
A Joint Statement from the Catholic Bishops of Western Australia

Date: 20 November 2018

With the current debate about doctor-assisted suicide and euthanasia in Western Australia, we can expect the challenge of how best to care for the chronically ill and dying to occupy us all over coming weeks and months.

The Catholic Church has provided public and private health services in WA for over 120 years, including acute health care, aged care, disability and social support services. As one of the largest contributors to health care in this State, we strive to make authentic human compassion an absolute goal and hallmark of the care we offer.

Compassion is the ability to accompany a person caringly through their experience of pain and suffering. Compassion challenges us to become more humane and caring people. Indeed our claim to provide ‘excellence in care’ can be measured in the commitment of our many dedicated caregivers who offer every patient, as death approaches, an affirming, enriching and peaceful natural end to their mortal life. We will always accompany, and never abandon, anyone who comes into our care.

A Parliamentary Joint Select Committee recently delivered 24 recommendations on end-of-life care in a Report entitled “*My Life, My Choice*”. Most of the report deals with decision-making in end-of-life care, and with palliative and comfort care for the dying. The last six recommendations propose legalising ‘voluntary assisted dying’ in this State.

The term ‘voluntary assisted dying’ embraces both doctor-assisted suicide (which requires authorising a medical professional to supply lethal means so that a person can end their own life) and euthanasia (when the doctor uses lethal means to end the person’s life directly). In this Pastoral Letter we use the committee’s own term to capture both of these.

Voluntary assisted dying in either form represents a radical breach in the universal prohibition on one person killing another. This prohibition sits at the heart of every civilized society. The right to life is the ‘sine qua non’ of all human rights: to risk or relativise it would be to undermine the foundation of every other right we enjoy.

In many respects “*My Life, My Choice*” is an excellent report. It clearly identifies factors limiting wider uptake of Advance Health Directives and Enduring Powers of Guardianship, which are statutory instruments intended to assist health care decision-making for people who are temporarily or permanently deprived of the power to decide for themselves.¹ It makes important recommendations to improve the way these instruments can offer greater peace of mind to people at risk of losing decision-making capacity through illness, trauma, or dementia.

The Report also offers insightful analysis of some serious challenges to better access to, and delivery of, palliative and comfort care at the end of life especially in country and remote Western Australia. Palliative care aims to offer people with life-limiting illness their best opportunity to live as well as possible for as long as their condition allows.

Modern medicine has made it possible for many of us to live longer, but that often means our end-of-life journey may also be longer and potentially with more suffering, which on rare occasions can be extremely difficult to relieve.

We acknowledge this dilemma, and we know how profoundly it can affect not only the patient but also their family and friends. And we appreciate that some individuals honestly feel, in light of their terrible experience of pain and distress, that they would rather die than endure another moment of torment.

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These are critical and complex questions for our whole society to address very seriously, but voluntary assisted dying is not the right answer.

Voluntary assisted dying does not take suffering away except by taking the suffering person away. It cannot and does not address the deepest human needs of the one who suffers, or the depth and breadth of that profoundly distressing human experience. We believe that even creating an option for voluntary assisted dying risks encouraging a view that the real aim of end-of-life care is to deal with a set of physical symptoms, when we should always seek to provide care for the whole human person in all of our relational, emotional, intellectual, and spiritual dimensions.

While we understand that some individuals would like the option of voluntary assisted dying, we believe it is not in our best social interests for our laws to allow it.

The title of the Committee report *"My Life, My Choice"* reflects the modern myth that each one of us should have completely autonomous control over all the key moments in our lives. But the reality is, none of us is so individual that we don't need others to flourish at every moment, whether in life or in death or at any point in between.

Voluntary assisted dying is never a purely individual choice: it is always a social choice that requires and demands other people to cooperate. It always affects other people. Every decision we make, no matter how private it may appear to be, does in fact impact on others precisely because we are not isolated individuals but people who live in a family, a community, a society. The myth of "it's my life, it's my choice" completely ignores this reality.

Socially speaking, a far better approach would begin with acknowledging the great richness and complexity of the whole life cycle, including illness, suffering and death, and then learning how to talk about these more naturally. We would come to see these not as events to be avoided at all costs but as inevitable moments in life which all of us should expect to experience at some time.

In any event, and despite assumptions implicit in the Report, no government can guarantee that once legislated, these laws will never be expanded to embrace categories of people beyond the imminently dying. If one government today claims it can legislate an initial breach in the universal prohibition on killing, it would have to acknowledge the capacity of another government tomorrow to legislate further breaches. This kind of 'legislated bracket creep' has occurred elsewhere,ⁱⁱ and we already know that pressure will certainly be brought to bear on a future WA government to broaden these laws, as local advocates for voluntary assisted dying have clearly stated.ⁱⁱⁱ

We also know that where it has been introduced, voluntary assisted dying changes the ethos of medical practice.^{iv} This is inevitable whenever the 'my life, my choice' principle is given unqualified precedence over established professional standards of medical knowledge and clinical experience.

Voluntary assisted dying confronts doctors, nurses and other health professionals with values and attitudes which violate fundamental convictions about the nature of human life that ground the obligations of their own professions.

Against the threat of voluntary assisted dying we call on all medical professionals to resist pressure to transform their professions into services that simply deliver whatever a patient wants. Genuine medical need is always the best driver of excellent medical care.

We urge government and health care providers, including Catholic providers, to work together in order to break through any systemic or organisational factors impeding patient access to better palliative and end of life care.

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Catholic health, aged care, disability and social service providers in this State are committed to providing truly compassionate care of the highest quality. We will always accompany the patient on their end-of-life journey, and never abandon them. We will not provide death, or support the provision of death, as a treatment for suffering.

We know that we must neither over treat nor under treat, but always offer only treatment that is beneficial and bearable. We confirm that any medical treatment a competent patient believes will not be therapeutically beneficial or finds to be unreasonably burdensome can be refused with a clear conscience. Such choices are fully consistent with both the patient's legal rights and our own ethical standards.

Rather than legislate to allow voluntary assisted dying, we must use all the means of treatment we now have available in more creative and coordinated ways. We need to invest heavily in research into more effective ways of managing chronic pain, suffering and disability. And we have to work harder to create new models of care across the whole continuum of patient need.

Voluntary assisted dying will not provide any West Australian with a reasonable solution to their end-of-life needs. Better advance health care planning, more workable statutory instruments, and a substantial investment in making excellent palliative care in all its forms more accessible to all West Australians, will bring benefit to everyone.

As it seeks to address these critical questions we call on Government to take the ethically and socially right road toward better and more accessible end-of-life care, and not to take the easy road of voluntary assisted dying.

ⁱ Information about Advance Health Directives and Enduring Powers of Guardianship can be found on the website of the Office of the Public Advocate: <https://www.publicadvocate.wa.gov.au/default.aspx>

ⁱⁱ The Report acknowledges this in the case of Belgium (at 5.84).

ⁱⁱⁱ Citing Murray Hindle, president of *Death with Dignity WA*, in a forum sponsored by Palliative Care Australia on 28 August 2018.

^{iv} See <https://www.ncbi.nlm.nih.gov/pubmed/16676767>

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