



– WEDNESDAY, 23 JUNE 2021 –

Pastoral Letter – Voluntary Assisted Dying

The Most Rev Timothy Costelloe SDB DD
Archbishop of Perth

Dear sisters and brothers in Christ,

On Thursday, 1 July 2021, legislation passed by the Western Australian State Parliament in relation to “Voluntary Assisted Dying” (VAD) will be enacted. Put simply this legislation will permit a person, under certain specified conditions, to access medication which is designed to cause that person’s death. The legislation will also permit other people, again under certain specified conditions, to provide assistance to those who without such assistance would be unable to administer the medication to themselves.

At this important time for our society, and for the Catholic community which seeks to be a vibrant and engaged part of the wider community, I have decided to share with you some perspectives which I hope will help you to reflect on the significance of this moment. The issues are complex and this letter is therefore rather long. I hope you will be patient with me as you read and reflect on it.

The successful passage of this legislation through both houses of State Parliament eighteen months ago was the result of a long period of advocacy on the part of those who support VAD. At the same time there have been many voices raising concerns about this development in our society.

Some recent media reports suggest that only a small number of people facing a terminal diagnosis will choose to end their lives when VAD becomes legal in the state of Western Australia on Thursday, 1 July 2021. This may well be the case but, of course, there are no guarantees. Reference has also been made to the restrictive conditions around access to VAD. How permanent these restrictions will be remains to be seen.

A Fundamental Principle

Important though questions of accessibility to VAD are, there is a more fundamental question of principle. Is it ever ethically permissible to deliberately end one's own life, to ask another person to help you do so, or to intentionally assist another person to do so?

Many people would give a definite "yes" to such questions, and this position has been reflected in the legislation. Many other people, including some in the medical and other caring professions, would take the opposite view. Both approaches are widely represented in our society, although we may presume, given the apparent level of support indicated in many opinion polls, that support for VAD is greater in our society than is opposition to it.



While much of the opposition to VAD has come from religious groups, including the Catholic Church, it is clear that not all religiously-minded people are opposed to VAD. Equally it is true that not all those who have no religious faith are in favour of it. Life is much more complex and varied than that.

It is well known that the Catholic tradition is firmly opposed to VAD. A recent document from the Vatican, *'Samaritanus Bonus: on the care of persons in the critical and terminal phases of life'*, reaffirms the Church's perennial teaching with respect to the sacredness of human life.¹ It has been the constant teaching of the Catholic Church for the last two thousand years that no-one has the right to end their own life or to deliberately bring about the death of another, with the sole exception of the right of self-defence against an unjust aggressor.² This conviction about the sanctity and inviolability of human life is one of the most foundational values by which we as Catholics live. We believe that every human life, from its earliest beginnings at conception to its final moments leading to death, is precious and sacrosanct. No-one has the right to "step in" and bring to an end a life that has begun under God's providence and will come to its end under God's providence. We also believe, precisely because life is precious and sacred, that it is to be respected at every moment: when the child is still in its mother's womb, when it grows to be an infant, then a young child, then an adolescent and an adult. We believe that whether a person is sick or well, weak or strong, poor or wealthy, in agreement with us or in opposition to us, educated or illiterate, generous or selfish, faithful or faithless, living or dying, that person is to be treated with dignity and respect: everything that can be done to give meaning and hope to every person must be done.

In relation to the specific matter of Voluntary Assisted Dying the Church's position rests on its constant interpretation of the fifth commandment of the Mosaic law: you shall not kill.³ This is, we believe, a commandment from God, the giver and sustainer of life. It is a law which pre-exists any government or any parliament. Governments have the power, given to them by those who elect them, to determine what rules are expedient in the societies they govern. They do not have any authority to decide what is morally acceptable. That authority belongs to God, who has written into the nature and structure of human life what is in harmony with God's creative intention. This position, grounded in our religious faith, does we believe provide a blueprint for a life well-lived and for a society structured so as to ensure the well-being and flourishing of its people.

1. Congregation for the Doctrine of the Faith. *'Samaritanus Bonus: on the care of persons in the critical and terminal phases of life'*. Holy See: CDF, July 2020. https://www.vatican.va/roman_curia/congregations/cfaith/documents/rc_con_cfaith_doc_20200714_samaritanus-bonus_en.html

2. This teaching is clearly expressed in the Catechism of the Catholic Church (CCC) in Part 3, Section 2, Article 5. The specific reference is in numbers 2276-2283. The reference to self-defence is in numbers 2263-2267.

3. Exodus 20:13; cf. Deuteronomy 5:17; Matthew 5: 21-22.

Our Response as a Community of Disciples of Jesus

It is clear that the position advocated by the Catholic Church, among others, has not been adopted by our society. From Thursday, 1 July 2021, VAD will be legal in Western Australia. In the face of this reality the Catholic community must consider how to respond. I believe our response must be two-fold. Firstly, we must recommit ourselves to forming and strengthening communities of faith, of hope, of mutual support and fidelity, and of love and compassion. It will not be enough to proclaim in words only our belief in the dignity and beauty of every human person: we will need to do so also and especially with our actions. And at this present moment we will need to do so in a special way with those who are sick, suffering or elderly. These people are members of our families or our circle of friends. They are our brothers and sisters in our parish communities. They are our neighbours or our work colleagues. And they, together with us, are all children of the one God who is in heaven.

