society to understand the value of suffering.

Give us the grace to transform our culture so that it recognizes the worth and dignity of every human life, including the lives of the seriously sick and dying.

AMEN.





APPENDIX B

FOR GROUP FACILITATORS

Working Group Session I

1. What is assisted suicide?
2. What is euthanasia?
3. Is there a real difference between euthanasia and the withdrawing or withholding of burdensome treatment?
4. What is the law in Canada concerning euthanasia and assisted suicide?
5. What is the Catholic Church's position on euthanasia and assisted suicide? How do you explain it?

Working Group Session II

1. What would be some of the consequences of allowing euthanasia or assisted suicide?
2. Aren't assisted suicide and euthanasia victimless crimes? What is the harm to society?
3. What is the alternative to assisted suicide and euthanasia?
4. What about the people whose pain cannot be controlled, and what about those whose pain can be alleviated but they just can't bear the loss of control and fear losing their dignity?
5. How do we answer those who say: "It's my life and my death. I'm free to choose to live or die, and who are you to force me to live and continue suffering against my will"?

Working Group Session III

1. What are our obligations to the dying person?
2. What obligation do we have to seek or provide treatment?
3. Does the Church think it is good for people to suffer? Can suffering have meaning?
4. What about advance directives: a living will or a durable power of attorney? What advantages and what disadvantages do these directives present?





APPENDIX C

HOLDING A FULL-DAY EVENT

Having more hours to work with, several scheduling and content options become possible. Some suggestions include:

- ▶ Having each group discuss all of the questions in each session;
- ▶ Holding mass as part of the day;
- ▶ Hosting a guest speaker, such as a lawyer or other expert who would discuss living wills and advance directives, a doctor or other expert on palliative care, or a priest, academic or other speaker on euthanasia and assisted suicide;
- ▶ Having a guest speaker who is disabled or terminally ill and who opposes euthanasia and assisted suicide. Such a speaker could share their story and give their personal witness in favor of life;
- ▶ Watching an informational video, such as the DVDs produced by the Euthanasia Prevention Coalition and Salt & Light Television. You may wish to devote some time after the viewing to a discussion of the issues presented by the video, or;
- ▶ Watch a taped television broadcast dealing with these issues, followed by a discussion.





APPENDIX D

SUGGESTED FORM OF ADVERTISING

You may wish to place a short insert into your parish bulletin, local newspaper, association newsletter, or other publication. Such an insert could contain the following:

LIFE IN THE BALANCE: Workshop on euthanasia and assisted suicide — This hot topic has produced much debate in our society. You are invited to think through the issues and to gain a clear understanding of the problems involved in legalizing euthanasia and assisted suicide. The workshop will take place on **[date]** from **[time]** to **[time]**, at **[location]**. The workshop is open to the public and





APPENDIX E

COUNTRIES THAT HAVE LEGALIZED EUTHANASIA AND/OR ASSISTED SUICIDE

▶ The Netherlands

- Dutch courts have allowed euthanasia since 1984, and it was formally legalized on April 1, 2002. The Netherlands thus became the first country in the world to give the green light to euthanasia.
- Terminal illness is not required. The patient must have unbearable suffering and no hope of improvement. He or she must understand this prognosis, must ask to die, and a physician must agree with the patient's decision.
- Doctors in the Netherlands practice euthanasia even upon disabled and severely ill newborns.

▶ Belgium

- In May 2002, Belgium legalized euthanasia.
- In Belgium, "The patient must be in a medically hopeless condition of chronic and unbearable physical or psychological suffering." Terminal illness is not required, but there are different procedures for patients who are terminally ill and those that are incurably but not terminally ill. (www.internationaltaskforce.org, Oct. 5, 2006).
- "Two doctors must be involved, as well as a psychologist if the patient's competency is in doubt. The doctor and patient negotiate whether death is to be by lethal injection or prescribed overdose." (CBC News Online, Sept. 27, 2004).

▶ Luxembourg

- In February 2008, the parliament of Luxembourg adopted a law legalizing euthanasia and assisted suicide. The patients must have either a terminal illness or an incurable disease or condition. Patients must repeatedly ask to die. Two doctors, as well as a panel of experts, must also provide their consent.





▶ **Switzerland**

- Assisted suicide has been legal since 1941 and can be performed by non-physicians. Terminal illness is not required, but patients must be suffering from an incurable disease.
- Euthanasia is illegal.

▶ **Oregon, U.S.A.**

- Assisted suicide is legal since 1997, when Oregon enacted the Death with Dignity Act. According to the Oregon government, “The law states that, in order to participate, a patient must be: 1) 18 years of age or older, 2) a resident of Oregon, 3) capable of making and communicating health care decisions for him/herself, and 4) diagnosed with a terminal illness that will lead to death within six (6) months. It is up to the attending physician to determine whether these criteria have been met.”
- Euthanasia is illegal.

▶ **Australia's Northern Territories**

- Briefly legalized euthanasia in 1995, but after sustained popular and political opposition, this law was repealed in 1997.





APPENDIX F

EVALUATION FORM

Name (optional): _____ Date: _____

Location of workshop: _____

1. What was your overall experience of this workshop?

2. Was this workshop helpful in deepening your understanding of the issues surrounding euthanasia and assisted suicide?

3. What was most helpful, and what did you like most about this workshop?

4. What would you improve about this workshop?

5. Other comments

***Thank you for taking the time to provide us with your feedback.
Your input helps us to improve the workshop for future sessions!***