Secondly, and most importantly, we must continue to support, through our prayer and our encouragement, all those who, in a very real sense on our behalf, are engaged in the healing and caring ministry of the Church. Our Catholic hospitals, our Catholic aged-care facilities, our Catholic nursing homes and our Catholic Social Outreach agencies are already committed to being places of compassion, of healing, and of hope. With the legalisation of VAD the witness of all these wonderful institutions to the Catholic understanding of the dignity and sanctity of every human life will become even more important. It will also become more challenging.



As society's values change, then our outreach agencies, which all seek to be open to everyone, offering the gift of Christ's healing and sustaining love, must grapple with the responsibility to be deeply faithful to our convictions as Catholics and at the same time welcoming and compassionate to all with whom and for whom they work, including those who may not share our values. To exclude them would be to rob ourselves of the opportunity to witness to the transforming power of the gospel.

In this regard it is important that I reassure all of you, my sisters and brothers in the faith, that here in Western Australia our Catholic institutions are working collaboratively with the health authorities to ensure that Catholic facilities can continue to operate with complete fidelity to our Catholic principles, including our commitment to respect life in all its moments. Our hospitals and aged care facilities will not support, and will not provide or facilitate, Voluntary Assisted Dying. VAD is not regarded in any of our institutions as "medical care or treatment" and cannot form part of the "provision of care" which is the fundamental obligation our institutions have to all their patients, residents or clients.

Precisely because we wish to provide the best care possible according to our Catholic values, our various institutions will make their policies around VAD clear and unambiguous. This is important, both to provide certainty to those who choose to come to one of our facilities and to provide clarity to those who choose to work in our facilities.

Palliative Care

With the advent of VAD, high quality palliative care, which is one of the outstanding features of our Catholic health and aged-care services, assumes ever greater importance. Palliative care is the best way to assist a dying person who, in fact, has entered into the most important stage of their life. As well as providing appropriate medication, which more often than not is a crucial dimension of end-of-life care, palliative care also seeks to provide accompaniment of the dying person and of his or her family, friends and others, as they all enter into the challenge of accepting the reality of death and all that it means. It is about physical, emotional, psychological and spiritual closeness to the dying person and to those who are travelling the journey with that person.

The relief of physical suffering in the final stages of an illness is an essential component of this care, and there is nothing in Catholic theology which would prevent the administration of more powerful pain medication as an illness progresses. But it is one thing to seek to relieve pain: it is another thing to act to deliberately end a person's life. Our Catholic facilities will continue to do the former; we will not support or facilitate the latter. We will continue to treat every patient, resident or client with the respect their human dignity deserves, which includes never deliberately intending to cause their death.

Because of the vital importance of palliative care we should look forward to the government committing more resources to the provision of such care. To fail to do so would be to abandon people at the end of their lives when they are most in need of support. As a society we will need to monitor the government's fidelity to its promise to make the provision of quality and accessible palliative care a cornerstone of its commitment to end-of-life care.



The Church: Sign and Bearer of God's Compassion.

I want to conclude by assuring you that in writing the way I have I have not been blind to the complexity of this matter. Nor am I suggesting that those who support VAD are in any way lacking in compassion. Indeed, for many supporters of VAD, it is their own experience of the death of a loved one which has led them to the position they hold. But I, too, have experienced the death of loved ones and have sat at the bedside of the dying, including my mother. It can be an agonising experience to sit helplessly watching someone you love die of a painful disease. In the end, it was my faith that sustained me, just as it was the faith and hope of my mother which carried her through those last difficult days. Had mum's death been hastened in any way she would have been deprived of knowing of the safe delivery of her one and only grandchild. She died half an hour after I whispered in her ear that the baby had been safely born. I remain profoundly grateful for that.

The VAD legislation has been passed and is about to become operative in Western Australia. I believe this is a tragedy for our society but I fully understand that not everyone sees it this way. For those who do, however, and for whom this is a question of conscientious belief about a matter of life and death, it is essential that we be able to live out our beliefs freely and with integrity. In this way we will be able to make our contribution to the well-being of our society through our hospitals, aged-care facilities and nursing homes, without having to betray a principle which is so central to who we are. I sincerely hope and trust that no attempt will be made by anyone to force any person or institution to provide services to which they hold a conscientious objection or to shame and denigrate them for sincerely holding such beliefs.

I invite you all to join with me in prayer for those whose life experience has brought them to a point where accessing VAD seems the only option open to them; for those who will be called to uphold in our institutions the beauty and hope of the Catholic understanding of the dignity of life; and for our Catholic community, that we can continue to create and foster communities of faith, of hope, of mutual support and fidelity, and of love and compassion. This is our best response to the challenge which lies ahead of us.



Yours sincerely in Christ,

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